Health Surveillance Questionnaire - Legionellosis

Based on potential indicators you may be experiencing symptoms consistent with Legionellosis, we would like to ask a few questions.

1. Name: (last) ____________________________ (first) ____________________________
   Age: _____ Sex: _____ Work Location: _________________________________________
   Home Phone: __________________ Work Phone: __________________________
2. Date(s) absent: ___________________________________________________________
3. Reason for absence: _______________________________________________________

Ask about the following symptoms:

4. Fever:  Yes ____ No ____ If yes, highest temperature: __________
5. Cough:  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 diagnosed as having pneumonia? Yes ____ No ____
    Were you tested for Legionellosis? Yes ____ No ____
    Physician's name: ___________________________ Phone: ____________
    Physician's Address: ____________________________________________
11. Were you admitted to a hospital? Yes ____ No ____
    If yes, which hospital? _____________________________________________
    Admission Date: _________________ Date released: _________________

12. Interviewer: ____________________________ Date: _________________