

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

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+		
Patients Seen			Tally (#)	Total(#)		
Workers/Volunteers						
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(#)		
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	