**Appendix 3: Rapid Response Registry Form**

Form Approved

OMB No. 0923-XXXX

Exp. Date XX/XX/20XX

Form Version 050614

 EVENT CODE:|\_\_\_|\_\_\_| SITE # |\_\_\_|\_\_\_| INTERVIEWER ID|\_\_\_|\_\_\_|\_\_\_| DATE:|\_\_\_|\_\_\_| - |\_\_\_|\_\_\_ | - |\_\_\_|\_\_\_| TIME STARTED |\_\_\_|\_\_\_| : |\_\_\_|\_\_\_ | |\_\_\_|

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**RAPID RESPONSE REGISTRY FORM**

Hello, my name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. We are collecting emergency-related health information, this information is important to us and affected people. May I read you a consent statement, and then ask you some health questions?

We are getting information from people exposed to this event so they can receive information about exposures, health, or services. You also may be contacted at a later date to see if you want to join a health study. You are free to enroll in the Registry or not. If you choose to enroll, we will ask you questions that will take about 5-10 minutes. You can choose not to answer any question you wish. All the information will be kept confidential to the extent allowed by law.

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| **REGISTRANT INFORMATION****1. Do you speak English?**  1  Yes 2  No  IF NO: What language do you prefer?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**2. Data obtained from**:  1  Registrant 2  Proxy  3  Medical/Medical Examiner’s/Other Record  4  Other, SPECIFY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  98  Don’t Know 99  Refuse to answer* **What is (your/registrant’s) full name?**

 FIRST |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| LAST |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| M. I.|\_\_|**4. How old (are you/is registrant)?** \_\_\_\_\_\_\_\_\_\_\_\_\_  98  Don’t Know 99  Refuse to answer * **If necessary: What is (your/registrant’s) sex?**

 1  Male 2  Female 98  Not Determined 99  Refuse to answer**6. What is (your/Registrant’s) date of birth?** **|**\_\_\_|\_\_\_| **-** |\_\_\_|\_\_\_| **-** |\_\_\_|\_\_\_|\_\_\_|\_\_\_| MM DD YYYY 98  Don’t Know 99  Refuse to answer* **A. What is (your/registrant’s) home address?**

 STREET \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE \_\_\_ ZIP\_ \_ \_ \_ \_  98  Don’t Know 99  Refuse to answer **B. How many people live at this address?** \_\_\_\_\_\_\_\_\_\_\_\_  98  Don’t Know 99  Refuse to answer* **What is (your/Registrant’s)**

 **A**. Home telephone number? (\_\_ \_\_ \_\_ ) \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ 96  None 98  Don’t Know 99  Refuse to answer **B**. Work telephone number? (\_\_ \_\_ \_\_ ) \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_  96  None 98  Don’t Know 99  Refuse to answer  **C.** Cell/other phone number? (\_\_ \_\_ \_\_) \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ 96  None 97  Same As Home Phone  98  Don’t Know 99  Refuse to answer**9. (Do you/does registrant) have an email address?**  1  Yes, SPECIFY:  2  No ──────────────────────── 98  Don’t Know 99  Refuse to answerPublic reporting burden of this collection of information is estimated to average 7 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 E-11 Atlanta, Georgia 30333; ATTN: PRA (0923-XXXX) | **10. What is (your/registrant’s) employment status?**  1  Employed, SPECIFY EMPLOYER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2  Not employed 3  Self-employed 4  Not Applicable  98  Don’t Know 99 Refuse to Answer**PROXY OR CLOSE FRIEND/RELATIVE INFORMATION**(If data obtained **NOT** from registrant, please skip to question 13.)**11. Is there someone who does not live with (you/registrant)**  **who can always reach (you/registrant)?**1  Yes 2  No ┐ 98  Don’t Know │► SKIP TO QUESTION 22  99  Refuse to Answer ┘**12. What is (your/that person’s) full name?**   FIRST |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| LAST |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| M. I.|\_\_|**13. What is (your/his/her) home address?** STREET \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE \_\_\_ ZIP\_ \_ \_ \_ \_  95  Same As Registrant 98 Don’t Know 99 Refuse to Answer**14. What is (your/his/her)**  **A**. Home telephone number? (\_\_ \_\_ \_\_ ) \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ 95  Same As Registrant 96  None  98  Don’t Know 99  Refuse to Answer **B**. Work telephone number? (\_\_ \_\_ \_\_ ) \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_  96  None 98  Don’t know 99  Refuse to Answer  **C.** Cell/other phone number? (\_\_ \_\_ \_\_) \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ 96  None 97 Same As Home Phone  98  Don’t Know 99  Refuse to Answer**15. (Do you/does he/she) have an email address?**  1  Yes, specify:  2  No ──────────────────────── 98  Don’t Know 99  Refuse to Answer**OTHER CLOSE FRIEND/RELATIVE INFORMATION****16. Is there (someone else/someone)who does not live with**  **(you/registrant) who can always reach (you/registrant)? THIS PERSON MUST LIVE AT A DIFFERENT ADDRESS THAN THE PERSON LISTED IN QUESTION 13.)**1  Yes 2  No ┐ 98  Don’t Know │► SKIP TO QUESTION 22 99  Refuse to Answer ┘ |

Form Version 021706

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| **17. What is that person’s full name?**   FIRST |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| LAST |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| M. I.|\_\_|**18. What is (his/her) home address?** STREET \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE \_\_\_ ZIP\_ \_ \_ \_ \_  98  Don’t Know 99  Refuse to Answer **19. What is (his/her)**  **A**. Home telephone number? (\_\_ \_\_ \_\_ ) \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ 96  None 98  Don’t Know 99  Refuse to Answer **B**. Work telephone number? (\_\_ \_\_ \_\_ ) \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_  96  None 98  Don’t Know 99  Refuse to Answer **C.** Cell/other phone number? (\_\_ \_\_ \_\_) \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ 96  None 97  Same as Home Phone 98  Don’t Know 99 Refuse to Answer**20. Does (he/she) have an email address?**  1  Yes, SPECIFY:  2  No ──────────────────────── 98  Don’t Know 99  Refuse to Answer **EXPOSURE INFORMATION****Now I’m going to ask you just a few questions about (your/ registrant’s) experience with this event.** **21. (Were you/was registrant) exposed to this event as**  **(CHECK ALL THAT APPLY) :** 1  A resident 2  A passerby 3  An employee 4  A responder or rescue worker 5  A government official 6  A clean-up worker 7  An non-governmental organization/site volunteer 98  Don’t Know 99  Refuse to Answer **22. (Were you/was registrant) at the event site when the event started?**  1  Yes 2  No  98  Don’t Know 99  Refuse to Answer **23. At the start of the event on [DATE] at [TIME], at what**  **address (were you/was registrant)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 98  Don’t Know 99  Refuse to Answer **24. What was the name of nearest building to (you/registrant)?**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 98  Don’t Know 99  Refuse to Answer **25. What was the nearest intersection? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 98  Don’t Know 99  Refuse to Answer **26. What was the nearest landmark? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 98  Don’t Know 99  Refuse to Answer **27. At the start of the event, (were you/was registrant)**  **(CHECK ALL THAT APPLY):**  1  Inside a building or structure 2  Inside a car or other vehicle 3  Outside 4  At some other location, SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 98  Don’t Know 99  Refuse to Answer  | **28. As a result of the event, did (you/registrant) get injured or ill?** 1  Yes, DESCRIBE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2  No 98  Don’t Know 99  Refuse to Answer**29. Before the event, did (you/registrant) have any of the**  **following conditions? (CHECK ALL THAT APPLY)** 1  Chronic illness 2  Physical disability 3  Other disability 4  None ┐ 98  Don’t Know │► SKIP TO QUESTION 32 99  Refuse to Answer ┘**30. Please describe your condition:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**31. IF REGISTRANT IS FEMALE LESS THAN 12 YEARS OLD OR MALE, SKIP TO QUESTION 33. OTHERWISE ASK: (Are you/is registrant) pregnant?**  1  Yes 2  No  98  Don’t Know 99  Refuse to Answer **32. As a result of this event, (are you/is registrant) personally in**  **need of any of the following? (CHECK ALL THAT APPLY):**  1  Medications/supplies 2  Medical care  3  Water 4  Food 5  Shelter 6  Utilities  7  Other, SPECIFY:  8  None \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 98  Don’t Know 99  Refuse to Answer **33. Which best describes the level of health insurance (you have/ registrant has)?** 1  Full or comprehensive 2  Partial or limited  3  None ┐ 98  Don’t Know │► SKIP TO QUESTION 36 99  Refuse to Answer ┘**34. Please give me the name of your health insurance plan**. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**35. Event-specific question 1.** 1  Response Option 1 2  Response Option 2 3  Response Option 3 4  Response Option 4 5  Response Option 5 6  Response Option 6 98  Don’t Know 99  Refuse to Answer**36. Event-specific question 2.** 1  Response Option 1 2  Response Option 2 3  Response Option 3 4  Response Option 4 5  Response Option 5 6  Response Option 6 98  Don’t Know 99  Refuse to Answer**That completes our interview. Thank you very much for your time.** |
| **TO BE COMPLETED BY INTERVIEWER****37. INDICATE THE SEVERITY OF THE EFFECT ON REGISTRANT** 1  No Obvious Effect  2  Affected, Ambulatory 3  Unconscious, Non-Ambulatory, Or Badly Injured/Ill  4  Dead  5  Not Applicable  98  Don’t Know  |