Form Approved OMB No. 0920-1011 Exp. Date 03/31/2017

Legionnaires' Disease Interview Questionnaire

Alabama_Nosocomial	Case ID
Face Sheet	
Case ID	
ODRS #	-
Patient Name	
Patient Address	
Phone Number	
Person Supplying Information (if diff	
Name:	
Street:St	ate: 7in:
Phone (H): ( ) -	ate: Zip: Phone (W): ( )
Relationship to subject (check one):	

\_\_\_\_ spouse \_\_\_\_ child \_\_\_\_ nurse/aid \_\_\_\_ other (specify: \_\_\_\_\_)

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Case	ID		
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CONSENT & QUESTIONNAIRE	
Interviewer Name (Last) N Organization:	ame (First)
The Alabama Department of Public Health is asking resabout their water usage because of a cluster of respirator related to the water system. We are asking questions abinformation will be used for public health purposes only law. The interview will take about 15 minutes to compleappreciated. You can refuse to answer any of the question that you provide us could help to prevent water-borne ill	ry illnesses among residents that may have been bout water usage and health status. The y, and will be kept secure to the extent allowed by ete. Your cooperation is voluntary and very much ons. If you agree to participate, the information
Would you be willing to be interviewed? Yes	No If "no", end interview.
During the interview, I will be asking you some question difficult to remember details from that time. Because ac you may want a calendar or appointment book nearby.	
(If conducting by telephone):  Would you like me to call you back so that you have tim more convenient time? Yes No  If "yes": When would be a good time to call back?  Date:/ Time: AM PM  Number to Call () (A	, and the second
Interviewee:	
< <i>Case Status&gt;</i> : Confirmed Case Suspect Case	
<what outcome?="" patient's="" recovered<="" td="" the="" was="" ☐=""><td>D □ STILL ILL □ DIED&gt;</td></what>	D □ STILL ILL □ DIED>
What is your connection to UAB? Visitor Employee	(Other) Specify
Building: Room #: Person Supplying Information (if different from above): Relationship to subject (check one): spouse child nurse/aid other	

abama_Nosocomial	Case	e ID		
x: male tte of Birth	female (mn	nddyyyy)		
m going to ask you some of AB. If a family member or				out the time you have spent at the ask for their input too.
ness Information:				
1) Have you had pneun	nonia since May 1,	2013? Y	N D	K
2) I have that your first	symptom started (	on <insert ons<="" td=""><td>set date&gt;</td><td> Is this correct?</td></insert>	set date>	Is this correct?
	☐ No Sympton the first date you s		sick?	(mmddyyy)
3) When you were sick	, did you experiend	ce any of the	following sy	mptoms?
Symptom	Yes	No	DK	
fever	165	110	211	
Cough				
Chills				
Body aches				
Shortness of breath				
Nausea / vomiting				
Nasal congestion				
Sore throat				<del> </del>
Diarrhea				<del> </del>
Abdominal pain				<del> </del>
Abuoiiiiiai paiii				
<ul><li>4) Were you hospitalize If yes, which hospital</li><li>a.) Hospital #1: Name of Hospital</li></ul>	al(s)?			
City		State		
Date of Admission:	•	000,		
Date of Discharge:	(r	nmddyyy)		
b.) Hospital #2:				
Name of Hospital		State		
City Date of Admission:			<u> </u>	
Date of Admission:				
Date of Discharge,		_ (mmaayyy)		

Exposure Information	
< Ĉalculate incubation period: count 10 days prior to symptom onset.	Use the specific dates to
about exposures >	

Incubation period:

(mmddyyy) to	(mmddyyy)
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For residents:

- 5) When did you move into UAB? \_\_\_\_\_(mmddyyyy)
- 6) I'd like to ask about the places on the UAB campus you may have visited before you became ill. From *<Use patient's incubation period>*, did you visit any of the following locations?

Building or area	Date(s) (mmddyyy)	Locations in building/room #s	Reason/activities

	7)	Do you usually take showers?	Y	N	DK
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a)	If "yes", where is the shower you use? Select all that apply.
	my room (confirm room number)
	hallway shower (specify )
	other (specify)

b) How many times per week do you use shower? 1 2-3 4-7 DK

inquire

		c)		now many minu 10-15 >16 I		u speno	d in the sl	hower?	
	8)	Do	you usually ta	ke baths?	Y	N	DK		
		]	my room ( <i>conf</i> hallway showe	re is the bath yo irm room numb r (specify )	er)			ly.	
		b)	How many ti	mes per week d	o you bat	he?	1 2-3	4-7	DK
		c)	On average, l 1-5 6-10	now many minu 10-15 >16 I	-	u speno	l in the b	ath tub?	
1	9)			r teeth? (Select nember/friend			Other		
		a)		toothbrush is u chanical wate					
Med	lica	l D	evices						
			you use a CPA essure) machin		positive a	airway Y	pressure) N	o r BiP DK	AP (Bilevel Positive Airway
		a)	If yes, where tap	do you get the Sterile/distilled		the ma	chine? DK		
	11)	Do	you use an ox	ygen machine?		Y	N	DK	
		a)	If yes, where tap	do you get the sterile/distille		the ma	chine? DK		
	12)	Do	you use a neb	ulizer?		Y	N	DK	
		a)	If yes, where tap	do you get the sterile/distille		the ma	chine? DK		
	13)	Do	you use a hun	nidifier?		Y	N	DK	
		a)	If yes, where tap	do you get the sterile/distille		the ma	chine? DK		

14) Do you drink water from the tap?	Y	N	DK
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a) If yes, how many glasses per day? \_\_\_\_\_

15) Do you remember any interruptions in your room's water supply over the summer? Y N DK

16) Do you recall any changes in the quality of your water over the summer? Y N DK If "yes", please explain \_\_\_\_\_

17) Where do you eat your meals?

your room facility dining room DK

a) If facility dining room, which building(s)

*If residents eat in facility dining room* 

- b) How many meals per week do you eat in the dining room?\_\_\_\_\_
- c) Do you drink water with your meals? Y N DK
- 18) Did you keep your windows open during *<use incubation period>*? Y N DK
- 19) Did you spend time outside on facility grounds during *<use incubation period>*? Y N DK
- 20) Have you ever noticed the lawn being watered during < use incubation period>? Y N DK
- 21) Do you ever spend time in any rooms other than the one(s) you live in? Y N DK *If "no" or "don't know", go to question next question.*

Room #	Dates visited	Did you	Did you help	Did you drink tap
	(mmddyyyy)	shower in that	someone else	water?
		apartment?	shower?	
		Y N DK	Y N DK	Y N DK
		Y N DK	Y N DK	Y N DK
		Y N DK	Y N DK	Y N DK

22) Thinking about the period of time just before you became ill, *<use incubation period>*, I would like to know if you participated in any activities at [location]. We can use this calendar of activities to help. *<Use the activity calendar to identify activities the patient remembers participating in during the incubation period. List the type of activity, location, and date for each activity>* 

Activity	Location	Date		

## ACTIVITIES OUTSIDE OF UAB

Now	I'm	going to	ask s	יווסע	mestions	about	vour a	ctivities	outside d	of I	[location]	l.
1 1 O W	1111	SOME IN	Jusia	y Ou C	Jucononio	ubbut	y Our u	CHVILLCS	outside (	<i>_</i> 1	iocuuon	ı٠

- 23) On average, how many times a week do you leave UAB?  $\_\_\_\_$  DK
- 24) What places do you go when you leave UAB?
  - a)\_\_\_\_\_
  - b)\_\_\_\_\_
  - c)\_\_\_\_\_
- 25) Do you go to medical appointments outside of UAB? Y N DK
  - a) If yes, where?
    - i)\_\_\_\_\_
    - ii)\_\_\_\_\_

$C_{000}$	TD	
Case	עו	

## MEDICAL PROBLEMS SECTION

These questions refer to health problems that you may have had before you became ill with Legionnaires' Disease.

Have you ever been told by a healthcare provider that you had:

	C	heck or	ne:	
Condition	YES	NO	DK	Comments
Chronic kidney disease				
Weakened immune system (Cancer,				
Chemotherapy , Radiation Therapy, immuno-				
suppressive meds, HIV, organ transplant)				
Diabetes				
Chronic lung disease (COPD, emphysema)				
Asthma				
Heart disease or CHF				
Liver disease				
Other conditions				

## 27) Health behaviors:

	Check one:			
	YES NO		Quantity per day (packs or drinks)	Duration (years)
Are you currently a smoker?				
Are you a former smoker?				
Do you drink alcohol?				

That is the	e end of the questi	onnaire. Th	ank you for	taking the tim	ie to answer	all of the questions.	. Do you
have any	questions for me?	If we have	additional qı	uestions in the	future, may	we contact you aga	ain?
$\square$ YES	□NO						

**Interviewer Comments:** 

Alabama_INosocomiai	Case ID