

Attachment C. Sample CASPER Questionnaires

Form Approved
OMB No. 0920-XXXX
Exp. Date xx/xx/20xx

Sample Disaster/Recovery CASPER Questionnaire Used in an Actual Event

To be completed by team BEFORE the interview	
Q1. Date (MM/DD/YY):	Q4. Team Member Initials:
Q2. Cluster Number:	Q5. Team Number:
Q3. Survey Number:	Q6. County Name:
Demographic Information	
Q7. Is this your primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	Q12. Did you evacuate your home anytime during or before the flood? <input type="checkbox"/> Yes (go to 12c-12e) <input type="checkbox"/> No (go to 12b) <input type="checkbox"/> Refused
Q8. How many people live in your household? _____	Q12b. If NO, What prevented you from evacuating?
Q9. How many people living in your household are Less than 2 years old? _____ 2-17 years old? _____ 18-64 years old? _____ More than 65 years old? _____ <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> No place to go <input type="checkbox"/> No need to evacuate <input type="checkbox"/> Lack of transportation <input type="checkbox"/> Stayed w/pet <input type="checkbox"/> Other _____ <input type="checkbox"/> DK <input type="checkbox"/> Refused
Q10. Do you feel your home is currently structurally safe to live in? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	If YES, Q12c. Where did you evacuate to?
Q11. Are you currently in temporary housing? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> Shelter <input type="checkbox"/> Hotel <input type="checkbox"/> Friend/Family home <input type="checkbox"/> 2 nd home <input type="checkbox"/> Other _____ <input type="checkbox"/> DK <input type="checkbox"/> Refused
	Q12d. What date did you evacuate? ____/____/____
	Q12e. What date did you return home to sleep? ____/____/____

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

Cleanup, Utilities, and Supplies

Q13. How high did the flood waters reach inside your home?
 _____ ft DK

Q14. What stage of the flood recovery process are you in now?
 Home uninhabitable—not living at home
 Cleaning up—not living at home
 Cleaning up—living at home
 Living in the home (no cleanup)
 Home never flooded
 Don't know
 Other: _____ Refused

Q15. Do you see mold or smell a moldy /musty odor in your home?
 Yes No DK Refused

Q16. Is there 10 sq ft or more of water damage and/or mold anywhere inside your home? (10 sq ft is approximately the size of an infant's playpen) Yes No DK Refused

Q17. Do you currently have the following services in your home?
 Running water Yes No DK N/H Ref
 Electricity Yes No DK N/H Ref
 Garbage pickup Yes No DK N/H Ref
 Sewage services Yes No DK N/H Ref
 Any Telephone Yes No DK N/H Ref

Q18. What is your current source of electricity?
 No electricity Generator Power company
 N/H DK Refused

Q19. Since the flooding, have you used a generator?
 Yes No DK Refused

Q19b. If **YES**, where is/was the generator located?
 Inside Garage Outside, <25 ft Outside, ≥25 ft
 DK Refused

Q19c. If **outside**, is/was the generator near an open or broken window?
 Yes No DK Refused

Q20. What was your primary source of drinking water *before* the flood? Well Public/Municipal Bottled DK Refused

Q20b. What is your primary source of drinking water right now?
 Well Public/Municipal Bottled DK Refused

Q20c. If using a **well or municipal** (tap water), are you treating the water? Yes, boiling Yes, chemical No DK
 Refused

Q21. Do you have access to adequate food for everyone in your household for the next 3 days? Yes No DK Refused

Since the flooding, have you used...
Q22a: A charcoal grill/briquettes indoors?
 Yes, with windows open Yes, with windows closed
 No DK Refused

Q22b. A pressure washer with the actual engine in the house?
 Yes, with windows open Yes, with windows closed
 No DK Refused

Q23. Do you have a carbon monoxide detector?
 Yes No DK Refused

Q23b. If **YES**, is it working?
 Yes No DK Refused

Q24. Since the flooding, have you had any significant loss to your crops?
 Yes, Minor loss Yes, Significant loss
 No Loss Not Applicable
 DK Refused

Continue questionnaire on back...

Animal Safety

Q25. Since the flooding, have you noticed an increase in mosquitoes around your home or neighborhood?
 Yes No DK Refused

Q26. Are you doing anything to protect yourself from mosquitoes?
 Yes No DK Refused

Q26b. If **YES**, what type of protective measures are you using? (check all the apply)
 Wearing repellent Eliminating standing water
 Wearing protective clothing (long shirts/pants)
 Other, _____

Q27. Since the flooding, have you or anyone in your household noticed an increase in snakes around your home or neighborhood? Yes No DK Refused

Q28. Since the flooding, have you or anyone in your household noticed an increase in alligators around your home or neighborhood?
 Yes No DK Refused

Q29a. Since the flooding, have you or anyone in your home been bitten by an animal or insect **other than mosquitoes**?
 Yes No DK Refused

Q29b. If yes, what animal _____

Health Status and Access to Care

Q30. Since the flooding, has anybody in your household experienced

Cough Yes No DK
 Fever Yes No DK
 Nausea/stomach ache/diarrhea Yes No DK
 Rash Yes No DK
 Worsening of chronic illness (such as hypertension, asthma or diabetes) Yes No DK
 If **YES**, what type(s) of illness(es)? _____
 Other, _____ Yes No DK

Q31a. Since the flooding, have you or a member of your household been injured in or around your home?
 Yes No DK Refused

Q31b. If **YES**, what part of the body was injured? (check all that apply)

Head Body/torso Back
 Neck Leg(s) DK
 Arm(s) Foot/feet Refused

Q31c. If **YES**, were you or the member of your household injured while repairing the residence or retrieving items?
 Yes No DK Refused

Q31d. If **YES**, what caused the injury? _____

Q32. Has everybody in your household had a tetanus (DTaP/Tdap/Td) shot in the past 10 years?
 Yes No DK Refused

Q33. Is there anybody in your household who currently needs
 Oxygen Dialysis Home health care
 Other type of special care, _____ DK Refused

Q34. Since the flooding, Are you able to get the care you need for everyone in your household?
 Yes No DK Refused

Q35a. Is everybody in your household getting the prescription medications they need?
 Yes No DK Refused

Q35b. If **NO**, why not? (check all that apply)

Clinic/physician closed Pharmacy closed
 No transportation Money/cost
 Medicare/Medicaid/insurance problems
 Other, _____ DK Refused

Q36. Since the floods, has anybody in your household experienced an increase in

Agitated behavior Yes No DK Ref
 Anxiety or stress Yes No DK Ref
 Depressed mood Yes No DK Ref
 Difficulty concentrating Yes No DK Ref
 Loss of appetite Yes No DK Ref
 Trouble sleeping/nightmares Yes No DK Ref
 Increased alcohol/drug use Yes No DK Ref
 Witnessed or experienced violence Yes No DK Ref
 Other, _____ Yes No DK Ref

Communications

Q37a. Since the flooding, have you received any information about boil water advisories in your area?
 Yes No DK Refused

Q37b. If **YES**, what was your PRIMARY source of information?

TV Radio Text message
 Neighbor, word of mouth Flyer/poster Local newspaper
 Internet, _____ Other, _____
 DK Refused

Q38a. Have you looked for information or answers to questions regarding the flood and its effects?
 Yes No DK Refused

Q38b. Where would you look for reliable information regarding the flood and cleaning up after the flood?

TV Radio Text message
 Neighbor, word of mouth Flyer/poster Local newspaper
 Internet, _____ Other, _____
 DK Refused

Q39a. Have you received any other health advice, clean up tips, or other information related to the flood?
 Yes No DK Refused

Q39b. If **YES**, what was your PRIMARY source of information?

TV Radio Text message
 Neighbor, word of mouth Flyer/poster Local newspaper
 Internet, _____ Other, _____
 DK Refused

Q40. What is your greatest need at this time?

Thank you for your time!

Many of these questions are those that the state requests we collect. They provide valuable situational awareness and information at the household level that can help decision makers take action. For example,

- **Vulnerability assessment** questions (e.g. Sample Preparedness Questionnaire questions 13, 14, 15, 16) help to assess the social vulnerability of a household and their health status (e.g. resources available to them, SES, and physical and mental health conditions that may result in increased vulnerability to the impacts of the disaster.
- **Water damage and mold exposure** questions (e.g., Sample Flooding Questionnaire questions 13, 15, 16) can indicate the potential for environmental exposure to mold and give public health officials and decision makers an estimate of how many households might be affected by flooding and how badly damaged homes are. This would also help public health officials know if it was important to put resources towards health messaging around mold.
- **Carbon Monoxide (CO) exposure** questions (e.g., Sample Flooding Questionnaire questions 19b, 19c, 22a, 22b) provide critical information that can tell public health officials if many people are using/misusing CO producing equipment. Knowing this can help prevent potential morbidity and mortality from CO exposures. This would also help public health official know if it was important to put resources towards health messaging around preventing CO exposure.
- **Mental/behavioral health** questions (e.g., Sample Flooding Questionnaire question 36 and Sample Preparedness Questionnaire questions 14, 15) provide important information because mental health issues arising from or exacerbated by a disaster can affect a person's physical health and ability to recover after a disaster. This would also help public health official know if it is important to put resources towards health messaging around mental health and provide community mental health resources.