Maryland Department of Health Supplemental Legionellosis Questionnaire

Patient Name:	**NEDSS Patient ID:**
Interviewed case-patient (circle one): YES NO	**Date of interview: / /**
If NO, relationship of interviewee to case-patient:	

What were the symptoms you experienced in your illness? (please check all that apply)

◯ Cough	◯ Shortness of breath	◯ Fever
◯ Muscle aches	◯ Headaches	◯ Other, specify:

Underlying conditions and/or history: (check all that apply)

Condition/History	**Describe (e.g., disease, stage/severity), if applicable**
◯ Smoker (including e-cigarettes and vaping) CURRENT FORMER (circle one)	If CURRENT, 1) How many years have you smoked? 2) Do you use a water pipe or bong? YES or NO If FORMER, 1) How many years did you smoke? 2) When did you stop?
◯ Chronic respiratory disease	(e.g., COPD, asthma)
◯ Chronic kidney disease	
◯ Cancer	
◯ Dementia	
◯ Diabetes	
◯ Heart disease/CHF	
◯ Immunosuppressed	
◯ Liver disease	
◯ Organ Transplant	
◯ Stroke	
◯ Other	

Your home uses: ◯ Municipal water ◯ Well water

In the <u>14 DAYS</u> prior to the onset of your illness:

1. Have there been any water disruptions (e.g., water main break), or prolonged period of time where the water system was not used in your home or in any other place where you stayed?	Y	N
If yes, when and for how long?		
2. Did you work with potting soil?	Y	N
If YES, what brand and where was it purchased?		
3. What was your place of full-time or part-time employment (or volunteer work)?	Y	N
If YES, when and for how long?		
4. Were you exposed to aerosolized water at your place of employment?	Y	N
If YES, please describe.		

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Please check all of the places you have visited in the 14 DAYS prior to the onset of your illness and provide the names of places, addresses, and dates (if able to recall):

Places visited	Name and address of location(s)	Date of visit(s) (if able to recall)
◯ Grocery store		
◯ Department store or Shopping mall		
◯ Home improvement center (e.g. Wal-Mart or Home Depot)		
◯ Movie theater		
◯ Place of worship		
◯ Health or fitness club		
◯ Car wash or Gas station with car wash		
◯ Garden center or nursery		
◯ Dentist		
◯ Water park or Amusement park		

Possible exposures to aerosolized water in the past 14 DAYS: (check all that apply)

◯ Showers (other than home)	◯ Decorative fountains	◯ Golf course/Lawn sprinkler
◯ Humidifiers	◯ Cooling tower	◯ Hot tub
◯ Wet sauna/Steam room	◯ Evaporative condenser	◯ CPAP/BiPAP

Details and/or whereabouts regarding any possible exposures checked above: