

Form Approved  
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Date: \_\_\_/\_\_\_/2016 Drought Community Assessment for Public Health Emergency Response -- 2016  
 Cluster No.: \_\_\_\_\_ Interview No.: \_\_\_\_\_ Interviewers initials: \_\_\_\_\_

**Demographics**

<b>Q1.</b> Type of structure: <input type="checkbox"/> Single family <input type="checkbox"/> Multiple unit <input type="checkbox"/> Mobile home <input type="checkbox"/> Other _____	<b>Q3.</b> Including yourself, how many people live in your HH? ___#___
<b>Q2.</b> Does your HH own or rent your place of residence <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other _____ <input type="checkbox"/> DK <input type="checkbox"/> Ref	<b>Q4.</b> Including yourself, how many people living in your HH are Less than 2 years old? ___#___ 2-17 years? ___#___ 18-64 years? ___#___ 65+ years? ___#___ <input type="checkbox"/> DK <input type="checkbox"/> Ref

**Communications**

<b>Q5.</b> What is your HH's <b>primary</b> source of information about the drought? (check ONE) <input type="checkbox"/> Newspaper <input type="checkbox"/> TV <input type="checkbox"/> Friends <input type="checkbox"/> Family members <input type="checkbox"/> AM/FM radio <input type="checkbox"/> Work <input type="checkbox"/> Internet <input type="checkbox"/> Place of worship <input type="checkbox"/> Other, _____ <input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Ref	<b>Q7.</b> What is the main language spoken in your HH? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ <input type="checkbox"/> DK <input type="checkbox"/> Ref
<b>Q6.</b> What is your HH most preferred method for receiving information about an emergency event? (check ONE) <input type="checkbox"/> TV <input type="checkbox"/> Radio <input type="checkbox"/> Text message <input type="checkbox"/> Cell phone call <input type="checkbox"/> Landline <input type="checkbox"/> Internet <input type="checkbox"/> NIXLE <input type="checkbox"/> Word of mouth <input type="checkbox"/> Other _____ <input type="checkbox"/> DK <input type="checkbox"/> Ref	<b>Q8.</b> Does anyone in your HH have any of the following that could be barriers to effective communication during an emergency? (CATA) <input type="checkbox"/> Impaired hearing <input type="checkbox"/> Impaired vision <input type="checkbox"/> Developmental/cognitive disability <input type="checkbox"/> Difficulty understanding written material <input type="checkbox"/> Difficulty understanding English <input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Ref

**Water Sources**

<b>Q8.</b> Where did you HH water come from before the drought? (CATA) <input type="checkbox"/> Town, city, or county water system <input type="checkbox"/> Small water system <input type="checkbox"/> Bottled water <input type="checkbox"/> Private well ( <b>go to Q8a</b> ) <input type="checkbox"/> Cistern <input type="checkbox"/> Surface water (river, lake, spring) <input type="checkbox"/> Other _____ <input type="checkbox"/> DK <input type="checkbox"/> Ref <b>Q8a.</b> If well, in the last year, has your HH seen a decrease in water production? <input type="checkbox"/> Yes ( <b>go to Q8b</b> ) <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref <b>Q8b.</b> If yes, has your HH participated in the Mariposa County's Dry Well program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unaware of program <input type="checkbox"/> DK <input type="checkbox"/> Ref	<b>Q10.</b> Does your HH currently have reliable running water from a well or water system? <input type="checkbox"/> Yes <input type="checkbox"/> No ( <b>go to 10a</b> ) <input type="checkbox"/> DK <input type="checkbox"/> Ref <b>Q11.</b> Does your HH use tap water for drinking and/or cooking? <input type="checkbox"/> Yes, drinking only <input type="checkbox"/> Yes, cooking only <input type="checkbox"/> Yes, drinking and cooking <input type="checkbox"/> No <input type="checkbox"/> NA, currently no running water ( <b>go to Q11a</b> ) <input type="checkbox"/> DK <input type="checkbox"/> Ref <b>Q11a.</b> What is the main barrier to getting running water in your home? (check one) <input type="checkbox"/> Too expensive <input type="checkbox"/> Well drillers are not available <input type="checkbox"/> Landlord needs to and has not <input type="checkbox"/> Waiting for govt financial help <input type="checkbox"/> Waiting for govt to provide goods or services <input type="checkbox"/> Other _____ <input type="checkbox"/> None/NA <input type="checkbox"/> DK <input type="checkbox"/> Ref
<b>Q9.</b> During the current drought, where does your HH water come from? (CATA) <input type="checkbox"/> Town, city, or county water system <input type="checkbox"/> Small water system <input type="checkbox"/> Bottled water <input type="checkbox"/> Private well <input type="checkbox"/> Cistern <input type="checkbox"/> Surface water (river, lake, spring) <input type="checkbox"/> Other _____ <input type="checkbox"/> DK <input type="checkbox"/> Ref	<b>Q12.</b> Is your HH aware of any problems with the quality of your tap water? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not use tap water <input type="checkbox"/> DK <input type="checkbox"/> Ref <b>Q13.</b> Has your HH noticed a change in the color, clarity, odor, or taste of your water? (CATA) <input type="checkbox"/> Color <input type="checkbox"/> Clarity <input type="checkbox"/> Odor <input type="checkbox"/> Taste <input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Ref

**Drought Mitigation/Assistance Behavior**

<b>Q15.</b> In response to water shortages, have you or members of your HH Reduce water usage: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref Created system to capture/reuse water: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref	<b>Q17.</b> If the drought continues, would your HH be able to further reduce water consumption? <input type="checkbox"/> Yes ( <b>go to 17a</b> ) <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref <b>Q17a.</b> If yes, how so?
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CDC estimates the average public reporting burden for this collection of information as 30 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintain the data/information 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, MD D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1036).

Drought Community Assessment for Public Health Emergency Response – 2016

DK=Don't Know

R=Refused

NA=Not applicable

CATA= Check all that apply

HH=Household

Installed faucet aerators	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref
Repaired plumbing leaks	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref
Replaced appliances (washing machine)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref
Decreased washing HH laundry	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref
Reduced how often HH flushes toilet	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref
Reduced water use for lawn/landscaping	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref
Used your swamp cooler less	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref
Stopped gardening	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref
Quit farming or let land go fallow	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref
Shortened shower/bathing times	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref
Reduced how often shower/bathe	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref
Washed hands less or for shorter time	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref
Stopped washing hands with water	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref
Washed food less or for shorter time	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref
Drank less water	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref
Spent less time outdoors	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref
Decreased rec. activities that use water	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref

**Q18.** Has anyone in your HH looked for assistance related to the drought?  Yes (**go to Q18a**)  No  NA  DK  Ref

**Q18a.** If yes, what type of assistance did your HH need? (CATA)  
 Well drilling  Drinking water  Health Services  
 Utility or energy assistance  Financial help  
 Food assistance  Employment services  
 Other, specify \_\_\_\_\_  DK  Ref

**Q18b.** If yes, Who provided the assistance? (CATA)  
 Other family members  Neighbor  Employer  
 Government agency  Your faith community  
 Food Bank  Fire, police, emergency agencies  
 Utility or water company  Non-profit organization  
 Other \_\_\_\_\_  DK  Ref

**Q18c.** If yes, How difficult was it to get assistance?  
 Very difficult  Difficult  Easy  Very Easy  DK  Ref

**Q18d.** What were the barriers to getting assistance?  
 \_\_\_\_\_  
 No barriers  DK  Ref

**Q16.** Are there other actions your HH has taken to use less water?  
 \_\_\_\_\_  
 No  DK  Ref

**Q19.** Have you or members of your HH planted drought resistant...(CATA)  Crops  Edible Garden  Landscaping plants  None  DK  Ref

**Q20.** Are there any dead or dying trees on your property?  Yes (**go to Q20a**)  No  NA  DK  Ref

**Q20a.** If yes, did your HH fell or have the trees felled?  Yes (**go to Q20b**)  No  NA  DK  Ref

**Q20b.** If yes, approximately how much did it cost for your HH to fell or have someone else fell the trees? \$ \_\_\_\_\_  DK  Ref

**Q20c.** If yes, approximately how many of each type of tree has your HH felled?  Oak \_\_\_\_\_  Pine \_\_\_\_\_  Other \_\_\_\_\_  DK  Ref

**Drought Knowledge and Beliefs**

**California is in the fifth year of drought, I am going to read you a set of statements about drought. Please tell me whether you or your HH members believe the statement to be TRUE (T) or FALSE (F)**

**Q21.** Is there an increased demand for water?  T  F  DK  Ref

**Q22.** There is poor water management by the govt.  T  F  DK  Ref

**Q23.** There is overuse of water by cities  T  F  DK  Ref

**Q24.** Too much water is used to protect wildlife  T  F  DK  Ref

**Q25.** Some people aren't cutting water use enough  T  F  DK  Ref

**Q26.** Droughts are caused by lack of rain/snow  T  F  DK  Ref

**Q27.** Droughts are caused by climate change  T  F  DK  Ref

**Q28.** Droughts are caused by a "higher power"  T  F  DK  Ref

**Health & Behavioral Health Impact of Drought**

**Q29.** Has the drought negatively affected your HH's... (CATA)  
 Property  Finances  Health  Peace of Mind  
 Other, \_\_\_\_\_  None  DK  Ref

**Q30.** What is the general health of you and members of your HH?  
 Excellent  Very Good  Good  Fair  DK  Ref

**Q31.** Is anyone in your HH medically fragile, or been diagnosed with a chronic medical condition?  Yes  No  DK  Ref

**Q32.** Does anyone in your HH need any of the following special medical equipment or supplies? (CATA)  
 Oxygen  Dialysis  Breathing treatment machine  Ventilator  
 Feeding pump  Insulin  Other \_\_\_\_\_  None  DK  Ref

**Q32a.** If yes, since the drought, has anyone in your HH experience any increase in difficulty using or maintaining their equipment or supplies?  Yes  No  NA  DK  Ref

**Q33.** Has the health of you or someone in your HH has worsened because of the drought for the following conditions  
 Asthma  Yes  No  NA  DK  Ref  
 COPD  Yes  No  NA  DK  Ref

**Q36.** Has anyone in your HH experienced any of the following more than usual in the last 30 days?  
 Difficulty concentrating  Yes  No  NA  DK  Ref  
 Trouble sleeping/nightmares  Yes  No  NA  DK  Ref  
 Loss of appetite  Yes  No  NA  DK  Ref  
 Racing or pounding heartbeat  Yes  No  NA  DK  Ref  
 Agitated behavior  Yes  No  NA  DK  Ref  
 Witnessed firsthand violent behavior  Yes  No  NA  DK  Ref  
 Thoughts/attempts to harm self  Yes  No  NA  DK  Ref  
 Increase alcohol consumption  Yes  No  NA  DK  Ref  
 Increased illicit drug use  Yes  No  NA  DK  Ref  
 Other \_\_\_\_\_  Yes  No  NA  DK  Ref

**Q37.** Did you or anyone in your HH seek help for any of the items we've just covered using any of the following services? (CATA)  
 Counseling from religious leader or friend  Emergency room  
 Pre-existing support group  County mental health  
 Primary care provider or a clinic  Social worker or case manager  
 Private mental health provider (i.e., psychologist)  
 Other, specify \_\_\_\_\_  DK  Ref

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HH=Household

Emphysema <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref Hypertension <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref Heart disease <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref Psychosocial/mental illness <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref Other _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref	<b>Q38.</b> Did you or a member of your HH have difficulty seeking mental health services? <input type="checkbox"/> Yes ( <b>go to Q38a</b> ) <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref  <b>Q38a.</b> If yes, what are the reasons? (CATA) <input type="checkbox"/> No transportation <input type="checkbox"/> Services too far <input type="checkbox"/> Language barrier <input type="checkbox"/> No child care <input type="checkbox"/> Unable to take time off work <input type="checkbox"/> Not aware of resources <input type="checkbox"/> No health insurance <input type="checkbox"/> Disabled/homebound <input type="checkbox"/> Too expensive <input type="checkbox"/> Don't trust healthcare system <input type="checkbox"/> Other _____ <input type="checkbox"/> DK <input type="checkbox"/> Ref
<b>Q34.</b> Have you or a HH member sought additional medical attention outside of normal care because of the drought? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref	<b>Other</b>
<b>Q35.</b> Does everyone in your HH currently have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref	
<b>Q39.</b> Due to the drought, has anyone in your HH Lost employment <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref Had reduced work hours <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref Had to change jobs <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref Traveled further to find work <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref Had decreased income <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref Considered moving <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref Cut size or skip meals because of cost <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref	<b>Q41.</b> Did you or members of your HH hear about this survey prior to us talking to you today? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref  <b>Q41a.</b> If yes, How did you or your HH members hear about it? <input type="checkbox"/> Social media <input type="checkbox"/> Press release <input type="checkbox"/> E-mail <input type="checkbox"/> Website <input type="checkbox"/> Family/friends/neighbor <input type="checkbox"/> Other, _____ <input type="checkbox"/> DK <input type="checkbox"/> Ref
<b>Q40.</b> "The food that your HH bought just didn't last, and we didn't have money to get more" In the last 12 months, was that <input type="checkbox"/> Often True <input type="checkbox"/> Sometimes True <input type="checkbox"/> Never True <input type="checkbox"/> DK <input type="checkbox"/> Ref	Thank you!

DRAFT