

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Child not moving  
Shrapnel protruding from right temple  
Swollen eyes  
Dead, gray and reddened skin areas on face and both arms**

## PHYSICAL FINDINGS:

**Resp: 8 and shallow  
No audible wheezing  
Pulse: 60  
BP: 72/56**

## OTHER PATIENT INFORMATION:

**Unresponsive  
Moaning  
Moving extremities**

## Trauma - 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. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once?  Yes  No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
 Fire  EMS  Police  Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you?  Green  Yellow  Red  Black  Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment?  Yes  No
  - b. If conscious, were you given clear instructions?  Yes  No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to?  
\_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
 Less than 5 minutes  5 minutes  10 minutes  15 minutes  
 Over 15 minutes  I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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\_\_\_\_\_  
\_\_\_\_\_

**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!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Child moving extremities  
Shrapnel protruding from left  
upper quadrant with red  
inflamed area surrounding it**

## PHYSICAL FINDINGS:

**Resp: 32 and shallow  
Audible crackling and  
wheezing  
Pulse: 152  
BP: 90/60**

## OTHER PATIENT INFORMATION:

**Unresponsive  
Unable to follow commands  
Crying and moaning only**

## 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. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once?  Yes  No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
 Fire  EMS  Police  Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you?  Green  Yellow  Red  Black  Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment?  Yes  No
  - b. If conscious, were you given clear instructions?  Yes  No
  - c. What treatment was given?  
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\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
 Less than 5 minutes  5 minutes  10 minutes  15 minutes  
 Over 15 minutes  I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT LOSE THIS CARD!  
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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!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Child moving only one side of  
body  
Visible head injury on opposite  
side  
Dead, gray and reddened skin  
in exposed areas**

## PHYSICAL FINDINGS:

**Resp: 32 and erratic  
Lungs clear  
Pulse: 64  
BP: 160/90**

## OTHER PATIENT INFORMATION:

**Unresponsive  
Unable to follow commands  
Moaning only**

## 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. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once?  Yes  No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
 Fire  EMS  Police  Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you?  Green  Yellow  Red  Black  Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment?  Yes  No
  - b. If conscious, were you given clear instructions?  Yes  No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
 Less than 5 minutes  5 minutes  10 minutes  15 minutes  
 Over 15 minutes  I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT LOSE THIS CARD!  
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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!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Young child with shrapnel protruding from right posterior chest area, bleeding profusely**  
**Complaints of severe back pain**  
**Burns on back of both hands, soot evident on lips**  
**Raspy voice, trachea deviated and neck veins distended**  
**Extremely pale and sweating**

## PHYSICAL FINDINGS:

**Resp: 32, shallow obvious respiratory distress**  
**Pulse: 160**  
**BP: 82/62**

## OTHER PATIENT INFORMATION:

**Aware; knows name and location only**  
**Unable to walk**

## 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. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once?  Yes  No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
 Fire  EMS  Police  Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you?  Green  Yellow  Red  Black  Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?

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2. Treatment:
  - a. If conscious, did someone explain your treatment?  Yes  No
  - b. If conscious, were you given clear instructions?  Yes  No
  - c. What treatment was given?

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3. Did you observe any outstanding actions among the response personnel you observed?

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### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
 Less than 5 minutes  5 minutes  10 minutes  15 minutes  
 Over 15 minutes  I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?

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**DO NOT LOSE THIS CARD!**  
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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!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Child on ground, not moving  
Shrapnel on face and body  
Dead, gray and reddened skin  
areas on both arm  
Both legs pinned**

## PHYSICAL FINDINGS:

**Resp: 28 and shallow  
Audible gurgling  
Pulse: 134  
BP: 92/64**

## OTHER PATIENT INFORMATION:

**Unresponsive  
Unable to follow commands  
Moaning only**

## 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. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once?  Yes  No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
 Fire  EMS  Police  Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you?  Green  Yellow  Red  Black  Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment?  Yes  No
  - b. If conscious, were you given clear instructions?  Yes  No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
 Less than 5 minutes  5 minutes  10 minutes  15 minutes  
 Over 15 minutes  I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
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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!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Child on ground, not moving  
Large piece of shrapnel  
protruding from right thigh  
with red inflamed area  
surrounding it  
Dead, gray and reddened skin  
areas on both arms**

## PHYSICAL FINDINGS:

**Resp: 28; audible crackling  
and wheezing  
Pulse: 142  
BP: 80/50**

## OTHER PATIENT INFORMATION:

**Responsive  
Follows commands  
Oriented but anxious  
Unable to walk**

## 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. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once?  Yes  No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
 Fire  EMS  Police  Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you?  Green  Yellow  Red  Black  Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment?  Yes  No
  - b. If conscious, were you given clear instructions?  Yes  No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to?  
\_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
 Less than 5 minutes  5 minutes  10 minutes  15 minutes  
 Over 15 minutes  I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
\_\_\_\_\_  
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**DO NOT LOSE THIS CARD!  
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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!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Child on ground, not moving  
Large shrapnel piece  
protruding from right lower  
abdominal quadrant with red  
inflamed area surrounding it  
Glistening and reddened skin  
areas on face and both arms**

## PHYSICAL FINDINGS:

**Resp: 6 and shallow; no  
audible breath sounds  
Pulse: 160  
BP: 70/56**

## OTHER PATIENT INFORMATION:

**Unresponsive  
Does not respond to verbal  
commands  
Moaning only  
Unable to walk**

## 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. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once?  Yes  No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
 Fire  EMS  Police  Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you?  Green  Yellow  Red  Black  Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment?  Yes  No
  - b. If conscious, were you given clear instructions?  Yes  No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to?  
\_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
 Less than 5 minutes  5 minutes  10 minutes  15 minutes  
 Over 15 minutes  I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT LOSE THIS CARD!  
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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!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Child on ground, not moving  
Large piece of metal laying  
across both lower extremities  
Dark, blackened areas of  
anterior abdomen  
Bruise on right forehead**

## PHYSICAL FINDINGS:

**Resp: 32 and shallow  
Audible wheezing  
Pulse: 144  
BP: 74/58**

## OTHER PATIENT INFORMATION:

**Unresponsive  
Unable to follow commands  
Moaning only  
Unable to walk**

## 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. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

- Initial Contact and Triage
  - How long did it take response personnel to contact you? \_\_\_\_\_
  - How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - Were you examined on the scene more than once?  Yes  No
  - Whom did you talk to, or whom were you assessed by (list all)?  
 Fire  EMS  Police  Other \_\_\_\_\_
  - If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you?  Green  Yellow  Red  Black  Never received a tag
  - What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Treatment:
  - If conscious, did someone explain your treatment?  Yes  No
  - If conscious, were you given clear instructions?  Yes  No
  - What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

- Which hospital did you go to?  
\_\_\_\_\_
- Once at the hospital, how long was it until someone examined you?  
 Less than 5 minutes  5 minutes  10 minutes  15 minutes  
 Over 15 minutes  I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Child on ground, not moving  
Large shrapnel piece  
protruding from right upper  
arm with red inflamed area  
surrounding it  
Swollen eyes with scalp  
bleeding  
Dead, gray and reddened skin  
areas on face**

## PHYSICAL FINDINGS:

**Resp: 8 and shallow, audible  
wheezing  
Pulse: 136  
BP: 124/86**

## OTHER PATIENT INFORMATION:

**Unresponsive  
Unable to follow commands  
Moaning only  
Unable to walk**

## 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. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

- Initial Contact and Triage
  - How long did it take response personnel to contact you? \_\_\_\_\_
  - How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - Were you examined on the scene more than once?  Yes  No
  - Whom did you talk to, or whom were you assessed by (list all)?  
 Fire  EMS  Police  Other \_\_\_\_\_
  - If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you?  Green  Yellow  Red  Black  Never received a tag
  - What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Treatment:
  - If conscious, did someone explain your treatment?  Yes  No
  - If conscious, were you given clear instructions?  Yes  No
  - What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

- Which hospital did you go to? \_\_\_\_\_
- Once at the hospital, how long was it until someone examined you?  
 Less than 5 minutes  5 minutes  10 minutes  15 minutes  
 Over 15 minutes  I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT LOSE THIS CARD!  
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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!

**VISIBLE SYMPTOMS:**

**Child with major crush injuries to lower abdomen; minimal movement of upper extremities only**

**PHYSICAL FINDINGS:**

**Resp: 10  
Pulse: 40  
BP: 70/40**

**OTHER PATIENT INFORMATION:**

**Unresponsive, does follow commands**

**Actor Exercise Assessment Form**

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the Check-Out Station, at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

**Field Assessment and Treatment:**

1. Initial Contact & Triage

- a. How long did it take response personnel to contact you?  
\_\_\_\_\_
- b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
- c. Were you examined on the scene more than once?  Yes  No
- d. Who did you talk to, or whom were you assessed by (list all)?  
 Fire  EMS  Police  Other \_\_\_\_\_
- e. If you received a multi-colored Triage Tag, what was the BOTTOM color when it was first given to you?  Green  Yellow  Red  Black  Never received a Tag
- f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:

- a. If conscious, did someone explain your treatment?  Yes  No
- b. If conscious, were you given clear instructions?  Yes  No
- c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_

**Hospital (if applicable)**

- 1. Which hospital did you go to? \_\_\_\_\_
- 2. Once at the hospital, how long until someone examined you?  Less than 5 minutes  5 minutes  10 minutes  15 minutes  Over 15 minutes  I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
\_\_\_\_\_

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

*Thank you for your participation*

*Apply another label here for additional exercise information -- Meal, Transportation, Check-Out, etc.*