

**Appendix 4: Household Survey**

SAMPLE

Interviewer \_\_\_\_\_ Household ID \_\_\_\_\_  
Date \_\_\_\_\_ Start time \_\_\_\_\_ End time \_\_\_\_\_  
Cluster/Zone \_\_\_\_\_ Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Type of residence  
 Single family  Multiple unit  Mobile home  Other \_\_\_\_\_

## HOUSEHOLD SURVEY

### **MODULE A: CONTACT INFORMATION**

- A1. What is your full name? \_\_\_\_\_
- A2. What is your street address?  
Street \_\_\_\_\_ Apt \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip Code: \_\_\_\_\_
- A3. What is the best telephone number to reach you in case we have questions about your survey? Please specify if this is a cellular phone, house phone, or work phone.  
( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_  Cell  House  Work

### **MODULE B: DEMOGRAPHICS**

- B1. How many people live in this residence? \_\_\_\_  
How many are male? \_\_\_\_ How many are female? \_\_\_\_
- B2. How many people that live here are less than two years old? \_\_\_\_  
2-17 years old? \_\_\_\_ 18-64 years old? \_\_\_\_ More than 64 years old? \_\_\_\_
- B3. How many people in this household are of Hispanic, Latino, or Spanish origin? \_\_\_\_
- B4. To which race do members of this household most identify? I will read a list of races. Please tell me how many people in the household identify as being that race.  
Record the number of people of each race described:  
\_\_\_\_ Black      \_\_\_\_ American Indian/Alaska Native  
\_\_\_\_ White      \_\_\_\_ Native Hawaiian or other Pacific Islander  
\_\_\_\_ Asian

**MODULE C: LOCATION/EXPOSURE AND COMMUNICATIONS**

C1. Was anyone home at any time between [Incident Date/Time] and [End Date/Time]?

- Yes
- No

C2. After [the release] did you or anyone else in your household detect any unusual smells or tastes that you think were related to the incident?

- Yes
- No

C3. How did your family first receive information or instructions about the incident? Check only one.

- |  |  |
|--|--|
| <input type="checkbox"/> Noticed odor/saw chemical                                 | <input type="checkbox"/> Directly from person in authority (police, firefighter) |
| <input type="checkbox"/> Reverse 911 call to landline phone                        | <input type="checkbox"/> Reverse 911 call to cell phone                          |
| <input type="checkbox"/> Call to landline phone                                    | <input checked="" type="checkbox"/> Call to cell phone                           |
| <input type="checkbox"/> TV  | <input checked="" type="checkbox"/> Radio  |
| <input type="checkbox"/> Text message on a cell phone                              | <input type="checkbox"/> Social media (Facebook, Twitter)                        |
| <input type="checkbox"/> Directly from another person (such as friend or relative) |  |
| <input type="checkbox"/> Other (Please specify): _____                             |  |

C4. As the incident progressed, how did you obtain information? Check all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Directly from person in authority (police, firefighter)              |   |
| <input type="checkbox"/> Reverse 911 call to landline phone                                   | <input type="checkbox"/> Reverse 911 call to cell phone |
| <input type="checkbox"/> Call to landline phone   | <input type="checkbox"/> Call to cell phone             |
| <input type="checkbox"/> TV   | <input checked="" type="checkbox"/> Radio               |
| <input checked="" type="checkbox"/> Text message on a cell phone                              | <input type="checkbox"/> Social media                   |
| <input type="checkbox"/> Website  | <input checked="" type="checkbox"/> Community meeting   |
| <input type="checkbox"/> Newspaper  |   |
| <input checked="" type="checkbox"/> Directly from another person (such as friend or relative) |   |
| <input checked="" type="checkbox"/> Other (Please specify): _____                             |   |

C5. Did your household receive instructions to shelter in place (meaning stay inside with the doors and windows closed) after [the release]?

- Yes
- No → Go to Question C7

C6. How did you receive instructions to shelter in place?

\_\_\_\_\_

C7. Were you given specific instructions about how to shelter in place?

- Yes
- No

C8. What actions, if any, did you take to shelter in place?

\_\_\_\_\_  
\_\_\_\_\_

C9. Did your household evacuate after [the release]?

- Yes
- No → [Go to Question C13](#)

C10. Which day and at approximately what time did you evacuate?

\_\_\_/\_\_\_/\_\_\_ :\_\_\_  AM  PM  
MM DD YYYY

C11. When you evacuated, where did you go?

- Shelter
- Hotel
- Friend's/family's house
- Other \_\_\_\_\_

C12. When did you return home? \_\_\_/\_\_\_/\_\_\_ :\_\_\_  AM  PM  
MM DD YYYY

C13. Do you have any pets?

- Yes → [Go to Question C15](#)
- No

C14. What kind of pets do you have and how many are there of each kind?

- \_\_\_ Dog(s)
- \_\_\_ Cats(s)
- \_\_\_ Bird(s)
- \_\_\_ Fish
- \_\_\_ Other (specify): \_\_\_\_\_

C15. If you have pets, did you take all of them with you when you evacuated?

- Yes →
- No
- Took some but not all →

C16. Which pets did you leave behind when you evacuated and what led to your decision to leave them?

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### **MODULE D: HEALTH STATUS**

D1. Within 24 hours of the incident, did you or anyone in your family have any symptoms of an illness?

- Yes
- No →

D2. I will now read a list of symptoms that sometimes can follow exposure to [chemical]. Please tell me if anyone in the household who experienced each symptom within 24 hours of the release. Do not include a symptom that someone had before the release unless it got worse after the release. For each symptom that someone experienced, ask: How many people in the household experienced [symptom]?

- Eye irritation \_\_\_\_\_  Y  N  DK If yes, how many? \_\_\_\_\_
- Nose or throat irritation \_\_\_\_\_  Y  N  DK If yes, how many? \_\_\_\_\_
- Coughing \_\_\_\_\_  Y  N  DK If yes, how many? \_\_\_\_\_
- Wheezing \_\_\_\_\_  Y  N  DK If yes, how many? \_\_\_\_\_
- Difficulty breathing \_\_\_\_\_  Y  N  DK If yes, how many? \_\_\_\_\_
- Headache \_\_\_\_\_  Y  N  DK If yes, how many? \_\_\_\_\_
- Dizziness or lightheadedness \_\_\_\_\_  Y  N  DK If yes, how many? \_\_\_\_\_
- Ringing of the ears \_\_\_\_\_  Y  N  DK If yes, how many? \_\_\_\_\_
- Nausea \_\_\_\_\_  Y  N  DK If yes, how many? \_\_\_\_\_
- Vomiting \_\_\_\_\_  Y  N  DK If yes, how many? \_\_\_\_\_
- Skin itching or burning \_\_\_\_\_  Y  N  DK If yes, how many? \_\_\_\_\_
- Skin rash \_\_\_\_\_  Y  N  DK If yes, how many? \_\_\_\_\_

D3. Were there any symptoms I didn't ask about that members of the household experienced?

- Yes (Please specify.)
- No

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**MODULE E: MEDICAL CARE RECEIVED**

E1. Did you or anyone in your family receive medical care or a medical evaluation because of the incident?

- Yes → Go to Question F3
- No

E2. Ask only if someone had symptoms: Why didn't you or your family members seek medical care?

- Symptoms were not bad enough
- Don't like to go to the doctor
- Didn't want to take time
- Worried about who would pay for the medical visit
- Worried about losing job
- Other (Please specify): \_\_\_\_\_
- Unsure

E3. For each person who received medical care, please tell me the person's name, where they received care, and the date. Please include medical evaluations by emergency medical services or EMTs, hospitals, and doctor's offices.

Name	Where Received Care	Date

E4. If a hospital was named, ask: Was [name] treated and released from the emergency department or hospitalized? If hospitalized, ask: How long was [he/she] hospitalized?

Name	Treated and Released	Hospitalized	Duration of Hospitalization

### MODULE F: NEEDS

F1. As a result of the incident, does your household need any of the following...  
Read all choices to the respondent.

- Medicines or medical supplies  Yes  No
- Medical care  Yes  No
- Water  Yes  No
- Food  Yes  No
- Shelter  Yes  No
- Utilities  Yes  No
- Anything else  Yes  No

If needs are identified in Question F1, obtain details on exactly what is needed.

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**MODULE G: OTHER INFORMATION**

G1. Is there anything else you want to tell us related to the [chemical] incident?

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That completes this survey. I would like to sincerely thank you for your time. Be sure to record the end time on the first page of this survey.

SAMPLE