**Supplemental Material**

**Addendum A: Interview Tool**

***Introduction***

We understand that you recently sought medical care for chest pain and were given a diagnosis of myocarditis or pericarditis. There are several causes of myocarditis and pericarditis. In order to prevent other people from becoming ill, we are asking for your help to figure out what made you sick.

If you have any questions or concerns, please talk with the medical staff.

The questions that we are asking are only for public health purposes. Nothing that you tell us here today will result in any legal or administrative actions.

**SECTION 1: GENERAL INFORMATION/ SCREENING QUESTIONS**

1. Patient Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Platoon \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Are you allergic to either of these antibiotics: polymyxin B, neomycin? [Circle YES, NO, or UNSURE.]
 YES NO UNSURE

5. Check each of the following conditions that apply to you:

* + Smoke cigarettes at the time of symptom onset
	+ Smokeless tobacco use at the time of symptom onset
	+ Vaping at the time of symptom onset
	+ History of tobacco use/vaping
	+ High blood pressure
	+ High cholesterol
	+ Diabetes or high blood sugar
	+ Heart condition before age 50 in mother, father, brother, or sister

6. At the time you received the smallpox vaccination, had you or someone you lived with ever had eczema or atopic dermatitis? (Usually, this skin condition involves an itchy, red, scaly rash that lasts for more than 2 weeks. It often comes and goes.) [Circle YES, NO, or UNSURE.]

|  |  |  |
| --- | --- | --- |
|  | PATIENT | CLOSE CONTACT |
| 6a.  | YES NO UNSURE | YES NO UNSURE  |

If YES or UNSURE for either you or a close contact, answer 6b-f.

|  |  |  |
| --- | --- | --- |
|  | PATIENT | CLOSE CONTACT |
| 6b. A doctor has made the diagnosis of eczema or atopic dermatitis.   | YES NO UNSURE | YES NO UNSURE |
| 6c. There have been (dry) scaly, itchy rashes that have lasted for more than 2 weeks. | YES NO UNSURE | YES NO UNSURE |
| 6d. At least once, there is a history of an itchy rash in the folds of the arms/legs.  | YES NO UNSURE | YES NO UNSURE |
| 6e. There is a history of eczema and food allergy during childhood.  | YES NO UNSURE | YES NO UNSURE |
| 6f. A doctor has made the diagnosis of asthma or hay fever (including parents, brothers, sisters). | YES NO UNSURE | YES NO UNSURE |

**SECTION 2: EPIDEMIOLOGICAL LINKS**

7. Do you know anyone else who also received smallpox vaccination and experienced symptoms similar to yours within 2 weeks of receiving the vaccine?
[Circle one.] YES NO

7a. Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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8. Do you know anyone else who also received smallpox vaccination and experienced respiratory/GI illnesses within 2 weeks of receiving the vaccine?
[Circle one.] YES NO

8a. Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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NOTE: If you know soldiers who are experiencing similar symptoms please encourage them to see their health care provider. If you or your fellow soldier would like to talk to someone about this matter you can always contact your nurse case manager to discuss concerns.

9. Do you know anyone else who experienced symptoms similar to yours in the last 2 months (but who was not necessarily vaccinated against smallpox)?
[Circle one.] YES NO

9a. Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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10. Are you aware of any illnesses going around in the month of April? Examples might include the common cold, other respiratory illness, or abdominal illnesses.
 [Circle one.] YES NO

10a. If YES, please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10b. Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 3: POSSIBLE CAUSES OF MYO/PERICARDITIS**

11. At your 7-day follow-up appointment after receiving the smallpox vaccine, were you asked about whether you experienced the following? [Circle YES, NO, or UNSURE.]
 11a. Chest pain YES NO UNSURE
 11b. Shortness of breath YES NO UNSURE
 11c. Fever YES NO UNSURE
 11d. Abdominal pain YES NO UNSURE
 11e. Joint pain YES NO UNSURE

12. Did you take any medications, energy or other supplements, or other drugs between the date of smallpox vaccination and first symptom onset? This includes “pre-workouts.”
[Circle one.] YES NO

12a. If YES, please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
12b. Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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13. Did you consume alcohol between the date of the smallpox vaccination and first symptom onset?
[Circle one.] YES NO

13a. If YES, please indicate the approximate number of drinks per week. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
13b. Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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14. Do you know of anyone in your family with a history of autoimmune diseases such as type 1 diabetes, rheumatoid arthritis, lupus, thyroid disease, multiple sclerosis, psoriasis, celiac disease, Crohn’s disease, or systemic sclerosis?
[Circle one.] YES NO

14a. If YES, please indicate which diseases. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
14b. Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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15. Do you experience seasonal allergies?
[Circle one.] YES NO

15a. If YES, please explain.

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15b. Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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16. What were the first symptoms you experienced (for example, chest pain, shortness of breath)?

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17. What were you doing when you first experienced symptoms?

17a. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
17b. Were you exercising vigorously? (ie, sweating significantly, breathing heavily)
[Circle one.] YES NO
17c. If YES, please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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17d. Did you only experience symptoms during exertion?
[Circle one.] YES NO
17e. If YES, please explain.

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18. Please describe your exercise routine between the date of vaccination and symptom onset.
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18a. Number of days exercise/week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­\_\_\_\_\_\_\_\_\_\_
18b. Average duration of typical workout:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
18c. Did you exercise more than normal between the date of vaccination and symptom onset?
[Circle one.] YES NO
18d. Did you exercise outside of your unit PT?
 [Circle one.] YES NO

19. What prompted you to visit the emergency room?

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20. Did you spend a significant amount of time outside between the date of vaccination and symptom onset? (ie, hiking, camping, other long period of time spent outdoors)
[Circle one.] YES NO

20a. If YES, please explain.

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20b. Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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21. Do you recall having bug bites in the 30 days prior to receiving the smallpox vaccine? If so, do you know which type(s) of bugs bit you?
[Circle one.] YES NO

21a. If YES, please explain.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
21b. Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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22. In the month before you received the smallpox vaccine and when you started feeling ill, did you experience any of the following?

[Circle one.] YES NO

22a. Rash YES NO
22b. Fever YES NO
22c. Fatigue YES NO
22d. Cold-like symptoms YES NO
22e. Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_