



Form approved
 OMB Control No.: 0920-1260
 Expiration date: 05/31/2026

Gastrointestinal Illness Surveillance System Questionnaire

(To be completed if you experienced gastrointestinal illness)

Passenger <input type="checkbox"/>	Crew <input type="checkbox"/>
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Vessel Name:		Voyage No.:		Date:	
Last Name:		First Name:			
Date of Birth:	(mm/dd/yyyy)	Age:	(in years)	Sex M / F	
Cabin Number:		Total Number of People in Cabin:			
Dining Seating:		Dining Table Number:			
Symptoms Started Date:	(mm/dd/yyyy)	Time:	(hh:mm)	AM / PM	
Do you know other people ill with the same symptoms?					Yes / No
If yes, please list their names:					
Did you stay overnight or longer in a boarding city before you joined the vessel?					Yes / No
If yes, where?	City:	State:	Country:		
Was the overnight stay in a hotel/motel/commercial residence?					Yes / No
If yes, what was the name and address of the hotel, motel/commercial residence					
Name:					
Address:					
City:	State:		Country:		
How did you travel to the city where you boarded the ship for this cruise? Select all that apply.					
<input type="checkbox"/>	Airplane	Airlines:		Flight No.:	
<input type="checkbox"/>	Automobile				
<input type="checkbox"/>	Bus/Motorcoach				
<input type="checkbox"/>	Train				
<input type="checkbox"/>	Other Please specify:				
Are you a member of a tour group?					Yes / No
Prior to boarding the ship, did you participate in a pre-embarkation tour/package?					Yes / No
If yes, which tour(s)/package(s) did you participate in? (list all)					
Prior you your illness, did you go ashore at any of the ports of call?					Yes / No
If yes, please list the ports of call where you went ashore					
Did participate in any shore excursions at any port of call?					Yes / No
If yes, which shore excursions did you participate in? (list all)					
Did you eat anything while you were ashore at any port of call?					Yes / No
Did you drink anything (including drinks with ice) while ashore at any port of call?					Yes / No
What did you think is the cause of your illness?					

Please turn this form over to provide food and shipboard activities history

CDC estimates the average reporting burden for this collection of information as 10 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering, and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road, NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1260).

Passenger <input type="checkbox"/>	Crew <input type="checkbox"/>
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Last Name _____ First Name _____

Meals and Activities Aboard Vessel Prior to Illness

Please list the *specific* vessel locations of the meals you consumed and the vessel activities you participated in before you became ill

Day of illness onset Give date: _____	Day before illness onset	Two days before illness onset	Three days before illness onset
Breakfast	Breakfast	Breakfast	Breakfast
Place: _____ Time: _____ Items eaten/drunk	Place: _____ Time: _____ Items eaten/drunk	Place: _____ Time: _____ Items eaten/drunk	Place: _____ Time: _____ Items eaten/drunk
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Lunch	Lunch	Lunch	Lunch
Place: _____ Time: _____ Items eaten/drunk	Place: _____ Time: _____ Items eaten/drunk	Place: _____ Time: _____ Items eaten/drunk	Place: _____ Time: _____ Items eaten/drunk
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Dinner	Dinner	Dinner	Dinner
Place: _____ Time: _____ Items eaten/drunk	Place: _____ Time: _____ Items eaten/drunk	Place: _____ Time: _____ Items eaten/drunk	Place: _____ Time: _____ Items eaten/drunk
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Snack	Snack	Snack	Snack
Place: _____ Time: _____ Items eaten/drunk	Place: _____ Time: _____ Items eaten/drunk	Place: _____ Time: _____ Items eaten/drunk	Time: _____ Items eaten/drunk
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Activities	Activities	Activities	Activities
AM	PM	AM	PM
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____