National Institute of Environmental Health Sciences (NIEHS)

RAPIDD   Core Registry Form

Questionnaire	Number of Items/Questions	Estimated Time to Administer
Core Registry Form – includes scripts and consent/visit information, contact information, and questions about deployment.	• 27 total questions	5 Minutes

RAPIDD Baseline Core Registry Form

INTERVIEWER SCRIPT/PARTICIPANT INSTRUCTIONS

Hello, my name is [INSERT RESEARCHER/INTERVIEWER NAME] from [INSERT AGENCY/ORGANIZATION NAME]. We are collecting emergency and disaster related health information; this information is important to our research and other affected people. May I read you a consent statement, and then ask you some questions?

☐YES [CONTINUE SCRIPT AND QUESTIONNAIRE ADMINISTRATION]
☐NO [GO TO REFUSAL STATEMENT]

SCRIPT CONTINUED:

We are getting information from people who have been or are about to be exposed to [INSERT SPECIFIC EVENT OR DISASTER] so that we can collect information about their exposures and health. You may be contacted at a later date for additional information and/or to see if you want to join other health, emergency or disaster studies. You are free to enroll in the registry or not; all study activities are completely voluntary. If you choose to enroll, we will ask questions about your deployment and how to contact you in the future. In total, this registry visit will take approximately [INSERT MINUTES]. You can choose not to answer any questions that you are not comfortable with. All information will be kept confidential to the extent allowed by law and will be used for research purposes only. Please keep in mind that this study has no bearing on fitness for deployment and results will not be shared with your employer(s).

Is now a good time to conduct the interview?
☐Yes [CONTINUE TO REVIEW OF CONSENT FORM]
☐No

When would be a good time to conduct the interview?
Date: __ __ / __ __ / __ __ __ __
Time of Day: __ __: __ __ [AM/PM]

What is the best telephone number to reach you?
(__ __ __) __ __ __ - __ __ __ __

["INTERVIEWER, REVIEW IRB/OMB APPROVED CONSENT FORM WITH PARTICIPANT. BE SURE THAT ALL SIGNATURES, DATES AND CHECKBOXES ARE COMPLETED AND THAT THE PARTICIPANT'S QUESTIONS AND CONCERNS HAVE BEEN ADDRESSED BEFORE ADMINISTERING ANY QUESTIONNAIRES OR COLLECTING BIOLOGICAL SPECIMENS"]

REFUSAL STATEMENT:

Ok, thank you for your time. If you change your mind about participating, please contact [INSERT AGENCY/ORGANIZATION NAME AND CONTACT INFORMATION] for study details and enrollment information.

Study Visit Information: (Source: ATSDR Rapid Registry Form/NIEHS GuLF Oil Spill Study)

[INTERVIEWER NOTE: *THIS SECTION TO BE COMPLETED BY INTERVIEWER ONLY*]

[PROGRAMMER NOTE: AUTO-TIME STAMP AND PRE-POPULATE]

DID THE PARTICIPANT CONSENT TO THE RAPIDD REGISTRY VISIT?
☐YES
☐NO

[PROGRAMMER NOTE: IF "NO", DISPLAY MESSAGE= "RECORD CONSENT REFUSAL REASON IF PROVIDED AND END RAPIDD BASELINE REGISTRY BASIC CORE FORM ADMINISTRATION."]

[INTERVIEWER NOTE: IF "NO" RECORD CONSENT REFUSAL REASON IF PROVIDED AND END RAPIDD BASELINE REGISTRY BASIC CORE FORM ADMINISTRATION.]

IF "NO", RECORD REASON(S) FOR CONSENT REFUSAL:
[FREE TEXT FIELD]
_____
_____
_____
_____

☐NO REFUSAL REASON GIVEN/OBTAINED

[PROGRAMMER NOTE: IF "NO" TO CONSENT, BLOCK ALL FURTHER DATA ENTRY FOR THIS PAGE "STUDY VISIT INFORMATION.]

DISASTER EVENT CODE(S): |___|___|___| [01 – HURRICANE, 02 – TORNADO, 03 – FLOOD ETC.]

DISASTER NAME AND DESCRIPTION: (i.e. Hurricane Katrina, 9/11, 2014 Oso Mudslide) [FREE TEXT]
_____
_____
_____
_____

ENTER CONSENT DATE
|___|___| - |___|___| - |___|___|___|___| [MM-DD-YYYY]

RECORD CONSENT VERSION #:
|___|___|___|___|___|___|

[PROGRAMMER NOTE: ADD LOGIC CHECK FOR DATA ENTRY OF CONSENT VERSION #]

SITE/LOCATION[FREE TEXT] |_____|

INTERVIEWER INITIALS/ID: |___|___|___|
PARTICIPANT UNIQUE ID: |___|___|___|___|___|___|
DATE OF BASELINE VISIT: |___|___| - |___|___| - |___|___|___|___| [MM-DD-YYYY]
TIME BASELINE VISIT STARTED **-** |___|___|: |___|___| [HH: MM] |___|___| [AM/PM]
TIME BASELINE VISIT COMPLETED **-**|___|___|: |___|___| [HH: MM] |___|___| [AM/PM]

Registry and Contact Information: (Source: ATSDR Rapid Registry Form modified)

Participant Contact Information:

The first set of questions will ask you for your contact information and the contact information of a close friend or family member who can be contacted to reach you or in emergency situations. Please answer each question as completely as you can and to the best of your ability.

1. What is your full name?
First |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
Last |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
Middle initial(s) |__|__|
Suffix (i.e. Jr. Sr. IV, if applicable) |__|__|__|__|__|
☐Don't Know
☐Refused

2. What is your sex? [INTERVIEWER NOTE: ASK ONLY IF NECESSARY OR NOT APPARENT]
☐Male
☐Female
☐Not Determined
☐Refused

3. What is your date of birth?
|___|___| - |___|___| - |___|___|___|___|
[MM-DD-YYYY]
☐Don't know
☐Refused

4. How old are you? [INTERVIEWER NOTE: ASK ONLY IF PARTICIPANT RESPONDED "DON'T KNOW," OR "REFUSED" IN QUESTION 3]
|__|__|__|
☐Don't Know
☐Refused

5. What is your Social Security Number?
(Your SSN will only be used to match our data to other health registries and will be kept confidential to the extent allowed by the law.)
|___|___|___| - |___|___| - |___|___|___|___| GO TO QUESTION 7]
☐Don't Know [GO TO QUESTION 7]
☐Refused [GO TO QUESTION 6]

[INTERVIEWER NOTE: IF PARTICIPANT REFUSED OR IS UNWILLING TO PROVIDE **FULL** SSN # ASK THE FOLLOWING]

[PROGRAMMER NOTE: IF "REFUSED" SELECTED, SHOW QUESTION 6; IF "DON'T KNOW" SELECTED, HIDE SSN FOLLOW UP QUESTION 6, GO TO QUESTION 7]

6. Would you be willing to provide **the last 4 digits** of your social security number instead?
☐Yes – enter last four digits of SSN# |___|___|___|___|
☐No
☐Don't Know

7. What is your **home** address? [FREE TEXT]
Street_____
City_____
State _____ [Enter state abbreviation]
Zip__ __ __ __ __
☐Don't Know
☐Refused

8. How many people live at this address, including yourself?
   |___|___|___|
☐1 (I live at this address alone)
☐Don't Know
☐Refused

9. What is the **best** telephone number to reach you?
(__ __ __) __ __ __ - __ __ __ __
☐None
☐Don't Know
☐Refused

10. Is this a home, work, or cell/mobile number?
☐Home
☐Work
☐Cell/mobile
☐Other
☐Don't Know
☐Refused

11. Do you have an **email** address?
☐Yes, specify (i.e. JohnDoe@aol.com) [FREE TEXT]:_____
☐No
☐Don't Know
☐Refused

Close Friend/Relative Information:

12. Is there someone who **does not** live with you who can usually reach you?
☐Yes [GO TO QUESTION 14]
☐No [GO TO QUESTION 13]
☐Don't Know [GO TO QUESTION 13]
☐Refused [GO TO QUESTION 13]

13. Is there someone who **does** live with you who can usually reach you?
☐Yes [GO TO QUESTION 14]
☐No [GO TO QUESTION 20]
☐Don't Know [GO TO QUESTION 20]
☐Refused [GO TO QUESTION 20]

[PROGRAMMER NOTE: IF "NO", "DON'T KNOW", OR "REFUSED" SELECTED DO NOT DISPLAY ADDITIONAL "CLOSE FRIEND/RELATIVE" QUESTIONS 14-19; GO TO NEXT SECTION, QUESTION 20]

14. What is this person's full name?
First |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
Last |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
Middle initial(s) |__|__|
Suffix (i.e. Jr. Sr. IV, if applicable) |__|__|__|__|__|__|
☐Don't Know
☐Refused

15. What is this person's relationship to you? (i.e., they are my aunt, father, friend, co-worker etc.)
☐Specify [FREE TEXT]:_____
☐Don't Know
☐Refused

[PROGRAMMER NOTE: IF ANSWER CHOICE "YES" IS SELECTED FOR QUESTION 13, DO NOT DISPLAY QUESTION 16 - IF QUESTION 16 IS PROGRAMMED TO BE VISIBLE, DISPLAY AS FOLLOWS]

16. What is (his/her) **home** address? [FREE TEXT] (ONLY FILL IN ADDRESS INFORMATION BELOW IF YOU
    ANSWERED "YES" TO QUESTION 12. IF YOU ANSWERED "YES" TO QUESTION 13, PLACE A MARK IN
    THE CHECKBOX BELOW "SAME AS MY ADDRESS")
Street_____
City _____
State _____ [Enter state abbreviation]
Zip__ __ __ __ __
☐Don't Know
☐Refused
☐Same as my address (ONLY SELECT THIS CHECKBOX IF YOU ANSWERED "YES" TO QUESTION 13)

17. What is the **best** telephone number to reach him/her?
(__ __ __) __ __ __ - __ __ __ __
☐None
☐Same as my/participant home phone
☐Don't Know
☐Refused

18. Is this a home, work, or cell/mobile number?
☐Home
☐Work
☐Cell/mobile
☐Other
☐Don't know
☐Refused

19. Does (he/she) have an **email** address?
☐Yes, specify (i.e. JohnDoe@aol.com) [FREE TEXT]:_____
☐No
☐Don't Know
☐Refused

Deployment Information (Sources: ERHMS Pre-Deployment Questionnaire, ATSDR Rapid Registry Form,
Department of Defense/Department of Homeland Security Post Deployment Form)

The next few sections contain questions about deployments and exposure history. Answer each of these questions
based on your knowledge and experiences. Please attempt to answer each question in as much detail as possible
and to the best of your ability. For questions that may not apply to you, there will be instructions for when to skip
those questions and where to go next.

20. Are you preparing to respond to [INSERT DISASTER EVENT], recently returning from responding to [INSERT
    DISASTER EVENT] or currently in training to respond to [INSERT DISASTER EVENT]?
☐Preparing to respond to an event [GO TO QUESTION 21]
☐Recently returning from an event
☐Currently in training to prepare for an event [GO TO QUESTION 21]
☐Other, specify [free text]: _____
☐Refused [END SURVEY]

[PROGRAMMER NOTE: IF "PREPARING TO RESPOND" OR "CURRENTLY IN TRAINING" ARE SELECTED,
DISPLAY PRE-DEPLOYMENT QUESTIONS 21 - 27, IF "RETURNING FROM AN EVENT" SELECTED, END
QUESTIONNAIRE.]

Pre-Deployment Information

We would like to get as much information as possible from you about your upcoming deployment for/to [INSERT DISASTER EVENT].

21. Will you be exposed to [INSERT DISASTER EVENT] as: [Check all that apply] (Source: ATSDR Rapid Registry modified)
☐ A First responder or rescue worker (i.e. Firefighter, Police Officer, EMS)
☐ A Government official – Civilian or Military (i.e. State, Federal, County, City, Branch of Military)
☐ A Clean-up or disaster worker (i.e. Hazmat, Search and Rescue)
☐ Part of a non-governmental organization or as a site volunteer (i.e. the Red Cross)
☐ Other, specify [FREE TEXT] _____
☐Don't Know
☐Refused

22. Please provide your deployment site/job location (Modified ERHMS for time tense)
[FREE TEXT]:_____
☐Don't Know
☐Refused

23. What is your **anticipated** date of deployment? (Modified ERHMS for time tense)
|___|___| - |___|___| - |___|___|___|___|
[MM-DD-YYYY]
☐Don't know
☐Refused

24. What is your **anticipated** duration of deployment? (Modified EHRMS pre-deployment question; added answer choices)

Enter the number AND the unit of time (i.e. week, month, day, year etc.)
|__|__|__|__|
☐Hour(s)
☐Day(s)
☐Week(s)
☐Month(s)
☐Year(s)
☐Don't Know
☐Refused

25. What will be your **anticipated** duties during deployment? (Check all that apply) (Source: DHS)
☐Search &Rescue
☐Law Enforcement/Security
☐Safety/Health
☐Recovery
☐Immigration Enforcement duties
☐Operations
☐Peer Support/Critical Incident Stress Management
☐Medical/Health Care
☐Other, specify [FREE TEXT]:_____
☐Refused

26. Will your work responsibilities involve potential exposure to hazardous substances? (Modified ERHMS for time tense)
☐Yes, if known, specify which substances [FREE
TEXT]:_____
☐No
☐Don't Know
☐Refused

27. How many **total** deployments have you had in the past **5 years**? (Source: DOD)
☐0 or none
☐1
☐2
☐3
☐4
☐5 or more
☐Don't Know
☐Refused

[STOP! END RAPIDD BASELINE QUESTIONNAIRE REGISTRY CORE FORM]