

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

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data 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 Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011)



**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]

- |  |     |    |        |
|--|-----|----|--------|
| <input type="radio"/> Flight Leg A, May 1 <sup>st</sup> , 2014 | Yes | No | Unsure |
| <input type="radio"/> Flight Leg B, May 1 <sup>st</sup> , 2014 | Yes | No | Unsure |
| <input type="radio"/> Flight Leg C, May 1 <sup>st</sup> , 2014 | Yes | No | Unsure |
| <input type="radio"/> Flight Leg D, May 1 <sup>st</sup> , 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.

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

15. Confirm that crew member worked on

- |  |     |    |        |
|--|-----|----|--------|
| <input type="radio"/> Flight Leg A, May 1 <sup>st</sup> , 2014 | Yes | No | Unsure |
| <input type="radio"/> Flight Leg B, May 1 <sup>st</sup> , 2014 | Yes | No | Unsure |
| <input type="radio"/> Flight Leg C, May 1 <sup>st</sup> , 2014 | Yes | No | Unsure |
| <input type="radio"/> Flight Leg D, May 1 <sup>st</sup> , 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.

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**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?

a. **Fever (measured temp of > 100.4° F (38° C)**

Yes (Temp if known \_\_\_\_\_°)  No  Don't Know

b. **Coughing**  Yes  No  Don't Know

c. **Difficulty breathing or shortness of breath**  Yes  No  Don't Know

d. **Wheezing**  Yes  No  Don't Know

e. **Pain with coughing or breathing**  Yes  No  Don't Know

f. **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.**

21. 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,**

a. What date were you seen? Date \_\_/\_\_/14

b. Did you receive any treatment for the illness?  Yes  No

i. If YES, specify: \_\_\_\_\_

c. 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

i. 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 \_\_\_\_\_

d. 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 17<sup>th</sup>?

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

a. If YES : Dates of visit (mm/dd/yy) \_\_\_\_/\_\_\_\_/14 to \_\_\_\_/\_\_\_\_/14

b. List country(ies): \_\_\_\_\_

c. (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:

a. Have any close contact with someone who was sick with MERS-Coronavirus?

Yes  No

b. 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

d. (Omit for crew) Work in a health care facility?  Yes  No

e. 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 #: \_\_\_\_\_
- 2. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Symptoms: \_\_\_\_\_  
Date of onset (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_