

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 18**

IF NO, WHY?

- Left to escape tornado
 Other reason _____

2. Where were you when you first heard about the tornado?

- | | |
|---|---|
| <input type="checkbox"/> Inside your own home | <input type="checkbox"/> Outdoors |
| <input type="checkbox"/> Someone else's home | <input type="checkbox"/> Public building |
| <input type="checkbox"/> Motor vehicle | <input type="checkbox"/> 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

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

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:

- Helmet (bike, motorcycle, skateboard, baseball, etc.) or hard hat
- 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. Can you estimate how long it was between when you first became aware of tornado activity and when it actually passed by your area?

- Did not know of tornado prior to passing
- <10 minutes
- 10-30 minutes
- 30 minutes-1 hour
- 1 hour or more

16. Where is a shelter near your home?

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

17. 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: _____

18. Were you injured?

- No—**Skip to Question 25**
- Yes—Injured directly from the tornado
- Yes—Injured leaving the area
- Yes—Injured during cleanup

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

- No
- Yes—By a doctor's office/clinic—specify: _____
- 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: _____

20. How much time passed before you were seen by a medical professional?

- Less than 30 minutes
- 30 minutes to 1 hour
- Over 1 hour up to 2 hours
- Greater than 2 hours

21. If treated in a hospital, how were you transported?
- | | |
|--|---|
| <input type="checkbox"/> Ambulance | <input type="checkbox"/> Private vehicle |
| <input type="checkbox"/> Other public service vehicle
(police, fire, Red Cross) | <input type="checkbox"/> Other—specify: _____ |
22. What type of injury did you have? **(Check all that apply)**
- | | |
|--|---|
| <input type="checkbox"/> Broken bone | <input type="checkbox"/> Cuts |
| <input type="checkbox"/> Arm or leg injury | <input type="checkbox"/> Scrapes |
| <input type="checkbox"/> Chest injury | <input type="checkbox"/> Bruises |
| <input type="checkbox"/> Head injury | <input type="checkbox"/> Puncture/stab |
| <input type="checkbox"/> Eye injury | <input type="checkbox"/> Dislocation |
| <input type="checkbox"/> Burn injury | <input type="checkbox"/> Sprain |
| <input type="checkbox"/> Electrical injury | <input type="checkbox"/> Other—specify: _____ |
23. Did you require stitches/staples? Yes No
24. Did you have any surgery related to the tornado? Yes No
25. Prior to the tornado, have you received a tetanus shot in the last:
- 5 years
- 10 years
- >10 years or unknown
- 25a. Have you received a tetanus shot since May 3rd? Yes No
26. Have you contacted any of the following? **(Check all that apply)**
- American Red Cross
 - Church group or other religious organization
 - Charitable organization (non-religious)
 - National Guard
 - Fire department
 - Local law enforcement
 - Local health department
 - FEMA
 - Hospital or emergency room
 - Local mental health professional
 - Other—specify: _____
 - None

27. 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			
	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 3	If indoors, what room was s/he in?				
	Did room have exterior walls?				
	Did s/he use something to protect?				
	Did s/he hold on to something?				

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

Yes No

IF YES, were any:

- Killed
- Injured
- Missing

29. Did you do anything to protect yourself from the May 3, 1999 tornadoes? Yes

No – I was in the area but took no precautions – **GO TO QUESTION 30**

No – I was not in the area affected by the May 3rd tornadoes – **GO TO QUESTION 32**

30. Did the actions you took to protect yourself from these tornadoes differ from the actions you took to protect yourself from the May 3, 1999 tornadoes?

I took the same actions to protect myself from the tornadoes both times.

I took fewer actions to protect myself from these tornadoes compared to the 1999 tornadoes.

I didn't have as much warning prior to these tornadoes.

These tornadoes weren't as severe as the 1999 tornadoes.

I didn't have time to protect myself.

I didn't have access to the same sources of protection this time compared to the 1999 tornadoes (didn't have a storm shelter, etc.).

Other _____

I took more actions to protect myself from these tornadoes compared to the 1999 tornadoes.

I had more warning prior to these tornadoes.

The TV/radio news gave me better/more directions.

I had more time to protect myself.

I had more knowledge about how to protect myself.

I had access to more/better sources of protection this time compared to the 1999 tornadoes (had put in a storm shelter, etc.)

Other _____

31. What additional precautions did you take?

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

33. If needed, how could we contact you?

Phone: _____

Beeper: _____

Cell Phone: _____