

- Work in a hospital
 - Hospitalized (inpatient)
- If yes to any of the above name and location of the hospital

Name _____

City _____

- In the vicinity or had been in a hot tub, whirlpool or swimming pool
- If yes, name and location

Name _____

City _____

6. Was the case hospital or nursing home related (nosocomial)?

Check one of the following:

- | | |
|---|---|
| <input type="checkbox"/> <u>Not nosocomial</u> no inpatient or outpatient hospital visits or nursing home stay in the 10 days prior to onset | <input type="checkbox"/> <u>Possible nosocomial</u> Patient/resident was hospitalized, or resided in a nursing home 2-9 days before the onset of Legionella symptoms. |
| <input type="checkbox"/> <u>Definite nosocomial</u> Patient/resident was hospitalized or resided in a nursing home for <u>≥ 10 days</u> before onset of Legionella symptoms | Nursing home residents who left the facility at least once within 10 days before onset of Legionella symptoms may also be considered in thi |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Other |

7. UNDERLYING DISEASE AT DATE OF ONSET

	Yes	No	Unk	
Cancer without current therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cancer with current therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transplant recipient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	type _____
Renal dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Systemic corticosteroids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other immunosuppressant medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	list _____
Diabetes mellitus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Current or former smoker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

8. Was the patient's legionella infection:

- Associated with an outbreak Sporadic case Unknown

(If outbreak-associated, specify location) _____

9. Was patient hospitalized for legionellosis? yes no Hospital

Name: _____

Dates of Hospitalization (mm/dd/yr) _____

10. OUTCOME OF PATIENT'S DISEASE (CHECK ONE)

- Survived Died Unknown

Interviewer _____

Affiliation _____
Mo day year