TORNADO INJURY QUESTIONNAIRE

Surveyor: __________________________

House to House
FEMA
Shelter
Other: __________________________

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
   □ Someone else’s home
   □ Motor vehicle
   □ Outdoors
   □ Public building
   □ Other—specify: __________________________

3. Where were you when the tornado passed through your area?

   Location (specific address or cross streets): __________________________________________

   3a. □ In a home
      □ Own home  □ Single family  □ Brick  □ Partial
      □ Other’s home  □ Duplex  □ Wood  □ Full
      □ Apartment  □ Stone/concrete
      □ Mobile home
      □ Mobile home
      □ Outdoor
      □ Above ground
      □ Below ground
      □ Public—specify: __________________________
      □ Private
      □ Other—specify: __________________________
      □ Storm shelter—specify: __________________________
      □ Public/Commercial building—specify: __________________________
      □ Greater than 4 wheels (semi, etc.)

   3b. □ Motor vehicle
      □ Car
      □ Pickup/Van/Sports Utility
      □ Greater than 4 wheels (semi, etc.)
      □ Other—specify: __________________________

   3c. □ Outdoors
      □ Other—specify: __________________________

   3d. □ Storm shelter
      □ Private
      □ Public—specify: __________________________
      □ Other—specify: __________________________

   3e. □ Public/Commercial building (not storm shelter)—specify: __________________________

   3f. □ Other—specify: __________________________

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?
   □ Basement □ Closet
   □ Underground shelter □ Bedroom
   □ Hallway □ Family/living room
   □ Bathub □ Kitchen
   □ Bathroom, but not in tub □ 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:
   □ Part of structure □ Another person
   □ Furniture □ 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).

<table>
<thead>
<tr>
<th>Names</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Injured? (If NO, go to Section 3)</th>
<th>Yes</th>
<th>No</th>
<th>Yes</th>
<th>No</th>
<th>Yes</th>
<th>No</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHECK ALL BELOW THAT ARE POSITIVE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Treated</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treated at doctor’s office/clinic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treated by EMS at scene/area</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treated &amp; released at hospital (specify hospital)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Admitted to hospital (specify hospital)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Died</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How transported to hospital?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injured from tornado</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injured leaving area</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injured during cleanup</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SECTION 1

<table>
<thead>
<tr>
<th>Type of Injury:</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Broken bone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arm or leg injury</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest injury</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head injury</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye injury</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burn injury</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electrical injury</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cuts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scrapes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bruises</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Puncture/stab</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dislocation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sprain</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other—specify</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SECTION 2

<table>
<thead>
<tr>
<th>If indoors, what room was s/he in?</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Did room have exterior walls?</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>Did s/he use something to protect?</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>Did s/he hold on to something?</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
</tr>
</tbody>
</table>
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:  
   
<table>
<thead>
<tr>
<th></th>
<th>Very Much</th>
<th>Somewhat</th>
<th>Only a Little</th>
<th>None at All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chest pains or discomfort</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Jumpy or easily startled</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Nausea or abdominal stress</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Does your heart frequently race</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

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: ________________________________________________