

Legionellosis Questionnaire

County: _____ Zip Code: _____

Patient Name: _____ ID Number: _____

Date of Birth: ___/___/___ Gender: M / F

In the 2 weeks prior to the onset of your illness:

1. Did you shop at a grocery store where there were mister machines for the fruit and vegetables? If yes, where.

2. Did you shop at a department store, shopping mall, home improvement center (i.e. Wal-Mart, Home Depot, Lowe's)?

3. Did you visit a hospital or nursing home?

4. Did you travel or stay overnight somewhere other than your usual residence? If yes, where and when.
 From ___/___/___ to ___/___/___

5. Did you attend any conventions or public gatherings?

6. Did you have any dental work? If yes, where.

7. Did you go to a health and fitness club?

8. Exposed to aerosolized water at your place of employment? Please explain.

Possible sources of exposure (in past 2 weeks):

- showers (other than home residence)
- decorative fountains
- humidifiers
- whirlpools or hot tubs (or were you in the vicinity)
- wet sauna
- respiratory therapy device
- cooling tower
- evaporative condenser