*[Ship Name]*

Form Approved

OMB No. 0920-XXXX

Exp. Date XX/XX/20XX

Cruise Ship Outbreak Investigation

Semi-structured Interview Guide

Q1 CDC ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q2 Respondent’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q2 Were you sick with diarrhea or vomiting during this voyage?

|  |  |  |
| --- | --- | --- |
|  | Yes  |   |
|  | No  |   |

Q3 (If yes) Tell me about your illness.

Q4a Tell me about the things you did on [day of exposure].

Q4b {Question probe} Did you notice anything unusual during [activity on day of exposure]

CDC estimates the average public reporting burden for this collection of information as 15 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-xxxx)

Q5 Tell me more about [activity/meal]

Q6 Is there anything else you think I should know about [day of exposure OR activity/meal]?

**Additional Crew-only Questions**

QA How long have you worked for [cruise line]/ on [cruise ship]?

QB What is your usual job on the ship?

QC What job activities did you do on [day of exposure]?

QD What did you did you do on [day of exposure] when you weren’t working?