Acute Gastroenteritis Surveillance System Questionnaire

(To be completed if you experienced acute gastroenteritis)

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
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

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 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** _____ Time: _____ Items eaten/drank	
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
Activities		**Activities**		**Activities**		**Activities**	
AM	**PM**	**AM**	**PM**	**AM**	**PM**	**AM**	**PM**
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____