Form Approved OMB No. 0920-XXXX Exp. Date XX/XX/20XX

## [Ship Name]

## Cruise Ship Outbreak Investigation Semi-structured Interview Guide

Δ1 CDC ID
Q2 Respondent's name
Q2 Were you sick with diarrhea or vomiting during this voyage?
Yes
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)

Attachment E2. Semi-structured Interview Guide Example (Passenger or Crew)
Q5 Tell me more about [activity/meal]
Q6 Is there anything else you think I should know about [day of exposure OR activity/me
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?