# Symptomology Card Instructions and Sample Template

To be given to the actors before exercise play:

* Exercise Actor Symptomology Tag
* Visible Symptoms
* Physical Findings
* Other Patient Information
* Actor Exercise Assessment Form

The questionnaire portion of the symptomology tag can be used for a variety purposes, including:

* Collecting assessment data from actors;
* Soliciting general feedback from actors;
* Providing administrative information (e.g., important phone numbers); and
* Providing safety information.

**Delete this page before filling out and printing.**

To remove the yellow highlight:

* Select all text: ctrl + a
* Home tab
* Font: Text Highlight Color
* Select: No Color

**Exercise Actor Symptomology Tag**

**Date of Exercise:** **[MM/DD/YYYY]**

**Casualty Number:** [#]

# Visible Symptoms:

[Symptoms]

# Physical Findings:

[Physical findings, e.g. respiration, pulse, blood pressure]

# Other Patient Information:

[Other patient information as needed]

# Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. You can use the back of the paper if you need more room. Your feedback is important and is appreciated.

**DO NOT LOSE THIS CARD! DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site. If you are not picked up, please call: [Insert number].

**Thank you for your participation!**

## Initial Contact and Triage

1. **How long did it take response personnel to contact you?**

*Minutes*

1. **How long did it take response personnel to begin decontaminating (if applicable)?**

*Minutes*

1. **Were you examined on the scene more than once?**

*(Circle One)*  *Yes No*

1. **Identify the personnel who assessed your medical condition?**

*(Circle One)* *Fire Emergency Medical Services Police Other*

1. **If you received a colored triage tag, what was the first colored tag given to you?**

*(Circle One)* *Green Yellow Red Black No Tag*

1. **What actions did response personnel take as a result of their assessment of your condition?**

## Treatment

1. **If conscious, did someone explain your treatment?**

*(Circle One) Yes No*

1. **If conscious, were you given clear instructions?**

*(Circle One) Yes No*

1. **What treatment was given?**
2. **Did you observe any outstanding actions among the response personnel you observed?**

## Hospital

1. **Were you transported to a hospital?**

*(Circle One) Yes No (if no, move to question 13)*

**Once at the hospital, how long was it until someone examined you?**

*(Circle One) <5 mins 5-10 mins 10-15 mins Over 15 mins Never examined*

## Exercise Design

1. **Did you observe any problems during the exercise?**
2. **What improvements would you suggest?**