

Legionellosis Questionnaire - DHMH Supplemental

Patient Name: _____

County: _____ State ID Number: _____

Zip Code: _____ Date of Birth: ____/____/____ Gender: M / F

Onset Date: ____/____/____ Date admitted to hospital: ____/____/____

In the 2 weeks prior to the onset of your illness -

1) Did you shop at a grocery store? If YES, list all.

Did the store(s) have a mister machine for the fruit and vegetables? If YES, list all.

2) Did you shop at a department store, shopping mall, home improvement center (e.g., Wal-Mart, Home Depot, Lowe's)? If YES, list all.

3) Did you visit a hospital or nursing home? If YES, list all.

4) Did you travel or stay overnight somewhere other than your usual residence?
If YES, where and when?

<u>City</u>	<u>State</u>	<u>Place where you stayed</u>	<u>From</u>	<u>To</u>
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5) Did you attend any conventions or public gatherings? If YES, list all.

Case Name: _____

State ID# _____

6) Did you have any dental work?

If YES, where.

7) Did you go to a health and fitness club?

If YES, list all.

8) Did you go to a car wash to wash your car?

If YES list all.

If YES, was it an automatic or self-wash?

9) Did you visit a water park or an amusement park?

If YES, list all.

10) Were you exposed to aerosolized water at your place of employment?

If YES, please describe.

11) Did you work with potting soil?

If YES, what brand and where was it purchased?

12) Was your home or any place you stayed unoccupied in the month prior to the onset of your Legionnaires' disease?

Possible sources of exposure (in past 2 weeks):

___ showers (other than home residence)

___ respiratory therapy device

___ humidifiers

___ decorative fountains

___ whirlpools or hot tubs (or in the vicinity)

___ cooling tower

___ wet sauna

___ evaporative condenser