State ID _____
CDC ID _____

CDC Legionellosis Cruise Ship Questionnaire

<Instructions to the interviewer appear in italics. Please read the entire questionnaire before beginning the interview. Locations of whirlpool spas and ports of call should be filled out prior to the interview.>

<After confirming a case of Legionnaires' disease or Pontiac fever and completing the CDC Legionellosis Case Report Form, this form can be used to collect additional epidemiologic data for cases that may be cruise ship associated.>

<What was the patient's outcome? ☐*RECOVERED* ☐*STILL ILL* ☐*DIED>*

Interviewer Identification

Date of interview: _____ Interviewer's Name: _____

Health Department: _____ Phone Number: _____ E-mail: _____

Patient Contact Information

Name:_____ _____Age:_____Sex: ☐M ☐F

City: _____State:_____ Zip: _____County:_____

Daytime Phone: _____ Evening phone: _____

Surrogate Contact Information *<List surrogate contact information if patient is too unwell or has died.>*

Name:_____ _____Age:_____Sex: ☐M ☐F

City: _____State:_____ Zip: _____County:_____

Daytime Phone: _____ Evening phone: _____

Relationship to patient: _____

Hello, my name is _____ and I'm calling from _____. I'm calling about your recent Legionnaires' disease *<or Pontiac fever>* illness. Legionnaires' disease *<or Pontiac fever>* is a reportable disease, which means that healthcare providers must report cases to public health so that we can determine if there is a public health concern. I'd like to ask you a few questions about your exposures during the 10 days before you got sick. You do not have to answer any of the questions, but your cooperation is appreciated. Do you have a few minutes to talk? If not now, when would be a good time for me to call back?

I have that your first symptom started on *<insert onset date>* _____. Is this correct?

☐YES ☐NO ☐Not sure

If no, what was the first date you started feeling sick? _____

<The exposure period includes the 10 days before illness onset. List dates of exposure period:

from _____ *to* _____. *>*

State ID _____
CDC ID _____

I. Exposure Information

I'd like to ask you some questions about your travel and exposures during the 10 days **before** you got sick. The time period I'm asking about is between _____ and _____.

1.) Cruise dates (mm/dd/yy): _____ to _____ Ship name: _____Cabin No.: _____

2.) During the 10 days before you got sick, did you spend any nights away from home other than on the cruise ship (i.e., in a hotel)? ☐Yes ☐No ☐Not sure

a.) If yes, complete the following table:

Country	State	City	Accommodation Name	Address	Room No.	Dates of Stay	
						Arrival	Departure

3.) During the 10 days before you got sick, did you visit or work in a hospital? ☐Yes ☐No ☐Not sure

a.) If yes, check all that apply:

	Date(s)	Name & City of Hospital	Reason for Visit
☐ Inpatient	Admission _____ Discharge _____		
☐ Outpatient			
☐ Visitor			
☐ Employee			
☐ Volunteer			

Comments: _____

4.) During the 10 days before you got sick, did you visit, reside, or work in a long term care facility, nursing home, assisted living facility, or senior living facility? ☐Yes ☐No ☐Not sure

a.) If yes, check all that apply:

	Exposure	Date(s)	Name & City of Facility
☐Long term care facility (includes: nursing home, rehab facility, or skilled nursing facility)	☐ Resident ☐ Visitor ☐ Employee		
☐ Assisted Living	☐ Resident ☐ Visitor ☐ Employee		
☐ Senior Living (includes retirement homes without skilled nursing or personal care)	☐ Resident ☐ Visitor ☐ Employee		

Comments: _____

State ID _____
CDC ID _____

II. Water Exposures NOT on Cruise

Now I'm going to ask you about your **water exposures** in the 10 days before you before you got sick. As a reminder, I'm talking about the time period _____to _____. We'll start with any water exposures you may have had while traveling or at home during this 10-day period **that did NOT occur on board the cruise ship or at ports of call**. I'll ask about water exposures on the cruise in detail afterwards. *<Note: if the patient indicated hotel exposure in the previous section, make sure to ask specifically about exposures at the hotel(s).>*

Exposure	YES	NO	UNK	Location	Date(s)
Got in a hot tub or whirlpool spa					
Sat **NEAR** a working hot tub or whirlpool spa but did not get in					
Jacuzzi (bathtub with jets)					
Pool					
Recreational misters					
Steam room or wet sauna					
Decorative fountain					
Humidifier					
Shower (away from home only)					

Comments: _____

III. Water Exposures on Ship

Now I'm going to ask you about your **water exposures on the cruise ship** in the 10 days before you got sick. I'll ask about water exposures in ports of call later.

5.) How many persons occupied your cabin? _____ (No. of persons)
6.) Was there a shower in your cabin? ☐Yes ☐No ☐Not sure
7.) How many times did you use the shower or the showerhead on the bathtub? ____ times
8.) How long, on average, did you shower? ☐ < 5 min ☐ 5-10 min ☐ >10 min
9.) If there were one or more persons sharing your room/cabin, how often did you shower/bathe first?
☐ Always ☐ Mostly ☐ Sometimes ☐ Never ☐ Not applicable
10.) Was there a bathtub in your cabin? ☐Yes ☐No ☐Not sure
If yes:
a.) Did your bathtub have jets? ☐Yes ☐No ☐Not sure
b.) How many times did you use the bathtub? _____ (No. of times)
c.) How many times did you use the bathtub with the jets on? _____ (No. of times)
d.) How many times was the bathtub used with the jets on by someone else while you were in the room? ____ (No. of times)
11.) Did you visit the **day spa** on board the ship? ☐Yes ☐No ☐Not sure

State ID _____
CDC ID _____

If yes, please describe:

Reason for Visit / Treatments	Date	Amount of Time Spent in Day Spa

a.) Were there any whirlpool spas, hot tubs, or Jacuzzis inside the day spa? ☐Yes ☐No ☐Not sure
<If yes, include these in the whirlpool spa table below.>

12.) Did you **get in** any whirlpool spas (i.e., hot tubs) on board the ship? ☐Yes ☐No ☐Not sure

13.) Did you spend any time **near or around** any whirlpool spas (i.e., hot tubs) on board the ship?
☐Yes ☐No ☐Not sure

<If yes to #12 or #13, please complete the following table.>

Now I am going to ask you more details about your whirlpool spa exposures on board the ship. There are several whirlpool spas on board, so I will ask you about each one individually.

Whirlpool Spa *<Pre-fill locations from online deck plans prior to interview. (ex: 'Spa Deck' near gym)>*	**Did you spend any time in or around this whirlpool spa?**	**On how many days were you in or around this whirlpool spa?**	**How much total time did you spend in this whirlpool spa in the 10 days before you got sick?**	**How much total time did you spend near or around but NOT IN this whirlpool spa in the 10 days before you got sick?**	**What time(s) of day were you in or around this whirlpool spa?** ***Mark all that apply.***
	☐ Yes, **got in** ☐ Yes, **near or around** ☐ No ☐ Not sure	No. of days: ___ OR, ☐ Everyday ☐ Never	☐ <15 min ☐ 15-30 min ☐ 30 min – 1h ☐ 1-2 hrs ☐ 2-4 hrs ☐ 4+ hrs ☐ Not sure	☐ <15 min ☐ 15-30 min ☐ 30 min – 1h ☐ 1-2 hrs ☐ 2-4 hrs ☐ 4+ hrs ☐ Not sure	☐ Morning ☐ Mid-day ☐ Afternoon ☐ Evening
	☐ Yes, **got in** ☐ Yes, **near or around** ☐ No ☐ Not sure	No. of days: ___ OR, ☐ Everyday ☐ Never	☐ <15 min ☐ 15-30 min ☐ 30 min – 1h ☐ 1-2 hrs ☐ 2-4 hrs ☐ 4+ hrs ☐ Not sure	☐ <15 min ☐ 15-30 min ☐ 30 min – 1h ☐ 1-2 hrs ☐ 2-4 hrs ☐ 4+ hrs ☐ Not sure	☐ Morning ☐ Mid-day ☐ Afternoon ☐ Evening
	☐ Yes, **got in** ☐ Yes, **near or around** ☐ No ☐ Not sure	No. of days: ___ OR, ☐ Everyday ☐ Never	☐ <15 min ☐ 15-30 min ☐ 30 min – 1h ☐ 1-2 hrs ☐ 2-4 hrs ☐ 4+ hrs ☐ Not sure	☐ <15 min ☐ 15-30 min ☐ 30 min – 1h ☐ 1-2 hrs ☐ 2-4 hrs ☐ 4+ hrs ☐ Not sure	☐ Morning ☐ Mid-day ☐ Afternoon ☐ Evening
	☐ Yes, **got in** ☐ Yes, **near or around** ☐ No ☐ Not sure	No. of days: ___ OR, ☐ Everyday ☐ Never	☐ <15 min ☐ 15-30 min ☐ 30 min – 1h ☐ 1-2 hrs ☐ 2-4 hrs ☐ 4+ hrs ☐ Not sure	☐ <15 min ☐ 15-30 min ☐ 30 min – 1h ☐ 1-2 hrs ☐ 2-4 hrs ☐ 4+ hrs ☐ Not sure	☐ Morning ☐ Mid-day ☐ Afternoon ☐ Evening

State ID _____
CDC ID _____

14.) Do you recall being near or around any decorative fountains while on board the ship?

☐Yes ☐No ☐Not sure

If yes, describe where: _____

IV. Water Exposures at Ports of Call

Now I'm going to ask you about your activities and water exposures at ports of call. For each port of call, please tell me what activities you participated in while in port.

Day	**Port** *<Pre-fill ports of call and days at sea prior to the interview if available.>*	**Excursion/Activity**	**Water exposures (i.e., showers off-ship, misters, decorative fountains)**
1		(prior to boarding)	
2			
3			
4			
5			
6			
7			
8			

State ID _____
CDC ID _____

V. Medical History

Now I'm going to ask you about any underlying illnesses you may have. Certain underlying illnesses can increase the risk for infection from a variety of bacteria and viruses.

Underlying Medical Condition	Yes	No / Unknown
COPD/Emphysema/Chronic Lung Disease		
Diabetes		
Congestive Heart Failure		
Coronary Artery Disease		
History of stroke/CVA		
Chronic Renal Insuffiency (CRI/CKD) or End-Stage Renal Disease (ESRD)		
Cirrhosis / Liver Disease		
Cancer Type: _____		
Organ Transplant		
HIV/AIDS		
Taking Immunosuppressive drugs (e.g. corticosteroids or chemotherapy)		
Other: _____		
Other: _____		

Current Smoker (or quit in the past year): ☐ Yes ☐ No
Former Smoker: ☐ Yes ☐ No

In the 10 days before you got sick, did you use a nebulizer, CPAP, BiPAP, or any other respiratory therapy equipment for the treatment of sleep apnea, COPD, asthma, or for any other reason?

☐Yes ☐No ☐Not sure

a.) If yes, complete the following table.

Type of device	Date(s)	Location

b.) If yes, does this device use a humidifier or misty water? ☐Yes ☐No ☐Not sure

i.) If yes, describe what type of water is used in the device (e.g., sterile, distilled, tap) and how it is cleaned. _____

That completes the questionnaire, thank you for your cooperation. Do you have anything you'd like to add or any questions for me? _____
_____