Sent: Wednesday, April 15, 2015 11:18 AM
To: Busch, Stephen (DEQ);Shekter Smith, Liane (DEQ);Benzie, Richard (DEQ)
Subject: FW: Questionnaire / FOIA
Attachments: Final Genesee supplemental questionnaire 2-23-15.docx; FOIA Request Jan 27, 2015 Flint Water.doc; FOIA Request Flint Water April 2 2015.doc

Importance: High

Michael Prysby, P.E.
District Engineer
Office of Drinking Water and Municipal Assistance
517 290-8817

From: Henry, James [mailto:jhenry@gchd.us]
Sent: Wednesday, April 15, 2015 10:45 AM
To: Prysby, Mike (DEQ)
Subject: FW: Questionnaire / FOIA
Importance: High

Mike, I apologize for the delay regarding the attached FOIA's and questionnaire.

The information that you shared during the conference call last week was very helpful. I have not received a response yet from the April 2, FOIA.

Thank you

Jim Henry RS, MBA
Environmental Health Supervisor
Genesee County Health Department www.gchd.us
630 S. Saginaw St., Suite 4
Flint, MI 48502-1540
Phone (810) 257-3618 Fax (810) 257-3125
E-mail jhenry@gchd.us

MDSS ID _____

Legionellosis Questionnaire
Genesee County, 2014-2015

Interviewer Identification

Date of Interview: _____ Interviewer's Name: _____
Health Dept.: _____ Phone Number: _____ E-mail: _____

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

Patient Contact Information

Name: _____ Age: _____ Sex: ☐ M ☐ F
Street address: _____ City: _____
State: _____ Zip: _____ County: _____
Daytime Phone: _____ Evening Phone: _____

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

Name: _____
Daytime Phone: _____ Evening Phone: _____
Relationship to Patient: _____

Hello, my name is _____ and I'm calling from _____ (health department). We are investigating a cluster of respiratory illnesses in Genesee County. At this point, the source of these illnesses is still under investigation. We are hoping this interview will provide further information and answers about the illnesses. I'd like to ask you a few questions about your home and your exposures during the 2 weeks before you got sick. You do not have to answer any of the questions, but any assistance you can provide is appreciated. Do you have about 30 minutes to talk? If not now, when would be a good time for me to call back? _____

<If the case is from more than 1 month prior, the following text may be used: >
It might be helpful for you to collect documents such as a calendar, receipts, credit card or bank statements to jog your memory about your activities and where you were in the 2 weeks prior to getting sick. The only information we would ask you to share from these are dates and locations. Would you like me to call you back after you have time to collect these materials? When would be a convenient day and time for me to call you 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? ____/____/_____

List dates of exposure period: from ____/____/____ *to* ____/____/____ *<The exposure period includes the 2 weeks before the date of illness onset>*