Hurricane Shelter Health Surveillance: Cot-to-Cot Survey

Demographic Information

1. Shelter location:

2. Interviewer name:

3. Date:

4. Agreed to participate:
☐Yes ☐No

5. How old are you?
_____years

6. What is your sex?
☐Male ☐Female ☐Prefer not to answer

7. What is your race?
☐White, Non-Hispanic ☐White, Hispanic ☐Black, non-Hispanic
☐Black, Hispanic ☐Asian/Pacific Islander
☐American Indian/Alaskan native ☐Unknown
☐Prefer not to answer ☐Other race, please specify:_____

8. What is your normal county of residence?

9. From what ZIP code did you evacuate?

10. How long have you been in this shelter?
☐1 day ☐2 days ☐3-4 days ☐5-6 days ☐1 week ☐2 weeks ☐ 3+ weeks ☐Prefer not to answer
☐Other, please specify:_____

11. Were you in another housing situation after evacuating prior to this shelter?
☐Yes ☐No ☐Prefer not to answer If yes, type of housing situation: _____

Health Information

12. Do you have any normal health maintenance needs?
☐Need prescription refill ☐Need vaccination
☐Need blood glucose screening or insulin ☐Need prenatal care
☐Need blood pressure check or medicine ☐None
☐Need oxygen ☐Other health maintenance need, please specify:_____

13. Do you have any underlying chronic respiratory conditions?
☐Yes ☐No ☐Unknown ☐Prefer not to answer If yes, specify chronic respiratory condition: _____

14. Have you experience any health-related symptoms in the past 24 hours?
☐Yes ☐No ☐Unknown ☐Prefer not to answer

Symptom Information

15. General
☐Headache
☐Fever
☐Achy muscles or joints
☐Extreme tiredness or overall feeling of discomfort

16. Gastrointestinal
☐Vomiting
☐Nausea
☐Diarrhea
☐Stomach pain or cramping

17. Respiratory
☐Runny nose or congestion
☐Sore throat
☐Productive cough
☐Non-productive cough
☐Shortness of breath

18. Dermatologic
☐Rash
☐Sores
☐Skin infection
☐Insect bites
☐Sunburn

19. Injury
☐Cuts, scrapes, or other wounds
☐Fracture, sprain, or dislocation
☐Other please specify:_____

20. Allergies
☐Red, itchy eyes
☐Sneezing
☐Other please specify:_____

21. Heat-related
☐Symptoms of heat exhaustion or heat stroke
☐Dehydration

22. Mental Health
☐Anxiety
☐Depression
☐Suicidal thoughts

23. Neurological
☐Muscle weakness
☐Confusion
☐Poor coordination

24. Animal bite (excluding insects)
☐Yes, specify animal type:

25. Poisoning
☐Suspected carbon monoxide poisoning
☐Exposure to pesticides, gas/fumes
☐Ingestion of toxic substance
☐Other please specify:_____

26. Other health-related concerns:

27. Was off-site medical care recommended for the evacuee?
☐Yes ☐No ☐Unknown

28. Was medical care provided for the evacuee on-site?
☐Yes ☐No ☐Unknown

Comments: