

### **Mass Gathering**

1. Have you attended any events in Australia/New Zealand associated with the 2023 FIFA Women's World Cup?
  - a. Yes
  - b. No
  - c. Prefer not to answer
2. Have you attended any events in France associated with the 2024 Olympic Games?
  - a. Yes
  - b. No
  - c. Prefer not to answer
3. Did you perform Hajj in Saudi Arabia?
  - a. Yes
  - b. No
  - c. Prefer not to answer
4. Did you perform Umrah in Saudi Arabia?
  - a. Yes
  - b. No
  - c. Prefer not to answer
5. Did you attend any other large events (>10,000 people) during your travel?
  - a. Yes
  - b. No
  - c. Prefer not to answer
  - d. If YES, what was the event and the country?

### **Other**

1. Did you take a COVID-19 test in the 2 days before your flight? (*Single select*)
  - a. Yes, antigen test
  - b. Yes, PCR or other molecular test
  - c. Yes, not sure what type
  - d. No
  - e. Prefer not to answer
2. Are you currently experiencing, or have you experienced \_\_\_\_ symptom in the last 10 days?

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data 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 Reports Clearance Officer, 1600 Clifton Road NE, MS H 21-8, Atlanta, Georgia 30333; ATTN: PRA XXXX-XXXX

- a. Yes
  - b. No
  - c. Prefer not to answer
3. Have you received a flu vaccine in the last 12 months?
- a. Yes
  - b. No
  - c. Don't Know
4. If yes, what was the date of your last flu vaccine?
- a. Month, Year
  - b. Don't remember
5. Have you ever received an RSV vaccine?
- a. Yes
  - b. No
  - c. Don't Know
6. If yes, what was the date of your last RSV vaccine?
- a. Month, Year
  - b. Don't remember