Passenger Crew

|  |  |  |
| --- | --- | --- |
|  | **Gastrointestinal Illness Surveillance System Questionnaire**Form Approved, OMB No. 0920-1260, Exp. Date 04/30/2022 |  |

**(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

|  |  |  |
| --- | --- | --- |
|  |  |  |

|  |  |
| --- | --- |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_Items eaten/drank | **Snack**Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_Items eaten/drank |
|  |  |  |  |  |  |  |  |
| **Activities** | **Activities** | **Activities** | **Activities** |
| **AM** | **PM** | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** |