INTERNAL CONTROL INFORMATION

Please check and update the response to DI 1. Did the primary respondent change during the interview?

Interviewer Assessment of Blinding

IA 1 Do you believe the patient is case?

☐ Yes, for certain ☐ Yes, probable ☐ Do not know

IA 2 If yes, please describe why. _____

IA 3 Do you believe the patient is control?

☐ Yes, for certain ☐ Yes, probable ☐ Do not know

IA 4 If yes, please describe why. _____

Time finished: _____

Time spent in interview: _____(minutes)

Questionnaire Reviewed by _____ Date _____

Data entry by_____ Date _____

Second level Questionnaires Needed?

☐ Yes, ☐ No ☐ Do not know

If yes, which ones? (Code Numbers)

Code	Date Completed
1.	
2.	
3.	
4.	