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?

   City       State       Place where you stayed       From       To

5) Did you attend any conventions or public gatherings? If YES, list all.
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