Kansas Department of Health and Environment
TSE Patient Questionnaire

PATIENT DEMOGRAPHICS:

Last Name _____ **First Name**_____ **Middle** _____

Street _____ **City** _____ **State** _____ **Zip** _____

DOB_____ **Sex** ____

Ethnicity ❑ Hispanic or Latino ❑ Not Hispanic or Latino ❑ Unknown

Race ❑ American Indian/Alaska Native ❑ Asian ❑ Black/African American

❑ Native Hawaiian/Other Pacific Islander ❑ White ❑ Unknown

Day Phone (_____)_____-_____ **Evening Phone** (_____)_____-_____

MEDICAL HISTORY

Date of Illness Onset ____/____/_____

Is there an alternative non-CJD diagnosis for the patient's illness? ❑ Yes ❑ No ❑ Unknown

If *YES*, specify: _____

_____

_____

Is the patient still living? ❑ Yes ❑ No ❑ Unknown

If *NO*, Date of Death: _____

Is the patient hospitalized? ❑ Yes ❑ No ❑ Unknown

If YES, What hospital? _____

Diagnosing physician: _____ **Telephone: (____)____-_____**

Specialization: _____ **Address:** _____

CLINICAL INFORMATION

Is duration of illness > 6 months? ❑ Yes ❑ No ❑ Unknown

Did the patient have any of the following symptoms?

Progressive Dementia	❑ Yes ❑ No ❑ Unknown	
		Was the onset ≥ 4 months after onset of illness?
Myoclonus?	❑ Yes ❑ No ❑ Unknown	❑ Yes ❑ No ❑ Unknown
Chorea?	❑ Yes ❑ No ❑ Unknown	❑ Yes ❑ No ❑ Unknown
Dystonia?	❑ Yes ❑ No ❑ Unknown	❑ Yes ❑ No ❑ Unknown
Hyperreflexia?	❑ Yes ❑ No ❑ Unknown	❑ Yes ❑ No ❑ Unknown
Other Pyramidal/extrapyramidal signs?	❑ Yes ❑ No ❑ Unknown	❑ Yes ❑ No ❑ Unknown

Visual or cerebellar signs? (ataxia, poor coordination, visual signs, etc)	❑ Yes ❑ No ❑ Unknown	❑ Yes ❑ No ❑ Unknown
Akinetic Mutism?	❑ Yes ❑ No ❑ Unknown	
Psychiatric symptoms? (anxiety, apathy, delusions, depression, withdrawal)	❑ Yes ❑ No ❑ Unknown	If yes, was it present at onset of illness? ❑ Yes ❑ No ❑ Unknown
Persistent painful symptoms? (frank pain and/or dysethesia)	❑ Yes ❑ No ❑ Unknown	

POTENTIAL EXPOSURES

Has the patient had any of the following medical procedures? (Check all that apply.)

Procedure	Date	Location
❑ Human pituitary growth hormone receipt		
❑ Dura mater graft		
❑ Corneal graft		
❑ Other CNS invasive procedure (including implanted EEG electrodes), specify_____		
❑ Other invasive surgery, specify_____		

Has the patient ever:

Lived outside of the U.S. for >3 months?	❑ Yes ❑ No ❑ Unknown	If *YES*, Where?_____ When?_____
Traveled outside the U.S?	❑ Yes ❑ No ❑ Unknown	If *YES*, Where?_____ When?_____
Hunted deer or elk?	❑ Yes ❑ No ❑ Unknown	If *YES,* where and when was it harvested? _____
Consumed deer or elk?	❑ Yes ❑ No ❑ Unknown	If *YES, when* was it consumed? _____ _____

Is there history of CJD diagnosis in a first degree relative (e.g. mother, father, brother, sister)?
❑ Yes ❑ No ❑ Unknown

Did the patient have any other potential history of exposure to BSE? ❑ Yes ❑ No ❑ Unknown

If *YES*, explain_____

MEDICAL TESTS

Test	Date	Results
❑ EEG		Does it show a periodic or pseudoperiodic paroxysms of triphasic or sharp waves (0.5 – 2.0 Hz) against a slow background? ❑ Yes ❑ No Other, specify _____ _____ _____
❑ MRI		Bilateral pulvinar high sign ❑ Yes ❑ No Other, specify _____ _____ _____
❑ Tonsilar biopsy		
❑ Other, specify _____ _____		

Comments: