Form Approved

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Exp. Date 10/31/2024

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reading instructions, obtaining signatures, and completing interview. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0923-0051)

Version 08262019

INCIDENT CODE:|\_\_\_|\_\_\_| SITE # |\_\_\_|\_\_\_| INTERVIEWER ID|\_\_\_|\_\_\_|\_\_\_| DATE:|\_\_\_|\_\_\_| - |\_\_\_|\_\_\_ | - |\_\_\_|\_\_\_|\_\_\_|\_\_\_| Registrant ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TIME STARTED |\_\_\_|\_\_\_| : |\_\_\_|\_\_\_ | |\_\_\_| TIME ENDED |\_\_\_|\_\_\_| : |\_\_\_|\_\_\_ | |\_\_\_| M M D D Y Y Y Y

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| **IDENTIFICATION PROVIDED** |  | |
| * **Social Security \_ \_ \_ - \_ \_- \_ \_ \_ \_** * Driver’s license: State \_\_ \_\_ Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_exp \_\_ / \_\_/ \_\_ \_\_\_\_ | * State ID: State \_\_ \_\_   Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_exp \_\_ / \_\_/ \_\_ \_\_\_\_   * Other ID (describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **REGISTRANT PERSONAL INFORMATION** | | |
| **1. Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_  Last First M.I.  **2.** **Date of Birth (mm/dd/yyyy)** \_ \_/\_ \_ /\_ \_ \_ \_ | | **5. Social media account (check all that apply and specify)**  Facebook  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞏  Twitter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞏  Instagram \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞏  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞏  Refused 🞏 |
| **3. A. Street** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **B.** How many children younger than 13 years were in your immediate care during the incident? \_\_\_\_\_\_\_  If 1 or more, complete Question 19 AFTER completing Questions 4–18. | | **6. What are the best telephone numbers to reach you?**    **A**. (\_ \_ \_ ) \_ \_ \_ -\_ \_ \_ \_ Cell 🞏 Home 🞏 Work 🞏  B. (\_ \_ \_ ) \_ \_ \_ -\_ \_ \_ \_ Cell 🞏 Home 🞏 Work 🞏 |
| **4. Email** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **7. Sex (circle one)** Male Female  Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **8. If female, (circle one)** Pr**e**gnant Not pregnant Don’t know/refused |
| **EMERGENCY CONTACT INFORMATION** (**Must live at a different address than registrant)** | | |
| **9. Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , \_\_\_\_\_\_\_\_\_\_\_ , \_\_\_\_\_  **(Last, First, M.I.)** | | **11. Email** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **10. Street address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  State \_\_ \_\_ ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **12. What are the best telephone numbers to reach them?**  **A**. (\_ \_ \_ ) \_ \_ \_ -\_ \_ \_ \_ Cell 🞏 Home 🞏 Work 🞏  B. (\_ \_ \_ ) \_ \_ \_ -\_ \_ \_ \_ Cell 🞏 Home 🞏 Work 🞏 |

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| **EXPOSURE INFORMATION on [DATE] at [TIME]** | |
| **13**. **Were you exposed to this incident as**  **(check all that apply):**  🞏 Facility employee (if applicable)  🞏 Passerby 🞏 First responder  🞏 Clean-up worker or volunteer  🞏 Government official (including military)  🞏 Resident **Skip to Question 15**  🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | | --- | | **14.** **A.** **Street address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **B.** **Nearest intersection/building/landmark**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **15. Physical location (check all that apply)**  🞏 Inside building 🞏 Outside 🞏 Inside a car/vehicle  🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **HEALTH/NEED** | |
| **16. As a result of this incident, did** **you get injured or ill? *Refer to Epi CASE Symptom Checker for codes***  🞏Yes  🞏 No  🞏 Don’t know/refused | **17. As a result of this incident, are you personally in need of anything? (check all that apply)**  🞏Medicine or medical supplies 🞏 Medical care  🞏 Mental health care 🞏 Water 🞏 Shelter 🞏 Food  🞏 Utilities 🞏 Transportation  🞏 Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 Don’t know/refused |
| **18. For radiological and nuclear incidents only: If you had repeated vomiting AFTER the incident, how long after the incident [date and time] did it start? (circle one)**  **less than 1 hour 1-2 hours**  **3-6 hours more than 6 hours**  **Did not vomit**  **Don’t know/Refused** | |
| **CHILDREN YOUNGER THAN 13 YEARS IN YOUR IMMEDIATE CARE DURING THE INCIDENT** | |
| **19. For each child, please provide the date of birth *or* age, sex, and injuries or illness that resulted from this incident. *Refer to the Epi CASE Symptom Checker for codes.***   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Date of birth (mm/dd/yyyy)** | **Age**  **(years)** | **Sex (circle one)** | **Child’s injury or illness** | | | | | | 1. | \_\_/\_ \_ /\_ \_ \_ \_ | \_\_\_\_\_ | Male Female |  |  |  |  |  | | 2. | \_\_/\_ \_ /\_ \_ \_ \_ | \_\_\_\_\_ | Male Female |  |  |  |  |  | | 3. | \_\_/\_ \_ /\_ \_ \_ \_ | \_\_\_\_\_ | Male Female |  |  |  |  |  | | 4. | \_\_/\_ \_ /\_ \_ \_ \_ | \_\_\_\_\_ | Male Female |  |  |  |  |  | | 5. | \_\_/\_ \_ /\_ \_ \_ \_ | \_\_\_\_\_ | Male Female |  |  |  |  |  | | |