



Appendix III:B-4. Epidemiological Questionnaire

Background

Employee's Name: (last) _____, (first) _____

Age: _____

Gender: _____

Home address: (city) _____, (zip) _____

Race/Ethnicity (circle all that apply):

African American, Asian, Caucasian, Latino/Hispanic, Native American, Pacific Islander, Other

Are you currently taking any oral steroid medications?: Yes / No

On what date did you first become ill?: ____ / ____ / ____

How many days were you ill?: _____

Was anyone else in your family ill?: Yes / No

If Yes, who? _____

What symptoms did they have? _____

Since _____, have any of your family, friends, or coworkers been diagnosed with pneumonia?:

Yes / No. If Yes, who? _____, (relationship) _____

Work Exposure

(During the 10 days prior to your illness)

Job Description: _____

Primary work area: _____

List all areas in _____ building where you spent any time:

Area

Hours per week

Did you shower at work?: Yes / No

If Yes, where and how many times per week?: _____

List all places you eat lunch: _____

List all places where you take a break: _____

List all restrooms you use: _____

Do you smoke in the restrooms (or spend "extra" time, i.e., if a lounge is present): Yes / No

If Yes, which restroom(s)?: _____

Did you attend any training courses outside of the building?: Yes / No

If Yes, where were they held? _____

Do you have a second job?: Yes / No

If Yes, what job and where:

Any other places that you have not mentioned where you spent time while on the job?:

Community Exposure

(During the two weeks prior to your illness)

Did you use any health clubs?: Yes / No

If Yes, which ones?: _____

How many times?: _____

Did you use any hot tubs (whirlpool spas)?: Yes / No

If Yes, list which hot tubs and when used:

Did you attend any churches?: Yes / No

If Yes, where _____

How many times? _____

Have you had any dental work performed?: Yes / No

If Yes, where _____

How many times? _____

Which grocery stores did you go to?: _____

How often? _____

Did you go to the movies?: Yes / No

If Yes, which one? _____

How often? _____

Did you go to any shopping malls?: Yes / No

If Yes, which one(s)? _____

Did you go to any other public places which you feel might be significant (i.e. public meetings, schools etc.):
Yes / No

If Yes, where? _____

Did you engage in any activities that exposed you to water sprays or mists?: Yes / No

If yes, which one(s)? _____

How often? _____

Did you travel or stay overnight somewhere other than usual residence?: Yes / No

If yes, give cities, dates, and lodging.

Close this Window