Appendix D Epi Case Survey SAMPLE

For official interviewer use only

Form Approved
OMB No. 0923-0051
Exp XX/XX.XXXX

Household ID _____Participant ID _____ Interviewer Initials _____ ____ ___ Interview location _____

Confirmation of Identity (Please select one)

☐ Social Security _ _ _ - _ _- _ _ _ _

☐ Driver's license: State __ __

Number_____exp __ / __/ __ __

☐ State ID: State __ __

Number_____exp __ / __/ __ ____

☐ Other ID (describe)_____

Registrant Information

1. Last name _____First name _____ MI ___ **2. Date of Birth (mm/dd/yyyy)** __ _/_ _ /_ _ _ _

3. Sex OMale OFemale **à** (select one) O Not pregnant O Pregnant à estimated due date (mm/dd/yyyy) __ _/_ _ /_ _ _

4. Home Address

Street _____ City _____ County_____

State _____ ZIP _____**5. Email address**_____

6. What social media accounts do you use. This helps us know how to best communicate with you. (check all that apply)

O Facebook OTwitter O Instagram OOther _____ ORefused

7. What are the best telephone numbers to reach you?

A. (_ _ _) _ _ _ -_ _ _ _ OCell OHome OWork B. (_ _ _) _ _ _ -_ _ _ _ O Cell O Home O Work

Emergency Contact Information (Prefer someone that lives at a different address)

8. Contact's Last name _____ , First Name _____ MI _____

9. Contacts phone numbers

A. (_ _ _) _ _ _ -_ _ _ _ Cell O Home O Work O B. (_ _ _) _ _ _ -_ _ _ _ Cell O Home O Work O

10. Contact's Address

Street _____ City _____ County_____

State _____ ZIP _____ **11. Contact's Email address**_____

intersection/building/landmark_____

13. Physical location during the incident (check all that apply)

O Inside building O Outside O Inside a car/vehicle O Other _____

14. Do you think or were you told you were in contact with contaminants? OYes ONo O Unsure

15. Were told to decontaminate? OYes ONo O Unsure

16. Did you go to a Community Resource Center (CRC)? OYes ONo O Unsure

17. If you went to a Community Resource Center (CRC) what tracking number did they give you?

_____

18. Were you decontaminated (i.e. your clothing was removed and/or your body was washed, etc.)?OYes ONo OUnsure

19. Did you shelter-in-place?OYes ONo O Unsure

20. Did you evacuate? OYes ONo OUnsure

21. If you evacuated did you take any pets with you?

OYes, I evacuated with all my pets OYes, I evacuated some of my pets

ONo, I don't have any pets O No, I left them at home O Unsure

22. As a result of this incident, are you personally in need of anything? (check all that apply)

OMedicine or medical supplies OMedical care OMental health care Water OShelter O Food OUtilities

O Transportation O Other, specify _____ODon't know/refused

23. How many children younger than 18 years of age were in your immediate care during the incident_____

(Note to survey developer, if electronic generate the corresponding number of children child 1-child N for Q21 and Q 22)

Child 1 Last name _____, First name _____ MI ___

b. Age (if less than 1, put 1) _____c. Sex O*Male* O*Female*

SYMPTOMS

24. Did you or your children have any of the following types of symptoms start or worsen after the incident?

Answer each row of symptoms • **<u>If nobody had symptoms check this box and go to the conclusion</u>**	**Self**	**Child 1**	**Child 2**
Any symptoms affecting your whole body like fever, chills, weakness,or allover body aches/pains?	€ Yes € No € Unsure	€ Yes € No € Unsure	€ Yes € No € Unsure
Any symptoms affecting your eyes such as tearing, pain, burning or vision problems?	€ Yes € No € Unsure	€ Yes € No € Unsure	€ Yes € No € Unsure
Any symptoms related to your ears, nose and throat such as pain in your ear, nose or throat, ringing in your ears, difficulty hearing, runny; stuffy, burning or bleeding nose or throat, or odor on your breath?	€ Yes € No € Unsure	€ Yes € No € Unsure	€ Yes € No € Unsure
Any symptoms related to your skin such as skin irritation, pain, burning, blistering, rash, discoloration, sweating, cuts, bruising bleeding or hair loss?	€ Yes € No € Unsure	€ Yes € No € Unsure	€ Yes € No € Unsure
Any symptoms related to your kidneys or	€ Yes	€ Yes	€ Yes

urinary tract like difficulty or pain with urinating, blood in your urine, or painful kidneys (often feels like lower back pain)?	€ No € Unsure	€ No € Unsure	€ No € Unsure
Any symptoms related to your nervous system such as headache, dizziness, seizures, numbness, loss of consciousness or balance, difficulty concentrating/remembering/or speaking?	€ Yes € No € Unsure	€ Yes € No € Unsure	€ Yes € No € Unsure
Any symptoms related to your heart and lungs like breathing problems {including asthma, coughing or wheezing, pneumonia, bronchitis}; blood pressure and heart rate abnormalities; or chest tightness or pain?	€ Yes € No € Unsure	€ Yes € No € Unsure	€ Yes € No € Unsure
Any symptoms related to your muscles, joints, or bones such as pain, weakness, tremors or twitching of muscles, joint swelling or pain, broken or dislocated bone, sprains or whiplash?	€ Yes € No € Unsure	€ Yes € No € Unsure	€ Yes € No € Unsure
Symptoms involving your mood, thought, or sleep such as feeling anxious, afraid, irritable, hopeless, sad, tired, suspicious, trouble sleeping, or having hallucinations?	€ Yes € No € Unsure	€ Yes € No € Unsure	€ Yes € No € Unsure
Symptoms of your stomach or intestines, such as nausea, vomiting or diarrhea, blood in your stool or vomit, abdominal pain, difficulties with bowel movements, or bowel perforation?	€ Yes € No € Unsure	€ Yes € No € Unsure	€ Yes € No € Unsure
<u>25 For radiological and nuclear incidents only</u> **If you had repeated vomiting after the incident, how long after the incident [date and time] did it start?**	€ < 1 hour € 1-2 hours € 3-6 hours € > 6 hours € Unsure € No vomiting	€ < 1 hour € 1-2 hours € 3-6 hours € > 6 hours € Unsure € No vomiting	€ < 1 hour € 1-2 hours € 3-6 hours € > 6 hours € Unsure € No vomiting
26. Did you or your children receive medical attention?	• Yes • No • Unsure	• Yes • No • Unsure	• Yes • No • Unsure

Conclusion: Thank you for your time. Would you like a copy of this form O mailed or O emailed to you for your records?