

Natural Disaster Morbidity Surveillance Tally Sheet
For Active Surveillance with Medical Staff

Form v1.9
Rev.09/29/2009

Part I: GENERAL INFORMATION			Part II: PATIENT INFORMATION			
Name of Facility: _____ City _____ State _____ Date of Visit ____/____/____ Reporting Period START ____:____ AM PM Reporting Period END ____:____ AM PM			Race	White	Tally (#)	Total(#)
				Black		
				Hispanic		
				Asian		
				Unknown		
			Gender	Male		
				Female		
			Pregnant	Yes		
			Age Category	< 1		
				1 to 17		
				18 to 64		
				65+		
Part III: REASON FOR VISIT (For each client, place a tick mark next to the corresponding injury or illness. A single client may have more than one condition ticked)						
	Tally (#)	Total(#)		Tally (#)	Total(#)	
TYPE OF INJURY			EXACERBATION OF CHRONIC DISEASE			
Any Injury (cut, amputation, concussion, fracture, sprain, etc.)			Cardiovascular (hypertension, congestive heart failure)			
MECHANISM OF INJURY			Diabetes			
Bite/sting (all types)			Immunocompromised			
Burn (chem., fire, sun)			Neurological (seizure, stroke)			
Cold/heat exposure			Asthma			
Electric shock			COPD			
Fall, slip, trip			TOTAL Chronic Disease			
Foreign body			MENTAL HEALTH			
Hit by or against object			Agitated behavior			
Motor vehicle crash			Anxiety or stress			
Near drowning, submersion			Depressed mood			
Poisoning – CO exposure			Drug/alcohol intoxication/withdrawal			
Poisoning – other			Previous mental health diagnosis			
Use of Machinery, tools, or equip.			Psychotic symptoms (i.e. paranoia)			
Violence/assault			Suicidal thoughts or ideation			
TOTAL Mechanism of Injury			TOTAL Mental Health			
ACUTE ILLNESS/SYMPTOMS			ROUTINE/FOLLOW-UP			
Conjunctivitis/eye irritation			Medication refill			
Dehydration			Blood sugar check			
Dermatologic/Skin (includes all dermatologic/skin conditions)			Blood pressure check			
Fever (≥100°F or 37.8°C)			Vaccination			
Gastrointestinal (nausea, vomiting, diarrhea)			Wound care			
Jaundice			TOTAL Routine/Follow-up			
Meningitis/encephalitis			Other			
Neurological (includes all neurological conditions)			All "other"			
OB/GYN (includes all OB/GYN conditions)			Disposition			
Pain (includes all pain symptoms/conditions)			Discharge to self care			
Respiratory (includes all respiratory conditions)			Refer to other care (e.g., clinic or physician)			
Sore throat			Admit/refer to hospital			
TOTAL Acute Illness/Symptoms			Left before being seen			
			Deceased			
Influenza-Like-Illness (ILI) - Fever (temperature of 100°F [37.8°C] or greater) AND a cough or a sore throat in the absence of a KNOWN cause other than influenza			TOTAL Disposition			