Appendix 3: Rapid Response Registry Form



Form Approved
OMB No. 0923-XXXX
Exp. Date XX/XX/20XX

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EVENT CODE: SITE # INTERVIEWER ID DATE: - -	TIME START						
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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 e	xposed to this event so they can receive information about exposures, health, or
services. You also may be contacted at a l	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 as	sk you questions that will take about 5-10 minutes. You can choose not to answer any
question you wish. All the information wi	ill be kept confidential to the extent allowed by law.

stion you wish. All the information will be kept confidential to t	he extent allowed by law.		
REGISTRANT INFORMATION	10. What is (your/registrant's) employment status?		
1. Do you speak English?	1 Employed, SPECIFY EMPLOYER'S NAME:		
1 Yes 2 No			
IF NO: What language do you prefer?			
2. Data obtained from:	2 Not employed		
1 Registrant	3 Self-employed		
2 Proxy	4 Not Applicable		
3 Medical/Medical Examiner's/Other Record	98 Don't Know 99 Refuse to Answer		
4 Other, SPECIFY:	PROXY OR CLOSE FRIEND/RELATIVE INFORMATION		
98 Don't Know 99 Refuse to answer	(If data obtained NOT from registrant, please skip to question 13.)		
③ What is (your/registrant's) full name?	11. Is there someone who does not live with (you/registrant)		
FIRST	who can always reach (you/registrant)? 1 Yes		
LAST	2 No 7		
M.I. _	98 Don't Know 99 Refuse to Answer		
4. How old (are you/is registrant)?	12. What is (your/that person's) full name?		
98 Don't Know 99 Refuse to answer	12. What is (your/that person s) run name:		
⑤ If necessary: What is (your/registrant's) sex?	FIRST		
1 Male 2 Female	LAST		
98 Not Determined 99 Refuse to answer			
6. What is (your/Registrant's) date of birth?			
	13. What is (your/his/her) home address?		
MM DD YYYY	STREET		
98 Don't Know 99 Refuse to answer			
A. What is (your/registrant's) home address?	CITYSTATEZIP		
STREET	CITYSTATEZIP		
	95 Same As Registrant 98 Don't Know 99 Refuse to Answe		
CITY STATE ZIP	14. What is (your/his/her)		
98 Don't Know 99 Refuse to answer	A . Home telephone number? ()		
B. How many people live at this address?	95 Same As Registrant 96 None		
98 Don't Know 99 Refuse to answer	98 Don't Know 99 Refuse to Answer		
® What is (your/Registrant's)	B . Work telephone number? ()		
A . Home telephone number? ()	96 None 98 Don't know 99 Refuse to Answer		
96 None 98 Don't Know 99 Refuse to answer			
B. Work telephone number? ()	C. Cell/other phone number? ()		
96 None 98 Don't Know 99 Refuse to answer	96 None 97 Same As Home Phone		
C. Cell/other phone number? ()	98 Don't Know 99 Refuse to Answer		
96 None 97 Same As Home Phone	15. (Do you/does he/she) have an email address?		
98 Don't Know 99 Refuse to answer	1 Yes, specify:		
9. (Do you/does registrant) have an email address?	2 No ————		
1 Yes, SPECIFY:	98 Don't Know 99 Refuse to Answer		
2 No ————	OTHER CLOSE FRIEND/RELATIVE INFORMATION		
98 Don't Know 99 Refuse to answer	16. Is there (someone else/someone)who does not live with		

Public 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)

- . 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
 - 99 Refuse to Answer

► SKIP TO QUESTION 22

17. What is that person's full name?	28. As a result of the event, did (you/registrant) get injured or ill?
FIRST	1 Yes, DESCRIBE:
	2 No
LAST	98 Don't Know 99 Refuse to Answer
M. I.	29. Before the event, did (you/registrant) have any of the
18. What is (his/her) home address?	following conditions? (CHECK ALL THAT APPLY)
STREET	1 Chronic illness2 Physical disability
	3 Other disability
CITYSTATEZIP	4 None
98 Don't Know 99 Refuse to Answer	98 Don't Know SKIP TO QUESTION 32
19. What is (his/her)	99 Refuse to Answer
A . Home telephone number? ()	30. Please describe your condition:
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? ()	31. IF REGISTRANT IS FEMALE LESS THAN 12 YEARS OLD OR
96 None 97 Same as Home Phone	MALE, SKIP TO QUESTION 33. OTHERWISE ASK: (Are you/is
98 Don't Know 99 Refuse to Answer	registrant) pregnant?
20. Does (he/she) have an email address?	1 Yes 2 No
1 Yes, SPECIFY:	98 Don't Know 99 Refuse to Answer
2 No —	32. As a result of this event, (are you/is registrant) personally in
98 Don't Know 99 Refuse to Answer	need of any of the following? (CHECK ALL THAT APPLY):
EXPOSURE INFORMATION	1 Medications/supplies 2 Medical care
Now I'm going to ask you just a few questions about (your/	3 Water 4 Food
registrant's) experience with this event.	5 Shelter 6 Utilities
21. (Were you/was registrant) exposed to this event as	7 Other, SPECIFY:
(CHECK ALL THAT APPLY): 1 A resident	8 None
2 A passerby	98 Don't Know 99 Refuse to Answer
3 An employee	33. Which best describes the level of health insurance (you have
4 A responder or rescue worker	registrant has)?
5 A government official	1 Full or comprehensive
6 A clean-up worker	2 Partial or limited
7 An non-governmental organization/site volunteer	3 None
98 Don't Know 99 Refuse to Answer	98 Don't Know 99 Refuse to Answer
22. (Were you/was registrant) at the event site when the event	99 Refuse to Answer 34. Please give me the name of your health insurance plan.
started?	54. Ficase give me the name of your health insurance plan.
1 Yes 2 No 98 Don't Know 99 Refuse to Answer	DE Event and 'f' a most of 4
98 Don't Know 99 Refuse to Answer 23. At the start of the event on [DATE] at [TIME], at what	35. Event-specific question 1.
address (were you/was registrant)?	1 Response Option 1 2 Response Option 2 3 Response Option 3 4 Response Option 4
address (were you was registrally).	5 Response Option 5 6 Response Option 6
98 Don't Know 99 Refuse to Answer	98 Don't Know 99 Refuse to Answer
24. What was the name of nearest building to (you/registrant)?	36. Event-specific question 2.
	1 Response Option 1 2 Response Option 2
98 Don't Know 99 Refuse to Answer	3 Response Option 3 4 Response Option 4
25. What was the nearest intersection?	5 Response Option 5 6 Response Option 6
	98 Don't Know 99 Refuse to Answer
98 Don't Know 99 Refuse to Answer	That completes our interview. Thank you very much for your time.
26. What was the nearest landmark?	
	TO BE COMPLETED BY INTERVIEWER
98 Don't Know 99 Refuse to Answer	37. INDICATE THE SEVERITY OF THE EFFECT ON REGISTRANT
27. At the start of the event, (were you/was registrant) (CHECK ALL THAT APPLY):	1 No Obvious Effect
1 Inside a building or structure	2 Affected, Ambulatory
2 Inside a car or other vehicle	3 Unconscious, Non-Ambulatory, Or Badly Injured/Ill
3 Outside	4 Dead
	T Not Applicable
4 At some other location, SPECIFY:	5 Not Applicable
4 At some other location, SPECIFY:	5 Not Applicable 98 Don't Know