**Triage questionnaire**

*The triage questionnaire is filled out for all conscious victims in order to rapidly identify the most exposed persons: persons who were closest to the event or are showing early signs of irradiation. The questionnaire is analysed locally following the indications of the referring physicians: nuclear physicians, radiologists, radiation oncologists, physicians with expertise in radiation protection.*

If a victim is unconscious, the information is obtained from witnesses (people who were close to the victim).

This questionnaire must be completed as quickly as possible. A sheet must be filled out for each victim giving a precise description of the circumstances of the event and all the necessary listed information.

**Victim's identification data** (including the AMP patient number and the SINUS, SI‑VIC tag):

**Name of the physician or nurse** who administered the questionnaire:

**Date and time it was filled out:**

(Fill out three columns: "yes" / "no" / "details"):

|  |  |  |  |
| --- | --- | --- | --- |
| **QUESTION** | **YES** | **NO** | **DETAILS** |
| 1- Where were you at the time of the event? |  |  |  |
| 2- **Roughly h**ow far were you from the site of the event? |  |  |  |
| 3- Were you in a room ? Which room? |  |  |  |
| 4- Were you outside a building? |  |  |  |
| 5- How long did you remain on the site of the event? |  |  |  |
| 6- Do you have any digestive problems (nausea, vomiting, diarrhoea)? |  |  |  |
| 7- At what time did you vomit? |  |  |  |
| 8- Do you feel very tired? |  |  |  |
| 9- Do you have a headache? |  |  |  |