

TORNADO INJURY QUESTIONNAIRE

Surveyor: _____

- House to House
- FEMA
- Shelter
- Other: _____

Date: _____

Name: _____ Home Address: _____

City: _____ Age: _____ Sex: _____

1. When the tornadoes passed through, were you present in an area that was damaged by the tornadoes?
- Yes No **IF NO, GO TO QUESTION 23**
IF NO, WHY?
 Left to escape tornado
 Other reason _____

2. Where were you when you first heard about the tornado?
- Inside your own home Outdoors
 Someone else's home Public building
 Motor vehicle Other—specify: _____

3. Where were you when the tornado passed through your area?
- Location (specific address or cross streets): _____

- 3a. In a home
- | | | | |
|---------------------------------------|--|---|----------------------------------|
| <input type="checkbox"/> Own home | <input type="checkbox"/> Single family | <input type="checkbox"/> Brick | <input type="checkbox"/> Partial |
| <input type="checkbox"/> Other's home | <input type="checkbox"/> Duplex | <input type="checkbox"/> Wood | <input type="checkbox"/> Full |
| | <input type="checkbox"/> Apartment | <input type="checkbox"/> Stone/concrete | |
| | <input type="checkbox"/> Mobile home | | |

GO TO QUESTION 4

- 3b. Motor vehicle
- Car Pickup/Van/Sports Utility Greater than 4 wheels (semi, etc.)
- GO TO QUESTION 10**

- 3c. Outdoors
- GO TO QUESTION 10**

- 3d. Storm shelter
- Private Above ground
 Public—specify: _____ Below ground
- GO TO QUESTION 13**

- 3e. Public/Commercial building (not storm shelter)—specify: _____
- GO TO QUESTION 4**

- 3f. Other—specify: _____
- GO TO QUESTION 4**

4. Did the structure have a basement or underground storm shelter? Yes No Don't know

5. Was the structure you were in damaged or destroyed during the tornado? Yes No

IF YES-USE OBSERVATION IF POSSIBLE

- Completely collapsed
- Some walls damaged and some standing
- Roof missing
- Roof damaged
- Only windows broken

6. Which room or part of the structure were you in when the tornado hit?

- | | |
|---|---|
| <input type="checkbox"/> Basement | <input type="checkbox"/> Closet |
| <input type="checkbox"/> Underground shelter | <input type="checkbox"/> Bedroom |
| <input type="checkbox"/> Hallway | <input type="checkbox"/> Family/living room |
| <input type="checkbox"/> Bathtub | <input type="checkbox"/> Kitchen |
| <input type="checkbox"/> Bathroom, but not in tub | <input type="checkbox"/> Other—specify: _____ |

6a. If not in basement, what floor of the structure were you on?

- 1st Floor 2nd Floor 3rd Floor

7. If not in basement, were you in a room with exterior walls?

- Yes No Unknown

7a. **IF YES**, were there windows in the room? Yes No

8. Did you use something to protect yourself? Yes No

IF YES, check all that apply:

- Mattress
- Some type of covering (blanket, pillow, coat, etc.)
- Heavy object (desk/table, etc.)
- Another person
- Other—specify: _____

9. To protect yourself, did you try to hold on to something? Yes No Unknown

IF YES, what:

- | | |
|--|---|
| <input type="checkbox"/> Part of structure | <input type="checkbox"/> Another person |
| <input type="checkbox"/> Furniture | <input type="checkbox"/> Other—specify: _____ |

SKIP TO QUESTION 13

10. If you were **OUTDOORS** or in a **VEHICLE**, did you attempt to cover yourself with something?

- Yes No Unknown

IF YES, what did you cover yourself with? _____

11. Did you attempt to hold on to something? Yes No Don't know

IF YES, what did you attempt to hold on to?

- Tree/brush
- Fixed structure (railing/fence/bridge, etc.)
- Other—specify: _____

12. If you were in a vehicle, did you:

- Stay in the vehicle
- Leave vehicle and get in ditch
- Leave vehicle and get under bridge
- Leave vehicle and went somewhere else—specify: _____

13. What warnings/emergency alert did you have of tornado activity in your area that afternoon?

(Check all that apply)

- Saw tornado at distance
- Weather changes suggestive of tornado
- Heard on standard radio
- Heard on weather band radio
- Saw on television
- Pager or phone
- Heard by word of mouth
- Heard siren
- Didn't know ahead of time
- Other—specify: _____

14. Which was your first warning/emergency alert that caused you to take action?

- Saw tornado at distance
- Weather changes suggestive of tornado
- Heard on standard radio
- Heard on weather band radio
- Saw on television
- Pager or phone
- Heard by word of mouth
- Heard siren
- Didn't know ahead of time
- Other—specify: _____

15. Where is a shelter near your home?

- Named a specific site
- Had a general idea
- Didn't know/not sure

16. Were you trapped? Yes No

17a. **IF YES**, how long? _____

17b. **IF YES**, where were you trapped?

- Inside structure
- Inside storm shelter
- Inside vehicle
- Other—specify: _____

17. Were you injured?

- No—**Skip to Question 23**
- Yes—Injured directly from the tornado
- Yes—Injured leaving the area
- Yes—Injured during cleanup

18. Were you treated by a medical professional for your injuries?

- No
- Yes—By a doctor's office/clinic
- Yes—By emergency medical personnel at the scene or in the area
- Yes—Treated and released at a hospital—specify: _____
- Yes—Admitted to a hospital overnight—specify: _____

19. If treated in a hospital, how were you transported?

- Ambulance
- Other public service vehicle (police, fire, Red Cross)
- Private vehicle
- Other—specify: _____

20. What type of injury did you have? **(Check all that apply)**

- Broken bone
- Arm or leg injury
- Chest injury
- Head injury
- Eye injury
- Burn injury
- Electrical injury

- Cuts
- Scrapes
- Bruises
- Puncture/stab
- Dislocation
- Sprain
- Other—specify: _____

21. Did you require stitches/staples? Yes No

22. Did you have any surgery related to the tornado? Yes No

23. Prior to the tornado, have you received a tetanus shot in the last:

- 5 years
- 10 years
- >10 years or unknown

23a. Have you received a tetanus shot since May 3rd? Yes No

IF THEY HAVE BEEN CUT OR ARE WORKING IN RUBBLE AND TETANUS STATUS IS > 5 YEARS OR UNKNOWN,-REFER FOR LOCAL TETANUS INJECTION

24. Please describe who else was with you and if they were injured (or describe people at your home even if you were not there).

| | | Names | | | |
|---------------|---|--|--|--|--|
| | | | | | |
| SECTION 1 | Injured? (If NO, go to Section 3) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | CHECK ALL BELOW THAT ARE POSITIVE | | | | |
| | Not Treated | | | | |
| | Treated at doctor's office/clinic | | | | |
| | Treated by EMS at scene/area | | | | |
| | Treated & released at hospital (specify hospital) | | | | |
| | Admitted to hospital (specify hospital) | | | | |
| | Died | | | | |
| | How transported to hospital? | | | | |
| | Injured from tornado | | | | |
| | Injured leaving area | | | | |
| | Injured during cleanup | | | | |
| SECTION 2 | Type of Injury: | | | | |
| | Broken bone | | | | |
| | Arm or leg injury | | | | |
| | Chest injury | | | | |
| | Head injury | | | | |
| | Eye injury | | | | |
| | Burn injury | | | | |
| | Electrical injury | | | | |
| | Cuts | | | | |
| | Scrapes | | | | |
| | Bruises | | | | |
| | Puncture/stab | | | | |
| | Dislocation | | | | |
| | Sprain | | | | |
| Other—specify | | | | | |
| SECTION | If indoors, what room was s/he in? | | | | |
| | Did room have exterior walls? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | Did s/he use something to protect? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | Did s/he hold on to something? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

25. At the time the tornado struck, did you have any pets at your residence?

Yes No

IF YES, were any:

- Killed
- Injured
- Missing
- All are OK

26. Since the storm, did you feel:

| | | | | |
|--|-----------|----------|---------------|-------------|
| | Very Much | Somewhat | Only a Little | None at All |
|--|-----------|----------|---------------|-------------|

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Chest pains or discomfort | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Jumpy or easily startled | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Nausea or abdominal stress | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Does your heart frequently race | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

27. Do you need a birth certificate for any member of your immediate family?

IF YES, PLEASE COMPLETE AN APPLICATION FOR EACH PERSON. WE WILL MAIL THE COPY TO THEM UNLESS OTHER INSTRUCTIONS ARE NOTED HERE.

28. What would you like people to know that could be done better during this situation?

29. If there is other information that would be helpful in our efforts to make recommendations to the public in ways to prevent injury during a tornado, could we contact you? Yes No

IF YES:

Phone: _____

Beeper: _____

Cell Phone: _____