

Folliculitis Questionnaire

Name: _____ DOB: ___/___/____ Date: ___/___/____

Address: _____ Phone Number: _____

Have you noticed any rash, bumps or sores on your skin during the week of _____? Y N

Where was the rash located: _____

Describe what it looked like: _____

How big was it? _____

When did you first notice the rash? _____

Did you visit a clinic? Y N Phone #: _____

Was a culture taken? Y N Result: _____

Did you take any medicine? Y N Name: _____

Did you have any of the following symptoms?

Fever Y N Itchy skin Y N Nausea Y N

Vomiting Y N Muscle aches Y N Earache Y N

Chills Y N Soreness or swelling of armpits Y N

Fatigue Y N Frequent or painful urination Y N

For females only: Painful swelling of breasts Y N

Painful swelling of nipples Y N

What dates did you stay at the (HOTEL)? _____

Did you swim in the pool or hot tub at the (HOTEL)? Y N

If NO, stop here. If YES, continue.

Date of use	Time of use	Pool use	
		Duration (minutes)	Maximum # in pool
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date of use	Time of use	Hot tub use	
		Duration (minutes)	Maximum # in hot tub
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Did you shower before using the hot tub/pool? Y N

Did you shower after using the hot tub/pool? Y N Did you use soap? Y N

Did you share a towel with anyone? Y N

Does anyone else in your family have a rash? Y N Name: _____

Do you know anyone else with a rash? Y N Name/ph#: _____

How many other people stayed with you in your hotel room: _____

Did any of them go swimming or have a rash? Y N

Please fill out a form for all additional persons with a rash.