

## GASTROINTESTINAL ILLNESS SURVEILLANCE QUESTIONNAIRE

NOAA SHIP		VOYAGE DATES	DATE
LAST NAME		FIRST NAME	DATE and TIME of ONSET
DATE of BIRTH		PORT of EMBARKATION	DATE of EMBARKATION
AGE	GENDER	LOCATION of LAST PLACE ASHORE	DATE of LAST TIME ASHORE

GASTROINTESTINAL ILLNESS SYMPTOMS EXHIBITED (Check all that apply)

<input type="checkbox"/> DIARRHEA	<input type="checkbox"/> VOMITING	<input type="checkbox"/> FEVER
<input type="checkbox"/> ABDOMINAL CRAMPS	<input type="checkbox"/> HEADACHES	<input type="checkbox"/> MUSCLE ACHES

What do you think are the causes of your illness?

Indicate the locations of your overnight accommodations for the three day period before the gastrointestinal illness onset.

DAY of ILLNESS ONSET	1 DAY BEFORE ILLNESS ONSET	2 DAYS BEFORE ILLNESS ONSET	3 DAYS BEFORE ILLNESS ONSET
DATE	DATE	DATE	DATE
OVERNIGHT ACCOMODATIONS	OVERNIGHT ACCOMODATIONS	OVERNIGHT ACCOMODATIONS	OVERNIGHT ACCOMODATIONS

After initial embarkation, have you disembarked and/or consumed any food or beverage prepared ashore (including drinks with ice)? If yes, explain below.

Y / N

STATEROOM #	Total number of other crewmembers in the same stateroom.		
ROOMMATE NAME	POSITION	Is this roommate ill with the same symptoms?	Y / N
ROOMMATE NAME	POSITION	Is this roommate ill with the same symptoms?	Y / N
ROOMMATE NAME	POSITION	Is this roommate ill with the same symptoms?	Y / N

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LAST NAME	FIRST NAME	DATE and TIME of ONSET
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Indicate food and drinks consumed for the meals listed, and indicate work and recreation activities for the three day period before your gastrointestinal illness onset.

DAY of ILLNESS ONSET	1 DAY BEFORE ILLNESS ONSET	2 DAYS BEFORE ILLNESS ONSET	3 DAYS BEFORE ILLNESS ONSET
DATE	DATE	DATE	DATE
BREAKFAST	BREAKFAST	BREAKFAST	BREAKFAST
PLACE	PLACE	PLACE	PLACE
TIME	TIME	TIME	TIME
FOOD and DRINKS CONSUMED	FOOD and DRINKS CONSUMED	FOOD and DRINKS CONSUMED	FOOD and DRINKS CONSUMED
LUNCH	LUNCH	LUNCH	LUNCH
PLACE	PLACE	PLACE	PLACE
TIME	TIME	TIME	TIME
FOOD and DRINKS CONSUMED	FOOD and DRINKS CONSUMED	FOOD and DRINKS CONSUMED	FOOD and DRINKS CONSUMED
DINNER	DINNER	DINNER	DINNER
PLACE	PLACE	PLACE	PLACE
TIME	TIME	TIME	TIME
FOOD and DRINKS CONSUMED	FOOD and DRINKS CONSUMED	FOOD and DRINKS CONSUMED	FOOD and DRINKS CONSUMED
SNACKS	SNACKS	SNACKS	SNACKS
PLACE	PLACE	PLACE	PLACE
TIME	TIME	TIME	TIME
FOOD and DRINKS CONSUMED	FOOD and DRINKS CONSUMED	FOOD and DRINKS CONSUMED	FOOD and DRINKS CONSUMED
ACTIVITIES	ACTIVITIES	ACTIVITIES	ACTIVITIES
MORNING	MORNING	MORNING	MORNING
EVENING	EVENING	EVENING	EVENING