

# MAY 8, 2003 TORNADO RESPONSE QUESTIONNAIRE

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

**1. Where were you when you first heard about the tornado that occurred on Thursday, May 8th?**

- |   |   |
|---|---|
| <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: _____ |

**2. List all warnings/emergency alerts you had of tornado activity in your area that afternoon?**

**(Check all that apply.)**

- |  |  |
|--|--|
| <input type="checkbox"/> Saw tornado at distance               | <input type="checkbox"/> Pager or phone            |
| <input type="checkbox"/> Weather changes suggestive of tornado | <input type="checkbox"/> Heard by word of mouth    |
| <input type="checkbox"/> Heard on standard radio               | <input type="checkbox"/> Heard siren               |
| <input type="checkbox"/> Heard on weather band radio           | <input type="checkbox"/> Didn't know ahead of time |
| <input type="checkbox"/> Saw on television                     | <input type="checkbox"/> Other—specify: _____      |

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

Location (specific address or cross streets): \_\_\_\_\_

**Was the area you were in damaged?**  Yes  No (If NO, go to Question 13)

**3a.  Were you in a home or a public/commercial building?**  Yes  No (If NO, go to Question 3b)

**(Check one)**

- Own home
- Other's home
- Commercial bldg

**(Check one)**

- Single family
- Duplex
- Apartment
- Mobile home

**(Check one)**

- Brick
- Wood
- Stone/concrete

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

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

**IF YES**, what was the damage?

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

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       |   |

If not in basement, what floor of the structure were you on?  
 1<sup>st</sup> Floor                       2<sup>nd</sup> Floor                       3<sup>rd</sup> Floor

If not in basement, were you in a room with exterior walls?  
 Yes                       No                       Unknown  
**IF YES**, were there windows in the room?     Yes                       No

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: \_\_\_\_\_

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: \_\_\_\_\_

**3b.**  **Were you in a motor vehicle or outdoors?**     Yes                       No (If NO, go to Question 3c)  
 Car                       Pickup/Van/Sports Utility                       Greater than 4 wheels (semi, etc.)                       Outdoors

**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: \_\_\_\_\_

**Were you:**  
 Trying to drive home  
 Trying to drive away from the area affected by the tornado or trying to drive to a storm shelter  
 Other—specify: \_\_\_\_\_

Did you attempt to cover yourself with something?  
 Yes                       No                       Unknown  
**IF YES**, what did you cover yourself with? \_\_\_\_\_

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: \_\_\_\_\_

**3c.**  **Were you in a storm shelter?**     Yes                       No

**3d.**  **Other—specify:** \_\_\_\_\_

4. What was the **one** warning/emergency alert that caused you to **take immediate 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: \_\_\_\_\_

5. Please 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

6. Were you trapped?  Yes  No

6a. IF YES, how long? \_\_\_\_\_

6b. IF YES, where were you trapped?

- Inside structure
- Inside storm shelter
- Inside vehicle
- Other—specify: \_\_\_\_\_

7. Were you injured?

- No—Skip to Question 12
- Yes—Injured directly from the tornado
- Yes—Injured leaving the area
- Yes—Injured during cleanup

8. 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: \_\_\_\_\_

9. 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

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

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

11. 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: \_\_\_\_\_

Did you require stitches/staples related to the tornado?  Yes  No  
Did you require any surgery related to the tornado?  Yes  No

12. **If you had time and wanted to go to a storm shelter near your home do you know where one is?**

- I know of a specific site—specify \_\_\_\_\_
- I have a general idea where one is
- I don't know/I'm not sure

13. **Prior to the tornado, when was your last tetanus shot?**

- Less than 5 years
- 5-10 years
- More than 10 years or unknown

Have you received a tetanus shot since the May 8<sup>th</sup> tornado?  Yes  No

14. **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
- Private insurance company
- Other—specify: \_\_\_\_\_
- None

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

Please list names and ages of all persons at home when the tornado hit			

**SECTION 1**

Injured?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>If NO, go to Section 3</b>				
Treated at doctor's office/clinic	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Treated by EMS at scene/area	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Treated at hospital emergency room (specify hospital)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Admitted to hospital (specify hospital)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Died	<input type="checkbox"/> Yes <input type="checkbox"/> No			
How transported to hospital?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Injured from tornado	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Injured leaving area	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Injured during cleanup	<input type="checkbox"/> Yes <input type="checkbox"/> No			

**SECTION 2**

Type of Injury:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Broken bone	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Arm or leg injury	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Chest injury	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Head injury	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Eye injury	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Burn injury	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electrical injury	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Cuts	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Scrapes	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Bruises	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Puncture/stab	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Dislocation	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Sprain	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other—specify				

**SECTION 3**

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			

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

- No – I was not in the area affected by the May 3rd tornadoes – **GO TO QUESTION 17**
- No – I was in the area but took no precautions
- Yes

What actions did you take May 3, 1999? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What actions did you take May 8, 2003? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If your actions were different in 1999 and 2003, why? **(Check all that apply)**

- I didn't have as much warning before the tornado hit in 2003.
- I had more warning before the tornado hit in 2003.
- The 2003 tornadoes weren't as severe as the 1999 tornadoes.
- I didn't have time to protect myself in 2003.
- I had more time to protect myself in 2003.
- I didn't have access to the same sources of protection in 2003 compared to the 1999 tornadoes (didn't have a storm shelter, etc.).
- I had access to more/better sources of protection in 2003 compared to the 1999 tornadoes (had put in a storm shelter, etc.)
- The TV/radio news gave better/more directions in 2003.
- The TV/radio news gave less directions in 2003.
- I had more knowledge about how to protect myself in 2003.
- I had less knowledge about how to protect myself in 2003.
- Other \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**18. If we had a follow-up question, how could we contact you?**

Phone: \_\_\_\_\_

Beeper: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Thank you for completing our questionnaire. We appreciate your participation. Please return the questionnaire to us in the green envelope provided or mail it to us at the following address:

Injury Prevention Service, Oklahoma State Department of Health,  
1000 N.E. 10<sup>th</sup> Street, Oklahoma City, OK 73117

or fax it to us at 405-271-2799