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?
   ☐ Inside your own home  ☐ Outdoors
   ☐ Someone else’s home  ☐ Public building
   ☐ Motor vehicle  ☐ Other—specify: __________________________

2. List all warnings/emergency alerts you had of tornado activity in your area that afternoon?
   (Check all that apply.)
   ☐ Saw tornado at distance  ☐ Pager or phone
   ☐ Weather changes suggestive of tornado  ☐ Heard by word of mouth
   ☐ Heard on standard radio  ☐ Heard siren
   ☐ Heard on weather band radio  ☐ Didn’t know ahead of time
   ☐ Saw on television  ☐ 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)  (Check one)  (Check one)
   ☐ Own home  ☐ Single family  ☐ Brick
   ☐ Other’s home  ☐ Duplex  ☐ Wood
   ☐ Commercial bldg  ☐ Apartment  ☐ Stone/concrete
   ☐ Mobile home

   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?
   ☐ Basement  ☐ Closet
   ☐ Underground shelter  ☐ Bedroom
   ☐ Above ground shelter/safe room  ☐ Family/living room
   ☐ Hallway  ☐ Kitchen
   ☐ Bathtub  ☐ Other—specify: __________________________
   ☐ Bathroom, but not in tub
If not in basement, what floor of the structure were you on?

☐ 1st Floor  ☐ 2nd Floor  ☐ 3rd 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
- Scratches
- 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 8th 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

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<th>Name</th>
<th>Age</th>
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**SECTION 1**

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<tr>
<th>Injured?</th>
<th>Yes</th>
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If NO, go to Section 3

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<tr>
<th>Treated at doctor’s office/clinic</th>
<th>Yes</th>
<th>No</th>
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<th>Treated by EMS at scene/area</th>
<th>Yes</th>
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<th>Treated at hospital emergency room (specify hospital)</th>
<th>Yes</th>
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<th>Admitted to hospital (specify hospital)</th>
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<th>Died</th>
<th>Yes</th>
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<th>How transported to hospital?</th>
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<tr>
<th>Injured from tornado</th>
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<th>Injured leaving area</th>
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<tr>
<th>Injured during cleanup</th>
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**SECTION 2**

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

**SECTION 3**

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<th>If indoors, what room was s/he in?</th>
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<th>Did room have exterior walls?</th>
<th>Yes</th>
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<th>Did s/he use something to protect?</th>
<th>Yes</th>
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<th>Did s/he hold on to something?</th>
<th>Yes</th>
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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. 10th Street, Oklahoma City, OK 73117

or fax it to us at 405-271-2799