

MDHHS SUPPLEMENTAL LEGIONELLOSIS QUESTIONNAIRE

To be used in addition to the MDSS Legionellosis form

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

MDSS ID: _____

- | | |
|---|--|
| <input type="checkbox"/> Smoking - # packs per day: _____ | <input type="checkbox"/> Chronic lung disease (e.g. COPD, emphysema, chronic bronchitis, bronchiectasis) |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Kidney disease <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Oral steroid use | <input type="checkbox"/> Liver disease <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Compromised immune system | <input type="checkbox"/> Heart disease or CHF <input type="checkbox"/> Organ transplant |
| <input type="checkbox"/> Previous dx of pneumonia – when? _____ | <input type="checkbox"/> Other: _____ |

Onset date: _____ **Dates to consider for exposure (10 days prior to onset):** _____ - _____

During the 10 days prior to the onset of symptoms, did the patient do any of the following?:

Exposure	YES	NO	UNK	Location and Details	Date(s)
Shower or bathe outside of home					
Use a public or private pool					
Visit a splash pad or water park					
Been near a lake or pond					
Work in a garden					
Been near a decorative fountain or mister					
Visit a spa, steam room, or wet sauna					
Visit a casino, movie theatre, or auditorium					
Visit a grocery store					
Visit a car wash					
Visit a church or place of worship					
Visit a hair salon or barbershop					
Visit a hotel or travel without staying overnight					
Attend a convention or other public gathering					
Been in or near any tall/multi-story building(s)					

Additional Questions:

Patient's job title: _____ Name of worksite & location: _____

Are you aware of any other family members, friends, or co-workers who have similar symptoms or illness? Yes No

If yes, relationship to other ill person(s): _____

In the 10 days prior to the onset of your symptoms, what other stores, shopping malls, restaurants, and friends' houses did you visit?

During the 10 days prior to the onset of your symptoms, did you do anything different from your normal everyday routine?
