Natural Disaster Morbidity Tally Form
For Active Surveillance in Shelters with Medical Staff

CDC

Form v1.6
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Part I — General Information		
1. **Name of Facility / Location:** _____		
2-letter State_____		
2. **Date of Visit** ____/___/_____		
3. **Time of Visit:** _____:_____		
4. **Number of Patients:**		

Visit	Tally (////)	Total (#)
First time		
Follow-up		
Total Census		

Part II — Patient Information		Tally (////)	Total (#)
Race	White		
	Black		
	Hispanic		
	Asian		
	Unknown		
Sex	Male		
	Female		
Pregnant	Yes?		
Age Category	< 1		
	1 to 17		
	18 to 64		
	>65		

Part III — Reason For Visit

Tally the category that describe client's reason for visit and indicate the specific reason for visit under each category. A single client may have more than one reason for visit.

Injury	Tally (////)	Total (#)	**Acute Illness / Symptoms**	Tally (////)	Total (#)
Bite/Sting (animal, insect, snake)			Abdominal pain		
Burn (chem., fire, sun)			Cardiac Emergency (pain, arrest)		
Cold-related (hypothermia)			Conjunctivitis/eye irritation		
Cut (debris, machinery)			Dehydration		
Fall			Fever (>100.4°F or 38°C)		
Foreign Body (in eye, splinter)			Gastrointestinal (diarrhea, nausea or vomiting)		
Heat-related			Headache or migraine		
Hit by object			Jaundice		
Violence / assault (sexual, self-inflicted, other assault)			Meningitis / encephalitis, suspected		
Undetermined, Non-specific			Musclo-skeletal pain (joint, back)		
Injury - Other			Neurological (epilepsy, stroke)		
Injury-Total			Oral / dental pain		
			Respiratory (cough, wheezing, shortness of breath, pneumonia suspected)		
Chronic Disease Management	Tally (////)	Total (#)	Dermatologic (e.g., rash, infection, infestation)		
Management or exacerbation of chronic disease			Sore Throat		
			Urinary pain (e.g., U.T.I.)		
Routine / Follow-up	Tally (////)	Total (#)	**Acute Illness / Symptoms-Total**		
All routine care and follow-up					
			Other	Tally (////)	Total (#)
Obstetrics / Gynecology	Tally (////)	Total (#)	Any illness or injury not in above categories		
All OB/GYN					
			Referrals	Tally (////)	Total (#)
Mental Health	Tally (////)	Total (#)	Admit/refer to hospital		
All Mental Health					