

Attachment E4. Example Questionnaire for Undetermined Exposure and Undetermined Risk Factor

Please complete one questionnaire for each person, even if you were not ill

**Passenger Health Questionnaire**

Form Approved  
OMB No. 0920-1255  
Exp. Date 03/31/2021

Q1 ID (CDC use only)  Q2 Status (CDC use only) I..  W  U.

**I. Personal Information**

Q3 Respondent was... self  spouse  parent  other

Q4 Stateroom number

Q5 Total number of people in your stateroom (including yourself)

Q6 Age (in years)

Q7 What is your Sex/Gender? (Check only one)  
Male   
Female

Q8 In which country do you reside?  
Australia  Germany  UK/Ireland   
Brazil  Italy  United States   
Canada  Scandanavia/Finland   
France  Spain   
Other country, specify

**II. Medical/Health Information**

Q9 Any food allergies or special diets for medical, religious or any other reason? Yes   
No

Q10 If yes, select the food allergy or special diet(s).  
Vegetarian  Medical diet  No nuts  Kosher   
Vegan  Lactose-free  No shellfish  No eggs   
Weight loss  Gluten-free  Halal   
Other, please specify

Q11 Any chronic condition with diarrhea or vomiting? Yes   
No

Q12 Did you have **DIARRHEA** (e.g., loose stools) Yes   
No

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 (0920-1255)

Attachment E4. Example Questionnaire for Undetermined Exposure and Undetermined Risk Factor

Please complete one questionnaire for each person, even if you were not ill

Q13 If you selected "YES" to Question 8, what was the maximum number of diarrhea episodes you had in any 24-hour period. If you DID NOT have diarrhea, leave blank and proceed to Question 14.

Q14 Did you have VOMITING (other than seasickness) Yes .....   
No .....

Q15 If you selected "YES" to Question 10, what was the maximum number of vomiting episodes you had in any 24-hour period? If you DID NOT have vomiting, leave blank and proceed to Question 16.

Q16 Which of the following symptoms did you have? Please check "Yes" or "No" for each symptom.

	Yes	No
Blood in stool	<input type="checkbox"/>	<input type="checkbox"/>
Fever (feeling warm or hot)	<input type="checkbox"/>	<input type="checkbox"/>
Stomach cramps or pain	<input type="checkbox"/>	<input type="checkbox"/>
Muscle aches (other than from excessive physical activity)	<input type="checkbox"/>	<input type="checkbox"/>
Headache	<input type="checkbox"/>	<input type="checkbox"/>

Q17 If you were ill with DIARRHEA or VOMITING, please indicate the date that your FIRST symptom began. (Please select one)

19 January (Two days before embarkation)..... <input type="checkbox"/>	25 January (San Juan, PR)..... <input type="checkbox"/>
20 January (Day before embarkation) ..... <input type="checkbox"/>	26 January (St. Thomas, USVI) ..... <input type="checkbox"/>
*21 January (Embarkation day)..... <input type="checkbox"/>	27 January (St. Maarten, BVI)..... <input type="checkbox"/>
22 January (At sea)..... <input type="checkbox"/>	28 January (At sea)..... <input type="checkbox"/>
23 January (At sea)..... <input type="checkbox"/>	29 January (At sea)..... <input type="checkbox"/>
24 January (San Juan, PR)..... <input type="checkbox"/>	I was not ill with diarrhea/vomiting..... <input type="checkbox"/>
Other (specify) <input type="text"/>	

Q18 If you were ill with diarrhea or vomiting, please indicate the time your FIRST symptom began (Please select one)

Midnight - 05:59am ..... <input type="checkbox"/>	06:00pm - 11:59pm ..... <input type="checkbox"/>
06:00am-11:59am ..... <input type="checkbox"/>	I was not ill with diarrhea or vomiting ..... <input type="checkbox"/>
Noon - 5:59pm ..... <input type="checkbox"/>	

Q19 If you were ill with diarrhea or vomiting, did you report your illness to the Medical Center? Yes .....   
No.....

Attachment E4. Example Questionnaire for Undetermined Exposure and Undetermined Risk Factor

Please complete one questionnaire for each person, even if you were not ill

- Q20 If you were ill with **diarrhea or vomiting** and you **did not** report your illness to the Medical Center, what was/were the reasons for not reporting?
- I did not want to pay for medical services .....  I thought it would pass.....   
 I did not want to be isolated to my stateroom.....  My ill stateroom mate already contacted the medical infomary and I knew what to do.....   
 I have my own medication(s) .....  Too crowded/I did not want to wait.....   
 Other, please specify
- Q21 Are you still ill with any of the symptoms? Yes.....   
 No.....   
 I was not ill with diarrhea/vomiting.....
- Q22 If you were ill with diarrhea or vomiting and your illness if over, how many hours did your illness last?
- Q23 Did you witness/see a diarrhea/vomiting event(s) in a public area? Yes.....   
 No.....
- Q24 If you answered "Yes" to Question 20, in which location did you witness/see the diarrhea or vomiting event(s) Please check all that apply.
- Embarkation terminal (Bayonne, NJ) .....  Food outlet on ship (e.g., restaurant).....   
 Embarkation terminal buses (Bayonne, NJ) .....  Lounge on ship.....   
 Public toilet room on ship.....  Other public area on ship.....
- Q25 If you answered "Yes" to Question 21, did you come in contact with the diarrhea/vomit? Yes.....   
 No.....   
 Don't know.....

### III. Shipboard Activities

- Q26 Please indicate which of the following activities in which you participated for **Tuesday, 21 January 2014**. Please select all that apply.
- Group table games (i.e., Trivia).....  Royal Theater performance(s).....   
 Group active games (i.e., Table tennis).....  Dancing.....   
 Casino.....  Computer lab.....   
 Library activities.....  Pool/Whirlpool.....   
 Movie.....  Sunbathing.....   
 Video arcade.....  Studio B.....   
 Card games (i.e., Bridge).....  Center Ice Rink.....   
 Vitality at Sea Spa/Fitness Center.....  Special event(s).....   
 Religious service.....  I did not participate in any of these activities.....   
 Lecture/Demonstration.....

Attachment E4. Example Questionnaire for Undetermined Exposure and Undetermined Risk Factor

Please complete one questionnaire for each person, even if you were not ill

Q27 If you selected "Special event" in Question 23 above, please specify the name(s) of the event(s).

Q28 Please indicate which of the following activities in which you participated for **Wednesday, 22 January 2014**. Please select all that apply.

- |  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| Group table games (i.e., Trivia).....        | <input type="checkbox"/> | Royal Theater performance(s).....                            | <input type="checkbox"/> |
| Group active games (i.e., Table tennis)..... | <input type="checkbox"/> | Dancing.....   | <input type="checkbox"/> |
| Casino.....                                  | <input type="checkbox"/> | Computer lab.....  | <input type="checkbox"/> |
| Library activities.....                      | <input type="checkbox"/> | Pool/Whirlpool.....  | <input type="checkbox"/> |
| Movie.....                                   | <input type="checkbox"/> | Sunbathing.....  | <input type="checkbox"/> |
| Video arcade.....                            | <input type="checkbox"/> | Studio B.....  | <input type="checkbox"/> |
| Card games (i.e., Bridge).....               | <input type="checkbox"/> | Center Ice Rink.....   | <input type="checkbox"/> |
| Vitality at Sea Spa/Fitness Center.....      | <input type="checkbox"/> | Special event(s).....  | <input type="checkbox"/> |
| Religious service.....                       | <input type="checkbox"/> | I <u>did not</u> participate in any of these activities..... | <input type="checkbox"/> |
| Lecture/Demonstration.....                   | <input type="checkbox"/> |  |                          |

Q29 If you selected "Special event" in Question 25 above, please specify the name(s) of the event(s).



---

#### IV. Food and Beverage Outlets

---

Q30 On **Tuesday, 21 January 2014** (Bayonne, NJ), did you eat or drink anything at the following venues. Please select all that apply.

- |   |                          |  |                          |
|---|--------------------------|--|--------------------------|
| Aquarium Bar.....                             | <input type="checkbox"/> | Solarium Bar.....  | <input type="checkbox"/> |
| Connoisseur Club.....                         | <input type="checkbox"/> | Pool Bar.....  | <input type="checkbox"/> |
| Cafe Promenade.....                           | <input type="checkbox"/> | Schooner Bar.....  | <input type="checkbox"/> |
| Ice Cream Parlor (e.g., Ben and Jerry's)..... | <input type="checkbox"/> | Sky Bar.....   | <input type="checkbox"/> |
| Crown and Kettle Pub.....                     | <input type="checkbox"/> | Viking Crown Lounge.....   | <input type="checkbox"/> |
| Champagne Bar.....                            | <input type="checkbox"/> | I <u>did not</u> eat or drink anything at any of these venues..... | <input type="checkbox"/> |
| Concierge Club.....                           | <input type="checkbox"/> |  |                          |

Q31 On **Wednesday, 22 January 2014** (At sea), did you eat or drink anything at the following venues. Please select all that apply.

- |   |                          |  |                          |
|---|--------------------------|--|--------------------------|
| Aquarium Bar.....                             | <input type="checkbox"/> | Solarium Bar.....  | <input type="checkbox"/> |
| Connoisseur Club.....                         | <input type="checkbox"/> | Pool Bar.....  | <input type="checkbox"/> |
| Cafe Promenade.....                           | <input type="checkbox"/> | Schooner Bar.....  | <input type="checkbox"/> |
| Ice Cream Parlor (e.g., Ben and Jerry's)..... | <input type="checkbox"/> | Sky Bar.....   | <input type="checkbox"/> |
| Crown and Kettle Pub.....                     | <input type="checkbox"/> | Viking Crown Lounge.....   | <input type="checkbox"/> |
| Champagne Bar.....                            | <input type="checkbox"/> | I <u>did not</u> eat or drink anything at any of these venues..... | <input type="checkbox"/> |
| Concierge Club.....                           | <input type="checkbox"/> |  |                          |

Attachment E4. Example Questionnaire for Undetermined Exposure and Undetermined Risk Factor

Please complete one questionnaire for each person, even if you were not ill

Q32 Please indicate whether you ate or drank at any of the following locations.

	Yes	No	Don't know
Coffee or tea shop (e.g., Starbucks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bakery/Pastry shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice cream, yogurt, candy or dessert shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bars, taverns or pubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food at a religious gathering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special event (e.g. Captain's Dinner)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q33 On **Tuesday, 21 January 2014** (Bayonne, NJ) , in which of the following food outlets did you eat or drink? Please check all that apply.

	Breakfast	Lunch	Dinner	Snack
Windjammer Cafe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magellan Dining Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Da Gama Dining Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Columbus Dining Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portofino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Island Grill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Johnny Rockets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I <u>did not</u> eat/drink at any of these outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q34 On **Wednesday, 22 January 2014** (At sea), in which of the following food outlets did you eat or drink? Please check all that apply.

	Breakfast	Lunch	Dinner	Snack
Windjammer Cafe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magellan Dining Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Da Gama Dining Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Columbus Dining Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portofino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Island Grill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Johnny Rockets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I <u>did not</u> eat/drink at any of these outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please complete one questionnaire for each person, even if you were not ill

## V. Food and Beverage History

**Q35** Did you drink any of the following **BEVERAGES** on 21 January or 22 January?

	Yes	No	Don't know
Coffee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot chocolate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Milk/Cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruit /Vegetable juice (e.g., Orange juice, Passionfruit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbonated beverages (e.g., Sodas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruit/Vegetable "Smoothies" or similar drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bottled water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unbottled water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beverages containing alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q36** Did you eat any of the following **EGGS** and **EGG-CONTAINING ITEMS** on 21 January or 22 January?

	Yes	No	Don't know
Eggs Benedict	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Omelets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Huevos Rancheros	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quiche	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs, poached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs, boiled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs, scrambled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anything dipped in egg batter (e.g., French Toast)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other egg products/items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q37** Did you eat any of the following **DAIRY** and **DAIRY-CONTAINING ITEMS** on 21 January or 22 January?

	Yes	No	Don't know
Any "soft" cheese (e.g., Brie)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any "hard" cheese (e.g., Cheddar)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yogurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buttermilk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sour cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other dairy items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attachment E4. Example Questionnaire for Undetermined Exposure and Undetermined Risk Factor

Please complete one questionnaire for each person, even if you were not ill

**Q38** Did you eat any of the following **PASTA DISHES** on 21 January or 22 January?

	Yes	No	Don't know
Seafood Spaghetti	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Linguini Pomodoro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shrimp Ravioli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Singapore Noodles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chicken and Mushroom Papperdelle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rigatoni	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tortellini	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Penne Pasta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other pasta dishes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q39** Did you eat any of the following **MEATS and POULTRY** on 21 January or 22 January?

	Yes	No	Don't know
Hamburger/Beef sliders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steak (beef)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beef tenderloin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other ground beef (e.g. tacos, burritos)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other beef (prime rib, carne asada, ribs, stir-fry)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pork chop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sausage (e.g., Bratwurst, Kielbasa, Beef, Turkey)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turkey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chicken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Duck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lamb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Italian-style cured meats (e.g., Prosciutto, Capocollo)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salami	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ham	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roast beef	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other meats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attachment E4. Example Questionnaire for Undetermined Exposure and Undetermined Risk Factor

Please complete one questionnaire for each person, even if you were not ill

**Q40** Did you eat any of the following **FISH** and **SEAFOOD** on 21 January or 22 January?

	Yes	No	Don't know
Salmon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kippered Herring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoked Fish Rillettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anchovies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cod	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calamari	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lobster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mussels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Silver Corvina Fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shrimp/Prawns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shrimp Cocktail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scallops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sushi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other fish or seafood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q41** Did you eat any of the following **VEGETABLES** on 21 January or 22 January?

	Yes	No	Don't know
Lettuce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spinach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tomatoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avocado	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggplant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potatoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lentils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mushrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Onions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Green Beans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Green Peas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carrots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cucumber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brussel Sprouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bean Sprouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alfalfa Sprouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Olives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Red/Green Pepper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Attachment E4. Example Questionnaire for Undetermined Exposure and Undetermined Risk Factor

Please complete one questionnaire for each person, even if you were not ill

**Q42** Did you eat any of the following **PREPARED/DELI SALADS** on 21 January or 22 January?

	Yes	No	Don't know
Caesar Salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potato Salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coleslaw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pasta Salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian Salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Greek Salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garden Salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruit Salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waldorf Salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbanzo Bean Salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seafood Salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calamari Salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carrot Salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chicken Salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cous Cous Salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crabstick Salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spinach Salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Egg Salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salad toppings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q43** Did you eat any of the following **FRESH and SLICED FRUITS** on 21 January or 22 January?

	Yes	No	Don't know
Apples	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watermelon	<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"/>
Pineapple	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any berries (e.g., Strawberries, Blackberries)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kiwi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grapes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grapefruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Banana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prunes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Figs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other fresh/sliced fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attachment E4. Example Questionnaire for Undetermined Exposure and Undetermined Risk Factor

Please complete one questionnaire for each person, even if you were not ill

**Q44** Did you eat any of the following **SOUPS and BROTHS** on 21 January or 22 January?

	Yes	No	Don't know
Chicken Noodle Soup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yellow Split Pea Soup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mulligatawny Soup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watermelon and Raspberry Soup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chilled Watermelon Gazpacho Soup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian Coconut Seafood Soup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cream of Leek Soup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minestrone Soup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lobster Bisque	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Banana and Rum Soup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chicken Consomme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Soup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chicken Broth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laksa Style Broth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian Broth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lamb Broth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other soups or broths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q45** Did you eat any of the following **MISCELLANEOUS FOOD ITEMS** on 21 January or 22 January?

	Yes	No	Don't know
Cold breakfast cereals in boxes or dispensers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot breakfast cereals (e.g., Grits, Oatmeal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceviche	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veggie Burger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Philly Cheese Steak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deli-type Sandwich or Sub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bacon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barbecue (e.g., BBQ Chicken, BBQ Pork, BBQ Beef)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breakfast sausage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burrito or Wrap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hummus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pad Thai Noodles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Japanese Rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any stir-fry or similar dishes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Asian Dishes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any bakery items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any pastry items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other desserts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank-you for your assistance