

Form Approved  
OMB No. 0920-1255  
Exp. Date 03/31/2022

L

*Ship Name]*  
Acute Gastroenteritis (AGE) Example Questionnaire  
(Passenger or Crew)

Q1 ID (CDC use only) \_\_\_\_\_

Q2 Status (CDC use only) I....  W...  U...

I. Personal Information

Q3 Respondent was... Self.....  Spouse.....  Parent.....  Other.....

Q4 Stateroom number \_\_\_\_\_

Q6 Age (in years) \_\_\_\_\_

Q5 Total number of people in your stateroom (including yourself) \_\_\_\_\_

Q7 What is your Sex/Gender? (Check only one)  
Male.....   
Female.....

Q8 Are you...  
Passenger.....   
Crew member.....

Q9 If crew member, what is your position?  
\_\_\_\_\_  
\_\_\_\_\_

Q10 In which country do you reside? United States.....  Canada.....   
Other country, specify \_\_\_\_\_

## Attachment E1. Acute Gastroenteritis (AGE) Example Questionnaire (Passenger or Crew)

CDC estimates the average public reporting burden for this collection of information as 15 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 (0920-1255)

## II. Medical/Health Information

Q11 Did you have **DIARRHEA** (e.g., loose stools) on this cruise? Yes.....   
 No.....

Q12 If you selected "**YES**" to Question 9, what was the maximum number of diarrhea episodes you had in any 24-hour period. If you **DID NOT** have diarrhea, leave blank and proceed to Question 11.  
 \_\_\_\_\_

Q13 Did you have **VOMITING** (other than seasickness) on this cruise? Yes.....   
 No.....

Q14 If you selected "**YES**" to Question 11, what was the maximum number of vomiting episodes you had in any 24-hour period? If you **DID NOT** have vomiting, leave blank and proceed to Question 13.  
 \_\_\_\_\_

Q15 Any food allergies or special diets for medical, religious or any other reason? Yes.....   
 No.....

Q16 If yes, select the food allergy or special diet(s).  
 Vegetarian.....  Medical diet.....  No nuts.....  Kosher.....   
 Vegan.....  Lactose-free.....  No shellfish.....  No eggs.....   
 Weight loss.....  Gluten-free.....  Halal.....   
 Other, please specify \_\_\_\_\_

Q17 Which of the following symptoms did you have? Please check "**Yes**" or "**No**" for each symptom.

	Yes	No
Blood in stool	<input type="checkbox"/>	<input type="checkbox"/>
Fever (feeling warm or hot)	<input type="checkbox"/>	<input type="checkbox"/>
Stomach cramps or pain	<input type="checkbox"/>	<input type="checkbox"/>
Muscle aches (other than from excessive physical activity)	<input type="checkbox"/>	<input type="checkbox"/>
Headache	<input type="checkbox"/>	<input type="checkbox"/>

Q18 If you were ill with **DIARRHEA** or **VOMITING**, please indicate the date that your **FIRST** symptom began.

(Please select one)  
 [date] (Two days before embarkation).....  [date] (location).....   
 [date] (Day before embarkation).....  [date] (location).....   
 \*[date] (**Embarkation day**).....  [date] (location).....   
 [date] (location).....  [date] (location).....   
 [date] (location).....  I was not ill with **diarrhea/vomiting**.....   
 Other \_\_\_\_\_  
 (specify)

Q19 If you were ill with **diarrhea or vomiting**, please indicate the time your **FIRST** symptom began (Please select one)

**Midnight** - 05:59am.....  06:00pm - 11:59pm.....   
 06:00am-11:59am.....  I was not ill with diarrhea or vomiting.....

Attachment E1. Acute Gastroenteritis (AGE) Example Questionnaire (Passenger or Crew)

Noon - 5:59pm.....

Q20 If you were ill with **diarrhea or vomiting**, did you report your illness to the Medical Center? Yes.....

No.....

Q21 If you were ill with **diarrhea or vomiting** and you did not report your illness to the Medical Center, what was/were the reasons for not reporting? (Please check all that apply).

I have my own medication(s).....

My ill stateroom mate already contacted the medical center and I knew what to do.....

I thought it would pass.....

Other, please specify \_\_\_\_\_

Q22 Are you still ill with any of the symptoms? Yes.....

No.....

I was not ill with diarrhea/vomiting.....

Q23 If you were ill with diarrhea or vomiting and your illness is over, how many hours did your illness last? \_\_\_\_\_

Q24 Did you witness/see a diarrhea/vomiting event(s) in a public area? Yes.....

No.....

Q25 If you answered "**Yes**" to Question 22, in which location did you witness/see the diarrhea or vomiting event(s) Please check all that apply.

Embarkation terminal (location).....

Food outlet on ship (e.g., restaurant).....

Private coach bus to terminal (location).....

Theater on ship.....

Private vehicle.....

Lounge on ship.....

Public toilet room on ship.....

Other public area on ship.....

Q26 If you answered "**Yes**" to Question 22, did you come in contact with the diarrhea/vomit? Yes.....

No.....

Don't know.....

### III. Shipboard Activities

Q27 What time did you board the [ship name]?

I stayed on from the previous voyage.....

[date], between 1pm and 1:59pm .....

[date], between 11am and 11:59am.....

[date], between 2pm and 2:59pm.....

[date], between Noon and 12:59pm.....

[date], 3pm or later.....

Q28 Please indicate which of the following activities in which you participated in on **Embarkation day, [date]**. Please select all that apply.

Group table games (i.e., Trivia).....

Lecture/Demonstration.....

Group active games (i.e., Table tennis).....

Dancing.....

Casino.....

Pool/Whirlpool.....

Attachment E1. Acute Gastroenteritis (AGE) Example Questionnaire (Passenger or Crew)

Vitality at Sea Spa/Fitness Center.....       Special event(s).....   
 Religious service.....       I did not participate in any of these activities.....

Q29 If you selected "**Special event**" in Question 26 above, please specify the name(s) of the event(s).

---

### IV. Food and Beverage Outlets

Q30 On **Embarkation day, [date] (location)**, did you eat or drink anything at the following restaurants. Please select "Yes", "No" or "Don't know" for each food outlet

	Yes	No	Don't know
location (deck)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
location (deck)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
location (deck)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
location (deck)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I <u>did not</u> eat/drink at any of these restaurants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q31 On **Embarkation day, [date] (location)**, did you eat or drink anything at the following venues. Please select "Yes", "No" or "Don't know" for each venue.

	Yes	No	Don't know
location (deck)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
location (deck)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
location (deck)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
location (deck)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
location (deck)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I <u>did not</u> eat/drink at any of these venues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### V. Food and Beverage History

Q32 Did you drink any of the following **BEVERAGES** on [date] (day of voyage)?

	Yes	No	Don't know
Coffee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot chocolate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Milk/Cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruit /Vegetable juice (e.g., Orange juice, Passionfruit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbonated beverages (e.g., Sodas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruit/Vegetable "Smoothies" or similar drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lemonade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bottled water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unbottled water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beverages containing alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beverages containing ice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attachment E1. Acute Gastroenteritis (AGE) Example Questionnaire (Passenger or Crew)

Q33 Did you eat any of the following **DAIRY or DAIRY-CONTAINING ITEMS** on [date] (day of voyage)?

	Yes	No	Don't know
Any "soft" cheese (e.g., Brie)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any "hard" cheese (e.g., Cheddar)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sour cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other dairy items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q34 Did you eat any of the following **PASTA DISHES** on [date] (day of voyage)?

	Yes	No	Don't know
Seafood Spaghetti	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Linguini Pomodoro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crab Ravioli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat Lasagna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potato Gnocchi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long Pasta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short Pasta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rigatoni	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Penne Pasta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other pasta dishes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q35 Did you eat any of the following **MEATS or POULTRY** on [date] (day of voyage)?

	Yes	No	Don't know
Hamburger/Beef sliders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steak (beef)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beef tenderloin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other ground beef (e.g. tacos, burritos)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other beef (prime rib, ribs, stir-fry)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pork chop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sausage (e.g., Bratwurst, Kielbasa, Beef, Turkey)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turkey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chicken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veal chops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veal Meatballs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lamb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Italian-style cured meats (e.g., Prosciutto, Capocollo)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salami	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roast beef	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other meats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q36 Did you eat any of the following **FISH or SEAFOOD** on [date] (day of voyage)?

	Yes	No	Don't know
Salmon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoked Fish Rillettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cod	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calamari	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attachment E1. Acute Gastroenteritis (AGE) Example Questionnaire (Passenger or Crew)

Snapper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lobster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mussels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shrimp/Prawns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shrimp Cocktail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surf and Turf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Escargots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Octopus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amberjack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scallops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sushi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other fish or seafood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q37 Did you eat any of the following **FRESH or COOKED VEGETABLES** on [date] (day of voyage)?

	Yes	No	Don't know
Lettuce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spinach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bok Choi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asparagus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tomatoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggplant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potatoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lentils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mushrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Onions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Green beans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Green peas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carrots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bean sprouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Olives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Red/Green pepper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q38 Did you eat any of the following **PREPARED/DELI SALADS** on [date] (day of voyage)?

	Yes	No	Don't know
Caesar salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potato salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coleslaw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pasta salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attachment E1. Acute Gastroenteritis (AGE) Example Questionnaire (Passenger or Crew)

Goat cheese salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mesclun salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Greek salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garden salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruit salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waldorf salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbanzo bean salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seafood salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chicken salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crabstick salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spinach salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salad toppings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q39 Did you eat any of the following **FRESH** and **SLICED FRUITS** on [date] (day of voyage)?

	Yes	No	Don't know
Watermelon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pineapple	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any berries (e.g., Strawberries, Blackberries)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kiwi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other fresh/sliced fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q40 Did you eat any of the following **SOUPS** and **BROTHS** on [date] (day of voyage)?

	Yes	No	Don't know
Chicken noodle soup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chicken and corn soup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leek and potato soup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian coconut seafood soup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetarian lentil and root vegetable soup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seafood tomato stew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mushroom soup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Onion soup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other soups or broths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q41 Did you eat any of the following **MISCELLANEOUS FOOD ITEMS** on [date] (day of voyage)?

	Yes	No	Don't know
Paella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sashimi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veggie burger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steak sandwich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deli-type sandwich or sub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bacon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barbecue (e.g., BBQ Chicken, BBQ Pork, BBQ Beef)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burrito, (or similar item)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tortilla	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Focaccia bread (flat Italian bread)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attachment E1. Acute Gastroenteritis (AGE) Example Questionnaire (Passenger or Crew)

Ricotta and spinach crepes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Egg or egg-containing dishes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any stir-fry or similar dishes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Asian dishes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cookie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tarts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheesecake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other desserts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Thank you for your assistance**