Passenger Crew

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

**(To be completed if you experienced gastrointestinal illness)**

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| 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 |

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| 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?: | | | | | | | | | |

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| **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

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |