

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

Demographics

Q1. Type of structure: <input type="checkbox"/> Single family <input type="checkbox"/> Multiple unit <input type="checkbox"/> Mobile home <input type="checkbox"/> Other _____	Q3. Including yourself, how many people live in your HH? ___#___
Q2. 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	Q4. 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

Q5. What is your HH's primary 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	Q7. 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
Q6. 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	Q8. 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

Q8. 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 (go to Q8a) <input type="checkbox"/> Cistern <input type="checkbox"/> Surface water (river, lake, spring) <input type="checkbox"/> Other _____ <input type="checkbox"/> DK <input type="checkbox"/> Ref Q8a. If well, in the last year, has your HH seen a decrease in water production? <input type="checkbox"/> Yes (go to Q8b) <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref Q8b. 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	Q10. Does your HH currently have reliable running water from a well or water system? <input type="checkbox"/> Yes <input type="checkbox"/> No (go to 10a) <input type="checkbox"/> DK <input type="checkbox"/> Ref Q11. 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 (go to Q11a) <input type="checkbox"/> DK <input type="checkbox"/> Ref Q11a. 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
Q9. 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	Q12. 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 Q13. 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

Q15. 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	Q17. If the drought continues, would your HH be able to further reduce water consumption? <input type="checkbox"/> Yes (go to 17a) <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref Q17a. 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).

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

