## Legionnaires’ Disease Hypothesis-generating Questionnaire Template

*<Instructions to the interviewer appear in italics. Please read the entire questionnaire before beginning the interview.>*

*<After confirming a case of Legionnaires’ disease or Pontiac fever and completing the CDC Legionellosis Case Report Form, you can use this form to collect additional epidemiologic data. These data may be useful in detecting outbreaks or in a future cluster/outbreak investigation. You may add this form to your state’s electronic notifiable disease surveillance system in whole or in part for routine data collection. A more detailed questionnaire that you can customize to the outbreak location should be developed and used for cases associated with a known outbreak.>*

What was the patient’s outcome?  Recovered  Still Ill  Died  Unknown

**Interviewer identification**

Interviewer’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Health department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Patient contact information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_ Sex:  M  F

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alt. phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Proxy contact information** *<List proxy contact information if patient is unable to be interviewed or has died.>*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alt. phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Template call script**

Hello, my name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I’m calling from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I understand you have already spoken with someone about your recent Legionnaires’ disease *<or Pontiac fever>* illness. Legionnaires’ disease *<or Pontiac fever>* is a reportable disease, which means that healthcare providers must report cases to public health so that we can determine if there is a public health concern. I’d like to ask you several additional questions about your activity during the 14 days before you got sick. The answers to the questions might help us find a source of water that contains the *Legionella* germ and is making people ill. I understand you may have already answered some of these questions previously, and you do not have to answer any of the questions again, but we appreciate your cooperation and it could help prevent others from getting sick. Do you have a few minutes to talk? If not now, when would be a good time for me to call back?

Typical symptoms of Legionnaires’ disease include:

* Cough
* Shortness of breath
* Fever
* Muscle aches
* Headaches

*<If Pontiac fever, replace symptoms above with fever, muscle aches, and headaches.>*

I have that your first symptom started on *<insert onset date>* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Is this correct?

Yes  No  Not sure

If no, what was the first date you started feeling sick? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Exposure information**

*<Important: Use a calendar to calculate the exposure period. Start at the date of earliest symptom onset documented above and count backwards 14 days. See the example below.>*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sun** | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **Sat** |
|  |  | 1 | 2 | 3  **1st day of exposure period** | 4 | 5 |
| 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 13 | 14 | 15 | 16 | 17  **Date of onset** | 18 | 19 |

*<Document exposure period here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.*

I’d like to ask you some questions about your travel and exposures during the **14 days before you got sick**. The time period I’m asking about is between \_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_.

During the 14 days before you got sick, did you work at, get treatment in, or visit a hospital?

Yes  No  Not sure

*<If yes, check all that apply:>*

| **Exposure** | **Hospital name and location** | **Reason for visit** | **Date(s)** |
| --- | --- | --- | --- |
| Inpatient |  |  | Admission:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Discharge:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Outpatient |  |  |  |
| Visitor |  |  |  |
| Employee |  |  |  |
| Volunteer |  |  |  |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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During the 14 days before you got sick, did you work at, get treatment in, or visit a doctor’s office, clinic, or dental office?

Yes  No  Not sure

*<If yes, check all that apply:>*

| Type of clinic | Exposure | Name of doctor and location | Reason for visit | Date(s) |
| --- | --- | --- | --- | --- |
| Doctor’s office or clinic | Outpatient  Visitor  Employee  Volunteer |  |  |  |
| Dentist | Outpatient  Visitor  Employee  Volunteer |  |  |  |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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During the 14 days before you got sick, did you work at, reside in, or visit a long-term care facility?

Yes  No  Not sure

*<If yes, check all that apply:>*

| Type of facility | Exposure | Name of facility and location | Date(s) |
| --- | --- | --- | --- |
| Long-term care facility (nursing home, rehab facility, or skilled nursing facility) | Resident  Inpatient  Visitor  Employee  Volunteer |  |  |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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During the 14 days before you got sick, did you work at, reside in, or visit a senior living or assisted living facility?

Yes  No  Not sure

*<If yes, check all that apply:>*

| Type of facility | Exposure | Name of facility and location | Date(s) |
| --- | --- | --- | --- |
| Senior Living (retirement homes without skilled nursing or personal care) | Resident  Visitor  Employee  Volunteer |  |  |
| Assisted Living (facilities providing support with activities of daily living, i.e., bathing and dressing) | Resident  Visitor  Employee  Volunteer |  |  |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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During the 14 days before you got sick, did you spend any nights away from home (excluding healthcare settings), such as staying at a hotel or going on a cruise? *<Note: If the patient has been on a cruise during the exposure period, complete the CDC’s* [*Legionnaires’ Disease Cruise Ship Questionnaire Template*](https://www.cdc.gov/legionella/downloads/cruise-ship-questionnaire.pdf)*.>*

Yes  No  Not sure

*<If yes, complete the following table:>*

| Accommodation name | Address | City, state/  country | Room # | Dates of stay | |
| --- | --- | --- | --- | --- | --- |
| Arrival | Departure |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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During the 14 days before you got sick, did you visit a hotel **without** staying overnight? (e.g., dinner, wedding, employee)?

Yes  No  Not sure

*<If yes, complete the following table:>*

| Accommodation name | Address | City, state/  country | Date(s) | Reason for visit |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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During the 14 days before you got sick, did you attend any conventions or public gatherings?

Yes  No  Not sure

*<If yes, complete the following table:>*

| Type of event | Name of venue | Location | Date(s) |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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During the 14 days before you got sick, During the 14 days before you got sick, did you work at, reside in, or visit a congregate living facility (e.g., correctional facility, shelter, dormitory)?

Yes  No  Not sure

*<If yes, complete the following table:>*

| Type of event | Name of venue | Location | Date(s) |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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During the 14 days before you got sick, did you have exposure to any of the following, either while traveling or at home?

Yes  No  Not sure

*<If yes, complete the following table:>*

| Exposures | *<Check one:>* | | | Location | Date(s) |
| --- | --- | --- | --- | --- | --- |
| Yes | No | Not sure |
| Hot tub, Jacuzzi®, or whirlpool spa |  |  |  |  |  |
| Sat NEAR a working hot tub but did not get in |  |  |  |  |  |
| Pool |  |  |  |  |  |
| Recreational misters |  |  |  |  |  |
| Outdoor cooling mister |  |  |  |  |  |
| Lawn or golf course sprinkler |  |  |  |  |  |
| Steam room or wet sauna |  |  |  |  |  |
| Decorative fountain or waterfall |  |  |  |  |  |
| Humidifier |  |  |  |  |  |
| Shower (away from home only) |  |  |  |  |  |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Did you use a nebulizer, CPAP, BiPAP, or any respiratory therapy equipment for the treatment of sleep apnea, COPD, asthma, or for any other reason?

Yes  No  Not sure

*<If yes, complete the following table:>*

| Type of device | Location | Date(s) |
| --- | --- | --- |
|  |  |  |
|  |  |  |

If yes, does this device use a humidifier?  Yes  No  Not sure

If yes, describe what type of water you use in this device (e.g., sterile, tap, distilled) and how you clean it.

Where do you get your water at home? *<Check all that apply>*

Municipal water system

Private well

Unknown

Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you recall any general construction, plumbing projects, water main breaks, or water line work either at your home or at any other locations during the 6 months before you got sick?

Yes  No  Not sure

*<If yes, complete the following table:>*

| Type of work | Location | Date(s) |
| --- | --- | --- |
|  |  |  |
|  |  |  |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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During the 14 days before you got sick, did you shop at a grocery store where there were mister machines spraying the fruits and vegetables?

Yes  No  Not sure

*<If yes, complete the following table:>*

| Name of store | Location | Date(s) |
| --- | --- | --- |
|  |  |  |
|  |  |  |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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During the 14 days before you got sick, did you work in a garden, have contact with potting soil, or visit a garden center?

Yes  No  Not sure

*<If yes, complete the following table:>*

| Activity | Location | Date(s) |
| --- | --- | --- |
|  |  |  |
|  |  |  |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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During the 14 days before you got sick, did you visit an area with large buildings, such as shopping centers, high-rise offices or hotels, or industrial buildings?

Yes  No  Not sure

*<If yes, complete the following table:>*

| Name | Location | Date(s) |
| --- | --- | --- |
|  |  |  |
|  |  |  |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you work or volunteer full- or part-time?

Yes  No

*<If yes, complete the following table:>*

| Job description | Name of employer | Location | Any exposure to misty water? |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Specifically, do you work in any of the following settings?

| Exposures | *<Check one:>* | | | Location | Date(s) |
| --- | --- | --- | --- | --- | --- |
| Yes | No | Not sure |
| Construction |  |  |  |  |  |
| Industrial/manufacturing plant with water spray cooling or processes |  |  |  |  |  |
| Building water system/device operation or maintenance (e.g., cooling towers, plumbing, hot tubs) |  |  |  |  |  |
| Water-related leisure activities (e.g., hotels, cruise ships, water parks) |  |  |  |  |  |
| Waste water treatment plant |  |  |  |  |  |
| Truck driving (long haul) |  |  |  |  |  |
| Dishwashing (e.g., in a commercial or industrial kitchen) |  |  |  |  |  |
| Custodial services (e.g., housekeeping, janitorial work) |  |  |  |  |  |
| Other job with water exposures |  |  |  |  |  |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Associates with symptoms**

Do you know anyone with symptoms similar to yours?

Typical symptoms of Legionnaires’ disease include:

* Cough
* Shortness of breath
* Fever
* Muscle aches
* Headaches

*<If Pontiac fever, replace with fever, muscle aches, and headache.>*

Yes  No  Not sure

If yes, may we contact them to ask a few additional details about their illness?

Yes  No

*<If yes, complete the following table:>*

| Name | Phone | State of residence | Details shared |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |

**Medical history and health behaviors**

Now I’m going to ask a few questions about your medical history and health behaviors. Have you ever been told by a healthcare provider that you had:

| Underlying medical condition | *<Check one:>* | | | Comments |
| --- | --- | --- | --- | --- |
| Yes | No | Not Sure |
| Chronic lung disease (COPD, emphysema) |  |  |  |  |
| Asthma |  |  |  |  |
| Diabetes |  |  |  |  |
| Heart disease or heart failure |  |  |  |  |
| Chronic kidney disease |  |  |  |  |
| Liver disease |  |  |  |  |
| Stroke |  |  |  |  |
| Dementia |  |  |  |  |
| Risk for aspiration |  |  |  |  |
| Weakened immune system due to medications or treatment (e.g., chemotherapy, radiation therapy, immunosuppressive medications) |  |  |  |  |
| Weakened immune system due to underlying illness (e.g., HIV, immunoglobulin deficiency, splenectomy, sickle cell anemia) |  |  |  |  |
| Hematologic cancer (e.g., lymphoma, leukemia, multiple myeloma) |  |  |  |  |
| Solid organ cancer |  |  |  |  |
| Bone marrow transplant |  |  |  |  |
| Solid organ transplant |  |  |  |  |
| Other conditions *<list>* |  |  |  |  |

| Behaviors | *<Check one:>* | | Quantity per day  (packs or drinks) | Duration (years) |
| --- | --- | --- | --- | --- |
| Yes | No |
| Are you currently a smoker? |  |  |  |  |
| Are you a former smoker? |  |  |  |  |
| Do you drink alcohol? |  |  |  |  |

That is the end of the questionnaire! Thank you for your time. Do you have any questions about Legionnaires’ disease *<or Pontiac fever>* that I can help answer? If you have any questions or remember any further details, you may reach me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Thank you.