TORNADO INJURY QUESTIONNAIRE
MAIL SURVEY TO TORNADO SURVIVORS

Name: _________________________________  Home Address: __________________________________

City/State/Zip: ____________________________________  Phone: _____________ Age: ____  Sex: ___

1. When the tornadoes passed through Oklahoma on May 3rd, were you present in an area that was damaged by the tornadoes?  
☐ Yes  ☐ No

2. Why were you taken to the emergency room?  
☐ Injured preparing for the tornado  ☐ No injury; was treated for another medical condition associated with the tornado
☐ Injured directly from the tornado  ☐ No injury; was treated for another medical condition associated with the tornado
☐ Injured leaving the area  ☐ No injury; was treated for another medical condition not associated with the tornado
☐ Injured during cleanup  ☐ Problem not related to tornado
☐ Injured helping others  ☐ Other reason (specify below)

3. Please give as much detail as possible about your experience and what happened to you (examples: “I put my 2 children in the bathtub and was lying on top of them. I was struck by flying debris and got cuts and splinters in my back;” “I fell getting into the storm shelter;” “I stepped on a nail going through debris in my yard after the tornado;” “I developed chest pain while preparing for the tornado;” “I was involved in a motor vehicle crash which had nothing to do with the tornado;” etc.)

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

• If you were INJURED DIRECTLY from the tornado, please GO TO QUESTION 4.

• If you were INJURED INDIRECTLY from the tornado (preparing for the tornado, leaving the area, during cleanup, or helping others), please GO TO QUESTION 14.

• If you were NOT INJURED or if your INJURY WAS NOT ASSOCIATED WITH THE TORNADO, you do not need to complete the rest of the survey. STOP HERE AND RETURN THE SURVEY in the enclosed postage-paid envelope. Thank you for your help!
4. Where were you when the tornado hit your area?

Location (specific address or cross streets): ______________________________________________________

4a. [ ] In a home (check one in each of the 3 columns describing the home)
   - [ ] My family home
   - [ ] Single family
   - [ ] Brick
   - [ ] Other’s home
   - [ ] Duplex
   - [ ] Wood/siding
   - [ ] Apartment
   - [ ] Stone/concrete
   - [ ] Mobile home

4b. [ ] Motor vehicle
   
   This vehicle was a:  
   - [ ] Car
   - [ ] Pickup/Van/Sports Utility
   - [ ] Greater than 4 wheels (semi, etc.)

   Did you leave a home or building to escape the tornado?  
   - [ ] Yes  
   - [ ] No

   IF YOU WERE IN A MOTOR VEHICLE, GO TO QUESTION 9

4c. [ ] Outdoors
   
   Were you:  
   - [ ] in a ditch
   - [ ] under a bridge
   - [ ] Other—specify: ____________________________________________

   Did you get out of a motor vehicle because of the tornado?  
   - [ ] Yes  
   - [ ] No

   Did you leave a home or building to escape the tornado?  
   - [ ] Yes  
   - [ ] No

   IF YOU WERE OUTDOORS, GO TO QUESTION 9

4d. [ ] Storm shelter (Check one in each column describing the shelter)
   - [ ] Private
   - [ ] Public—specify: __________________
   - [ ] Above ground
   - [ ] Below ground

4e. [ ] Public/Commercial building (not storm shelter)—specify: _______________________________________

4f. [ ] Other—specify: ____________________________

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

   IF YES, check the one that best describes the damage
   - [ ] 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
   - [ ] Bathtub
   - [ ] Kitchen
   - [ ] Bathroom, but not in tub
   - [ ] Other—specify: ________________________________

6a. What floor of the structure were you on?
   - [ ] Basement
   - [ ] 1st Floor
   - [ ] 2nd Floor
   - [ ] 3rd Floor
   - [ ] 4th Floor or higher
7. If not in basement, were you in a room with exterior walls? (i.e., a wall with an outdoor surface)
   □ Yes    □ No    □ Unknown    □ Not Applicable

   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. What warnings/emergency alerts 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: ______________________________________________________________

10. Were you trapped and rescued by others?  □ Yes    □ No

   10a. **IF YES**, how long were you trapped?
   □ Less than 30 minutes
   □ 30-60 minutes
   □ More than 1 hour

11. How did you get to the hospital or emergency room?
   □ Ambulance
   □ Other public service vehicle (police, fire, Red Cross)  specify: ______________________
   □ Private vehicle
   □ Other—specify: ______________________

12. How long was it from the time you were injured until you arrived at the hospital or emergency room?
   □ Less than 30 minutes
   □ 30-60 minutes
   □ More than 1 hour

13. Have you experienced any of the following? Since Tornado Before Tornado
   13a. Problems breathing
       □ Yes □ No
   13b. Trouble sleeping
       □ Yes □ No
   13c. Difficulty concentrating
       □ Yes □ No
   13d. Disturbing dreams
       □ Yes □ No
   13e. Jumpy or easily startled
       □ Yes □ No
   13f. Recurring distressful thoughts of the tornado
       □ Yes □ No
   13g. Skin rashes
       □ Yes □ No
14. If you were injured, please complete the following table. List ALL of your injuries, even minor injuries
   • **TYPE OF INJURY** – list each injury: cuts, bruises, and abrasions; eye injuries; burns; brain injuries (includes concussions, skull fractures); fractures, dislocations, sprains, and strains; injuries to internal organs, blood vessels, nerves, ligaments, or tendons; and any other type of injury not listed.
   • **LOCATION OF INJURY** – for each injury listed specify the part of the body that was injured.
   • **INJURY DESCRIPTION/MEDICAL TREATMENT** – To the best of your knowledge, describe each injury including the size of wound (if applicable), and/or medical treatment/medical procedures received for the injury. Examples: received stitches, wound cleaned and dressed, tetanus shot, X-rays, CAT Scan.
   • **CAUSE** – for each injury listed specify the definite or most likely cause of the injury. Examples: struck by flying debris; walls fell in; blown by wind; struck by flying window glass; hit by furniture, board, etc.

<table>
<thead>
<tr>
<th>TYPE OF INJURY</th>
<th>LOCATION OF INJURY</th>
<th>INJURY DESCRIPTION/MEDICAL TREATMENT</th>
<th>CAUSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Cuts</td>
<td>Front right forearm, left calf</td>
<td>3 inches-10 stitches, multiple small cuts and splinters, given antibiotics</td>
<td>Hit by flying wood</td>
</tr>
<tr>
<td>Example: Concussion</td>
<td>Head/brain</td>
<td>Lost consciousness, 2 min., had CAT Scan – negative</td>
<td>Struck on back of head by flying board</td>
</tr>
</tbody>
</table>

1. 
2. 
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6. 
7. 
8. 

15. Please list any other family members that received treatment at a hospital but did not receive one of these questionnaires.

Name ____________________________________  Hospital_________________________________

Name ____________________________________  Hospital_________________________________

Name ____________________________________  Hospital_________________________________

16. At the time the tornado struck, did you have a pet at your residence? □Yes □No
   IF YES, were any: □Killed □Injured □Lost □All are OK

**OPTIONAL:** If you are willing to be contacted for further information, please sign here and write your name and phone number in the space provided.

Signature: ______________________________________ Telephone number _________________________

Thank you for providing this valuable information! Please return the survey in the enclosed postage-paid envelope.

If you have further questions, contact: Injury Prevention Service—0307, Oklahoma State Dept of Health, 1000 NE 10th Street, Oklahoma City, OK 73117-1299, or call: 405/271-3430 or 1-800-522-0204.