

## **MDCH Supplemental Legionellosis Questionnaire**

*To be used in addition to the MDSS Legionellosis form*

### **Health Status Risk Factors (please check all that apply):**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Smoking- packs per day: _____          | <input type="checkbox"/> Emphysema            | <input type="checkbox"/> Asthma           |
| <input type="checkbox"/> Chronic lung disease (e.g. COPD)       | <input type="checkbox"/> Cancer               | <input type="checkbox"/> Diabetes         |
| <input type="checkbox"/> Compromised immune system              | <input type="checkbox"/> Liver disease        | <input type="checkbox"/> Kidney problems  |
| <input type="checkbox"/> Heart disease                          | <input type="checkbox"/> Oral steroid use     | <input type="checkbox"/> Organ transplant |
| <input type="checkbox"/> Previous dx of pneumonia- when?: _____ | <input type="checkbox"/> Other- detail: _____ |   |

**Onset Date:** \_\_\_\_\_ **Dates to consider for exposure (2 weeks prior to onset):** \_\_\_/\_\_\_ - \_\_\_/\_\_\_

### **During the 2 weeks prior to the onset of symptoms, did the patient do any of the following?:**

Use respiratory equipment (e.g. nebulizer): No / Unk / Yes - what? \_\_\_\_\_

Shower/ bathe outside of home: No / Unk / Yes - where? \_\_\_\_\_

Use a hot tub or whirlpool: No / Unk / Yes - where? \_\_\_\_\_

Use a public or private pool: No / Unk / Yes - where? \_\_\_\_\_

Visit a splash pad or water park: No / Unk / Yes - where? \_\_\_\_\_

Been near a lake or pond No / Unk / Yes - where? \_\_\_\_\_

Been near a fountain: No / Unk / Yes - where? \_\_\_\_\_

Been near a cooling tower: No / Unk / Yes - where? \_\_\_\_\_

Visit a hospital or doctor's office: No / Unk / Yes - where? \_\_\_\_\_

Visit a spa: No / Unk / Yes - where? \_\_\_\_\_

Visit a grocery store: No / Unk / Yes - where? \_\_\_\_\_

Visit a church: No / Unk / Yes - where? \_\_\_\_\_

Visit a casino: No / Unk / Yes - where? \_\_\_\_\_

Visit a movie theater: No / Unk / Yes - where? \_\_\_\_\_

Visit a car wash: No / Unk / Yes - where? \_\_\_\_\_

Visit a hair salon/ barber shop: No / Unk / Yes - where? \_\_\_\_\_

Work in a garden: No / Unk / Yes - where? \_\_\_\_\_

Fill your car's windshield washer fluid tank with water instead of washer solvent: No / Unk / Yes

### **Additional Questions:**

Patient's job title: \_\_\_\_\_ Name of worksite & location: \_\_\_\_\_

Do you have a window air conditioning unit:  No / Yes If yes, age of unit? \_\_\_\_\_

Are you aware of any other family members, friends, or co-workers who have similar symptoms or illness?  
 No Yes If yes, relationship to other ill person(s) \_\_\_\_\_

In the 2 weeks prior to the onset of your symptoms, what other stores, shopping malls, restaurants, and friends houses did you visit? \_\_\_\_\_

During the 2 weeks prior to the onset of your symptoms, did you do anything different from your normal everyday routine? \_\_\_\_\_