

## 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 &amp; 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




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, 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:		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:

