TGS Updated Digital Collection + Double Collection Questionnaire

OMB Number: 0920-1406
Expiration Date: 06/30/2026

1. What was your flight number and what country did that flight depart from? You can find these on your boarding pass. Look for a code starting with 2 letters followed by 1-4 numbers.
    a. Airline Code text entry
    b. Flight Number text entry
    c. Flight Country of Origin dropdown
2. Did you travel on any connecting flights in order to get to the United States? *(list all connections)*
    a. Yes
        i. Drop down to list connections
    b. No
3. What country did your air travel itinerary to the United States originate from? (single select)
    a. Drop down options for countries excluding 'United States'

Following question 3, a flight confirmation screen will appear illustrating the itinerary reported by the participant in questions 1-3:

Does this correctly reflect your travel?
[If YES] moves on to question 4
[If NO] returns to flight information questions

From this point forward, participants can choose a discrete "Skip to swab" button (upper right; replaces "Skip to end") which allows them to provide a nasal swab without completing the rest of the questionnaire.

4. List all countries you were in during the last 10 days. Select as many as you like. *(Multiple select)*
    a. Drop down options
5. Which best describes your reason for travel to the United States on this trip?
    a. I live in the United States
    b. I have a layover in the United States
    c. I am visiting the United States
    d. Prefer not to answer
6. [IF YES to "I live in the United States"] How long have you been outside the country on this trip? *(Single select)*
    a. 1-3 days
    b. 4-7 days
    c. 8-14 days
    d. 15-30 days
    e. More than 30 days
    f. Prefer not to answer
7. What is or was the main reason for your trip? *(Single select)*
    a. Tourism/vacation
    b. Business/occupational
    c. Military service

d. Visiting friends/relatives (including weddings and funerals)
e. Migration
f. Study/Education
g. Other (please specify)
h. Prefer not to answer

8. Why are you interested in participating today? Select as many as you like. *(Multiple select)*
    a. It was recommended to me by airport staff
    b. I want to support public health work monitoring disease entering the United States
    c. I thought this was required
    d. Other (Please specify)
    e. Prefer not to answer

    [If c "I thought this was required"], a confirmation screen will appear with the text of the original consent page and 2 button options for the participant:
        - *Confirm consent [continues survey]*
        - *Withdraw consent [exits survey]*
9. What is your age group? *(Single select)*
    a. 18-24 years old
    b. 25-44 years old
    c. 45-64 years old
    d. 65 years or older
    e. Prefer not to answer
10. Sex (*Single select)*
    a. Male
    b. Female
    Skip question
11. What is your race and/or ethnicity? Select all that apply.
    a. American Indian or Alaska Native
    b. Asian
    c. Black or African American
    d. Hispanic or Latino
    e. Middle Eastern or North African
    f. Native Hawaiian or Other Pacific Islander
    g. White
    h. Prefer not to answer
12. In the past 48 hours, have you experienced any of the symptoms listed below? Do not include symptoms from a chronic condition. Select all that apply.
    a. Fever or chills
    b. Cough
    c. Shortness of breath or difficulty breathing
    d. Fatigue
    e. Muscle or body aches
    f. Headache
    g. Loss of taste or smell
    h. Sore throat
    i. Congestion or runny nose
    j. Nausea or vomiting

k. Diarrhea
l. None of the above
m. Prefer not to answer

13. [If question 5 response was “a” or “c”] What is your final destination?
    a. Drop down list of states—Select all that apply

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 D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-1071