Form approved
OMB Control No.: 0920-1260
Expiration date: 07/31/2029

Gastrointestinal Illness Surveillance System Questionnaire

(To be completed if you experienced gastrointestinal illness)

Passenger ☐ Crew ☐

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.				
[ ] Airplane	Airlines:		Flight No.:	
[ ] Automobile				
[ ] Bus/Motorcoach				
[ ] Train				
[ ] 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

Passenger ☐ Crew ☐

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 Place: _____ Time: _____ Items eaten/drank	**Breakfast** Place: _____ Time: _____ Items eaten/drank	**Breakfast** Place: _____ Time: _____ Items eaten/drank	**Breakfast** Place: _____ Time: _____ Items eaten/drank
Lunch Place: _____ Time: _____ Items eaten/drank	**Lunch** Place: _____ Time: _____ Items eaten/drank	**Lunch** Place: _____ Time: _____ Items eaten/drank	**Lunch** Place: _____ Time: _____ Items eaten/drank
Dinner Place: _____ Time: _____ Items eaten/drank	**Dinner** Place: _____ Time: _____ Items eaten/drank	**Dinner** Place: _____ Time: _____ Items eaten/drank	**Dinner** Place: _____ Time: _____ Items eaten/drank
Snack Place: _____ Time: _____ Items eaten/drank	**Snack** Place: _____ Time: _____ Items eaten/drank	**Snack** Place: _____ Time: _____ Items eaten/drank	**Snack** _____ Time: _____ Items eaten/drank
Activities	**Activities**	**Activities**	**Activities**
AM **PM**	**AM** **PM**	**AM** **PM**	**AM** **PM**

Assurance of Confidentiality: Pursuant to 42 C.F.R. 71.21, as authorized by 42 U.S.C. § 264, the U. S. Centers for Disease Control and Prevention (CDC) Vessel Sanitation Program (VSP) collects electronic information about the number of passengers and crew members with acute gastroenteritis (AGE) on passenger vessels (“cruise ships”) carrying 13 or more passengers and within 15 days of arriving in the United States (U.S.) from a foreign. VSP will use this information to rapidly assess and provide public health recommendations that are fundamental to the overall mission of VSP as mandated by the U.S. Congress. The Privacy Act of 1974, 5 U.S.C. § 552a, governs the collection and use of this information. The information maintained by CDC will be covered by CDC’s System of Records No. 0920-1260, Maritime Illness Database and Reporting System (MIDRS) under 42 C.F.R. Parts 71. CDC will only disclose information from the system outside the CDC and the U.S. Department of Health and Human Services as the Privacy Act permits, including in accordance with the routine uses published for this system in the Federal Register, and as authorized by law. Such lawful purposes may include, but are not limited to, sharing identifiable information with state and local public health departments, and other cooperating authorities. You may contact vsp@cdc.gov, if you have questions about CDC’s use of your data.