

Legionnaires' Disease

Appendix III:B-3. Health Surveillance Questionnaire - Legionellosis

We at, _____ (identify agency) are investigating a cluster of respiratory infections at _____ (location). Records show that you took sick leave for three consecutive days or more. We would like to ask a few questions about your work absence.

1. Name: (last) _____, (first) _____

Age: _____

Gender: _____

Work Location: _____

Home Phone: _____

Work Phone: _____

2. Dates of absence(s): _____

3. Stated reason for absence: _____

Ask about the following symptoms:

4. Fever: Yes _____ No _____ Unsure _____

If yes, highest temperature _____.

5. Cough: Yes _____ No _____. If yes, was the cough productive? Yes _____ No _____

6. Headache: Yes _____ No _____

7. Diarrhea: Yes _____ No _____

8. Shortness of breath: Yes _____ No _____

9. Chest pain: Yes _____ No _____

10. Did you see a physician about these symptoms? Yes _____ No _____

Was a chest x-ray taken? Yes _____ No _____

Were you tested for legionellosis? Yes _____ No _____ Don't Know _____

Were you diagnosed as having pneumonia? Yes _____ No _____

What was the diagnosis? _____

Physician's name: _____ Phone: _____

Physician's Address: _____

11. Were you admitted to a hospital? Yes _____ No _____

If yes, which hospital? _____ (name) _____ (location)

Admission Date: ____/____/____

Date released: ____/____/____

12. Interviewer: _____

Date: ____/____/____