

Legionnaires' Disease Interview Questionnaire

Alabama_Nosocomial

Case ID _____

Face Sheet

Case ID _____

ODRS # _____

Patient Name _____

Patient Address _____

Phone Number _____

Person Supplying Information (if different from above):

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone (H): (____) _____ - _____ Phone (W): (____) _____ - _____

Relationship to subject (check one):

spouse child nurse/aid other (specify: _____)

CONSENT & QUESTIONNAIRE

Interviewer Name (Last) _____ Name (First) _____
 Organization: _____

The Alabama Department of Public Health is asking residents, staff, and visitors to [Hospital A] questions about their water usage because of a cluster of respiratory illnesses among residents that may have been related to the water system. We are asking questions about water usage and health status. The information will be used for public health purposes only, and will be kept secure to the extent allowed by law. The interview will take about 15 minutes to complete. Your cooperation is voluntary and very much appreciated. You can refuse to answer any of the questions. If you agree to participate, the information that you provide us could help to prevent water-borne illnesses from occurring in other places.

Would you be willing to be interviewed? Yes No If "no", end interview.

During the interview, I will be asking you some questions about your [visits to/stay at location]. It may be difficult to remember details from that time. Because accurate details will help us in our investigation, 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 time to locate some of these items or to call back at a more convenient time? Yes No

If "yes": When would be a good time to call back?

Date: __ __ / __ __ Time: _____ AM PM

Number to Call (__ __ __) _____ - _____ (Also record information on contact log).

Interviewee:

<Case Status>: Confirmed Case Suspect Case

<What was the patient's outcome? RECOVERED 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 (specify: _____)

Sex: male female
 Date of Birth _____ (mmddyyyy)

I am going to ask you some questions about respiratory sickness and about the time you have spent at the UAB. If a family member or friend can help you remember, feel free to ask for their input too.

Illness Information:

- 1) Have you had pneumonia since May 1, 2013? Y N DK
- 2) I have that your first symptom started on <insert onset date> _____. Is this correct?
 YES NO No Symptoms DK
 a.) If no, what was the first date you started feeling sick? _____ (mmddyyyy)
- 3) When you were sick, did you experience any of the following symptoms?

Symptom	Yes	No	DK
fever			
Cough			
Chills			
Body aches			
Shortness of breath			
Nausea / vomiting			
Nasal congestion			
Sore throat			
Diarrhea			
Abdominal pain			

- 4) Were you hospitalized or seen in the ER for your respiratory illness? YES NO
 If yes, which hospital(s)?

a.) Hospital #1:
 Name of Hospital _____
 City _____ State _____
 Date of Admission: _____ (mmddyyyy)
 Date of Discharge: _____ (mmddyyyy)

b.) Hospital #2:
 Name of Hospital _____
 City _____ State _____
 Date of Admission: _____ (mmddyyyy)
 Date of Discharge: _____ (mmddyyyy)

c) On average, how many minutes do you spend in the shower?
1-5 6-10 10-15 >16 DK

8) Do you usually take baths? Y N DK

a) If "yes", where is the bath you use? Select all that apply.
my room (*confirm room number*) _____
hallway shower (*specify*) _____
other (*specify*) _____

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

c) On average, how many minutes do you spend in the bath tub?
1-5 6-10 10-15 >16 DK

9) Who brushes your teeth? (Select all that apply)
Self Family member/friend Facility staff Other _____

a) What kind of toothbrush is used? (Select all that apply)?
regular mechanical water pick Other _____

Medical Devices

10) Do you use a CPAP (continuous positive airway pressure) or BiPAP (Bilevel Positive Airway Pressure) machine? Y N DK

a) If yes, where do you get the water for the machine?
tap Sterile/distilled water DK

11) Do you use an oxygen machine? Y N DK

a) If yes, where do you get the water for the machine?
tap sterile/distilled water DK

12) Do you use a nebulizer? Y N DK

a) If yes, where do you get the water for the machine?
tap sterile/distilled water DK

13) Do you use a humidifier? Y N DK

a) If yes, where do you get the water for the machine?
tap sterile/distilled water DK

14) Do you drink water from the tap? Y N DK

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 (mmddyyyy)	Did you shower in that apartment?	Did you help someone else shower?	Did you drink tap water?
		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 you questions about your activities outside of [location].

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) _____
 - iii) _____

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:

Condition	Check one:			Comments
	YES	NO	DK	
Chronic kidney disease				
Weakened immune system (Cancer, Chemotherapy, Radiation Therapy, immunosuppressive meds, HIV, organ transplant)				
Diabetes				
Chronic lung disease (COPD, emphysema)				
Asthma				
Heart disease or CHF				
Liver disease				
Other conditions				

27) Health behaviors:

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

That is the end of the questionnaire. Thank you for taking the time to answer all of the questions. Do you have any questions for me? If we have additional questions in the future, may we contact you again?

YES NO

Interviewer Comments:

