

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: _____