

# General Information

1.1	<b>Id number</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1.2	<b>country</b> Belgium (1); France (2); Germany (3); Italy (4); the Netherlands (5); United Kingdom (6); Spain (7); Slovakia (8)	<input type="text"/>
1.3	<b>case / control status</b> control (0); case (1)	<input type="text"/>
1.4	<b>sex</b> male (0); female (1); not known (8)	<input type="text"/>
1.5	<b>date of birth</b> (dd-mm-yy) (not known: all 8)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1.6	<b>ethnicity</b> Caucasian (1); North African (2); other African (3); Asian (4); Afro-Caribbean (5); other (6); not known (8)	<input type="text"/>
1.7	<b>subject's marital status</b> single (1); married/cohabiting (2); divorced (3); widow (4); not known (8)	<input type="text"/>
1.8	<b>Is/was subject right- or lefthanded?</b> righthanded (1); lefthanded (2); not known (8)	<input type="text"/>
1.9	<b>How many years of full time education did subject complete?</b> (not known: 88)	<input type="text"/> <input type="text"/>
1.10	<i>this question only for non-UK cases</i> <b>Has subject lived in or visited the United Kingdom during the period 1980-1996?</b> lived for a period > 6 months (1); lived/visited for a period < 6 months (2); no (3); not known (8)	<input type="text"/>
1.11	<b>date of interview</b> (dd-mm-yy) (not known: all 8)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

- 1.12 **place of interview**  
hospital (1); home (2); phone (3); other (4); not known (8) ☐
- 1.13 **informant**  
spouse (1); self (2); son/daughter (3); nephew/niece/cousin (4); sibling (5); parent (6); other (7); not known (8) ☐
- How long has the informant known subject? (in years) ☐ ☐
- 1.14 **interviewer**  
research physician (1); research assistant (2); treating physician (3); nurse (4); other (5); not known (8) ☐
- 1.15 **sequence of interview**  
before discussion of possible CJD diagnosis with family (1); after discussion(2); not known (8) ☐

**Identification control****controls only**

2.1 Identification number of matched case

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2.2 Origin of control

hospital control with neurologic disease (1); hospital control without neurologic disease (2); nursing home control with neurologic disease (3); nursing home control without neurologic disease (4); GP control (5)

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2.3 Controls matched for

hospital  
no (0); yes (1); not known (8)  
age  
(no (0); yes (1); not known (8)  
sex  
no (0); yes (1); not known (8)  
residence  
no (0); yes (1); not known (8)


2.4 Number of controls refused for matched case  
(not known: 88)

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# Medical Record

cases only

3.1 **source**  
neurologist (1); psychiatrist (2); (neuro)pathologist (3); death  
certificate (4); general practioner (5); EEG department (6);  
relatives (7); other (8); not known (9)

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3.2 **date at notification (dd-mm-yy)**  
(not known: all 8)

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3.3 **date at first symptoms (dd-mm-yy)**  
(not known: all 8)

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3.4 **date at clinical diagnosis (dd-mm-yy)**  
(not known: all 8)

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3.5 When did patient first seek medical attention?  
(dd-mm-yy) (not known: all 8)

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3.6 When was patient referred to a neurologist?  
(dd-mm-yy) (not known: all 8)

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3.7 **vital status of case at time of interview**  
dead (1); alive (2); not known (8)

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3.8 **duration of illness**  
(in months, defined from first symptoms)  
(not known 888)

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3.9 **date of death (dd-mm-yy)**  
(not known: all 8)

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Seen alive

Y/n

# Clinical Presentation

cases only

Stress-situatic

## 4.1 neurological signs / symptoms

coding:

no (0); yes (1);  
not known (8)

if yes, record date first seen  
(dd-mm-yy)(not known: all 8)

rapidly progressive dementia

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cerebellar signs

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visual signs

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oculomotor signs

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pyramidal signs

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extrapyramidal signs

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primitive reflexes

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seizures

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myoclonus

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other involuntary movements

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headache

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pain

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other sensory disturbances

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vertigo / dizziness

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pseudobulbar signs

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neurogenic muscle wasting

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akinetetic mutism

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4.2 clinical symptoms / signs

gait disturbances

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speech disturbances

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visual disturbances

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forgetfulness

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4.3 psychiatric symptoms/ signs

clinical depression

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social withdrawal

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low mood and apathy

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anxiety

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hallucinations

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aggression

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4.4 Since the start of the illness, has the patient been seen by a psychiatrist?

no (0); yes (1); not known (8)

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If yes, record the date of the first consultation (dd-mm-yy) (not known: all 8)

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## Investigations

cases only

- 5.1 Did the patient undergo an EEG?  
no (0); yes (1); not known (8)
- If yes, on how many occasions? (not known: 88)
- If yes, record date of the last EEG  
(dd-mm-yy) (not known: all 8)
- 5.2 Did the patient recorded an EEG characteristic of  
CJD (generalized triphasic complexes with frequency  
about 1/s)?  
no typical EEG (0); yes, typical EEG (1); no EEG recorded  
(2); not known (8)
- If yes, record the date on which the first characteristic  
EEG was recorded (dd-mm-yy) (not known: all 8)
- 5.3 Did the patient have a CT-scan of the brain?  
no (0); yes (1); not known (8)
- If yes, on how many occasions? (not known: 88)
- If yes, record the date of the last scan (dd-mm-yy)  
(not known: all 8)
- 5.4 Did the patient record an abnormal CT-scan?  
no (0); yes (1); no CT-scan (2); not known (8)
- If yes, record the date on which the first abnormal scan  
was performed (dd-mm-yy) (not known: all 8)
- If yes, specify what abnormalities have been observed:  
no (0); yes (1); not known (8)
- cerebral atrophy
- cerebellar atrophy
- increase in signal density in thalamus
- increase in signal density in (other) basal nuclei

5.5 Did the patient have a **MRI scan** of the brain?

no (0); yes (1); not known (8)

If yes, on how many occasions? (not known: 88)

If yes, record date of the last scan (dd-mm-yy) (not known: all 8)

5.6 Did the patient record an **abnormal MRI-scan**?

no (0); yes (1); no MRI scan (2); not known (8)

If yes, record the date on which the first abnormal scan was performed (dd-mm-yy) (not known: all 8)

If yes, specify what abnormalities were observed:  
no (0); yes (1); not known (8)

cerebral atrophy

cerebellar atrophy

increase in signal density in thalamus

increase in signal density in other basal nuclei

5.7 **CSF findings**

protein (mg / dl)

glucose (mmol / L)

cell count (count / mm<sup>3</sup>)

14-3-3 (negative (1); equivocal (2); positive (3))

NSE (ng / ml)

S 100b (ng / ml)

tau (pg / ml)



- 5.8 Has the patient had any abnormal liver function test results recorded? ☐  
no (0); yes (1); not known (8)

If yes, please specify:

normal (0);  
elevated  
(1); not  
known (8)

concentration

total bilirubin ( $\mu\text{mol/L}$ )

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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GOT (IU/L)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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GPT (IU/L)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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ALP (IU/L)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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$\gamma$ GTP (IU/L)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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- 5.9 Does the patient have any other biochemical/haematologic abnormalities? ☐  
no(0); yes (1); not known (8)

If yes, please describe the investigations and abnormalities


- 5.10 Did the patient undergo a brain biopsy during life? ☐  
no (0); yes (1); not known (8)

If yes, what was the result?

no evidence of spongiform change (1); spongiform change without florid plaques (2); spongiform change with florid plaques (3); no biopsy (4); not known (8)

- 5.11 Did the patient undergo a tonsil biopsy? ☐  
no (0); yes (1); not known (8)

If yes, what was the result?

no evidence of PrP immunostaining (1); equivocal (2); PrP positive (3); no biopsy performed (4); not known (8)

5.12 **Post mortem performed?**  
no (0); yes (1); not known (8)

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If yes:

nerve cell loss

☐

gliosis

☐

spongiform change

☐

immunohistochemically positive

☐

if yes, immunostaining

☐

Western blottest

☐

Scrapie Associated Fibrils

☐

If yes, diagnosis CJD confirmed?  
classical CJD (1); nvCJD (2); not known (8)

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5.13 **Prion protein gene analysis performed?**  
(chrom. 20)  
no (0); yes (1); not known (8)

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If yes, mutation present?  
no (0); yes (1); not known (8)

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if yes, specify PRNP mutation

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5.14 **polymorphism codon 129**  
MM (1); MV (2); VV (3); not known (8)

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## Classification

cases only

- 6.1 How is the patient **classified**?  
sporadic (1); familial (2); iatrogenic (3); new variant (4);  
GSS (5) ☐
- 6.2 In patients with sporadic CJD, what is the classification  
according to **diagnostic criteria**?  
definite (1); probable (2); possible (3) ☐
- 6.3 If familial CJD or GSS, is the diagnosis based on:  
  
first degree relative with definite or probable CJD?  
no relative with CJD (0); relative with definite CJD (1);  
relative with probable CJD (2); not known (8) ☐  
  
disease-specific PRNP mutation?  
no (0); yes (1); not known (8) ☐
- 6.4 At notification to the CJDSU, what was the patient's  
classification?  
definite CJD/GSS (1); probable CJD/GSS (2); possible  
CJD/GSS (3); diagnosis unclear (4); CJD/GSS unlikely (5);  
definitely not CJD/GSS (6); not known (8) ☐  
  
If patient was classified as at least possible CJD/GSS,  
which category of disease was suspected?  
sporadic (1); familial (2); iatrogenic (3); new variant (4);  
GSS (5); not known (8) ☐
- 6.5 If the patient was seen **in live** by a member of the  
CJDSU what was the classification of the patient at the  
time he/she was **first seen** by a member of the  
CJDSU?  
definite CJD/GSS (1); probable CJD/GSS (2); possible  
CJD/GSS (3); diagnosis unclear (4); CJD/GSS unlikely (5);  
definitely not CJD/GSS (6); not seen in live by a member of  
the CJDSU (7); not known (8) ☐  
  
If patient was classified as at least possible CJD/GSS,  
which category of disease was suspected?  
sporadic (1); familial (2); iatrogenic (3); new variant (4);  
GSS (5); not known (8) ☐
- 6.6 What was the highest classification on the basis of  
**clinical information alone** (excluding EEG and CSF)?  
probable CJD/GSS (2); possible CJD/GSS (3); neither  
probable nor possible CJD/GSS (4); not known (8) ☐

# Medical history (interview)

bril

7.1 Since 1980 has the subject had **dental treatment** other than fillings (extractions or root canal work)?  
no (0); yes (1); not known (8)

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7.2 Has the subject ever had any **operations**, including eye operations or stitching of wounds (prior to this admission)?  
no (0); yes (1); not known (8)

☐

If yes, record number of operations and year of first and last operation (not known: 8888)

	<i>number of operations</i>	<i>year first operation</i>	<i>year last operation</i>
brain	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
spine	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
other neurologic	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
eye	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
ear	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
tonsilectomy	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
abdominal	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
orthopaedic	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
other	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

COSM. SWG.

7.3 Has subject ever received an **organ transplant**, including corneal or bone marrow transplant?  
no (0); yes (1); not known (8) ☐

If yes, record number of operations and year of first and last operation (not known: 8888)

	<i>number of operations</i>	<i>year first operation</i>	<i>year last operation</i>
cornea	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
bone marrow	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
kidney	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
liver	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
other	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Skin			

7.4 Has subject ever received a **blood transfusion** (prior to this admission)?  
no (0); yes (1); not known (8) ☐

If yes, record number of times and year of first and last transfusion (not known: 8888)

<i>number of transfusions</i>	<i>year first transfusion</i>	<i>year last transfusion</i>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

blood donor  
Y/n

7.5 Has subject ever received a **transfusion of albumin or immunoglobulin** (prior to this admission)?  
no (0); yes (1); not known (8) ☐

If yes, record number of times and year of first and last transfusion (not known: 8888)

<i>number of alb/Ig transfusions</i>	<i>year first transfusion</i>	<i>year last transfusion</i>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

7.6 Has subject ever been admitted to hospital because of:  
bowel disease (1); insulin-dependent diabetes mellitus (2);  
other (3); never admitted (4); not known (8) ☐



7.7 Has subject ever regularly attended hospital as an **outpatient** because of:  
bowel disease (1); insulin-dependent diabetes mellitus (2);  
other (3); never (4); not known (8) ☐

7.8 Has subject ever visited his/her GP more than 6 times /  
year because of:  
bowel disease (1); insulin-dependent diabetes mellitus (2);  
other (3); never (4); not known (8) ☐

7.9 Has subject ever been to see a <sup>neurologist or</sup> **psychiatrist** (do not  
include consultations for current illness)  
no (0); yes (1); not known (8) ☐

If yes, why?  
depression (1); psychotic disease (2); other (3);  
not known (8) ☐

If yes, record number of years and year of first and last  
**treatment** (not known: 8888)

	<i>number of treatments</i>	<i>year first treatment</i>	<i>year last treatment</i>																														
medication	<table><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							<table><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>													<table><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>												
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7.10 Has subject taken any **medication** regularly, i.e. for a  
period > 1 months, since 1980 (do not include  
medications related to current illness) ☐

no (0); yes (1); not known (8)  
prompt for **prescription drugs**? ☐

prompt for **hormone therapy** or supplements including  
oral contraceptives and hormone replacement  
therapy? ☐

no (0); yes (1); not known (8)

prompt for **homeopathic/herbal therapy**? ☐

no (0); yes (1); not known (8)

prompt for **eyedrops**? ☐

no (0); yes (1); not known (8)

**Summary:** has subject been exposed to one of the  
medications of bovine origin withdrawn in 1990? (see  
list) ☐

no (0); yes (1); not known (8)



- 7.11 Has subject ever been tested for allergy using needles? ☐  
no (0); yes (1); not known (8)

If yes, record number of times and year of first and last testing: (not known: 8888)

*number of  
tests*

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*year first test*

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*year last test*

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- 7.12 Has subject ever received a treatment involving a course of injections (prior to this admission)? ☐  
no (0); yes (1); not known (8)

If yes, record name of therapy, frequency and year of first and last treatment (not known: 8888)

*name of therapy*

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*number of  
treatments*


*year first treatment*


*year last treatment*


- 7.13 Since 1980, has subject been vaccinated? ☐  
no (0); yes (1); not known (8)

If yes, record type of vaccin, number of vaccinations and year of first and last vaccination (not known: 8888)

*type of vaccin*

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*number of  
vacc's*


*year first vaccination*


*year last vaccination*


- 7.14 Has subject ever undergone lumbar puncture or electrical tests involving needles? ☐  
no (0); yes (1); not known (8)

If yes, record number of times and year of first and last puncture or testing: (not known: 8888)

*number of  
punctures*

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*year first puncture*

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*year last puncture*

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7.15 Has subject ever undergone **acupuncture**? ☐  
no (0); yes (1); not known (8)

If yes, record number of times and year of first and last acupuncture: (not known: 8888)

*number of  
times*

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*year first acupuncture*

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*year last acupuncture*

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7.16 Has subject ever used **recreational drugs**, for example cannabis, ecstasy, heroin or crack? ☐  
no (0); yes (1); not known (8)

If yes, record route  
intravenous (1); oral (2); inhaling (3); not known (8)

☐

If yes, record number of years and year of first and last use: (not known: 8888)

*number of  
years*

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*year first use*

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*year last use*

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7.17 has subject ever been **tattooed**? ☐  
no (0); yes (1); not known (8)

If yes, record number of times and year of first and last tattoo: (not known: 8888)

*number of  
tattoos*

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*year first tattoo*

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*year last tattoo*

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7.18 Has subject ever undergone **ear or body piercing**? ☐  
no (0); yes (1); not known (8)

If yes, record number of times and year of first and last piercing: (not known: 8888)

*number of  
piercings*

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*year first piercing*

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*year last piercing*

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## Family history

8.1

	CJD		OTHER DEMENTIA'S	
	no (0) yes, definite(1) yes, probable (2) not known (8)	age at onset	no (0); yes (1); not known (8)	age at onset
father				
mother				
grandmother father				
grandfather father				
grandmother mother				
grandfather mother				
sibling 1				
sibling 2				
sibling 3				
sibling 4				
sibling 5				
sibling 6				
sibling 7				
sibling 8				
sibling 9				
sibling 10				
sibling 11				
sibling 12				

8.2

Has subject had **social contact**, through family, friends or work, with someone else who developed CJD?

no (0); yes (1); not known (8)

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If yes, record the person's approximate date of illness (dd-mm-yy) (not known: all 8)

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**Confirmation of social contact with case of CJD**  
definite (1); probable (2); possible (3); unable to concern (4);  
not a case (5); not known (8)

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## Dietary history

- 9.1 Has subject ever been a vegetarian for a period of 1 year or more?

no (0); yes (1); not known (8)

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If yes, during what period?

before 1980 (1); 1980-1985 (2); 1985-1990 (3);

1990-1996 (4); not known (8)

*more than one option possible*

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If yes, for how many years? (not known: 88)

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If yes, did (s)he eat any meat or fish at all during this time?

no (0); yes (1); not known (8)

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- 9.2 Since the beginning of 1980, has subject ever eaten cat or dog food?

no (0); yes (1); not known (8)

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If yes, how?

tinned (1); dried (2); tinned and dried (3); not known (8)

☐

- 9.3 How does/did subject like his/her steak cooked?  
well done (1); medium (2); medium rare (3); rare (4); did not eat steak (5); not known (8)

☐

- 9.4 For each of the following food items how often did subject eat the food item, on average, since the beginning of 1980? Ask respondent to indicate the most appropriate response from those shown on the flash card.

please code origin:  
beef (1); pork (2); lamb (3); horse (4); chicken (5); veal (6); venison (7); not known (8) *more options possible*

freq.

brains

☐
☐ ☐

eyes

☐
☐ ☐

tripe

☐
☐ ☐

liver

☐
☐ ☐

raw meat

# Goat (meat / cheese)

kidneys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sweetbreads (pancreas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
readymade burgers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
readymade meat pies such as pork, veal and ham, steak and kidney, chicken and mushroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
meat sausages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
black pudding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
liver sausage or pâté	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
steak tartare (raw minced steak with raw egg)/carpaccio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cheese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
roast lamb, lamb chops, lamb stew	<input type="checkbox"/>		
haggis	<input type="checkbox"/>		
roast pork, ham, bacon	<input type="checkbox"/>		
faggots	<input type="checkbox"/>		
roast beef, steak, beef stew, minced beef	<input type="checkbox"/>		
veal lamb	<input type="checkbox"/>		
venison wild	<input type="checkbox"/>		
chicken	<input type="checkbox"/>		
cow's milk drinks milk/eats breakfast cereal with milk (1); only in tea/coffee (2); no (3); not known (8)	<input type="checkbox"/>		



## Exposure to animals

10.1 Since the beginning of 1980, has subject shared a home with:

**cats**  
no (0); yes (1) not known (8)  
**dogs**  
no (0); yes (1) not known (8)  
**ferrets**  
no (0); yes (1) not known (8)


10.2 Since the beginning of 1980, has subject worked on or stayed for more than one week on a farm?  
lived or worked (1); stayed (2); no (3); not known (8)

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If yes, did subject work or help with:

**cattle**  
no (0); yes (1) not known (8)  
**sheep**  
no (0); yes (1) not known (8)  
**goats**  
no (0); yes (1) not known (8)  
**pigs**  
no (0); yes (1) not known (8)  
**chickens**  
no (0); yes (1) not known (8)  
**mink**  
no (0); yes (1) not known (8)


If yes, did subject participate in

**treating cattle for warble fly (with phosmet)**  
no (0); yes (1) not known (8)  
**dipping sheep**  
no (0); yes (1) not known (8)  
**crop spraying**  
no (0); yes (1) not known (8)


10.3 Since the beginning of 1980, has subject used any of the following:

**bonemeal**  
no (0); yes (1) not known (8)  
**hoof and horn**  
no (0); yes (1) not known (8)  
**dried blood**  
no (0); yes (1) not known (8)  
**manure**  
no (0); yes (1) not known (8)




0.4 How often does/did subject **cut or chop up raw red meat or bones**, in his/her work or at home?  
*Ask respondent to indicate the most appropriate response from those shown on the flash card.*

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0.5 Has subject ever **dissected animal eyes**, for example at school?  
no (0); yes (1) not known (8)

☐

# Occupation

coding::

ever (1);  
never (2);  
not known  
(8)

number of years  
elapsed from last  
work to onset (not  
applicable: 88)

11.1	Has the subject ever worked in farming, the meat industry, the pharmaceutical industry or in a hospital	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
11.2	Has subject worked in the following areas:		
	medical/paramedical/nursing/dentistry	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
	animal laboratories	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
	pharmaceutical laboratories	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
	other research laboratories	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
	animal farming/veterinary medicine	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
	meat industry (butcher's/abattoir/rendering plants etc)	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
	catering industry	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
	other occupation involving animal products (e.g. leather worker)	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
	hunting		Y/n
11.3	Has subject's partner worked in the following areas:		
	medical/paramedical/nursing/dentistry	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
	animal laboratories	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
	pharmaceutical laboratories	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
	other research laboratories	<input type="checkbox"/>	<input type="text"/> <input type="text"/>

animal farming/veterinary medicine

☐☐

meat industry  
(butcher's/abattoir/rendering plants etc)

☐☐

catering industry

☐☐

other occupation involving animal products  
(e.g. leather worker)

☐☐

hunting y/n

11.4 Was subject's parents' most recent occupation in any of the following areas:

medical/paramedical/nursing/dentistry

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animal laboratories

☐☐

pharmaceutical laboratories

☐☐

other research laboratories

☐☐

animal farming/veterinary medicine

☐☐

meat industry  
(butcher's/abattoir/rendering plants etc)

☐☐

catering industry

☐☐

other occupation involving animal products  
(e.g. leather worker)

☐☐

hunting y/n

Residential History:

## Coding for food frequencies

<u>Response</u>	<u>Code</u>
Never	1
less than once per year	2
about once per year	3
several times per year	4
about once per month	5
about once per week	6
several times per week	7
several times per day	8

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