Purpose of Epidemiologic Assessment Form:

- Describe the characteristics of the affected population, including vulnerable and special populations, for improved understanding about the situation in Japan.
- Identify risk factors associated with particular environments or activities (for example, proximity to incident, not sheltering in place, working in the affected area) for more effective public health messaging.
- Provide context for radiation assessment data.
- If a urine bioassay is requested for CDC analysis, the accuracy of dose assessment will be increased by collecting information about personal variables needed in dose calculations.

Sample Consent Language:
My name is X and I am with X. We would like to ask you a few questions today about your activities in Japan since March 11, 2011. This information will help us to better understand the results of your screening for radioactive materials. Sharing your contact information also will allow us to follow up with you later if necessary. If you agree to participate, we will take about 15 minutes of your time today to ask you a few questions. We will keep everything we talk about and your information private. We will keep all records that have your name on them locked at X. Only staff at X will be able to look at the records. We will not use your name or any other facts that might identify you when we present or publish the results of this assessment of people returning from Japan. If you have any questions later, please contact X at X. Your answers to these questions will help us better understand the possible health impacts of the events in Japan. It is your choice to participate in this assessment. You can choose not to answer any question at any time. Do you agree to participate in the assessment? Thank you again for your time.

Available CDC technical assistance:

- For any questions, please contact
  - Colleen Martin at 404-992-2606 or AUQ4@CDC.GOV
  - Arthur Chang at 404-319-1207 or CTN7@CDC.GOV
Form for Follow-Up of Travelers Identified at US Points of Entry with Radioactive Material on their Bodies Associated with the Incident at Fukushima Daiichi, Japan

I. Epidemiologic Assessment (To be completed by officials interviewing travelers)

<table>
<thead>
<tr>
<th>Contact information for person conducting epidemiologic assessment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) First Name: _________________________________ Middle Initial: ____ Last Name: ___________________________________________</td>
</tr>
<tr>
<td>1a) Organization: __________________________________________ 1b) Primary Phone Number: ( __ __ __ ) __ __ __ - __ __ __ __</td>
</tr>
<tr>
<td>1c) Alternate Phone Number: ( __ __ __ ) __ __ __ - __ __ __ __ 1d) Email address: __________________________________________</td>
</tr>
<tr>
<td>2) First Name: _________________________________ Middle Initial: ____ Last Name: ____________________________________________</td>
</tr>
<tr>
<td>3) Permanent resident of the US: □ Yes □ No 3a) (If no) Country of permanent residence: ___________________________________________</td>
</tr>
<tr>
<td>4) Date of Birth (MM/DD/YYYY): __ __ / __ __ / __ __ __ __ 5) Age: _____ □ Years OR □ Months</td>
</tr>
<tr>
<td>6) Sex: □ Male □ Female 7) (If female between 13 and 49 years of age) Pregnant: □ Yes □ No □ Possible</td>
</tr>
<tr>
<td>8) Permanent address: (Include country,)</td>
</tr>
<tr>
<td>__________________________________________________</td>
</tr>
<tr>
<td>__________________________________________________</td>
</tr>
<tr>
<td>__________________________________________________</td>
</tr>
<tr>
<td>9) Current address: (Include country,)</td>
</tr>
<tr>
<td>__________________________________________________</td>
</tr>
<tr>
<td>__________________________________________________</td>
</tr>
<tr>
<td>__________________________________________________</td>
</tr>
<tr>
<td>10) Home Phone Number: (Include area or city code) ________________________________</td>
</tr>
<tr>
<td>11) Mobile Phone Number: (Include area or city code) __________________________________</td>
</tr>
<tr>
<td>12) Email Address: ____________________________________</td>
</tr>
<tr>
<td>13) What is the best way to contact you? □ Home Phone □ Mobile Phone □ Email □ Other: ____________________________________</td>
</tr>
<tr>
<td>14) What flight did you take into the US? Airline and flight number: __________________________________ Seat number: __________</td>
</tr>
<tr>
<td>14a) City of Entry: _____________________________________ Airport: _______________________ State: ___ ___</td>
</tr>
<tr>
<td>14b) Arrival Date (MM/DD/YYYY): __ __ / __ __ / __ __ __ __</td>
</tr>
<tr>
<td>15) Did you have a connecting flight to another destination? □ Yes □ No</td>
</tr>
<tr>
<td>15a) (If yes) What flight did you take? Airline and flight number: __________________________________ Seat number: __________</td>
</tr>
<tr>
<td>15b) (If yes) What was your final destination? City: ____________________________ Airport: _______________________</td>
</tr>
<tr>
<td>Country: □ USA □ Other: ____________________________ (If USA) State: ___ ___</td>
</tr>
<tr>
<td>15c) (If yes) Arrival Date (MM/DD/YYYY): __ __ / __ __ / __ __ __ __</td>
</tr>
</tbody>
</table>

Now I am going to ask you several questions about your location and activities in Japan since the earthquake/tsunami on March 11. When I refer to the term “shelter-in-place”, that means remaining indoors in your home, work place, or other location in order to avoid exposure to potentially harmful exposures that may be in your environment.

16) Were you in an area that was evacuated due to the radiation incident at Fukushima Daiichi? □ Yes □ No □ Don’t know |
| 16a) (If yes) Did you evacuate? □ Yes □ No □ Don’t know |
17) Were you in an area where you were told to shelter in place due to the radiation incident at Fukushima Daiichi? □ Yes  □ No  □ Don’t know

17a) (If yes) Did you shelter in place? □ Yes  □ No  □ Don’t know

18) Did you work in a location that was in either the evacuation or shelter in place zones? □ Yes  □ No  □ Don’t know

18a) (If yes) What was your occupation? __________________________________________________________

19) Where were you between the time of the earthquake/tsunami and when you boarded the plane to leave Japan? (List all locations below.)

19a) Prefecture: __________________________ City or rural area: __________________________

Town, Ward, or Village: __________________________ District: __________________________

□ Evacuated from this location □ Sheltered in place at this location □ Neither evacuated from nor sheltered in place at this location

Beginning Date (MM/DD/YYYY): __ __ / __ __ / __ __ __ __  End Date (MM/DD/YYYY): __ __ / __ __ / __ __ __ __

19b) Prefecture: __________________________ City or rural area: __________________________

Town, Ward, or Village: __________________________ District: __________________________

□ Evacuated from this location □ Sheltered in place at this location □ Neither evacuated from nor sheltered in place at this location

Beginning Date (MM/DD/YYYY): __ __ / __ __ / __ __ __ __  End Date (MM/DD/YYYY): __ __ / __ __ / __ __ __ __

19c) Prefecture: __________________________ City or rural area: __________________________

Town, Ward, or Village: __________________________ District: __________________________

□ Evacuated from this location □ Sheltered in place at this location □ Neither evacuated from nor sheltered in place at this location

Beginning Date (MM/DD/YYYY): __ __ / __ __ / __ __ __ __  End Date (MM/DD/YYYY): __ __ / __ __ / __ __ __ __

19d) Prefecture: __________________________ City or rural area: __________________________

Town, Ward, or Village: __________________________ District: __________________________

□ Evacuated from this location □ Sheltered in place at this location □ Neither evacuated from nor sheltered in place at this location

Beginning Date (MM/DD/YYYY): __ __ / __ __ / __ __ __ __  End Date (MM/DD/YYYY): __ __ / __ __ / __ __ __ __

20) In Japan, were you screened to assess if you had radioactive material on your body? □ Yes  □ No  □ Don’t know

20a) (If yes) Were you told you had radioactive material on your body? □ Yes  □ No  □ Don’t know

21) Have you taken any medications to prevent or treat possible radiation exposure from the Japan incident? □ Yes  □ No  □ Don’t know

21a) (If yes) What medication(s) did you take? (Choose all that apply.) □ Potassium Iodide (also known as KI) □ Prussian Blue (also known as Radiogardase) □ Other: __________________________

II. Radiation Assessment (To be completed by officials conducting radiation assessment)

Contact information for person conducting radiation assessment:

22) First Name: __________________________ Middle Initial: _____ Last Name: __________________________

22a) Organization: __________________________ 22b) Primary Phone Number: ( __ __ __ ) __ __ __ - __ __ __ __

22c) Alternate Phone Number: ( __ __ __ ) __ __ __ - __ __ __ __  22d) Email address: __________________________

23) Was a radiation assessment performed? □ Yes  □ No (If no, skip to question 30.)
23a) (If yes) Date assessment performed (MM/DD/YYYY): __ __ / __ __ / __ __ __ __

23b) (If yes) Instrument used: ____________________________________________________________

23c) (If yes) Was contamination detected? □ Yes □ No (If no, skip to question 30).

24) Cesium-137 detected? □ Yes □ No 24a) (If yes) Dose/Dose-Rate: __________________ Units: __________________

25) Iodine-131 detected? □ Yes □ No 25a) (If yes) Dose/Dose-Rate: __________________ Units: __________________

26) Other radionuclide(s) detected? □ Yes □ No

26a) (If yes) Specify: __________________ Dose/Dose-Rate: __________________ Units: __________________

26b) (If yes) Specify: __________________ Dose/Dose-Rate: __________________ Units: __________________

27) Was contamination detected around the breathing zone (face and shoulders excluding hair or scalp)? □ Yes □ No

28) Was decontamination performed? □ Yes □ No (If no, skip to question 30.)

29) Was another radiation assessment performed after decontamination? □ Yes □ No

29a) (If yes) Was contamination still detected after decontamination was performed? □ Yes □ No

III. Laboratory Assessment (To be completed by officials collecting specimens for laboratory analysis)

Contact information for person conducting laboratory assessment:

30) First Name: _________________________________ Middle Initial: ____ Last Name: ___________________________________________
30a) Organization: __________________________________________ 30b) Primary Phone Number: ( __ __ __ ) __ __ __ - __ __ __ __
30c) Alternate Phone Number: ( __ __ __ ) __ __ __ - __ __ __ __ 30d) Email address: _________________________________________

31) Was urine collected for testing for radionuclides? □ Yes □ No

31a) (If yes) Date of urine collection: __ __ / __ __ / __ __ __ __ Time of urine collection: (Hour: Minutes): __ __: __ __ □ AM □ PM

31b) (If yes) Laboratory identification number: ________________________________________________

31c) (If yes) How long ago did you urinate before giving the urine sample? ____________________________ Minutes □ Hours □ Don’t know (Select one.)

31d) (If yes) Height: _______ (feet) _______ (inches) OR _______ (meters) _______ (centimeters)

31e) (If yes) Weight: _____________ □ Kilograms OR □ Pounds

32) Were other biological specimens collected for testing for radionuclides? □ Yes □ No

32a) (If yes) What specimen(s) were collected? _______________________________________________

32b) (If yes) Date of collection: __ __ / __ __ / __ __ __ __ Time of collection: (Hour: Minutes): __ __: __ __ □ AM □ PM

32c) (If yes) Laboratory identification number(s): ______________________________________________

Priority (To be completed by officials after all data have been collected)

33) Priority: □ Yes □ No (See instructions sheet for assigning priority.)
Questions Key

I. Epidemiologic assessment section should be completed by officials following up on contaminated passengers.

1  Name and contact information for person conducting epidemiologic assessment.

2-13  Passenger name, contact information, and demographics. If the interview is being conducted by phone, the health or radiation control official may complete this section. If the interview is being conducted in-person, either the interviewee or the official can complete this section.

14-15  Flight information (to US point of entry and final destination).

16-20  Location and activities while in Japan since the radiation incident. It may be helpful to show a current map of radiation evacuation and shelter in place zones.

21  Radiation medication use.

II. Radiation assessment section should be completed by officials conducting radiation assessment. This is not an interview. This should be completed entirely by the official during the assessment without asking the traveler any of the questions on this form.

22  Name and contact information for person conducting radiation assessment.

23-27  Radiation assessment results. If contamination detected, please indicate isotope, dose or dose rate, and units. Contamination around breathing zone (section of the body including face and shoulders, except the hair or scalp) may indicate internal contamination.

28-29  Recontamination and radiation re-assessment results. If person has detectable contamination after repeated decontamination attempts, internal contamination may be present. Typically 2 decontaminations are performed.

II. Laboratory assessment section should be completed by personnel performing urine specimen collection for bioassay to assess internal contamination or collecting other biological specimens for testing for radionuclides.

30  Name and contact information for person collecting specimens for laboratory analysis.

31  Urine specimen information and personal variables needed for dose reconstruction.

32  Other specimen information.

33  Priority status (see below for instructions).

Question 33: Prioritization Criteria

Prioritization of laboratory samples or medical referral can be assigned using this form. Persons meeting prioritization criteria below have a higher risk for radiation exposure or internal contamination, or are members of a special population. Passengers less than 18 years old or pregnant women have lower committed dose thresholds (one fifth of the adult dose) for receiving medical therapy (questions 11 and 12). For these passengers, consider urine bioassay for internal contamination or medical referral for a more thorough radiation and medical assessment. Priority should be assigned after all relevant data have been collected. Priority of “Yes” should be assigned based on responses to the following:

- Question 5: less than 18 years old
- Question 7: “Yes” to pregnant or possibly pregnant
- Question 16: “Yes” to being in a radiation evacuation area
- Question 17a: “No” to shelter in place
- Question 18: “Yes” to working in a location in the evacuation or shelter in place zone
- Question 20a: “Yes” to contamination detected if radiation screening performed in Japan
- Question 27: “Yes” to contamination detected in breathing zone during radiation assessment
- Question 29a: “Yes” to contamination still detected after decontamination performed