Natural Disaster Morbidity Surveillance Line List

For use in hospital or shelter with medical staff

Form v1.9
Rev.09/29/2009

Facility Name:

City & State:

Date (mm/dd/yy):

Total Patients seen:

Report time frame (12hour clock am/pm):

PREG = Pregnancy

RACE/ETH	
	W=White, non-Hispanic
	B=Black, non-Hispanic
	H=Hispanic
	A=Asian

INJURY	**MVC**	Motor vehicle crash
	Fall	Fall (from height or same level)
	CO	Carbon monoxide exposure
	Vio	Including assault, sexual assault, suicide attempt, & self-inflected injury
	Other	All other injuries not listed above
ACUTE ILLNESS	**Derm**	Including rash, infection, & infestation (e.g., lice, scabies)
	Fever	Fever ≥100℉ or 37.8℃
	GI	Gastrointestinal illness including nausea, vomiting, & diarrhea
	OB/GYN	Including preg check, preg complications, in labor, & other gynecologic conditions
	Pain	Including abdominal, chest, angina, earache, headache, muscle or joint, & oral/dental
	Resp	Respiratory illness including congestion, cough, shortness of breath, pneumonia (susp)
	ILI	Fever (temperature of 100℉ [37.8℃] or greater) AND a cough *or* a sore throat
	Other	All other acute illnesses not listed above
CHRONIC	**Card**	Exacerbation of hypertension, congestive heart failure
	Diab	Exacerbation of diabetes
	Resp	Exacerbation of chronic respiratory illness including asthma & COPD
	Other	All other exacerbations of chronic diseases not listed above

MH	Mental health including agitated behavior, anxiety or stress, depressed mood, drug/alcohol intoxication or withdrawal, previous mental health diagnoses, psychotic symptoms, and/or suicidal thoughts/ideation
ROUTINE	All routine and follow-up care including medication refill, blood pressure/sugar check or assessment, wound care/dressing change, vaccination
OTHER	All other illness, injury or conditions not fitting into one of the above categories

	Age (years)				Sex		Preg	Race/Eth				*INJURY*					*ACUTE ILLNESS*								*CHRONIC*				*MH*	*ROUTINE*	*OTHER*
	<1	1-17	18-64	65+	M	F	Yes	W	B	H	A	MVC	Fall	CO	Vio	Other	Derm	Fever	GI	OB/ GYN	Pain	Resp	ILI	Other	Card	Diab	Resp	Other	MH	Routine Care	Other
1																															
2																															
3																															
4																															
5																															
6																															
7																															
8																															
9																															
10																															
11																															
12																															
13																															
14																															
15																															
16																															
17																															
18																															
19																															
20																															
	TOTAL				TOTAL		TOTAL	TOTAL				TOTAL					TOTAL								TOTAL				TOTAL	TOTAL	TOTAL