

Appendix A

Household Outcomes Survey – Experimental Version

Alternative Housing Pilot Program Questionnaire

Experimental Version

OMB Control Number _____
OMB Expiration Date _____

Introduction

Hello, my name is _____ and I work for Abt Associates. We are assisting the U.S. Department of Housing and Urban Development (HUD) to evaluate the Alternative Housing Pilot Program (AHPP). One way in which we are studying the AHPP is to talk to people that applied to live AHPP units. We'll ask them some questions about their current housing unit, how it compares to other places that they have lived, and how the family likes the unit. I'd like to know if you are willing to take a few minutes to complete this study with me now. The survey is voluntary and will take approximately 45 minutes to complete. The collection of this information has been approved by OMB. The results from these surveys will be used to determine what types of alternative housing would be best to use after future disasters.

SC1. Are you willing to participate in a survey for me now? The interview will take about 45 minutes to do.

YES, ₁ **ASK SC2**
NO,..... ₂

SC1a. Would you be willing to participate in an interview at another time, maybe later today or tomorrow?

YES, ₁ **ASK SC2**
NO THANK RESPONDENT AND TERMINATE..... ₂

Thank you for agreeing to participate in this interview. First, I would like to make sure that I am speaking to the right person.

SC2. My records show that your address at the time that you applied for an AHPP unit was READ ADDRESS BACK TO RESPONDENT:

[BASE STREET ADDRESS] [BASE CITY] [BASE STATE] [BASE ZIP]

2a. Is that correct?

YES, REPENDENT CONFIRMED
BASE ADDRESS IN OUR RECORDS..... ₁ **ASK SC4**

NO, RESPONDENT INDICATES BASE
ADDRESS IS INCORRECT..... ₂ **ASK SC3**

SC3. Where were you living at the time you applied for the AHPP unit in [BASELINE MONTH/YEAR]?

STREET _____

CITY: _____ STATE: _____ ZIP: _____

IF RESPONDENT DATA DO NOT VERIFY:

Since your address at [BASELINE] does not match what I have in my records, I'm going to verify the information in our records with my supervisor. I may [come back/call you back] at a later date to conduct the interview. Thank you for your time.

IF RESPONDENT DATA VERIFY:

You were selected for the interview because you received an AHPP unit. Your answers are important. We will ask you a series of questions about your neighborhood, housing, health, family, friendships, employment, and household composition. Your answers will not be traced back to you and your name will never be used in any report about this survey. Participating in this survey cannot affect any housing assistance you may be receiving. .

Now I'd like to go over this form that says you agree to take part in the survey, and record your consent.

IF IN-PERSON INTERVIEW: GO OVER CONSENT FORM, AND OBTAIN SIGNATURE
IF TELEPHONE INTERVIEW: GO OVER CONSENT FORM, AND ASK RESPONDENT TO VERBALLY INDICATE THEIR CONSENT.

SURVEY CONSENT FORM: AHPP Household Outcomes Study

I (PRINT NAME: _____) acknowledge that by participating in this survey, I understand the following statements:

- I am part of a research study being done by Abt Associates, Inc. and the Department of Housing and Urban Development for FEMA.
- This research study is open only to those families who were displaced by Hurricanes Katrina or Rita.
- Participation in this research study includes completing another survey in the next three years.
- These surveys will ask questions about my neighborhood, housing, health, family, friendships, employment, and household composition and will take about 45 minutes to complete.
- My participation in this study is voluntary and I can quit at any time.
- When doing these surveys, I can choose not to answer any questions I am uncomfortable with.
- All of my responses will be kept private, and no one will be able to see my name and answers together.
- Approximately 1,000 people in four different states will be asked to answer these questions.
- In no way does my participation in this survey affect any forms of housing assistance I may be receiving now or in the future.
- I will receive \$25 for completing this survey.
- My responses will be used for research purposes only.
- I should keep a copy of this form for my records.

YES, This information has been read to me and I want to complete this survey. I agree to let the researchers studying this program get information about me and my family from FEMA, HUD, or other agencies. I understand that this information will be kept private, except as required by law, and that my name will not be used in any study report.

NO, I have read this form and have decided not to complete this survey.

Signature

____/____/____
Date

Name: Please Print

If you have questions about your rights as a participant in this study call Marianne Beauregard at 617-249-2852, which may be a toll call.

PROGRAMMER NOTE: CAPI WILL CONTAIN A CHECK TO INDICATE THE FOLLOWING:
PRE-KATRINA ADDRESS KNOWN:PKADD=1 if known from survey or application data

Throughout the interview, we will ask questions about your housing at different points in time. Before we begin the interview, I want to make sure I understand your housing situations at different times between the hurricane and now...

Intro1. [IF PRE-KATRINA ADDRESS AVAILABLE SKIP TO Intro2, IF NOT AVAILABLE ASK:] Where were you living immediately before the hurricane hit, that is before August 29, 2005?

STREET _____

CITY: _____ STATE: _____ ZIP: _____

Intro2. At the time that you applied for AHPP housing, were you living in:

- A FEMA mobile home (SKIP TO Intro3b)..... 1
- A FEMA travel trailer (SKIP TO Intro3b)..... 2
- A Non-FEMA travel trailer..... 3
- A Non-FEMA mobile home 4
- A rental unit you leased..... 5
- In a housing unit with others, not paying part of the rent..... 6
- In a housing unit with others, paying part of the rent..... 7
- IN A HOMELESS SHELTER OR OTHER HOMELESS SITUATION..... 8
- SOME OTHER LOCATION (SPECIFY: _____)..... 96

Intro3. [IF Intro2 equal 3-8 or 96 ASK:] Did you ever live in a FEMA travel trailer or mobile home, after the hurricane Katrina or Rita?

- Yes 1
- No (SKIP TO Intro4)..... 2

a. [IF Intro3=1] When you lived in FEMA housing, did you live in a FEMA travel trailer, a FEMA mobile home, or both?

- Travel Trailer..... 1
- Mobile Home..... 2
- Both..... 3
- REFUSED..... 7
- DON'T KNOW 8

b. On what kind of site was your FEMA unit located? Was it...

- On a private site you owned?..... 1
- On a private site someone let you use?..... 2
- On a private site you rented from someone else?..... 3
- In a commercial park?..... 4
- In a park developed specifically for the AHPP?..... 5
- In a park developed by FEMA for temporary housing?..... 6
- Some other location (SPECIFY: _____)?..... 96

c. How long did you live in your FEMA trailer and/or mobile home? Would you say you lived in your FEMA trailer and/or mobile home for....

- Less than one month?..... 1
- One to six months?..... 2
- Seven to twelve months?..... 3
- Between one and two years?..... 4
- Two years or more?..... 5
- REFUSED..... 7
- DON'T KNOW..... 8

Intro4. Now, I'd like to confirm your current address and phone number. My records show that your current address is READ ADDRESS BACK TO RESPONDENT:

[CURRENT STREET ADDRESS] [CURRENT CITY] [CURRENT STATE] [CURRENT ZIP]

Is that correct?

YES, ADDRESS CONFIRMED (SKIP TO Intro4e)..... ₁
NO, ADDRESS INCORRECT..... ₂

4a. What is your current street address and apartment number?

_____ APT OR UNIT #
STREET ADDRESS

4b. In what city do you live? _____
CITY

4c. In what state? _____
STATE

4d. What is your zip code? _____
ZIP

4e. What is your current home phone number?
_____ HOME PHONE NUMBER

4f. What is your cell phone number? _____
CELL PHONE NUMBER

4g. What is your email address? _____

SECTION A: AHPP UNIT

NOTE: SECTION A, beginning with A3, is applicable only to those in the treatment group. Control group members should automatically skip to Section B based on their response to A2.

A1. What is the main reason that you applied for an AHPP unit?

- To have a LARGER place to live..... 1
- To have a SAFER place to live..... 2
- To be CLOSER to home..... 3
- To have a NEWER place to live..... 4
- To have a PERMANENT house..... 5
- Some other reason (specify) _____..... 96
- REFUSED..... 97
- DON'T KNOW..... 98

A2. Were you offered an AHPP unit?

- Yes..... 1
- No (SKIP TO B1)..... 2
- REFUSED (SKIP TO B1)..... 7
- DON'T KNOW (SKIP TO B1)..... 8

[CONTROL GROUP MEMBERS SKIP TO B1]

A3. Did you accept an AHPP unit?

- Yes (SKIP TO A5)..... 1
- No..... 2
- REFUSED (SKIP TO A5)..... 7
- DON'T KNOW (SKIP TO A5)..... 8

A4. Why didn't you accept the AHPP unit you were offered? Was it because...

- The unit was not satisfactory..... 1
- The location was not satisfactory..... 2
- You were able to return to your pre-disaster dwelling..... 3
- You were able to find housing you could stay in longer than AHPP allowed..... 4
- The application process was too difficult..... 5
- The approval process took too long 6
- You were unable to secure a permit, or local approval 7
- Because of some other reason (SPECIFY: _____)..... 96
- REFUSED..... 97
- DON'T KNOW..... 98

IF ASKED A4, SKIP TO B1

A5. In what month and year did you move in to your AHPP unit?

- _____ / _____
MONTH YEAR
- REFUSED..... -2
 - DON'T KNOW..... -1

A6. Are you currently living in your AHPP unit?

- Yes..... 1
- No..... 2
- REFUSED..... 7
- DON'T KNOW..... 8

**A9a. What was the main reason your entire family could not live in your AHPP unit?
Was it because...**

- A family member was not eligible for AHPP housing..... 1
- The unit didn't accommodate the disability of a family member..... 2
- There were not enough room for all my family members..... 3
- Family member did not like AHPP unit..... 4
- Family member did not like location of AHPP unit 5
- REFUSED 6
- DON'T KNOW 7

SKIP TO A10

A9b. What was the main reason you were dissatisfied with your AHPP unit?

- THERE WERE NOT ENOUGH BEDROOMS 1
- THERE WAS NOT ENOUGH STORAGE SPACE 2
- THE BEDROOMS WERE TOO SMALL..... 3
- THERE WAS NOT ENOUGH SPACE TO ENTERTAIN FAMILY AND FRIENDS ... 4
- THE UNIT WAS BUILT POORLY 5
- THE UNIT WAS NOT ACCESSIBLE FOR A PERSON WITH A DISABILITY 6
- THERE WAS NO PLACE FOR MY CHILDREN TO PLAY OUTSIDE 7
- THERE WERE LEAKS OR OTHER PROBLEMS IN THE UNIT 8
- SOME OTHER PROBLEM WITH THE UNIT (SPECIFY _____) 96
- REFUSED..... 97
- DON'T KNOW..... 98

SKIP TO A10

A9c. What was the main reason you were dissatisfied with the *location* of your AHPP unit?

- Problems with your neighbors 1
- It was too far away from your work 2
- It was too far away from school 3
- It was too far away from where your family and friends live 4
- It was too far away from stores and services 5
- It was too far away from your church 6
- You thought the neighborhood was unsafe 7
- There were no parks or playgrounds nearby 8
- Some other reason (SPECIFY _____) 96
- REFUSED..... 97
- DON'T KNOW..... 98

SKIP TO A10

A9d. What was the main reason you could not afford to live in your AHPP unit?

- The cost of the rent or mortgage each month 1
- The cost of utilities 2
- The cost of pad rental—the cost of the land on which the AHPP unit was located . . . 3
- Transportation costs to get to and from places like work or school 4
- Other costs (SPECIFY _____) 96
- REFUSED..... 97
- DON'T KNOW..... 98

SKIP TO A10

A9e. What was the main personal reason you had for moving out of the AHPP unit?

- A divorce or separation 1
(ASK A9e1)
- An employment opportunity..... 2
- To care for a relative/friend in their home..... 3
- Health reasons that made it impossible to live in the unit..... 4
- Because you were asked to leave or evicted for non-compliance with program requirements..... 5
- Other reason (SPECIFY _____) 96
- REFUSED..... 97
- DON'T KNOW..... 98

A9e1. Did the entire family leave the AHPP unit because of the divorce/separation or were you the only one to leave?

- I left the unit but others stayed..... 1
- I left with some members of the family, but others stayed..... 2
- The entire family left the unit..... 3
- REFUSED..... 97
- DON'T KNOW..... 98

NOTE TO PROGRAMMER:

A10- A14 are asked only asked of Treatments who are not currently living in their AHPP unit.

A10. At any time while you were living in the AHPP unit, were any of the following conditions present?

	YES	NO	REFUSED	DON'T KNOW
a. Was there mildew, mold, or water damage on any wall, floor, or ceiling?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₇	<input type="checkbox"/> ₉₈
b. Were there any floor problems such as boards, tiles, carpeting or linoleum that were missing, curled, or loose?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₇	<input type="checkbox"/> ₉₈
c. Were there any holes or large cracks where outdoor air or rain could come in?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₇	<input type="checkbox"/> ₉₈
d. Did you smell bad odors such as sewer, natural gas, etc. in your home?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₇	<input type="checkbox"/> ₉₈
e. Were any bathroom floors covered by water because of a plumbing problem?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₇	<input type="checkbox"/> ₉₈
f. Had your toilet not worked for 6 hours or more?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₇	<input type="checkbox"/> ₉₈
g. Had your electricity not worked for 2 hours or more?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₇	<input type="checkbox"/> ₉₈
h. In cold weather, did you ever need to use your oven to heat your home?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₇	<input type="checkbox"/> ₉₈
i. Did all outside doors and windows have locks that worked?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₇	<input type="checkbox"/> ₉₈

A11. Not including bathrooms and hallways, how many rooms were in your AHPP unit?

- One..... 1
- Two..... 2
- Three..... 3
- Four..... 4
- Five..... 5
- Six or more..... 6
- REFUSED..... 97
- DON'T KNOW..... 98

A12. How many of the rooms in the AHPP unit were bedrooms?

- One..... 1
- Two..... 2
- Three or more..... 3
- REFUSED..... 97
- DON'T KNOW..... 98

A13. When you were living in the AHPP unit, did anyone in the household regularly sleep in a room other than a bedroom?

- Yes 1
- No (SKIP TO A14)..... 2
- REFUSED (SKIP TO A14)..... 97
- DON'T KNOW (SKIP TO A14)..... 98

A13a. Was this because there were not enough bedrooms in the AHPP unit?

- Yes 1
- No..... 2
- REFUSED..... 97
- DON'T KNOW..... 98

A14. When you were living in the AHPP unit, did anyone in the household have to leave your AHPP unit to go someplace else to sleep?

- Yes..... 1
- No (SKIP TO A15)..... 2
- REFUSED (SKIP TO A15)..... 97
- DON'T KNOW (SKIP TO A15)..... 98

A14a. Was this because there was not enough space in the AHPP unit for everyone to sleep there?

- Yes 1
- No..... 2
- REFUSED..... 97
- DON'T KNOW..... 98

A15. What feature(s) of the AHPP units [are/were] most attractive to your family? For each feature, please tell me if that was one of the features that attracted you to the AHPP unit.

	YES	NO	REFUSED	DON'T KNOW
a. Was the amount of living space an attractive feature to you?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₇	<input type="checkbox"/> ₉₈
b. Was the number of bedrooms an attractive feature to you?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₇	<input type="checkbox"/> ₉₈
c. Were the kitchen facilities (stove, dishwasher etc.) attractive features to you?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₇	<input type="checkbox"/> ₉₈
d. Were the bathroom facilities (tub, shower, size) attractive features to you?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₇	<input type="checkbox"/> ₉₈
e. Was the room design and layout an attractive feature to you?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₇	<input type="checkbox"/> ₉₈
f. Was the furniture an attractive feature to you?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₇	<input type="checkbox"/> ₉₈
g. Was the structural soundness, or way that the unit was built, an attractive feature to you?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₇	<input type="checkbox"/> ₉₈
h. Was the accessibility of the unit an attractive feature to you?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₇	<input type="checkbox"/> ₉₈
i. Was there any other feature that was attractive to you? (SPECIFY _____)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₇	<input type="checkbox"/> ₉₈

[NOTE TO PROGRAMMER: ASK A16 and A17 FOR THOSE WHO RECEIVED AN AHPP UNIT AND LIVED IN A FEMA TRAVEL TRAILER/MOBILE HOME; OTHERWISE SKIP TO B1]

A16. I'd like you to think about your housing unit when you lived in a FEMA travel trailer/mobile home. How would you describe the overall condition of your AHPP unit as compared to the FEMA unit? Would you say your AHPP unit [is/was] in better condition, worse condition, or about the same condition as the FEMA unit?

- AHPP unit in better condition..... 1
- AHPP unit about the same..... 2
- AHPP unit in worse condition..... 3
- REFUSED..... 97
- DON'T KNOW..... 98

A17. I'd like to learn more about how your AHPP unit compare(s/d) to your FEMA unit. I'm going to read a list of unit features. For each feature I read, I'd like you to tell me whether the feature was better in your AHPP unit, worse in your AHPP unit, or about the same in your AHPP unit as in your FEMA unit.

	Better in AHPP unit	Worse in AHPP unit	About the same in both places
A17a. Was the amount of living space in your AHPP unit better than, worse than, or about the same as in your FEMA unit?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
A17b. Was the accessibility of your AHPP unit for people with disabilities better than, worse than, or about the same as in your FEMA unit?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
A17c. Was the amount of privacy in your AHPP unit better than, worse than, or about the same as in your FEMA unit?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
A17d. Would you say that your feelings of personal safety from high winds in your AHPP unit was better than, worse than, or about the same as in your FEMA unit?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
A174e. Would you say that your feelings of personal safety from floods in your AHPP unit better than, worse than, or about the same as in your FEMA unit?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

SECTION B: CURRENT HOUSING AND HOUSING QUALITY

Now I'd like to ask you some questions about your current housing situation.

B1. [IF CURRENTLY IN AHPP UNIT [A6 =1 SKIP TO B1a] I'd like to ask you some questions about your housing situation. Do you ...

- Rent your home or apartment?..... 1
- Live in a home you own?..... 2
- Live with family or friends and pay part of the rent? 3
- Live with family or friends and do not pay rent? 4
- Live in a group shelter?..... 5
- HOMELESS (SKIP TO B4)..... 6
- INCARCERATED (SKIP TO B3)..... 7
- LIVING IN A GROUP HOME, DORM OR BARRACKS (SKIP TO B3)..... 8
- LIVING IN A HOSPITAL/NURSING HOME OR SPECIAL SCHOOL (SKIP TO B3) 9
- LIVING IN SOME OTHER ARRANGEMENT
(SPECIFY _____) (SKIP TO B3)..... 96
- REFUSED..... 97
- DON'T KNOW..... 98

B1a. [IF CURRENT HOUSING=AHPP UNIT] Do you currently rent or own your AHPP unit?

- RENT..... 1
- OWN 2
- REFUSED..... 97
- DON'T KNOW..... 98

B2. How many years have you lived at your current address?

- Number of Years _____ (SKIP TO B3)..... 1-96
- Less Than One Year..... 0
- REFUSED..... -2
- DON'T KNOW..... -1

B2a. How many months have you lived at your current address?

- Number of Months _____ 1-12
- DON'T KNOW -1
- REFUSED -2

B3. Was there ever a time during the past 12 months when you did not have your own place to stay? For this question you should consider living in your FEMA or AHPP unit as having your own place to live.

- Yes..... 1
- No (SKIP TO B5)..... 2
- REFUSED (SKIP TO B5)..... 97
- DON'T KNOW (SKIP TO B5)..... 98

B4. During the past 12 months when you did not have your own place to stay, we would like to know about any places where you stayed. Did you...

	YES	NO	REFUSED	DON'T KNOW
a. Stay with a relative	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
b. Stay with a friend	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
c. Stay in a shelter <i>[INTERVIEWER: A SHELTER IS A HOMELESS SHELTER, EMERGENCY SHELTER, OR DOMESTIC VIOLENCE SHELTER]</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
d. Stay on the streets or in some other place that is not generally used for housing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8

B5. [ASK OF TREATMENT GROUP ONLY] During the time when you did not have your own place to stay, were you unable to live in an AHPP unit that you were supposed to be occupying?

- YES..... 1
- NO..... 2
- REFUSED..... 97
- DON'T KNOW..... 98

We'd like to know a few things about the quality of your current housing and neighborhood.

B6. Overall, how would you describe the condition of your current house/apartment/living space? Would you say it was in excellent, good, fair, or poor condition?

- Excellent..... 1
- Good..... 2
- Fair..... 3
- Poor..... 4
- REFUSED..... 97
- DON'T KNOW..... 98

B7. In your current housing...

	YES	NO	REFUSED	DON'T KNOW
a. Is there mildew, mold, or water damage on any wall, floor, or ceiling?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
b. Are there any floor problems such as boards, tiles, carpeting or linoleum that are missing, curled, or loose?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
c. Are there any holes or large cracks where outdoor air or rain can come in?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
d. Do you smell bad odors such as sewer, natural gas, etc. in your home?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
e. Have any bathroom floors been covered by water because of a plumbing problem?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
f. Has your toilet not worked for 6 hours or more?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
g. Has your electricity not worked for 2 hours or more?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
h. In cold weather, do you ever need to use your oven to heat your home?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
i. Do all outside doors and windows have locks that work?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

B8. Not including bathrooms and hallways, how many rooms are there in your current house/apartment/ living space?

- ONE..... 1
- TWO..... 2
- THREE..... 3
- FOUR..... 4
- FIVE..... 5
- SIX OR MORE..... 6
- REFUSED..... 97
- DON'T KNOW..... 98

B8a. How many of the rooms in your house/apartment/living space/ are bedrooms? [NOTE: an efficiency unit or travel trailer should be coded as one]

- Zero (including efficiency unit or travel trailer)..... 0
-
- ONE..... 1
- TWO..... 2
- THREE..... 3
- FOUR OR MORE..... 4
- REFUSED..... 97
- DON'T KNOW..... 98

B9. Does anyone in the household regularly sleep in a room other than a bedroom?

- Yes..... 1
- No..... 2
- REFUSED..... 97
- DON'T KNOW..... 98

B9a. Was this because there were not enough bedrooms in the AHPP unit?

- Yes 1
- No..... 2
- REFUSED..... 97
- DON'T KNOW..... 98

B10. **Does anyone in the household ever leave your current unit to go someplace else to sleep at night?**

- Yes..... 1
- No..... 2
- REFUSED..... 97
- DON'T KNOW..... 98

B10a. Was this because there was not enough space in the AHPP unit for everyone to sleep there?

- Yes 1
- No..... 2
- REFUSED..... 97
- DON'T KNOW..... 98

B11. **Do you agree or disagree with the following statement: "Living in my current unit makes me feel more at home, like I did before the hurricane, than living in a FEMA trailer did"?**

- Agree..... 1
- Neither Agree nor Disagree..... 2
- Disagree..... 3
- REFUSED..... 97
- DON'T KNOW..... 98

B12. **Is your current residence your permanent unit? By permanent, we mean you have moved into another home or unit and no longer consider yourself as living in temporary housing.**

- Yes (SKIP TO B14)..... 1
- No..... 2
- REFUSED..... 97
- DON'T KNOW..... 98

B13. What is your permanent or long-term housing plan? Do you plan to....

- Continue to live in current housing..... 1
- Move into repaired or rebuilt pre-storm home..... 2
- Buy a different home..... 3
- Return to the home I rented before the storm..... 4
- Rent a different home..... 5
- Other (Specify _____)..... 96
- REFUSED..... 97
- DON'T KNOW..... 98

B14. When do you expect to be in your permanent housing?

- In less than six months..... 1
- In six months to just under one year..... 2
- In one to three years..... 3
- In more than three years..... 4
- REFUSED..... 97
- DON'T KNOW..... 98

B14a. What is the main reason you have not been able to complete your permanent housing plans? Would you say it is...

- A lack of affordable rental housing in the area?..... 1
- A lack of affordable homes to buy?..... 2
- Poor credit or criminal background checks?..... 2
- Lack of funds for security deposit?..... 3
- Lack of funds to complete the repairs on my pre-disaster unit?..... 4
- Other (SPECIFY _____)?..... 96
- REFUSED..... 97
- DON'T KNOW..... 98

Now I'd like to talk about any housing related payments you may have.

ASK IF B1=2 OR B1a=2; ELSE SKIP TO B17

B15. What is the monthly amount you pay for owning this (condo/house)? We are interested in the payment you make to the bank or mortgage company.

- Per Month \$ _____ 0-9999
- DON'T KNOW..... -1
- REFUSED..... -2

B15a. I have recorded that you pay [AMOUNT] monthly to own this unit, is that correct?

- Yes..... 1
- No..... 2
- REFUSED..... 97
- DON'T KNOW..... 98

B16. During the past 12 months, were you ever more than 15 days late paying your mortgage?

- Yes..... 1
- No..... 2
- REFUSED..... 97
- DON'T KNOW..... 98

IF B1=2 OR B1a=2 SKIP to B22

B17. [ASK IF B1=1 OR 3 OR B1A=1; ELSE SKIP TO B22] Altogether in the month just past, what did you pay as rent? We are interested only in knowing your part of the payment. Please include rent costs for the unit as well as any pad rentals required.

- Per Month \$ _____ 0-9999
- DON'T KNOW..... -1
- REFUSED..... -2

B17a. I have recorded that you pay [AMOUNT] monthly in rent, is that correct?

- Yes..... 1
- No..... 2
- REFUSED..... 97
- DON'T KNOW..... 98

B18. **What is the total current monthly rent payment on this (apartment/house)? By total current monthly rent, I mean the amount that you and anyone else pay to pay to rent this unit.**

- Per Month \$ _____ 0-9999
- DON'T KNOW..... -1
- REFUSED..... -2

B18a. I have recorded [AMOUNT] as the total amount of monthly rent for this unit, is that correct?

- Yes..... 1
- No..... 2
- REFUSED..... 97
- DON'T KNOW..... 98

B19. **During the past 12 months, were you ever more than 15 days late paying your rent?**

- Yes..... 1
- No..... 2
- Not Applicable 3
- REFUSED..... 97
- DON'T KNOW..... 98

B20. **During the last 12 months, have you been evicted from a home for any reason?**

- Yes..... 1
- No..... 2
- REFUSED 97
- DON'T KNOW 98

B21. **Do you pay utilities separately from rent? By utilities, we mean the electric, gas or water bill.**

- Yes..... 1
- No (SKIP to B24)..... 2
- REFUSED (SKIP to B24)..... 97
- DON'T KNOW (SKIP to B24)..... 98

B22. **People sometimes have trouble paying their utility bills on time. During the past 12 months, were you ever more than 15 days late paying your electric, gas, or water bill?**

- Yes..... 1
- No **(SKIP TO B24)**..... 2
- Not applicable **(SKIP TO B24)**..... 3
- Utilities included in rent/condo fees **(SKIP TO B24)**..... 4
- REFUSED **(SKIP TO B24)**..... 97
- DON'T KNOW **(SKIP TO B24)**..... 98

B23. **In the past 12 months, was your gas, water, or electricity ever shut off for nonpayment?**

- Yes..... 1
- No..... 2
- REFUSED..... 97
- DON'T KNOW..... 98

B24. **The next set of questions asks about problems you may have had in your unit in the past six months, that is since (month/year). Were any of the following items broken during the last six months?**

	YES	NO	NOT APPLICABLE	REFUSED	DON'T KNOW
a. Your stove or refrigerator?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
b. Your bathroom or kitchen plumbing?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
c. Electric outlets or light switches?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
d. The air conditioning?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
e. The heating system?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
f. Something else on the inside of the house?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
g. Something on the outside of your house like the roof or exterior walls or the stairs or porch?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

B25. **[REPEAT FOR EACH YES ITEM IN B24, IF B24a-g ALL = NO, THEN SKIP TO B29] Have you called to have [B24ITEM] repaired in the last six months, that is since (month/year)?**

- Yes..... 1
- No..... 2
- REFUSED..... 97
- DON'T KNOW..... 98

B26. **Thinking about the most recent time you called to have something repaired, how many days did it take for someone to come repair it?**

- 0-7 days..... 1
- 8-14 days..... 2
- 15-30 days..... 1
- >30 days..... 2
- NO ONE HAS COME YET..... 97
- REFUSED..... 97
- DON'T KNOW..... 98

B27. **Still thinking about the most recent time you called to have something repaired, were you satisfied with how quickly the broken item was repaired**

- Yes..... 1
- No..... 2
- REFUSED..... 97
- DON'T KNOW..... 98

B28. **Were you satisfied with the quality of the repair?**

- Yes..... 1
- No..... 2
- REFUSED..... 97
- DON'T KNOW..... 98

[If respondent has reported something broken and didn't call OR Reported nothing broken]

B29. **Do you know the phone number or know where to find the phone number to call if you need the landlord to repair something in your house?**

- Yes..... 1
- No..... 2
- REFUSED..... 97
- DON'T KNOW..... 98

ALL RENTERS

B30. In general, how satisfied are you with the quality of routine repairs?

- Very satisfied..... 1
- Satisfied..... 2
- Neither satisfied nor dissatisfied..... 1
- Dissatisfied..... 2
- Very Dissatisfied..... 97
- REFUSED..... 97
- DON'T KNOW..... 98

B30a. In general, how satisfied are you with the quality of routine maintenance?

- Very satisfied..... 1
- Satisfied..... 2
- Neither satisfied nor dissatisfied..... 1
- Dissatisfied..... 2
- Very Dissatisfied..... 97
- REFUSED..... 97
- DON'T KNOW..... 98

B31. In general, how satisfied are you with the promptness of emergency repairs?

- Very satisfied..... 1
- Satisfied..... 2
- Neither satisfied nor dissatisfied..... 1
- Dissatisfied..... 2
- Very Dissatisfied..... 97
- REFUSED..... 97
- DON'T KNOW..... 98

Household Composition

Now we would like to learn more about who currently lives with you.

B32. **How many people do you live with now? Please include all adults and children who live with you and consider this their primary residence. This total number excludes yourself.**

- DON'T KNOW..... -1
- REFUSED..... -2

B32a. What is your marital status? Are you currently...

- Single, never married..... 1
- Married or living in a marriage like situation..... 2
- Widowed..... 3
- Separated/Divorced..... 4
- REFUSED 97
- DON'T KNOW 98

[NOTE TO PROGRAMMER: CAPI WILL USE TEXT SUBSTITUTIONS TO DISTINGUISH BETWEEN THOSE STILL IN AHPP UNIT AND THOSE WHO HAVE MOVED OUT. CONTROL GROUP MEMBERS WILL FOLLOW PATTERNS FOR THOSE WHO MOVED OUT.]

B33. **Now, I'd like you think back to just before the hurricane and the people you were living with at that time. How many of them are currently living with you? Would you say that all of them are living with you, some of them are living with you, or none of them are living with you.**

- ALL LIVING WITH R (SKIP TO B37)..... 1
- SOME LIVING WITH R 2
- NONE LIVING WITH R..... 3
- R LIVED ALONE AT TIME OF HURRICANE (SKIP TO B37)..... 4
- REFUSED (SKIP TO B37)..... 97
- DON'T KNOW (SKIP TO B37)..... 98

B34. **Is the reason that these people are not living with you now related to the [AHPP/current] unit itself or is it for a reason that is personal to you or the other person?**

- RELATED TO [AHPP/current] UNIT 1
- PERSONAL REASON (SKIP TO B36)..... 2
- REFUSED (SKIP TO B36)..... 97
- DON'T KNOW (SKIP TO B36)..... 98

B35. I'd like to learn a little bit more about why those people are no longer living with you. Are any of them no longer living with you because....

	Yes	No	REF	DK
a. [ASK ONLY OF TREATMENTS] The program did not allow them to live in an AHPP unit?	<input type="checkbox"/> ₁ SKIP TO B36	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
b. The unit does not accommodate their disability?	<input type="checkbox"/> ₁ SKIP TO B36	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
c. The unit is too small?	<input type="checkbox"/> ₁ SKIP TO B36	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
d. They do not like the [AHPP/current] unit?	<input type="checkbox"/> ₁ SKIP TO B36	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
e. They do not like the location of the [AHPP/current] unit?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

B36. Does your [AHPP/current] unit allow more, less, or the same number of your family members to live together than the place you lived in just before you moved here?

- Yes..... 1
- No 2
- REFUSED 97
- DON'T KNOW 98

B37. Now, I'd like you to think about all of the people that lived with you both at the time of the hurricane and now. Have you been separated from any of these people for a period of 30 days or more, at any time since Hurricane Katrina or Rita?

- Yes..... 1
- No (SKIP TO C1)..... 2
- REFUSED 97
- DON'T KNOW 98

B38. Did receiving your [AHPP/current] unit allow you to live together once again?

- Yes..... 1
- No 2
- REFUSED 97
- DON'T KNOW 98

SECTION C: QUALITY OF LIFE MEASURES

Health

Several recent studies have shown a relationship between health and housing. The next set of questions has to do with your health.

C1. In general, would you say your health now is excellent, very good, good, fair, or poor?

- Excellent..... 1
- Very good..... 2
- Good..... 3
- Fair..... 4
- Poor..... 5
- REFUSED..... 97
- DON'T KNOW..... 98

C2. Do you or anyone in the household have a physical disability or condition that limits one or more basic activity such as walking, climbing stairs, reaching, lifting, or carrying?

- Yes..... 1
- No (SKIP TO C5)..... 2
- REFUSED (SKIP TO C5)..... 97
- DON'T KNOW (SKIP TO C5)..... 98

C2a. Is anyone in a wheelchair or otherwise unable to climb stairs at all?

- Yes..... 1
- No..... 2
- REFUSED..... 97
- DON'T KNOW..... 98

C3. [IF C2 or C2a=YES ASK C3a-c. CAPI WILL CONTROL SKIPS PATTERNS ON WHICH UNIT(S) TO ASK ABOUT] I'd like to ask some questions about how the needs of this person were addressed in your FEMA housing, your current housing [and if applicable your AHPP housing]. Could the person with the physical disability or condition:

	FEMA Unit	AHPP Unit	Current Unit (if not AHPP unit)
a. Get in and out of their [FEMA/AHPP/CURRENT] unit by themselves	Yes..... <input type="checkbox"/> 1 No..... <input type="checkbox"/> 2 N/A..... <input type="checkbox"/> 3 REF..... <input type="checkbox"/> 97 DK..... <input type="checkbox"/> 98	Yes..... <input type="checkbox"/> 1 No..... <input type="checkbox"/> 2 N/A..... <input type="checkbox"/> 3 REF..... <input type="checkbox"/> 97 DK..... <input type="checkbox"/> 98	Yes..... <input type="checkbox"/> 1 No..... <input type="checkbox"/> 2 N/A..... <input type="checkbox"/> 3 REF..... <input type="checkbox"/> 97 DK..... <input type="checkbox"/> 98
b. Move around from room to room within the unit by themselves	Yes..... <input type="checkbox"/> 1 No..... <input type="checkbox"/> 2 N/A..... <input type="checkbox"/> 3 REF..... <input type="checkbox"/> 97 DK..... <input type="checkbox"/> 98	Yes..... <input type="checkbox"/> 1 No..... <input type="checkbox"/> 2 N/A..... <input type="checkbox"/> 3 REF..... <input type="checkbox"/> 97 DK..... <input type="checkbox"/> 98	Yes..... <input type="checkbox"/> 1 No..... <input type="checkbox"/> 2 N/A..... <input type="checkbox"/> 3 REF..... <input type="checkbox"/> 97 DK..... <input type="checkbox"/> 98
b. Get in and out of the bathroom by themselves	Yes..... <input type="checkbox"/> 1 No..... <input type="checkbox"/> 2 N/A..... <input type="checkbox"/> 3 REF..... <input type="checkbox"/> 97 DK..... <input type="checkbox"/> 98	Yes..... <input type="checkbox"/> 1 No..... <input type="checkbox"/> 2 N/A..... <input type="checkbox"/> 3 REF..... <input type="checkbox"/> 97 DK..... <input type="checkbox"/> 98	Yes..... <input type="checkbox"/> 1 No..... <input type="checkbox"/> 2 N/A..... <input type="checkbox"/> 3 REF..... <input type="checkbox"/> 97 DK..... <input type="checkbox"/> 98

Now I'd like to talk about some specific health conditions.

C4. Has a doctor or other health professional ever told you that you had asthma?

- Yes..... 1
 No (SKIP TO C9)..... 2
 REFUSED (SKIP TO C9)..... 97
 DON'T KNOW (SKIP TO C9)..... 98

C4a. Do you still have symptoms? (coughing, wheezing, shortness of breath)

- Yes..... 1
 No..... 2
 REFUSED..... 97
 DON'T KNOW..... 98

C4b. When were you first diagnosed with asthma? Was it....

- Before the hurricane..... 1
- After the hurricane but before your [AHPP unit/current unit]..... 2
- Since moving into your [AHPP unit/.current unit]..... 2
- REFUSED..... 97
- DON'T KNOW..... 98

C5. During the past 6 months, that is since [MONTH/YEAR6MO], have you had an episode of asthma or an asthma attack?

- Yes..... 1
- No (SKIP TO C8)..... 2
- REFUSED (SKIP TO C8)..... 97
- DON'T KNOW (SKIP TO C8)..... 98

C6. During the past 6 months, that is since [MONTH/YEAR6MO], did you have to visit an emergency room or urgent care center because of asthma?

- Yes..... 1
- No..... 2
- REFUSED..... 97
- DON'T KNOW..... 98

C7. Have you ever been told by a doctor or other health professional that you have...

		If Yes: When were you diagnosed with [condition]? Was it before the hurricane, after the hurricane but before you received your AHPP unit, or since you received your AHPP unit? [NOTE: AHPP UNIT WILL BE REPLACED WITH CURRENT UNIT FOR CONTROL GROUP MEMBERS]
a. Emphysema?	Yes..... <input type="checkbox"/> 1 No..... <input type="checkbox"/> 2 N/A..... <input type="checkbox"/> 3 REF..... <input type="checkbox"/> 97 DK..... <input type="checkbox"/> 98	Before hurricane <input type="checkbox"/> 1 After hurricane, before AHPP unit..... <input type="checkbox"/> 2 After AHPP unit <input type="checkbox"/> 3 REF..... <input type="checkbox"/> 97 DK..... <input type="checkbox"/> 98
b. Allergies?	Yes..... <input type="checkbox"/> 1 No..... <input type="checkbox"/> 2 N/A..... <input type="checkbox"/> 3 REF..... <input type="checkbox"/> 97 DK..... <input type="checkbox"/> 98	Before hurricane <input type="checkbox"/> 1 After hurricane, before AHPP unit..... <input type="checkbox"/> 2 After AHP unit <input type="checkbox"/> 3 REF..... <input type="checkbox"/> 97 DK..... <input type="checkbox"/> 98
c. Other respiratory or breathing problems?	Yes..... <input type="checkbox"/> 1 No..... <input type="checkbox"/> 2 N/A..... <input type="checkbox"/> 3 REF..... <input type="checkbox"/> 97 DK..... <input type="checkbox"/> 98	Before hurricane <input type="checkbox"/> 1 After hurricane, before AHPP unit..... <input type="checkbox"/> 2 After AHP unit <input type="checkbox"/> 3 REF..... <input type="checkbox"/> 97 DK..... <input type="checkbox"/> 98

C8. [IF C7a, b, or c=Yes ASK C8; ELSE SKIP TO C9] We are interested in knowing if living in the [AHPP/current] unit affected your breathing problems in any way. While living in the [AHPP/current] unit, do you think that your breathing problems got better, worse, or stayed about the same?

- Better..... 1
- Worse..... 2
- Stayed about the same..... 3
- REFUSED..... 97
- DON'T KNOW..... 98

C9. [IF R LIVES ALONE SKIP TO C13] Has another ADULT member of your household ever been diagnosed with ...[INTERVIEWER: If more than one adult was diagnosed, ask follow-up question for the 'most recent' diagnosis.]

		If Yes: When was the other adult diagnosed with [condition]? Was it before the hurricane, after the hurricane but before you received your AHPP unit, or since you received your AHPP unit? [NOTE: AHPP UNIT WILL BE REPLACED WITH CURRENT UNIT FOR CONTROL GROUP MEMBERS]
a. Asthma?	Yes..... <input type="checkbox"/> 1 No..... <input type="checkbox"/> 2 N/A..... <input type="checkbox"/> 3 REF..... <input type="checkbox"/> 97 DK..... <input type="checkbox"/> 98	Before hurricane <input type="checkbox"/> 1 After hurricane, before AHPP unit.... <input type="checkbox"/> 2 After AHP unit <input type="checkbox"/> 3 REF..... <input type="checkbox"/> 97 DK..... <input type="checkbox"/> 98
b. Allergies?	Yes..... <input type="checkbox"/> 1 No..... <input type="checkbox"/> 2 N/A..... <input type="checkbox"/> 3 REF..... <input type="checkbox"/> 97 DK..... <input type="checkbox"/> 98	Before hurricane <input type="checkbox"/> 1 After hurricane, before AHPP unit.... <input type="checkbox"/> 2 After AHP unit <input type="checkbox"/> 3 REF..... <input type="checkbox"/> 97 DK..... <input type="checkbox"/> 98
c. Other respiratory or breathing problems?	Yes..... <input type="checkbox"/> 1 No..... <input type="checkbox"/> 2 N/A..... <input type="checkbox"/> 3 REF..... <input type="checkbox"/> 97 DK..... <input type="checkbox"/> 98	Before hurricane <input type="checkbox"/> 1 After hurricane, before AHPP unit.... <input type="checkbox"/> 2 After AHP unit <input type="checkbox"/> 3 REF..... <input type="checkbox"/> 97 DK..... <input type="checkbox"/> 98

C10. [IF C9a, b or c=Yes ASK C10; ELSE SKIP TO C11] We are interested in knowing if living in the [AHPP/current] unit affected *other adults* breathing problems in any way. While living in the [AHPP/current] unit, do you think that another adults breathing problems got better, worse, or stayed about the same?

- Better..... 1
- Worse..... 2
- Stayed about the same..... 3
- REFUSED..... 97
- DON'T KNOW..... 98

C11. [IF R INDICATES THERE ARE NO CHILDREN IN HOUSEHOLD CODE C11a as N/A AND SKIP TO C13] Has any CHILD member of your household under the age of 18 ever been diagnosed with ...[INTERVIEWER: If more than one child diagnosed, ask follow-up question for the 'most recent' diagnosis.]

		If Yes: When was child diagnosed with [condition]? Was it before the hurricane, after the hurricane but before you received AHPP unit, or since you received your AHPP unit? [NOTE: AHPP UNIT WILL BE REPLACED WITH CURRENT UNIT FOR CONTROL GROUP MEMBERS]
a. Asthma?	Yes..... <input type="checkbox"/> 1 No..... <input type="checkbox"/> 2 N/A..... <input type="checkbox"/> 3 REF..... <input type="checkbox"/> 97 DK..... <input type="checkbox"/> 98	Before hurricane <input type="checkbox"/> 1 After hurricane, before AHPP unit..... <input type="checkbox"/> 2 After AHP unit <input type="checkbox"/> 3 REF..... <input type="checkbox"/> 97 DK..... <input type="checkbox"/> 98
b. Allergies?	Yes..... <input type="checkbox"/> 1 No..... <input type="checkbox"/> 2 N/A..... <input type="checkbox"/> 3 REF..... <input type="checkbox"/> 97 DK..... <input type="checkbox"/> 98	Before hurricane <input type="checkbox"/> 1 After hurricane, before AHPP unit..... <input type="checkbox"/> 2 After AHP unit <input type="checkbox"/> 3 REF..... <input type="checkbox"/> 97 DK..... <input type="checkbox"/> 98
c. Other respiratory or breathing problems?	Yes..... <input type="checkbox"/> 1 No..... <input type="checkbox"/> 2 N/A..... <input type="checkbox"/> 3 REF..... <input type="checkbox"/> 97 DK..... <input type="checkbox"/> 98	Before hurricane <input type="checkbox"/> 1 After hurricane, before AHPP unit..... <input type="checkbox"/> 2 After AHP unit <input type="checkbox"/> 3 REF..... <input type="checkbox"/> 97 DK..... <input type="checkbox"/> 98

C12. [IF C11a,b or c=Yes ASK C12; ELSE SKIP TO C13] We are interested in knowing if living in [the AHPP/your current] unit affected the breathing problems of children in your household in any way. While living in the [AHPP/current] unit, do you think that the breathing problems of the children living in your household got better, worse, or stayed about the same?

- Better..... 1
- Worse..... 2
- Stayed about the same..... 3
- REFUSED..... 97
- DON'T KNOW..... 98

The next few questions ask about smoking.

C13. Have you smoked at least 100 cigarettes in your entire life?

- Yes..... 1
- No (SKIP TO C17)..... 2
- REFUSED (SKIP TO C17)..... 97
- DON'T KNOW..... 98

C13a. Have you smoked at least 100 cigarettes since Hurricane Katrina, that is since August 2005?

- Yes..... 1
- No (SKIP TO C17)..... 2
- REFUSED (SKIP TO C17)..... 97
- DON'T KNOW..... 98

C14. On how many of the past 30 days did you smoke a cigarette?

- Zero days (SKIP TO C15b)..... 0
-
- _____ Number of days..... 1-30
- DON'T KNOW..... -1
-
- REFUSED..... -2
-

C14a. On the average when you smoked in the last 30 days, about how many cigarettes did you smoke per day?

- _____ Number of cigarettes..... 1-99
- DON'T KNOW..... -1
-
- REFUSED..... -2
-

C15. Do you smoke cigarettes inside your home?

- Yes..... 1
- No 2
- REFUSED 97
- DON'T KNOW..... 98

C15a. [IF EVER LIVED IN A FEMA TRAILER OR MOBILE HOME ASK C15a ELSE SKIP TO C15b] Thinking back to when you lived in a FEMA trailer or mobile home. Did you smoke cigarettes inside your FEMA trailer or mobile home?

- Yes..... 1
- No 2
- REFUSED 97
- DON'T KNOW..... 98

C15b. (IF C14=zero days) Did you quit smoking before you moved into your [AHPP/current] unit?

- Yes (SKIP TO C17)..... 1
- No..... 2
- REFUSED..... 97
- DON'T KNOW..... 98

C16. [TREATMENT GROUP: Since living/when you lived] in the AHPP unit, do you think that you smoke(d) more, less, or about the same amount as before you lived in the AHPP unit?

- More..... 1
- Less..... 2
- About the same amount..... 3
- REFUSED..... 97
- DON'T KNOW..... 98

The next set of questions help us learn more about how you are feeling.

C17. How much of the time during the past month have you felt ...

	All of the time	Most of the time	Some of the time	A little of the time	None of the time	Refused	Don't Know
a. So sad that nothing could cheer you up?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
b. Nervous?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
c. Restless or fidgety?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
d. Hopeless?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
e. That everything was an effort?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

	All of the time	Most of the time	Some of the time	A little of the time	None of the time	Refused	Don't Know
f. Worthless?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
g. Calm and peaceful?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

Post Traumatic Stress Disorder

Now I'm going to read you a list of problems and complaints that people sometimes have in response to stressful life experiences. As I read each item, please think about the last month and indicate how much you have been bothered by that problem.

C18. In the last month, how much were you bothered by [READ ITEM]? Would you say you were bothered not at all, a little bit, moderately, quite a bit, extremely?

	Not at all	A little bit	Moderately	Quite a bit	Extremely	Refused	Don't Know
a. Repeated, disturbing <i>memories, thoughts, or images</i> of a stressful experience from the past?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
b. Repeated, disturbing <i>dreams</i> of a stressful experience from the past?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
c. Suddenly <i>acting or feeling</i> as if a stressful experience were <i>happening again</i> (as if you were reliving it)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
d. Feeling <i>very upset</i> when <i>something reminded</i> you of a stressful experience from the past?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
e. Having <i>physical reactions</i> (e.g., heart pounding, trouble breathing, or sweating) when <i>something reminded</i> you of a stressful experience from the past?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
f. Avoid <i>thinking about or talking about</i> a stressful experience from the past or avoid <i>having feelings</i> related to it?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
g. Avoid <i>activities or situations</i> because they remind you of a stressful experience from the past?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
h. Trouble <i>remembering important parts</i> of a stressful experience from the past?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
i. Loss of <i>interest in things that you used to enjoy</i> ?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
j. Feeling <i>distant or cut off</i> from other people?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
k. Feeling <i>emotionally numb</i> or being unable to have loving feelings for those close to you?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
l. Feeling as if your <i>future</i> will somehow be <i>cut short</i> ?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
m. Trouble <i>falling or staying asleep</i> ?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
n. Feeling <i>irritable</i> or having <i>angry outbursts</i> ?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
o. Having <i>difficulty concentrating</i> ?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
p. Being " <i>super alert</i> " or watchful on guard?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

	Not at all	A little bit	Moderately	Quite a bit	Extremely	Refused	Don't Know
q. Feeling <i>jumpy</i> or easily startled?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8

The next questions ask about moderate physical activity and your height and weight. As noted earlier, these data will be used for this study only and averaged with other respondents. Your individual responses will be kept private.

C19. In a usual week, do you do moderate activities on three or more days for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that cause small increases in breathing or heart rate?

- Yes..... 1
- No 2
- REFUSED 97
- DON'T KNOW..... 98

C20. About how tall are you without shoes?

Feet Inches

C21. About how much do you weigh without shoes?

Pounds

Employment, Education, And Income

The next set of questions asks about your income in the past month and generally what resources you are depending on to support yourself.

C22. Are you currently:

- Employed full-time (30 hours of work per week or more) (SKIP TO C24)..... 1
- Employed part-time (less than 30 hours per week) (SKIP TO C24)..... 2
- Self-employed (SKIP TO C24)..... 3
- Unemployed Looking for Work 4
- Not working for pay (retired, disabled, taking care of family, etc...) 5
- REFUSED (SKIP TO C24)..... 97
- DON'T KNOW (SKIP TO C24)..... 98

C23. What is the main reason that you are not working for pay?

- Employer no longer in business since hurricane..... 1
- Employer is too far from home to retain job 2
- Unable to work for health reasons..... 3
- Has job but temporarily absent /seasonal work..... 4
- Couldn't find any work 5
- Child care problems 6
- Family responsibilities 7
- In school or other training 8
- Waiting for a new job to begin 9
- Retired 10
- Disabled 11
- Other (SPECIFY _____)..... 96
- REFUSED..... 97
- DON'T KNOW..... 98

C24. [TREATMENT GROUP ONLY. CONTROLS SKIP TO C25] Did you have to leave a job in order to move to where your AHPP unit was located?

- Yes..... 1
- No 2
- REFUSED 97

DON'T KNOW..... 98

IF C22=4 (UNEMPLOYED) SKIP TO C28

C25. Are you currently working for the same employer that you worked for before you moved into your AHPP unit?

- Yes..... 1
- No..... 2
- REFUSED..... 97
- DON'T KNOW..... 98

C26. [IF EMPLOYED and STILL LIVING IN AHPP UNIT] Now, I'd like to ask a few questions about how where you live affect your ability to work. Compared to where you lived before you moved into your AHPP unit, since moving into you AHPP unit is it easier, harder, or about the same to....

	Easier	Harder	Same	Refused	Don't Know
a. Travel to work?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8
b. Work extra hours?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8
c. Find a higher paying job?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8
d. Spend more time with your family?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8
e. Find quality child care?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8

C27. How many of the people in your household (including yourself) are employed full-time or part-time?

- DON'T KNOW..... -1
- REFUSED..... -2

C28. I'm going to read a list of possible income sources. For each one, please answer yes if someone in your family had income from this source in the past month. During the past month, did anyone in your household receive income from...

	YES	NO	NO INCOME IN PAST MONTH	REFUSED	DON'T KNOW
a. Wages, salary, commissions, bonuses or tips from a job	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
b. Self-employment income	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
c. Interest, dividends, net rental income, royalty income, or income from estates and trust	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
d. Social Security or Railroad Retirement	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
e. Supplemental Security Income (SSI)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
f. Alimony or Child Support	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
g. Any public assistance or welfare payments from the state or local welfare office (including TANF, but NOT including Food Stamps)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
h. Food Stamps	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
i. Retirement, survivor, or disability pensions (NOT including Social Security)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
j. Unemployment Compensation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
k. Other (SPECIFY _____)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

C29. What is your household's total monthly income last month from all of the sources checked above. Please include income from all family members.

Monthly Household Income \$ _____ 0-99999
 DON'T KNOW..... -1
 REFUSED..... -2

C29a. I have recorded that your total monthly household income is [AMOUNT], is that correct?

- Yes..... 1
- No..... 2
- REFUSED..... 97
- DON'T KNOW..... 98

C29b. [IF C29=0 AND ANY ITEM IN C28=NO INCOME LAST MONTH ASK:] I just want to confirm that you had no income at all from any of the above sources last month. Is that correct?

- Yes..... 1
- No (REPEAT C29 and C29a UNTIL CORRECT)..... 2
- REFUSED..... 97
- DON'T KNOW..... 98

C30. Was your total household income last month what you would receive in a typical month?

- Yes (SKIP TO C32)..... 1
- No 2
- REFUSED..... 97
- DON'T KNOW..... 98

C31. In a typical month, what would your household's total monthly income from all of the sources checked above be? Please include income from all family members.

- Typical Monthly Household Income \$ _____.....0-99999
- DON'T KNOW..... -1
- REFUSED..... -2

C31a. I have recorded that your total monthly household income in a typical month is [AMOUNT], is that correct?

- Yes..... 1
- No (REPEAT C31 and C31a UNTIL CORRECT)..... 2
- REFUSED..... 97
- DON'T KNOW..... 98

C32. In the past month, have you or anyone in your household had to use one of the following sources in order to cover your living expenses.

<i>Did you use...</i>	YES	NO	REFUSED	DON'T KNOW
a. Money from your savings (by savings I mean money that you put aside for a later date)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
b. Insurance proceeds from your homeowner or renters policy	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
c. Money from a state grants program for hurricane victims	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
d. A new credit card or other debt (that you did not pay off this month)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

C33. In the past month, have you lived in housing or received financial assistance from family, friends, or a charitable organization (such as a church or the Red Cross)?

<i>In the past month...</i>	YES	NO	REFUSED	DON'T KNOW
a. Were you living with friends or family (or in a house provided by friends or family)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
b. Did your friends or family provided some financial help	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
c. Were you living in housing provided by charitable organization (including a homeless shelter)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
d. Did a charitable organization provided some financial help	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

Now I'd like to ask a few questions about your education.

C34. What is the highest degree or level of school you have completed? (select only one)

- Nursery School to 6th grade or no schooling..... 1
- 7th to 12th grade - NO DIPLOMA 2
- High School Graduate or Equivalent (for example, GED)..... 3
- Some College..... 4
- Associates Degree..... 5
- Bachelors Degree..... 6
- Masters Degree, Doctorate Degree, or other Professional Degree
(for example, MD, DDS, DVM, LLB, JD)..... 7
- REFUSED..... 97
- DON'T KNOW..... 98

We'd like to learn more about how your children are doing since you received your AHPP unit.

C35. Of the [# IN B32] people living with you, are any of them children age 17 or under?

- Yes..... 1
- No (SKIP TO C39)..... 2
- REFUSED..... 97
- DON'T KNOW..... 98

a. How many children in your household are 5 years old or under?

- DON'T KNOW..... -1
- REFUSED..... -2

b. How many children in your household are between 6 and 11 years of age?

- DON'T KNOW..... -1
- REFUSED..... -2

c. How many children in your household are between 12 and 17 years of age?

- DON'T KNOW..... -1
- REFUSED..... -2

C36. Now I'd like to learn a little more about your opinion on how the AHPP program may have affected your children age 17 and under. For each topic, I will ask whether you think there has been a change for the better or a change for the worse or no change at all while you have been living in the AHPP unit. [Note: If >1 child and not the same affect, we want to which was the most common affect on the children in the household.]

	A13b. Child(ren)'s [WELLBEINGATTRIBUTE] has...		
	Improved	Same	Worse
C36a. Since moving into your AHPP unit would you say that your <u>children's</u> emotional health has improved, stayed the same or gotten worse?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
C36b. Since moving into your AHPP unit, would you say that the behavior of your <u>children</u> has improved, stayed the same, or gotten worse?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
C36c. Since moving into your AHPP unit, would you say that your <u>children's</u> enthusiasm to go to school has improved, stayed the same, or gotten worse?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
C36d. Since moving into your AHPP unit, would you say that your <u>children's</u> desire to do well in school has improved, stayed the same, or gotten worse?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

C37. Since moving into your AHPP unit, have you or another adult in your household ...

	YES	NO	REFUSED	DON'T KNOW
a. attended a general school meeting such as back to school night?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
b. volunteered to serve on a committee or help out in the school?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
c. attended any school activities your child has participated in such as a sporting event, school play, or science fair?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
d. met with your child's teacher to discuss their progress in school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
e. met with child's teacher to discuss any behavior problems he/she has had in school?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

C38. Are you or another adult more likely, less likely, or equally likely to do the types of events we just discussed now than you were before you moved into your AHPP unit?

- More Likely 1
- Less Likely 2
- Equally Likely 3
- REFUSED..... 97
- DON'T KNOW..... 98

Neighborhood Quality

C39. Are you living on the same property or lot as you were before the hurricane hit?

- Yes (SKIP TO C40)..... 1
- No..... 2
- REFUSED 97
- DON'T KNOW 98

C39a. Thinking about your neighborhood now, are you living in the same neighborhood as when the hurricane hit when you lived at [HURRICANE ADDRESS] or living in a different neighborhood?

- Same..... 1
- Different..... 2
- REFUSED..... 97
- DON'T KNOW..... 98

C40. Thinking about your neighborhood now, are you living in the same neighborhood as when you lived at [BASELINE ADDRESS] or living in a different neighborhood?

- Same..... 1
- Different..... 2
- REFUSED..... 97
- DON'T KNOW..... 98

C41. Now, please tell us how satisfied you are with the following neighborhood amenities for your current housing...

	Satisfied	Neither satisfied or unsatisfied	Unsatisfied	Refused	Don't know
a. Distance to your job?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
b. Distance to your child/children's school?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
c. Quality of your child/children's school?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
d. Garbage pick-up?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
e. Police response?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
f. Quality of outdoor space, such as parks?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
g. Distance to grocery store?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
h. Friendliness of your neighbors?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
i. Availability of child care?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
j. Availability of health care?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

Now we'd like to get a sense of how safe you think the area is where you currently live.

C42. How safe do you feel...

	Very safe	Safe	Unsafe	Very unsafe	Refused	Don't know
a. On the streets near your home during the day?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
b. On the streets near your home at night?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

C42a. Think back to when you lived in a FEMA unit. Do you feel more safe, less safe, or equally safe in your current unit than you did in your FEMA unit?

- MORE SAFE 1
- LESS SAFE 2
- EQUALLY SAFE 3
- REFUSED 97
- DON'T KNOW 98

C43. Please tell me if any of the following things has happened to you or anyone who (lives/lived) with you in the past 6 months.

<i>In the past 6 months...</i>	YES	NO	REFUSED	DON'T KNOW
a. Was anyone's purse, wallet, or jewelry snatched from them?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
b. Was anyone threatened with a knife or a gun?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
c. Was anyone beaten or assaulted?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
d. Did someone try to break into your home or property?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
e. Was anyone stabbed or shot?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

C44. Now, still thinking about the area that you consider your neighborhood, please tell me if the following items are - a big problem, a small problem, or no problem at all

<i>In your neighborhoods is ...</i>	BIG PROBLEM	SMALL PROBLEM	NO PROBLEM AT ALL
a. People being attacked or robbed a...	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. People selling drugs a...	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. People using drugs a...	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. Gangs a....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e. Rape or other sexual attacks a...	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
f. Shootings and violence a...	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

Social Support Module

I am now going to ask you some questions about different types of help that may be available to you if you need it

C45. In the six months before the hurricanes, if you needed help, please tell me if the following types of support were available to you.

C46. If you needed help now, please tell me if the following types of support would be available to you.

	C45		C46.	
	Available in 6 months prior to hurricane?		Available Now?	
	YES	NO	YES	NO
a. Someone available to help you if you were confined to bed.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. Someone available to give good advice about a crisis.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. Someone available to get together with for relaxation.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d. Someone available to confide in or talk about your problems.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e. Someone available to love you and make you feel wanted.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

C47. Think about the unit and the neighborhood you live in now. How safe do you feel...

	Very safe	Safe	Unsafe	Very unsafe	Refused	Don't know
a. From flooding?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
b. From high winds?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
c. From hurricanes?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

C48. (TREATMENTS ONLY) In what ways do you think that AHP program has affected your quality of life?

CONTACT INFORMATION

Thank you very much for your time today. To help us be able to get back in touch with you in the future, we would like to collect the names, telephone numbers and addresses of two people who will always know how to reach you. Please tell me about people who live at a different address than you. This information will be kept strictly confidential and will only be used if we are unable to contact you.

C49. Could you tell us the name of a primary person who does not live with you and will always know how to contact you?

- Yes..... 1
No (SKIP TO END)..... 2
REFUSED (SKIP TO END)..... 97
DON'T KNOW (SKIP TO END)..... 98

CONTACT #1:

C50. What is his/her first name? _____

C50a. What is his/her middle name? _____

C50b. What is his/her last name? _____

C50c. Does his/her name have a suffix? _____

C51. What is (his/her) street address? _____

C51a. Is there a complex/building name? _____

C51b. Is there an apartment number? _____

C51c. In what city? _____

C51d. In what state? _____

C51e. What is the zip code? _____

C52. What's the best phone number to reach (him/her) at starting with the area code?

Telephone # with area code: (_____) _____ - _____

**C52a. Is she/he a friend or a relative, or what is (his/her) relationship to you?
ACCEPT ONE RESPONSE ONLY.**

- Friend..... 1
- Relative..... 2
- Other (SPECIFY _____)..... 96
- REFUSED..... 97
- DON'T KNOW..... 98

CONTACT #2:

C53. Could you tell us the name of a second person who does not live with you and will always know how to contact you?

- Yes..... 1
- No (SKIP TO END)..... 2
- REFUSED (SKIP TO END)..... 97
- DON'T KNOW (SKIP TO END)..... 98

C54. What is the name of someone else who keeps in contact with you?

- C54a. What is his/her first name? _____
- C54b. What is his/her middle name? _____
- C54c. What is his/her last name? _____
- C54d. Does his/her name have a suffix? _____

C55. What is (his/her) street address? _____

- C55a. Is there a complex/building name? _____
- C55b. Is there an apartment number? _____
- C55c. In what city? _____
- C55d. In what state? _____
- C55e. What is the zip code? _____

C56. What's the best phone number to reach (him/her) at starting with the area code?

Telephone # with area code: (_____) _____ - _____

**C56a. Is she/he a friend or a relative, or what is (his/her) relationship to you?
ACCEPT ONE RESPONSE ONLY.**

- Friend..... 1
- Relative..... 2
- Other (SPECIFY _____)..... 96
- REFUSED..... 97
- DON'T KNOW..... 98

Debriefing Module

Thank you for taking the time to speak with me today. This brings us to the end of the survey. What you've told us is very important, and it will help us help others after disasters. I have just a few more questions about the survey itself.

C57. Were any of the survey questions emotionally upsetting to you?

- Yes..... 1
- No (SKIP TO END)..... 2
- REFUSED (SKIP TO END)..... 97
- DON'T KNOW (SKIP TO END)..... 98

C58. Are you still feeling emotionally upset, or are you feeling okay now?

- Still feeling upset..... 1
- Feeling okay now (SKIP TO END)..... 2
- REFUSED (SKIP TO END)..... 97
- DON'T KNOW (SKIP TO END)..... 98

If you would like to talk to someone about how you are feeling, you can call someone at the [NAME OF LOCAL SUPPORT AGENCY SUCH AS SAMARITANS]? The phone number for this organization is on this card. [Interviewer will provide a card to the respondent with toll-free number for the Samaritans or a local help group.]

C59. Would you like to take this card and speak to someone about how you are feeling now?

- Yes..... 1
- No (SKIP TO END)..... 2

C60. INTERVIEWER RECORD YES IF RESPONDENT TOOK CARD AND THEN COMPLETE AN ADVERSE EVENT REPORT.]and then record whether or not respondent took the card.

- Yes..... 1
- No (SKIP TO END)..... 2