Information about the MN Rapid Response Roster survey:

The Minnesota Department of Health (MDH) is collecting information about people whose health may be impacted by the recent [name] disaster. We are collecting information to determine how to best serve the health needs of the communities and people affected by this disaster. The information will be used to advise state and local health officials in their emergency response and recovery efforts. We will be asking some brief questions about you and your experience with the disaster. Information that identifies you will be kept private. The questions will take about 5 minutes to answer. Thank you for taking the time to provide useful information.

Data Privacy Information:

Your answers will be private information, protected under Minnesota law. Your answers given on the survey will be grouped together so individuals can not be identified in reports. Information that identifies you will only be shared with Minnesota Department of Health (MDH) scientists to assess health impacts and to plan response. We may use this as a contact list to invite you to participate in a future health study.

Participation in this roster is voluntary. You do not have to answer any questions you do not want to answer. Your participation will not affect your current or future relationship with MDH. There are no risks or consequences in answering or refusing to answer the questions. Your contact information is requested so that MDH may contact you in the future if we have further health information for you or if we need to collect more information about the event.

I have read the above statement and agree □yes □no

Are you currently 18 years or older? □yes □no

This survey is to capture information on people who yes were at the event that occurred on _(date)_____ at no _(time, if relevant)___ at this location_____. Were you at this location at the time of the event, later came to this location to help, or were affected by the disaster's byproducts (such as plumes, smoke) ?

□yes □no

***If no is selected, the survey will not continue. We cannot collect information without consent. ***

Form#_____ Interviewer_____ Date_____

First, we will ask some questions about you. This will help us to identify you and to locate you in our system.

Personal information	
First , Middle , Last **Name** _____ , _____ , _____	**Last 4 digits of Social Security Number (XXX-XX-####)** _ _ _ _
Street address _____ **Apt/unit#** ____ **City** _____ **County** _____ **State Zip code** _____	**Provide information to contact you and check the preferred phone and email:** □ **Phone (Home)** (_ _ _) - _ _ _- _ _ _ _ □ **Phone (Cell)** (_ _ _) - _ _ _- _ _ _ _ □ **Phone (Work)** (_ _ _) - _ _ _- _ _ _ _ □ **Email (Personal)**_____ □ **Email (Work)** _____
Date of Birth (MM/DD/YYYY) _ _/_ _/_ _ _ _ Age (years) ____	**How would you prefer to be contacted in the future? (select one)** □ **email** □ **phone** □ **mail**
Sex (select one) □ **Male** □ **Female** □ **Other**	**Close friend/relative who know how to reach you:** **First, Middle, Last** **Name** _____, _____, _____ **Home address** _____ **City** _____ **State** ___ **Zip code** _____ **Phone** (_ _ _) - _ _ _- _ _ _ **Email** _____

Next, we will ask some questions about your experience with the disaster. The disaster will be defined as the event that occurred on _____ at ____ at this location_____. Anyone that was at this location at the time of the event, later came to this location to help, or were affected by the disaster's byproducts, such as plumes, smoke, etc, should be enrolled.

Event information	
Physical location at start of the event: **□ Inside a building** **□ Inside a vehicle** **□ Outside** **□ At another location (specify)** **_____**	**Reason for being at the location where event occurred (check all that apply) :** **□ A resident** **□ A passerby** **□ Volunteer not affiliated with any organization** **□ An employee** **□ A responder or rescue worker** **□ A government official** **□ A clean-up worker** **□ A non-governmental organization volunteer** **□ Other_____**
Location/Proximity to the event: **Address_____** **OR** **Nearest Intersection_____** **OR** **Nearest Building _____** **OR** **Nearest Landmark_____**	**Were you seen by a doctor or other medical staff due yes to the event described?** **□ yes □no □ don't know/not sure**
Event Specific Question 1 **Optional questions:** **Did you leave the area because you were evacuated by yes an official (e.g. police, fireman, government no official)?** **How long were you at the disaster site?** **Did you have any children (under 18 years) with you Yes at the time?**	**Event Specific Question 2**

Thank you for completing the survey. We may contact you in the future for further information.