Form approved
OMB No: 0920-XXXX
Expiration Date: XX/XX/20XX

Passenger ☐ Crew ☐

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

Gastrointestinal Illness Surveillance System Questionnaire

U.S. PUBLIC HEALTH SERVICE 1798

(To be completed if you experienced gastrointestinal illness)

Vessel Name:		Voyage No. :		Date:
Last Name:		First Name:		
Date of Birth:	(mm/dd/yyyy)	Age:	(in years)	Sex M / F
Cabin Number:		Total Number of People in Cabin:		
Dining Seating:		Dining Table Number:		
Symptoms Started Date:	(mm/dd/yyyy)	Time:	(hh:mm)	AM / PM

Do you know other people ill with the same symptoms?				Yes / No
If yes, please list their names:				
Did you stay overnight or longer in a boarding city before you joined the vessel?				Yes / No
If yes, where?	City:	State:	Country:	
Was the overnight stay in a hotel/motel/commercial residence?				Yes / No
If yes, what was the name and address of the hotel, motel/commercial residence Name: Address: City: State: Country:				
How did you travel to the city where you boarded the ship for this cruise? Select all that apply.				
[ ] Airplane	Airlines:	Flight No.:		
[ ] Automobile				
[ ] Bus/Motorcoach				
[ ] Train				
[ ] Other	Please specify:			
Are you a member of a tour group?				Yes / No
Prior to boarding the ship, did you participate in a pre-embarkation tour/package?				Yes / No
If yes, which tour(s)/package(s) did you participate in? (list all)				
Prior you your illness, did you go ashore at any of the ports of call?				Yes / No
If yes, please list the ports of call where you went ashore				
Did participate in any shore excursions at any port of call?				Yes / No
If yes, which shore excursions did you participate in? (list all)				
Did you eat anything while you were ashore at any port of call?				Yes / No
Did you drink anything (including drinks with ice) while ashore at any port of call?				Yes / No
What did you think is the cause of your illness?:				

PLEASE TURN THIS FORM OVER TO PROVIDE FOOD AND SHIPBOARD ACTIVITIES HISTORY

Passenger ☐ Crew ☐

CDC
Centers for Disease Control and Prevention

U.S. Public Health Service 1798

Last Name _____ First Name _____

Meals and Activities Aboard Vessel Prior to Illness

Please list the ***specific*** vessel locations of the meals you consumed and the vessel activities you participated in before you became ill

Day of illness onset **Give Date:_____**	**Day before illness onset**	**Two days before illness onset**	**Three days before illness onset**
Breakfast Place: _____ Time: _____ Items eaten/drank	**Breakfast** Place: _____ Time: _____ Items eaten/drank	**Breakfast** Place: _____ Time: _____ Items eaten/drank	**Breakfast** Place: _____ Time: _____ Items eaten/drank
Lunch Place: _____ Time: _____ Items eaten/drank	**Lunch** Place: _____ Time: _____ Items eaten/drank	**Lunch** Place: _____ Time: _____ Items eaten/drank	**Lunch** Place: _____ Time: _____ Items eaten/drank
Dinner Place: _____ Time: _____ Items eaten/drank	**Dinner** Place: _____ Time: _____ Items eaten/drank	**Dinner** Place: _____ Time: _____ Items eaten/drank	**Dinner** Place: _____ Time: _____ Items eaten/drank
Snack Place: _____ Time: _____ Items eaten/drank	**Snack** Place: _____ Time: _____ Items eaten/drank	**Snack** Place: _____ Place: _____ Time: _____ Items eaten/drank	**Snack** Time: _____ Items eaten/drank

Activities		**Activities**		**Activities**		**Activities**	
AM	**PM**	**AM**	**PM**	**AM**	**PM**	**AM**	**PM**