**Questionnaire for Passengers and Crew**

**MERS-CoV Aircraft Contact Investigation**

Questionnaire for Passengers and Crew, MERS-CoV Aircraft Contact Investigation

**Identifying and Residency Information**

1. Traveler’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Type of Traveler (circle): passenger crew

3. Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. Mobile Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(circle best number to reach at)

5. E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Home address (or address for next 14 days if nonresident): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. State\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8. Zip \_\_\_\_\_\_\_\_\_\_\_\_

9. If non-US resident, country of residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attempt(s) to reach traveler:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Time** | **Outcome** | **Message left/e-mail sent** |
|  |  | Interview completed / not completed |  |
|  |  | Interview completed / not completed |  |
|  |  | Interview completed / not completed |  |
|  |  | Interview completed / not completed |  |
|  |  | Interview completed / not completed |  |

Name of person answering the questions (if not traveler): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship of person answering questions to traveler: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Interviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency/Affiliation of Interviewer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Verbal consent/parental permission obtained? Circle: Yes / No For serology? Yes / No**

**For minors (13-17): Assent obtained? Circle: Yes / No If NO, parent interviewed on child’s behalf? Circle: Yes / No Assent for serology? Yes / No**

Interview date (mm/dd/yy) \_\_\_/\_\_\_/14 **** Telephone **** In-person **** E-mail **** Other \_\_\_\_\_\_\_

**A. Demographic Information**

10. Age: \_\_\_\_\_\_ years / months (circle one)

11. Sex (circle one): M F

**B. Flight History for Passenger (for crew member, skip to Section C)**

The airline(s) has/have indicated that you were a passenger on the following flight(s). The next set of questions pertain to that/those specific flight(s).

**Questions 12-14 should be repeated for each flight, as applicable**

**NOTE: If passenger was not on any of the above flights, the interview is completed.**

**Questions for Flight(s)**

12a. Confirm passenger traveled on [check flight(s) below]

* Flight Leg A, May 1st, 2014 **** Yes **** No **** Unsure
* Flight Leg B, May 1st, 2014 **** Yes **** No **** Unsure
* Flight Leg C, May 1st, 2014 **** Yes **** No **** Unsure
* Flight Leg D, May 1st, 2014 **** Yes **** No **** Unsure

***If NO* or unsure, provide code share info. *Check other flights. If not on any of the flights, then the interview is complete.***

***If YES,***

13a: Did you sit in your assigned seat for this entire flight ?

**** Yes **– Skip to Question 14a** **** No **** Don’t remember

13a.1. If no, how long did you sit in your assigned seat?

**** <30 minutes **** 30-60 minutes **** > 60 minutes **** Don’t remember

13a.2. What other seat number did you sit in for all or part of the flight?

Seat Number: \_\_\_\_\_\_\_ **** Don’t remember

13a.3. If passenger doesn’t remember which seat number, ask to describe which part of the plane she or he sat in. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13a.4. How long did you sit in this other seat?

**** <30 minutes **** 30-60 minutes **** > 60 minutes **** Don’t remember

14a. Were you traveling with anyone else on this flight?

**** Yes **–complete table below** **** No **– Skip to Question 14b**

14.a.1. Who did you travel with? [This information will help make sure we can contact her or him about possible exposure during the flight.]

Name (last, first) Relation\* Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*A. friend B**.** colleague C. household member\*\* D**.** non-household family member

\*\* If household member(s), ask to interview that person when done with this interview

14b. Did you come into contact with anyone who seemed ill with respiratory symptoms (such as cough or difficulty breathing) or appeared feverish? **** Yes **** No

14c. Did you assist them in any way? If yes, please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**C. Flight History for Crew Member (For passenger, skip to Section D)**

15. Confirm that crew member worked on

* Flight Leg A, May 1st, 2014 **** Yes **** No **** Unsure
* Flight Leg B, May 1st, 2014 **** Yes **** No **** Unsure
* Flight Leg C, May 1st, 2014 **** Yes **** No **** Unsure
* Flight Leg D, May 1st, 2014 **** Yes **** No **** Unsure

**IF NO, *interview is complete.* Thank the person for her/his time.**

***If YES, continue***

16. Crew type (circle all that apply) or Cabin for passenger

Flight Deck: Captain

First Officer

Flight engineer/ navigator

Other (such as jumpseater; specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cabin: First Class

Business Class

Economy Class(specify section if assigned to a specific one): \_\_\_\_\_\_\_\_\_\_

Lead Flight Attendant

17. Did you come into contact with anyone who seemed ill with respiratory symptoms (such as cough or difficulty breathing) or appeared feverish? **** Yes **** No

18. Did you assist them in any way? If yes, please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**D. Illness and Medical History**

19. Have you been ill since the day of the flight? **** Yes **** No

***IF YES, GO TO 20. IF NO, GO TO APPENDIX I (SEROLOGY). THEN…***

* **Read end script for asymptomatic contact.**
* **Send Information Notice to traveler by e-mail or fax.**

20. Have you had any of the following symptoms since your flight?

1. **Fever (measured temp of > 100.40 F (380 C)** **** Yes (Temp if known \_\_\_\_\_°) **** No **** Don’t Know
2. **Coughing** **** Yes **** No **** Don’t Know
3. **Difficulty breathing** **or shortness of breath** **** Yes **** No **** Don’t Know
4. **Wheezing**  **** Yes **** No **** Don’t Know
5. **Pain with coughing or breathing ** Yes **** No **** Don’t Know
6. **Other symptom(s):** **** Yes; List: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **** No **** Don’t Know

***IF NO/DON’T KNOW TO 20 a-e, GO TO APPENDIX I (SEROLOGY). THEN…***

* **Read end script for asymptomatic contact.**
* **Send *Informational Notice for MERS-CoV Exposure on Airplane* to traveler by e-mail or fax.**

1. What date did you first become ill with these symptoms? (Date : \_\_\_\_/\_\_\_\_/14)

**If sick on or before date of flight, complete interview, then consult medical officer before giving advice to patient.**

22. Are you still sick? **** Yes **** No

22a. If NO, when did you feel better? Date\_\_/\_\_/14

23. Did you see a doctor for this illness? **** Yes **** No

**If YES**,

* 1. What date were you seen? Date\_\_/\_\_/14
  2. Did you receive any treatment for the illness? **** Yes **** No
     1. If YES, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  3. Were you tested by a medical provider for the illness (including, but not limited to, providing a blood sample, or nasal or throat swab) since the day of your flight? **** Yes **** No
     1. If YES – Specify test or what kind of specimen was tested for you (e.g., blood, nasal swab, throat swab.): \_\_\_\_\_\_\_
        1. Date (mm/dd/yy) \_\_\_\_/\_\_\_\_/14
        2. Facility where tested\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  4. Were you admitted to the hospital (kept overnight, not just in emergency room)? YES/NO If yes, which hospital? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

24. Do you have any medical conditions that you are treated for regularly?

**** Yes (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_) **** No **** Don’t Know

25. For women: Are you currently pregnant? **** Yes **** No **** Don’t Know

**E. GEOGRAPHIC EXPOSURES**

26. Have you visited the Middle East since April 17th?

**** Yes **** No **If NO, skip to Question 28.**

1. If YES : Dates of visit (mm/dd/yy) \_\_\_\_/\_\_\_\_/14 to \_\_\_\_/\_\_\_\_/14
2. List country(ies): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. (Omit for crew) What was the purpose of your trip? (check all that apply)

**** Visit family/friends **** Personal travel **** Business **** Study ****Other, specify\_\_\_\_\_\_\_

27. While you were in the Middle East, did you:

1. Have any close contact with someone who was sick with MERS-Coronavirus? **** Yes **** No
2. Have any close contact with someone who was sick with a serious respiratory infection, such as pneumonia? **** Yes **** No

c. Visit a health care facility? **** Yes **** No

1. (Omit for crew) Work in a health care facility? **** Yes **** No
2. Have any animal exposures? **** Yes **** No

If yes: name animals

1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, date:\_\_\_\_/\_\_\_\_/\_\_\_\_

2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  date:\_\_\_\_/\_\_\_\_/\_\_\_

3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, date:\_\_\_\_/\_\_\_\_/\_\_\_\_

**F. Household Contacts**

28. Has anyone in your household or someone else you have had close contact with had fever, cough, difficulty breathing, or other symptoms similar to what you described?

**** Yes \*\*\* **** No **** Don’t Know (\*\*\* Note this person’s name and contact information on the form for follow-up by local health department.)

* 1. Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Symptoms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of onset (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Symptoms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of onset (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_