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.