



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

CDC estimates the average reporting burden for this collection of information as 10 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 (0920-1260).

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	☐
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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		Breakfast		Breakfast		Breakfast	
Place: _____		Place: _____		Place: _____		Place: _____	
Time: _____		Time: _____		Time: _____		Time: _____	
Items eaten/drunk		Items eaten/drunk		Items eaten/drunk		Items eaten/drunk	
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
Lunch		Lunch		Lunch		Lunch	
Place: _____		Place: _____		Place: _____		Place: _____	
Time: _____		Time: _____		Time: _____		Time: _____	
Items eaten/drunk		Items eaten/drunk		Items eaten/drunk		Items eaten/drunk	
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
Dinner		Dinner		Dinner		Dinner	
Place: _____		Place: _____		Place: _____		Place: _____	
Time: _____		Time: _____		Time: _____		Time: _____	
Items eaten/drunk		Items eaten/drunk		Items eaten/drunk		Items eaten/drunk	
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
Snack		Snack		Snack		Snack	
Place: _____		Place: _____		Place: _____		Place: _____	
Time: _____		Time: _____		Time: _____		Time: _____	
Items eaten/drunk		Items eaten/drunk		Items eaten/drunk		Items eaten/drunk	
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
Activities		Activities		Activities		Activities	
AM	PM	AM	PM	AM	PM	AM	PM
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____