



Legionnaires' Disease Cluster Hypothesis Generating Questionnaire

<Instructions to the interviewer appear in italics. Please read the entire questionnaire before beginning the interview.>

Interviewer: _____

Date: _____

Initials of Case-Patient: _____

DOB: _____

NJ Case ID (pre-fill): _____

What was the patient's outcome? Recovered Still Ill Died Unknown

Patient contact information

Name: _____ Age: _____ Sex: M F

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Alt. phone: _____

Proxy contact information *<List proxy contact information if patient is unable to be interviewed or has died.>*

Name: _____ Relationship to patient: _____

Phone: _____ Alt. phone: _____

Please ensure this data is entered into CDRSS and fax a copy of the completed questionnaire to 609-292-5811 or send attached to an encrypted email to ICHEE.Water@doh.nj.gov.

Questionnaire last updated on June 14, 2024

Template Call Script (ONLY READ IF INITIAL CALL AND NOT PREVIOUSLY SCHEDULED)
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Hello, my name is [Interviewer] and I'm calling from the [LHD]. May I speak with [patient]?

I would like to follow up with a few questions regarding your recent hospitalization at [hospital name]. While you were at the hospital, were you told if you had a lung infection, or a type of pneumonia called Legionnaires' disease?

<If they are unaware of their diagnosis, ask them why they went to the hospital and ask about what signs/symptoms they had. Explain that the hospital performed a lab test that detected Legionella bacteria.>

Legionnaires' disease is caused by breathing in water droplets that have *Legionella* bacteria in them. The bacteria enter your lungs and can make you sick. We are seeing an increase in people with Legionnaires' disease in the area and we are concerned there is an ongoing risk to the public. I would like to ask you about what you did in the 14 days before you got sick. This can help us possibly figure out where you may have been exposed to Legionella bacteria and can help us prevent others from getting sick. The interview typically takes 20 minutes to complete. Do you have a few minutes to talk?

<Additionally, it may be helpful for the patient to review bank statements, receipts, recent transactions (e.g., credit cards, gift cards), and/or text messages to help aid in recalling this information>

<If not, schedule a day/time that is more convenient for them. Explain the importance of the interview and that it should not be delayed for too long>

Communication Log			
Date and Time	Contact Outcome	Scheduled Call Back Date and Time	Communication Note

1. Illness Onset

<First you want to establish the illness onset date. Ask about the patient's symptoms>

The symptoms of Legionnaires' disease may include fever, cough, shortness of breath, chest pain, abdominal pain, diarrhea, nausea, confusion, body aches, and headache. Did you have any of these symptoms? What day did they begin?

<Check all that apply and document onset date>

Onset date	Symptom	Onset date	Symptom
	Fever		Diarrhea
	Cough		Nausea
	Shortness of breath		Confusion
	Chest pain		Body aches
	Abdominal pain (stomach aches)		Headache

Were you hospitalized for your illness? Yes No Do Not Know

If yes, what date did you go to the hospital? __/__/____

Were you diagnosed with pneumonia by a healthcare provider? Yes No Do Not Know

<Important: Use a calendar to calculate the exposure period. Start at the date of earliest symptom onset documented above and count backwards 14 days.>

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3 1 st day of exposure period	4	5
6	7	8	9	10	11	12
13	14	15	16	17 Date of onset	18	19

<Document exposure period here: _____ to _____>

For the remainder of the interview, I am going to ask you about the 14 days before you became ill. The 14 days prior to your illness would be from [day of the week] __/__/__ to [day of the week] __/__/__. The rest of the questions will ask about the places you visited during this time. If you don't remember exactly where you visited during this time, just say you don't know. If you cannot remember exactly but I mention a place you generally go, please let me know.

2. Medical Device Use

In the 14 days prior to illness onset did you use a humidifier, nebulizer, CPAP, BiPAP, or any respiratory therapy equipment for the treatment of sleep apnea, COPD, asthma, or for any other reason?

Yes No Not sure

<If yes, complete the following table:>

Type of device	Location used	Date(s)

If yes, does this device use a humidifier? Yes No Do Not Know

If yes, describe what type of water you use in this device (e.g., sterile, tap, distilled).

3. Occupation

In the 14 days prior to becoming ill, did you work or volunteer either part-time or full-time?

Yes No Not sure

<If yes, complete the following table:>

Name of facility and location	Dates	Describe type of work and any possible exposures to water at work
Comments:		

4. Construction Exposures

In the 14 days prior to becoming ill, did you have any exposure to general construction, plumbing projects, or water main breaks (e.g., any water disruptions such as brown water/low water flow)?

Yes No Not sure

<If yes, complete the following table:>

Describe exposure	Address of exposure	Dates of exposure

5. Water Usage

In the 14 days prior to becoming ill, did you have any exposure to aerosolized water at home (or at work) such as washing the car, water the garden, using the hose, or using a power washer?

Yes No Not sure

<If yes, complete the following table:>

Describe exposure	Address of exposure	Dates of exposure
Comments:		

6. Healthcare Exposures

In the 14 days prior to becoming ill, did you work at, get treatment in, or visit a healthcare setting (e.g., hospitals, nursing homes, outpatient clinic, dental office)?

Yes No Not sure

<If yes, complete the following table:>

Describe exposure (e.g., outpatient, inpatient, visitor, employee)	Name and address of facility	Dates of exposure

Describe exposure (e.g., outpatient, inpatient, visitor, employee)	Name and address of facility	Dates of exposure
Comments:		

7. Other Exposures <ensure you specifically state that you are asking about exposures in the 14 days prior to becoming ill>					
Exposures	<Check one:>			Name and Address	Date(s)
	Yes	No	Not sure		
A. Did you visit any friends or family?					
B. Did you shop for groceries at a grocery store, farmers market, food co-op? <i>(If they say no, ask them where they typically grocery shop)</i>					
C. Did you go shopping or run any errands (e.g., malls, outdoor shopping centers, hardware stores, nurseries, etc.) <i>(If they say no, ask them what routine errands they may typically do)</i>					
D. Did you visit any convenience stores such as ... <i>(name several convenience stores in their community)</i> ?					
E. Did you visit any fast-food establishments such as ... <i>(name several fast-food establishments in their community)</i> ?					
F. Did you go to any restaurants, bars, or casinos?					

7. Other Exposures <i><ensure you specifically state that you are asking about exposures in the 14 days prior to becoming ill></i>					
Exposures	<Check one:>			Name and Address	Date(s)
	Yes	No	Not sure		
G. Did you attend any religious services or visit a church, synagogue, mosque, or temple?					
H. Did you visit any recreational centers, community pools, community centers, sports clubs, or gyms?					
I. Did you visit any amusement or water parks?					
J. Did you attend any events such as wedding, potluck, BBQ, street fair, or party?					
K. Did you attend a convention, charity event, reception, conference, or other public gathering?					
L. Did you work at or visit an assisted living facility or senior living facility?					
M. Did you work/volunteer at, reside in, or visit a congregate living facility (e.g., correctional facility, shelter, dormitory)?					

7. Other Exposures <ensure you specifically state that you are asking about exposures in the 14 days prior to becoming ill>					
Exposures	<Check one:>			Name and Address	Date(s)
	Yes	No	Not sure		
N. Did you visit or spend the night at any travel accommodations such as a hotel, motel, resort, campground, or vacation rental property?					
O. Did you spend any nights away from home?					
P. Did you use or go near a whirlpool or hot tub?					
Q. Did you walk through or visit any playgrounds or parks?					
R. Did you visit or walk by any decorative fountains, such as a fountain in a mall?					
S. Did you walk by or spend time near any outdoor cooling misters, like those found near outdoor seating of a restaurant?					
T. Did you visit any transportation hubs such as a train station, bus terminal, or airport?					
U. Did you visit an area with large buildings, such as shopping centers, high-rise offices or hotels, or industrial buildings					
<i>Add additional questions as needed. Consider including locations other case-patients visited or other businesses nearby.</i>					

8. Open Ended Questions

A. When leaving your home, do you normally walk, drive, or take public transportation such as a bus?

If they drive, ask them which gas station(s) they went to, or typically go to.

Walk Drive Public Transportation

B. Please tell me about other places you may have visited during the 2 weeks prior to becoming ill.

Yes No Not sure

<If yes, describe the activities:>

D. Did you go anywhere else during the 14 days prior to becoming ill, that I have not asked about (e.g., hair salon, post office):

Yes No Not sure

<If yes, describe the location names, addresses, and dates:>

E. Are there any other locations that you visit regularly?

Yes No Not sure

<If yes, describe the location names, addresses, and dates:>

<Thank the interviewee for their time>