Form Version 021706

EVENT CODE:|___|___| SITE # |___|___| INTERVIEWER ID|___|___|___| DATE:|___|___| - |___|___ | - |___|___| TIME STARTED |___|___| : |___|___ | |___|
M M D D Y Y H H M M A/P

ATSDR RAPID RESPONSE REGISTRY SURVEY 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.

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

③ **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

⑤ **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

7. What is (your/registrant's) Social Security Number?
(Your SSN will only be used to match our data to other health registries and will be kept confidential to the extent allowed by the law.)

|___|___|___| - |___|___| - |___|___|___|___|
98 Don't Know 99 Refuse to answer

⑧ **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

⑨ **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

10. (Do you/does registrant) have an email address?
1 Yes, SPECIFY:
2 No _____
98 Don't Know 99 Refuse to answer

11. 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.)

12. Is there someone who does not live with (you/registrant) who can always reach (you/registrant)?
1 Yes
2 No
98 Don't Know
99 Refuse to Answer
► SKIP TO QUESTION 22

13. What is (your/that person's) full name?

FIRST |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
LAST |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| M. I.|__|

14. What is (your/his/her) home address?
STREET _____
_____
CITY _____STATE ___ ZIP_ _ _ _ _
95 Same As Registrant 98 Don't Know 99 Refuse to Answer

15. 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

16. (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

17. 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

18. What is that person's full name?

FIRST |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

LAST |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| M. I.|__|

19. What is (his/her) home address?

STREET _____

_____

CITY _____STATE ___ ZIP_ _ _ _ _

98 Don't Know 99 Refuse to Answer

20. 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

21. 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.

22. (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

23. (Were you/was registrant) at the event site when the event started?

1 Yes 2 No

98 Don't Know 99 Refuse to Answer

24. 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

25. What was the name of nearest building to (you/registrant)?

_____

98 Don't Know 99 Refuse to Answer

26. What was the nearest intersection? _____

_____

98 Don't Know 99 Refuse to Answer

27. What was the nearest landmark? _____

_____

98 Don't Know 99 Refuse to Answer

28. 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

29. 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

30. 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
99 Refuse to Answer

► SKIP TO QUESTION 32

31. Please describe your condition: _____

_____

_____

32. 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

33. 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

34. 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
99 Refuse to Answer

► SKIP TO QUESTION 36

35. Please give me the name of your health insurance plan.

_____

36. 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

37. 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

38. 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