Form v1.6
Revised 09/02/2008

Natural Disaster Morbidity Report Form

For Active Surveillance in Shelters with Medical Staff

Part I: Visit Information	Location & Name of Facility	2-Letter State	Date of Visit	Time of Visit	Encounter: (circle one)
					First Visit Follow-up

Part II: Patient Information	Unique Identifier / Medical Record Number	Age	Sex	Pregnant	If pregnant, due date
				☐ Yes	

Race / Ethnicity ☐ White ☐ Black/African American ☐ Hispanic or Latino ☐ Asian ☐ Unknown

Part III: REASON FOR VISIT (Please check all categories related to patient's current reason for seeking care.)

☐ **INJURY**
- ☐ Bite/Sting
  - ☐ Animal
  - ☐ Insect
  - ☐ Snake
- ☐ Burn
  - ☐ Chemical
  - ☐ Fire, hot object or substance
  - ☐ Sun exposure
- ☐ Cold-related (e.g., hypothermia)
- ☐ Cut
  - ☐ Debris
  - ☐ Machinery (e.g., chainsaw)
- ☐ Drowning/Submersion
- ☐ Electrocution
- ☐ Fall **specify:**
  - ☐ From height
  - ☐ Same level
- ☐ Foreign Body (e.g. in eye, splinter)
- ☐ Heat-related
- ☐ Hit by object
- ☐ Poisoning **specify:**
  - ☐ CO exposure
  - ☐ Inhalation of fumes, dust, or gas
  - ☐ Ingestion
- ☐ Vehicle collision **specify:**
  - ☐ Driver/occupant
  - ☐ Pedestrian
- ☐ Violence / assault **specify:**
  - ☐ Sexual assault
  - ☐ Suicide / self-inflicted injury
  - ☐ Other assault
- ☐ Undetermined, nonspecific

☐ **ACUTE ILLNESS / SYMPTOMS**
- ☐ Abdominal Pain
- ☐ Cardiac emergency (e.g., pain, arrest)
- ☐ Conjunctivitis / eye irritation
- ☐ Dehydration
- ☐ Fever (i.e., >100.4°F or 36°C)
- ☐ Gastrointestinal **specify:**
  - ☐ Nausea / vomiting
  - ☐ Bloody diarrhea
  - ☐ Watery diarrhea
- ☐ Headache or migraine
- ☐ Jaundice
- ☐ Meningitis / encephalitis
- ☐ Musculoskeletal pain (including joint, back)
- ☐ Neurological (e.g., altered mental status or confused / disoriented, syncope, stroke)
- ☐ Oral / dental pain
- ☐ Respiratory **specify:**
  - ☐ Cough **specify:**
    - ☐ Dry
    - ☐ Productive
    - ☐ With blood
  - ☐ Wheezing in chest
  - ☐ Pneumonia, suspected
  - ☐ Shortness of breath, difficulty breathing
- ☐ Dermatologic **specify:**
  - ☐ Rash
  - ☐ Infection
  - ☐ Infestation (e.g., lice, scabies)
- ☐ Sore throat
- ☐ Urinary pain (e.g., U.T.I.)

☐ **EXACERBATION OF CHRONIC DISEASE**
- ☐ Cardiovascular **specify:**
  - ☐ Hypertension
  - ☐ Congestive heart failure
- ☐ Diabetes
- ☐ Immunocompromised (e.g. HIV, lupus)
- ☐ Respiratory **specify:**
  - ☐ Asthma
  - ☐ COPD
- ☐ Seizure

☐ **MENTAL HEALTH**
- ☐ Affective symptoms (e.g. overly anxious or depressed)
- ☐ Drug/alcohol intoxication or withdrawal
- ☐ Psychological evaluation
- ☐ Suicidal thoughts or ideation
- ☐ Violent behavior / threatening violence

☐ **OBSTETRICS / GYNECOLOGY**
- ☐ Complication of pregnancy (e.g. premature bleeding, abdominal pain, fluid leakage)
- ☐ GYN condition not associated with pregnancy or post-partum period
- ☐ In labor with/without complication
- ☐ Routine pregnancy check-up

☐ **OTHER**

☐ **ROUTINE / FOLLOW-UP**
- ☐ Medication refill
- ☐ Blood sugar check
- ☐ Blood pressure check
- ☐ Vaccination
- ☐ Wound care

Part V: WORKER/VOLUNTEER STATUS INFORMATION

☐ Did condition occur as a result of work (paid or volunteer) involving disaster response ore restoration efforts?

Occupation / response role

Activity at time of injury/illness

Part IV: DISPOSITION (circle one)

Discharge to self care

Refer to other care (e.g. clinic, physician)

Admit/refer to hospital

Left before being seen

Died