Form Approved OMB No. 0923-0051

	Exp. Date 03/31/2018
EVENT CODE: SITE # INTERVIEWER ID DA'	
RAPID RESPONSE REGISTRY FORM	
Hello, my name is We are collecting.	g emergency-related nealth information, this information is
mportant to us and affected people. May I read you a consent sta	
We are getting information from people exposed to this event so t	
services. You also may be contacted at a later date to see if you w	ant to join a health study. You are free to enroll in the Registry
or not. If you choose to enroll, we will ask you questions that wil	l take about 5-10 minutes. You can choose not to answer any
question you wish. All the information will be kept confidential to	o the extent allowed by law.
REGISTRANT INFORMATION	10. What is (your/registrant's) employment status?
1. Do you speak English?	1 Employed, SPECIFY EMPLOYER'S NAME:
1 Yes 2 No	
IF NO: What language do you prefer?	
2. Data obtained from:	2 □Not employed
1 Registrant	3 □Self-employed
2 Proxy	4 Not Applicable
3 Medical/Medical Examiner's/Other Record	98 Don't Know 99 Refuse to Answer
4 Other, SPECIFY:	PROXY OR CLOSE FRIEND/RELATIVE INFORMATION
98 Don't Know 99 Refuse to answer	(If data obtained NOT from registrant, please skip to question 13.)
③ What is (your/registrant's) full name?	11. Is there someone who does not live with (you/registrant)
FIRST	who can always reach (you/registrant)?
	1 \(\text{Yes} \)
LAST	2 No
	98 □ Don't Know SKIP TO QUESTION 22
4. How old (are you/is registrant)?	99 ☐ Refuse to Answer
98 Don't Know 99 Refuse to answer	12. What is (your/that person's) full name?
⑤ If necessary: What is (your/registrant's) sex?	FIRST
1 Male 2 Female	
98 Not Determined 99 Refuse to answer	LAST
6. What is (your/Registrant's) date of birth?	
	13. What is (your/his/her) home address?
	STREET
MM DD YYYY 98 Don't Know 99 Refuse to answer	
② A. What is (your/registrant's) home address?	CITYSTATE ZIP
STREET	
	95 Same As Registrant 98 Don't Know 99 Refuse to Answer
CITYSTATE ZIP	14. What is (your/his/her)
CITYSTATE ZIP 98 Don't Know 99 Refuse to answer	A . Home telephone number? ()
B. How many people live at this address?	95 ☐ Same As Registrant 96 ☐ None
98 Don't Know 99 Refuse to answer	98 Don't Know 99 Refuse to Answer
What is (your/Registrant's)	B . Work telephone number? ()
A . Home telephone number? ()	96 None 98 Don't know 99 Refuse to Answer
96 None 98 Don't Know 99 Refuse to answer	
B. Work telephone number? ()	C. Cell/other phone number? ()
96 None 98 Don't Know 99 Refuse to answer	96 None 97 Same As Home Phone
C. Cell/other phone number? ()	98 Don't Know 99 Refuse to Answer
96 None 97 Same As Home Phone	15. (Do you/does he/she) have an email address?
98 Don't Know 99 Refuse to answer	1 Yes, specify:
	2 No ————
9. (Do you/does registrant) have an email address?	98 Don't Know 99 Refuse to Answer
1 Yes, SPECIFY:	OTHER CLOSE FRIEND/RELATIVE INFORMATION
2 No ———————————————————————————————————	16. Is there (someone else/someone) who does not live with
98 Don't Know 99 Refuse to answer	(you/registrant) who can always reach (you/registrant)?
Public reporting burden of this collection of information is estimated to average 7 minutes	
response, including the time for reviewing instructions, searching existing data source gathering and maintaining the data needed, and completing and reviewing the collection	n of 1 Tx
information. An agency may not conduct or sponsor, and a person is not required to respito a collection of information unless it displays a currently valid OMB control number. Si	
comments regarding this burden estimate or any other aspect of this collection of information	tion 2 110
including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 10 Clifton Road NE, MS E-11 Atlanta, Georgia 30333; ATTN: PRA (0923-0051)	98 □ Don't Know 99 □ Refuse to Answer
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99 Refuse to Answer

17. What is that person's full name?	28. As a result of the event, did (you/registrant) get injured or ill?
 FIRST	1
	2 No
LAST	98 Don't Know 99 Refuse to Answer
	29. Before the event, did (you/registrant) have any of the
18. What is (his/her) home address?	following conditions? (CHECK ALL THAT APPLY) 1 ☐ Chronic illness
STREET	2 ☐ Physical disability
	3 Other disability
CITYSTATE ZIP	4 None
	98 ☐ Don't Know ► SKIP TO QUESTION 32
19. What is (his/her)	99 Refuse to Answer
A. Home telephone number? ()	30. Please describe your condition:
96 None 98 Don't Know 99 Refuse to Answer	
B. Work telephone number? ()	
96 None 98 Don't Know 99 Refuse to Answer	21 TE DECICEDANTE IC EEMAL E LECCTUAN 12 VEADC OLD OD
C. Cell/other phone number? ()	31. IF REGISTRANT IS FEMALE LESS THAN 12 YEARS OLD OR
96 None 97 Same as Home Phone	MALE, SKIP TO QUESTION 33. OTHERWISE ASK: (Are you/is registrant) pregnant?
98 Don't Know 99 Refuse to Answer 20. Does (he/she) have an email address?	1 Yes 2 No
20. Does (ne/sne) have an eman address: 1 ☐ Yes, SPECIFY:	98 Don't Know 99 Refuse to Answer
2 No ————	
98 Don't Know 99 Refuse to Answer	32. As a result of this event, (are you/is registrant) personally in need of any of the following? (CHECK ALL THAT APPLY):
EXPOSURE INFORMATION	1 Medications/supplies 2 Medical care
Now I'm going to ask you just a few questions about (your/	**
registrant's) experience with this event.	3 ☐ Water 4 ☐ Food 5 ☐ Shelter 6 ☐ Utilities
21. (Were you/was registrant) exposed to this event as	7 Other, SPECIFY:
(CHECK ALL THAT APPLY):	8 None
1 A resident	98 Don't Know 99 Refuse to Answer
2 \(\sum \) A passerby	<u> </u>
3 An employee	33. Which best describes the level of health insurance (you have registrant has)?
4 A responder or rescue worker	Full or comprehensive
5 A government official	2 Partial or limited
6 ☐ A clean-up worker	3 None ¬
7 \(\text{An non-governmental organization/site volunteer} \)	98 □ Don't Know ► SKIP TO QUESTION 36
98 Don't Know 99 Refuse to Answer 22. (Were you/was registrant) at the event site when the event	99 Refuse to Answer
started?	34. Please give me the name of your health insurance plan.
1 Yes 2 No	
98 Don't Know 99 Refuse to Answer	35. Event-specific question 1.
23. At the start of the event on [DATE] at [TIME], at what	1 Response Option 1 2 Response Option 2
address (were you/was registrant)?	3 Response Option 3 4 Response Option 4
	5 Response Option 5 6 Response Option 6
98 Don't Know 99 Refuse to Answer	98 Don't Know 99 Refuse to Answer
24. What was the name of nearest building to (you/registrant)?	36. Event-specific question 2.
	1 Response Option 1 2 Response Option 2
98 Don't Know 99 Refuse to Answer	3 ☐ Response Option 3 4 ☐ Response Option 4
25. What was the nearest intersection?	5 Response Option 5 6 Response Option 6
	98 Don't Know 99 Refuse to Answer
98 Don't Know 99 Refuse to Answer	That completes our interview. Thank you very much for your time.
26. What was the nearest landmark?	
98 Don't Know 99 Refuse to Answer	TO BE COMPLETED BY INTERVIEWER
	37. INDICATE THE SEVERITY OF THE EFFECT ON REGISTRANT
27. At the start of the event, (were you/was registrant) (CHECK ALL THAT APPLY):	1 ☐ No Obvious Effect
1 ☐ Inside a building or structure	2 Affected, Ambulatory
2 ☐ Inside a car or other vehicle	3 Unconscious, Non-Ambulatory, Or Badly Injured/Ill
3 Outside	4 Dead
4 At some other location, SPECIFY:	5 Not Applicable
	98 Don't Know
98 Don't Know 99 Refuse to Answer	