

Respiratory Illness Survey

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1.

This survey was created to assess possible illness among people who have worked at the Playboy Mansion recently. Please answer questions as they apply to you.

We would like all people who worked at Playboy Mansion on any date between Feb 1st and Feb 7th to complete the survey, regardless of whether you were ill or not.

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Tuesday Feb 1st

Wednesday Feb 2nd

Thursday Feb 3rd

Friday Feb 4th

Saturday Feb 5th

Saturday Feb 6th

Monday Feb 7th

I did not work at the Mansion on any of these dates

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Other (please specify)

2. When you worked at the Mansion, did you spend time near any of the following water features? (check all that apply) Grotto/pool Dance floor near fog machine I did not spend time near the grotto/pool, fog machine, or other water feature

Other water feature such as fountains (specify)

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4.

1. If you spent time at the pool/grotto, how much time did you spend there? I did not spend time at the pool/grotto <1 hour 1-2 hours 2-3 hours 4-5 hours more than 5 hours**2. If you spent time near the fog machine, how much time did you spend there?** I did not spend time near the fog machine <1 hour 1-2 hours 2-3 hours 3-4 hours more than 4 hours[Prev](#)[Next](#)

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[Exit this survey](#)**5. Symptoms experienced****1. Did you experience any illness in the two weeks before you worked at the Mansion?**

Yes

No

If Yes, please specify

2. Did you experience any illness after the date(s) you worked at the Mansion?

Yes

No

3. What date did your symptoms start? (enter n/a if you did not have symptoms)*4. How long did your symptoms last?**

I did not have symptoms

1-2 days

3-4 days

5+ days

***5. Please indicate symptoms you experienced:**

I did not have symptoms

Fever (estimated or measured)

Chills

Muscle aches

Fatigue

Abdominal pain

Diarrhea

Dry cough

Productive cough (phlegm/mucus)

Shortness of breath



Other (please specify)

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6. Medical history

1. Do you have any of the following medical conditions?

I do not have any medical conditions

Heart condition

Asthma

Bronchitis

Diabetes

Organ transplant recipient

Cancer or cancer treatment

Other medical conditions

2. Do you take any prescription medications regularly?

Yes

No

Please list medications

3. Do you smoke? (Any substance)

Yes

No

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[Exit this survey](#)**7. Illness information****1. Did you see see a doctor about your illness?** Yes No I was not ill**2. Were you hospitalized overnight?** Yes No I was not ill

If Yes, please give name of hospital and dates hospitalized

3. If Yes, were any lab tests performed? I was not ill I was ill, but no lab tests were done Blood tests Urine tests Chest x-ray Sputum test

If Yes, please enter lab result if known

4. Were you given a diagnosis? I was not ill Flu Pneumonia Viral respiratory illness Other (please specify)**5. Were you given antibiotics for your symptoms?**

I was not ill

Azithromycin (Z-pack)

Levofloxacin (Levaquin)

Erythromycin

Doxycycline

Other (please specify)

6. Do you still have symptoms?

I was not ill

Yes

No

7. Do you know any other people who worked the Mansion who also became ill?

Yes

No

If yes, who do you know who also became ill?

8. What is your sex?

Male

Female

9. What is your age range?

18 years old or younger

19-29 years old

30-39 years old

40-49 years old

50-59 years old

60 years old or older

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We thank you for taking the time to complete this survey. Your cooperation is important as we continue our investigation. If you have questions, please call 213-974-1234 and ask for the public health doctor on call.

1. Depending on your answers the Los Angeles County Department of Public Health may want to contact you to obtain more information or to refer you for diagnostic tests. We appreciate your cooperation with this investigation.

Name:

Best phone number
to reach you:

Email:

2. Do you live in Los Angeles County?

Yes

No

3. May we contact you to obtain more information or refer you for appropriate diagnostic tests?

Yes

No

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Done

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