



Guest Health Questionnaire

Status W..... S..... U.....
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Part I. Respondent Information

Q3 Stateroom Q4 Sex Male.....
Female.....

Q5 What is your age (in years)?

Q6 During this voyage, did you have any of the following symptoms? (Please select "Yes" or "No" for each symptom)	Yes	No
Diarrhea (loose stools/motions)	<input type="checkbox"/>	<input type="checkbox"/>
Vomiting (not associated with seasickness)	<input type="checkbox"/>	<input type="checkbox"/>
Blood in stool	<input type="checkbox"/>	<input type="checkbox"/>
Fever (feeling warm/hot)	<input type="checkbox"/>	<input type="checkbox"/>
Stomach cramps/pain	<input type="checkbox"/>	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>	<input type="checkbox"/>
Headaches	<input type="checkbox"/>	<input type="checkbox"/>

Q7 If you were ill with **DIARRHEA**, please indicate the maximum number of diarrhea episodes you had in a 24-hour period.

Q8 During this voyage, did you experience any other symptoms not listed above? Yes
No

Q9 If you responded "**Yes**" to **Q8**, please list the additional symptoms below.

Q10 If you were ill with **Diarrhea or Vomiting**, please indicate the **day** that your symptoms started. The ship location for each day is provided to assist selecting the appropriate day. If you did not have diarrhea or vomiting, please select "I was not ill with diarrhea or vomiting".

26 October (Embarkation Day).....	<input type="checkbox"/>	03 November (Newport, RI)	<input type="checkbox"/>
27 October (Saguenay, Quebec)	<input type="checkbox"/>	04 November (New York, NY)	<input type="checkbox"/>
28 October (At sea)	<input type="checkbox"/>	05 November (Norfolk, VA)	<input type="checkbox"/>
29 October (Sydney, Nova Scotia)	<input type="checkbox"/>	06 November (At sea)	<input type="checkbox"/>
30 October (Halifax, Nova Scotia)	<input type="checkbox"/>	07 November (At sea)	<input type="checkbox"/>
31 October (Halifax, Nova Scotia)	<input type="checkbox"/>	08 November (Ft Lauderdale, FL)	<input type="checkbox"/>
01 November (Bar Harbor, ME).....	<input type="checkbox"/>	I was not ill with diarrhea or vomiting	<input type="checkbox"/>

Q11 If you were ill with **Diarrhea or Vomiting**, please indicate the **time period** that your symptoms started. If you did not have diarrhea or vomiting, please select "I was not ill with diarrhea or vomiting".

Midnight - 05:59 am.....	<input type="checkbox"/>	06:00 pm - 11:59pm	<input type="checkbox"/>
06:00 am - 11:59 am	<input type="checkbox"/>	I was not ill with diarrhea or vomiting.	<input type="checkbox"/>
12:00 (noon) - 05:59 pm.....	<input type="checkbox"/>		

Part II. Food and Beverage Locations

Q12 On **27 October (Port: Saguenay)**, please indicate if you ate or drank in any of the **Restaurants and Buffets** listed below. Please indicate "Yes", "No", or "Unsure" for each location.

	Yes	No	Unsure
Cafe Caribe (Deck 15 aft)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horizon Court (Deck 15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Da Vinci Dining Room (Deck 6 midship)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Botticelli Dining Room (Deck 6 aft)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Michelangelo Dining Room (Deck 5 midship)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crown Grill Steakhouse (Deck 7 aft)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pizzeria/Ice Cream Bar (Deck 15 midship)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sabatini's (Deck 16 aft)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trident Grill (Deck 15 forward)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other, please specify

Q13 On 28 October (Port: At sea), please indicate if you ate or drank in any of the Restaurants and Buffets listed below. Please indicate "Yes", "No", or "Unsure" for each location.

	Yes	No	Unsure
Cafe Caribe (Deck 15 aft)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horizon Court (Deck 15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Da Vinci Dining Room (Deck 6 midship)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Botticelli Dining Room (Deck 6 aft)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Michelangelo Dining Room (Deck 5 midship)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crown Grill Steakhouse (Deck 7 aft)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pizzeria/Ice Cream Bar (Deck 15 midship)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sabitini's (Deck 16 aft)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trident Grill (Deck 15 forward)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify			

Q14 On 27 October (Port: Saguenay), please indicate if you ate or drank in any of the Bars and Cafes listed below. Please indicate "Yes", "No", or "Unsure" for each location.

	Yes	No	Unsure
International Cafe (Deck 5 midship)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vines Bar (Deck 5 midship)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speakeasy Lounge (Deck 6 midship)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Casino Bar (Deck 6 forward)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tradewinds Bar (Deck 16 forward)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crooners Bar (Deck 7 midship)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explorer's Bar (Deck 7 midship)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adagio Bar (Deck 16 forward)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calypso Bar (Deck 15 midship)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mermaid's Bar (Deck 15 forward)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outrigger's Bar (Deck 15 aft)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheelhouse Bar/Salty Dog (Deck 7 forward)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Club Fusion (Deck 7 aft)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q15 On **28 October (Port: At sea)**, please indicate if you ate or drank in any of the **Bars and Cafes** listed below. Please indicate "Yes", "No", or "Unsure" for each location.

	Yes	No	Unsure
International Cafe (Deck 5 midship)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vines Bar (Deck 5 midship)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speakeasy Lounge (Deck 6 midship)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Casino Bar (Deck 6 forward)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tradewinds Bar (Deck 16 forward)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crooner's Bar (Deck 7 midship)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explorer's Bar (Deck 7 midship)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adagio Bar (Deck 16 forward)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calypso Bar (Deck 15 midship)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mermaid's Bar (Deck 15 forward)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outrigger's Bar (Deck 15 aft)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheelhouse Bar/Salty Dog Bar (Deck 7 forward)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Club Fusion (Deck 7 aft)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III. Food and Beverage Consumption

Instruction: Please indicate whether you consumed the following food/beverage items on **27 October (Port: Saguenay)** or **28 October (At sea)**. The food and beverages are arranged in categories. Please select "Yes", "No" or "Unsure" for each food/beverage item.

Q16 Beverages

	Yes	No	Unsure
Coffee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fresh fruit or vegetable drink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbonated drinks (soda)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bottled water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tap water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other non-alcohol drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixed drinks containing alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other drinks containing alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other beverage, please specify

Q17 Soups and Salads

	Yes	No	Unsure
Alaskan-style Seafood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roasted Garlic Cream Soup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French Onion Soup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creamy Asparagus Soup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chicken Noodle Soup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chunky Seafood Soup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lentil Soup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coconut Soup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Green Pea Soup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot and Sour Soup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chilled Sweet Corn and Potato Soup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Greek Salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cesar Salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black Rice Vegetable Salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shrimp Cocktail Salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homemade Mix Pate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Red Snapper Escabeche	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold Smoked Salmon and Crayfish Tails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garden Salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other soups and salads, please specify</i>	<input type="text"/>		

Q18 Grains and Pastas

	Yes	No	Unsure
Rigatoni	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tortellini	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ravioli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fettuccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pasta Farfalle Alla Rustica	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fusilli Primavera	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wagonwheel Shrimp Picasa & Capers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seafood Spanish Paella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spaghetti	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fried Rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saffron Basmati Rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rice Pilaf with Green Peas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steamed Rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other soups and salads, please specify</i>	<input type="text"/>		

Q19 Meat and Poultry

	Yes	No	Unsure
Chicken (any style)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cornish hens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turkey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hamburger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground beef other than hamburger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beef steak or roast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pork chops or roast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lamb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deli meats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ham	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bacon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corned beef hash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breakfast sausage (linked, patty, ground)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dinner style sausage/bratwurst/Kielbasa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pepperoni or salami	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prosciutto, capocollo, other Italian style meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other processed or cooked meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other meats and poultry, please specify</i>	<input type="text"/>		

Q20 Fish and Seafood

	Yes	No	Unsure
Calamari	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clams, mussels, scallops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Escargot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Octopus, squid or eel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lobster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seafood salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shrimp/prawns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoked or dried fish (Salmon)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gravlax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuna (including steak or salad)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sushi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other fish and seafood, please specify</i>	<input type="text"/>		

Q21 Fresh Fruit

	Yes	No	Unsure
Apples	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apricots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blackberries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blueberries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raspberries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strawberries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other fresh berries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cantaloupe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honeydew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watermelons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other melons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bananas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cherries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grapefruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grapes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fresh lemon/line (including drink garnishes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oranges, nectarines, tangerines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kiwi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mango	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Papaya, guava, pomegranate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other exotic fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coconut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other fresh fruit, please specify</i>	<input type="text"/>		

Q22 Fresh Vegetables

	Yes	No	Unsure
Asparagus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bell peppers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beets, turnips, radishes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cauliflower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carrots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cabbage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Celery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cucumber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broccoli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggplant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Green onions/scallions (raw or cooked)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fresh basil/pesto	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fresh parsley	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fresh cilantro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leeks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lettuce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Okra, rhubarb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Onions (raw or cooked)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fresh Avocado/guacamole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other fresh hot peppers (Jalapenos)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other greens (kale, collard, chard)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mushrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixed Vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potatoes (mashed, baked, french fries)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snow peas (eaten in pod)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other fresh peas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tomatoes (whole or sliced)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprouts (bean, alfalfa)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spinach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zucchini or other "soft" squash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other "hard" squash (acorn, butternut)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other fresh vegetables, please specify</i>	<input type="text"/>		

Q23 Eggs and Dairy Products

	Yes	No	Unsure
Poached eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fried eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs Benedict	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiled eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scrambled eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Omelet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yogurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Butter/Margarine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sour cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whipped cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cream cheese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cottage cheese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ricotta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shredded cheese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheese cut from solid blocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any gourmet or artisanal cheese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other eggs and dairy, please specify</i>	<input type="text"/>		

Q24 Miscellaneous Foods

	Yes	No	Unsure
Pancakes, waffles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French Toast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hash Brown Potatoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canapes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cole slaw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Curry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any cold soups (potato soup)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any hot soups or broth (vegetable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deli-style sandwiches (including vegetarian)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any stews (beef)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tofu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chicken/Duck Pate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any gravies or sauces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any salad dressings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any pizza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any baked items (breads, crossiants)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any pastries (cakes, pies, donuts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other miscellaneous foods</i>	<input type="text"/>		

Thank-you for taking the time to complete this important survey