Form Approved

OMB No. 0920-1036

Exp. Date: 12/31/2017

Date: Cluster # Survey # Interviewer initials:

Demographic questions & displacement

**D1a.** Type of structure:

Single family home

Multiple unit (e.g. duplex, apartment)

Mobile home

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**D1b.** Is this your primary residence? Yes No Refused

**D1c.** Do you rent or own this structure?

Rent

Own

Not paying to stay here

Refused

**D1d.** Is there more than one household living in this structure? Yes No Refused

**D2.** Are you or any of your regular household members in temporary housing because of the flood?

Yes No Refused

**D3.** How many people currently staying in your household are

Less than 2 years old? \_\_\_\_\_\_\_\_\_\_

3-5 years old? \_\_\_\_\_\_\_\_\_\_

6-11 years old? \_\_\_\_\_\_\_\_\_\_

11-17 years old? \_\_\_\_\_\_\_\_\_\_

18-64 years old? \_\_\_\_\_\_\_\_\_\_

More than 64 years old? \_\_\_\_\_\_\_\_\_\_

Pregnant? \_\_\_\_\_\_\_\_\_\_

Don’t know

Refused

**D4a.** Did this dwelling host persons displaced from the flood for any amount of time?

Yes *(go to 4b)* No *(skip to 5)* Don’t know Refused

**D4b.** How many total persons displaced from the flood stayed in your home?

1 2 3 4 5 6 >6 Refused

**D4c.** Are there persons displaced from the flood still living in your home?

Yes *(go to 4d)* No *(skip to 5)* Don’t know Refused

**D4d.** How many persons displaced from the flood are still living in your home?

1 2 3 4 5 6 >6 Refused

CDC estimates the average public reporting burden for this collection of information as approximately 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 collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden statement or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ ATSDR Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-1036).

**D5a.** Do you have pets?

Yes *(go to 5b)*

No *(skip to 6)*

Refused *(skip to 6)*

Lost pet due to the flood *(skip to 6)*

**D5b.** Were you able to care for your pet during and after the flood? Yes No Refused

**D6.** Was your home damaged or destroyed during the flooding?

Yes, damaged *(go to 7)*

Yes, destroyed *(go to 7)*

No *(skip to 8)*

Refused *(skip to 8)*

**D7a.** How would you describe the closeness to a town where your damaged or destroyed home was located?

In town

Outside of town

Don’t know

Refused

**D7b.** In what county and town *(if applicable)* was your home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Co, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**D7c.** Are you planning to repair or rebuild? Yes No Don’t know Refused

Preparedness

**P8a.** Did you have advance warning of rising water? Yes *(go to 9b)* No *(skip to 10)* Refused

**P8b.** If you had advance warning, by what method were you notified *(check all that apply)*?

Television

Radio

Social media

Phone call/text message

Emergency siren/public announcement system

Mobile automated alert

Word of mouth

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**P9a.** Did you evacuate your home any time during or before the flood?

Yes *(go to 9b)* No *(skip to 9e)* Refused

**P9b.** By what method were you evacuate *(check all that apply)*?

Traveled with or helped by family/friend/neighbor

Traveled with or helped by a stranger

Rescued by law enforcement

Rescued by emergency personnel

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Refused

**P9c.** To where did you evacuate *(check all that apply)*?

Shelter

Hotel

Family/friend dwelling

Higher terrain (unsheltered)

Vehicle

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Refused

**P9d.** What date did you return home to sleep? \_\_\_\_\_\_\_\_\_\_\_\_

Have not slept in my home since (skip to 10)

**P9e.** Did any of the following reasons prevent you from evacuating?

Not enough warning

No place to go

Lack of transportation

Caring for person who could not evacuate

Stayed with pet

Stayed for fear of looting/vandalism

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

None of these (I evacuated)

Don’t know

Refused

**P10a.** Did your household have an evacuation plan before the flooding?

Yes No Don’t know Refused

**P10b.** Did anyone in your house need help evacuating (transportation, medical needs, etc.)?

Yes No Don’t know Refused

**P10c.** Rank the following from 1 to 5 (1 being your first choice) where you would prefer to evacuate?

\_\_Shelter

\_\_Hotel

\_\_Family/Friend

\_\_Pet-friendly shelter

\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Refused

**P11a.** Did your household have access to enough food and water for at least 3 days after the flood?

Yes *(skip to 12)* No *(go to 11b)* Refused

**P11b.** Did your household have enough food and water for three days in your primary residence, but could not access it due to flood damage or evacuation?

Yes No Don’t know Refused

**P12a.** Before the flood, were you aware of the tetanus shot status of most members of your household?

Yes No Don’t know Refused

**P12b.** Since the flood, are you more aware of the tetanus shot status of most members of your household?

Yes No Don’t know Refused

Healthcare Impact

**H13a.** During the flood or during cleanup, have you or anyone in your household been injured?

Yes *(go to 13b)* No *(skip to 14)* Don’t know Refused

**H13b.** What part of the body was injured *(check all that apply)*?

Head

Eye

Neck

Arm/hand/finger

Torso

Back

Leg/foot/toe

Broken bones

Broken skin (burns, cuts, abrasions, puncture wounds, etc.)**\***

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Don’t know

Refused

**H13c.** Did you seek care for these injuries?

Yes No Don’t know Refused

**H13d.** **\****(Only ask if skin injuries were selected)* Did broken skin come in contact with flood waters at any time?

Yes *(go to 13e)* No *(skip to 16)* Don’t know Refused

**H13e.** **\****(Only ask if skin injuries were selected)* Since the flood, did each injured person receive a tetanus shot?

Yes No Don’t know Refused

**H14a.** Since the flood, has anyone in your household experienced worsening chronic illness (asthma/COPD, diabetes, hypertension, disability, etc.)? Yes *(go to 14b)* No *(skip to 15)* Don’t know Refused

**H14b.** What type of chronic illness(es) worsened? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**H15c.** How many persons in your household have had worsening chronic illness(es)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**H15d.** In what repair activities did persons with worsened chronic illness participate? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**H16a.** Since the flood, has it been more difficult to get needed medical care for everyone in your household?

Yes *(go to 16b)* No *(skip to 17)* Don’t know Refused

**H16b.** If yes, why *(check all that apply)*?

Clinic/physician closed

No transportation

Money/cost or insurance problems

Road blocked or bridge out

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Don’t know Refused

**H17a.** Since the flood, has it been more difficult to get needed prescription medications for everyone in your household?

Yes *(go to 17b)* No *(skip to 18)* Don’t know Refused

**H17b.** If yes, why *(check all that apply)*?

Clinic/physician closed

Pharmacy closed

No transportation

Money/cost or insurance problems

Road blocked or bridge out

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Don’t know Refused

**H18a.** Compared to this time last year, have you or anyone in your household noticed an increase in mosquitos around you dwelling?

Yes No Don’t know Refused

**H18b.** Are you or members of you household doing anything to protect yourselves from mosquitos?

Yes No Don’t know Refused

**H19a.** Have you or anyone in your household experienced any other new health effects from the flood?

Yes *(go to 19b)* No *(skip to 20)* Don’t know Refused

**H19b.** What are other new health effects experienced since the flood? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Communication/Information Sources

**C20.** Since the flood, has your household received any “boil water” notices about water sources?

Yes No Don’t know Refused

**C21.** Since the flood, has your household received any of the following health-related or safety notices?

Carbon monoxide poisoning

Chain saw safety

Heat injury

Mold exposure

Recreational water

Tetanus exposure and prevention

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Don’t know

Refused

**C22.** Since the flood, has your household received any cleanup tips or information about recovery efforts?

Yes No Don’t know Refused

**C23.** Since the flood, by what method is your household getting information about health notices, safety, cleanup tips, and recovery efforts *(check all that apply)*?

Television

Radio

Internet sites

Social media

Text messages

Text messages/phone app

Word of mouth

Flyer/poster

Newspaper

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Don’t know

I have not received any information

Refused

**C24.** Which is your top preferred method for getting information about health notices, safety, cleanup tips, and recovery efforts?

Television

Radio

Internet sites

Social media

Text messages/phone app

Word of mouth

Flyer/poster

Newspaper

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Don’t know

Refused

**C25.** Since the flood, from which of these sources did you get information about health notices, safety, cleanup tips, and recovery efforts *(check all that apply)*?

American Red Cross

Government agency (such as FEMA or the National Guard)

Local health clinic or hospital

Public health department

Disaster resource center

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Don’t know

Refused

Recovery Assessment

**R26.** Before the flood, which of the following services did you have access to in your home?

Running water *(if checked)* How many weeks did you go without? \_\_\_\_\_\_\_\_\_\_\_\_

Electricity *(if checked)* How many weeks did you go without? \_\_\_\_\_\_\_\_\_\_\_\_

Garbage pick-up *(if checked)* How many weeks did you go without? \_\_\_\_\_\_\_\_\_\_\_\_

Sewer service *(if checked)* How many weeks did you go without? \_\_\_\_\_\_\_\_\_\_\_\_

Any telephone service *(if checked)* How many weeks did you go without? \_\_\_\_\_\_\_\_\_\_\_\_

Any internet service *(if checked)* How many weeks did you go without? \_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(if checked)* How many weeks did you go without? \_\_\_\_\_\_\_\_\_\_\_\_

Don’t know

Refused

**R27a.** Before the flood, what was your household’s primary source of drinking water?

Public/municipal

Bottled

Well\*

Don’t know

Refused

**R27b.** Right now, what is your household’s primary source of drinking water?

Public/municipal

Bottled

Well\*

Don’t know

Refused

**R27c. \****(Only ask if using well water for drinking)* Did your well flood?

Yes *(go to 27d)* No *(skip to 28)* Don’t know Refused

**R27d. \****(Only ask if using well water for drinking)* Did you treat your well to make the water fit for drinking?

Yes, now drinking the well water

Yes, but not yet drinking the well water

No, now drinking the well water

No, not yet drinking the well water

Don’t know

Refused

**R28a.** Since the flood, has your household used a generator?

Yes *(go to 28b)* No *(skip to 29)* Don’t know Refused

**R28b.** Where is the generator located?

Inside the home

Garage

Outside home and garage <25 feet

Outside home and garage >25 feet

Don’t know

Refused

**R29.** Since the flood, has your household used a charcoal grill indoors?

Yes, with closed windows

Yes, with open windows

No

Don’t know

Refused

**R30.** Since the flood, has your household used a gasoline-powered pressure washer indoors?

Yes, with closed windows

Yes, with open windows

No

Don’t know

Refused

**R31.** Is there currently a functional carbon monoxide detector in your home? Yes No Don’t know Refused

**R32.** Do you see mold or smell a musty odor in your home? Yes No Don’t know Refused

**R33.** What stage of flood recovery process is your household in now?

Home uninhabitable—not living at home

Cleaning up—not living at home

Living in the home (still cleaning up)

Living in the home (clean-up finished)

Living in the home (not affected by the flood)

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Don’t know

Refused

Individual questions

**N34.** What is your age? \_\_\_\_\_\_ Refused

**N35.** What is your sex? M F Refused

**N36.** Are you Hispanic or Latino? Yes No Don’t know Refused

**N37.** What is your race?

American Indian/Alaskan Native

Asian

Black or African American

Native Hawaiian or other Pacific Islander

White

Refused

**N38.** What is your education level?

No high school

Some high school

High school degree

Some college or trade school

Associate degree

College degree

Some graduate school

Graduate degree

Refused

**N39.** What is your household annual income range?

Less than $5,000

$5,000–$9,999

$10,000–$14,999

$15,000–$19,999

$20,000–$24,999

$25,000–$29,999

$30,000–$34,999

$35,000–$39,999

$40,000–$44,999

$45,000–$49,999

$50,000–$54,999

$55,000–$59,999

$60,000–$64,999

$65,000–$69,999

$70,000–$74,999

$75,000–$79,999

$80,000–$84,999

$85,000–$89,999

$90,000–$94,999

$95,000–$99,999

$100,000–$104,999

$105,000–$109,999

$110,000–$114,999

$115,000–$119,999

$120,000–$124,999

$125,000–$129,999

$130,000–$134,999

$135,000–$139,999

$140,000–$144,999

$145,000–$149,999

$150,000–$154,999

$155,000–$159,999

$160,000–$164,999

$165,000–$169,999

$170,000–$174,999

$175,000–$179,999

$180,000–$184,999

$185,000–$189,999

$190,000–$194,999

$195,000–$199,999

$200,000 and over

Don’t know

Refused

Behavioral health questions

***(Read aloud the following before beginning this section)***

After disasters, there are many stressors; the following questions ask about your current status.

**BN1.** Since the flood, do you feel your health has been

Better?

About the same?

Worse?

Don’t know

Refused

**BN2.** Now thinking about your physical health, which includes physical and injury, for how many days during the past 30 days was your physical health not good?

Number \_ \_

Don’t know

Refused

**BN3.** Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days (since the flood) was your mental health not good?

Number \_ \_

Don’t know

Refused

**BN4.** During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

Number \_ \_

Don’t know

Refused

**BH5.** Since the flood, have you or a member of your household increased the use of

Cigarettes, e-cigs, chewing tobacco Yes No N/A Refused

Alcohol Yes No N/A Refused

Marijuana Yes No N/A Refused

Other illicit drugs Yes No N/A Refused

Prescription/OTC drugs not as directed or not their own Yes No N/A Refused

**BH6.** Since the flood, has anyone in your household experienced any of the following more than usual *(check all that apply)*?

Trouble concentrating

Aggressiveness

Problems sleeping

Decreased appetite

Depressed mood

Emotional outbursts

Anxiety/stress

None N/A

Don’t know

Refused

**BH7.** Since the flood, has anyone in your household received help from a counselor, pastor/clergy member, therapist, or case/social worker for mental health concerns?

Yes

No, but need help

No, did not need help

N/A

Don’t know

Refused

**BH8.** Since the flood, if you or anyone in your household has had difficulty in seeking services for mental health concerns, what are those reasons *(check all that apply)*?

Need someone who speaks my language

Hard time trusting in healthcare system or providers

Goes against beliefs

Not aware of resources

Disabled/homebound

Too expensive

No health insurance

No transportation

No child care

No need for services

Worried what others will think

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No difficulties

Don’t know

Refused

Community-specific question section *(will be provided from focus groups)*

*(Examples)*

**E1.** Which of the following services did you receive?

Health services

Pet lodging

National Guard

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E2.** Do you still have a problem with flood debris pick-up? Yes No Don’t know Refused

**E3.** Is there anyone in your household who currently needs the following (check all that apply)?

Oxygen

Dialysis

Home health care

Functional adaptive equipment (wheel chair, ramp, service animal, etc.)

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Don’t know

Refused

**E4.** What is your greatest need now?

**E5.** What should your community be doing now to help it recover from the flood?

Form Approved

OMB No. 0920-1036

Exp. Date: 12/31/2017

**Community Assessment for Public Health Emergency Response after West Virginia Flood, June 22 – 29, 2016**

**Confidential Referral Form**

# **Date: \_\_\_/\_\_/\_\_\_\_ Time: \_\_\_:\_\_**

**Cluster No.: \_\_\_\_**

**Survey No.: \_\_\_\_\_**

**Interviewer’s Initials: \_\_\_\_\_**

### **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home telephon**e: \_\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_\_\_

**Cell phone:** \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_\_\_

**Summary of Need:**

**Referral Made:** Yes No

**Referred to:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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