

Drought Community Assessment for Public Health Emergency Response - 2016

DK=Don't Know Ref=Refused NA=Not applicable CATA= Check all that apply HH=Household

Date: ___/___/2016 Cluster No.: _____ Interview No.: _____ Team name: _____

Demographics

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

<p>Q5. What is your HH's primary source of information about the drought? (<i>check ONE</i>) <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</p> <p>Q6. What is your HHs most preferred method for receiving information about an emergency event? (<i>check ONE</i>) <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</p>	<p>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</p> <p>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</p>
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Water Sources

<p>Q9. Where did your 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 Q9a) <input type="checkbox"/> Cistern <input type="checkbox"/> Surface water (river, lake, spring) <input type="checkbox"/> Other _____ <input type="checkbox"/> DK <input type="checkbox"/> Ref</p> <p>Q9a. If well, in the last year, has your HH seen a decrease in water production? <input type="checkbox"/> Yes (go to Q9b) <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref</p> <p>Q9b. 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</p> <p>Q10. 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</p>	<p>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 <input type="checkbox"/> DK <input type="checkbox"/> Ref</p> <p>Q12. Does your HH currently have reliable running water from a well or water system? <input type="checkbox"/> Yes <input type="checkbox"/> No (go to 12a) <input type="checkbox"/> DK <input type="checkbox"/> Ref</p> <p>Q12a. 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</p> <p>Q13. 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</p> <p>Q14. 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</p>
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Drought Mitigation/Assistance Behavior

<p>Q15. In response to water shortages, have you or members of your HH</p> <table style="width:100%;"> <tr><td>Reduced water usage</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref</td></tr> <tr><td>Created system to capture/reuse water</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref</td></tr> <tr><td>Installed faucet aerators</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref</td></tr> <tr><td>Repaired plumbing leaks</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref</td></tr> <tr><td>Replaced appliances (washing machine)</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref</td></tr> <tr><td>Replaced toilet with low-flush toilet</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref</td></tr> <tr><td>Decreased washing HH laundry</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref</td></tr> <tr><td>Reduced how often HH flushes toilet</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref</td></tr> <tr><td>Reduced water use for lawn/landscaping</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref</td></tr> <tr><td>Used your swamp cooler less</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref</td></tr> <tr><td>Stopped gardening</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref</td></tr> <tr><td>Quit farming or let land go fallow</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref</td></tr> <tr><td>Shortened shower/bathing times</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref</td></tr> <tr><td>Reduced how often shower/bathe</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref</td></tr> <tr><td>Washed hands less or for shorter time</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref</td></tr> <tr><td>Stopped washing hands with water</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref</td></tr> <tr><td>Washed food less or for shorter time</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref</td></tr> <tr><td>Drank less water</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref</td></tr> <tr><td>Spent less time outdoors</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref</td></tr> <tr><td>Reduced outdoor rec. time (skiing, boating)</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref</td></tr> </table> <p>Q16. Are there other actions your HH has taken to use less water? _____ <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref</p>	Reduced 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	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	Replaced toilet with low-flush toilet	<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	Reduced outdoor rec. time (skiing, boating)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref	<p>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</p> <p>Q17a. If yes, how so? _____</p> <p>Q18. Has anyone in your HH looked for assistance related to the drought? <input type="checkbox"/> Yes (go to Q18a) <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref</p> <p>Q18a. If yes, what type of assistance did your HH need? (CATA) <input type="checkbox"/> Well drilling <input type="checkbox"/> Drinking water <input type="checkbox"/> Health Services <input type="checkbox"/> Utility or energy assistance <input type="checkbox"/> Financial help <input type="checkbox"/> Food assistance <input type="checkbox"/> Employment services <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> DK <input type="checkbox"/> Ref</p> <p>Q18b. If yes, Who provided the assistance? (CATA) <input type="checkbox"/> Other family members <input type="checkbox"/> Neighbor <input type="checkbox"/> Employer <input type="checkbox"/> Government agency <input type="checkbox"/> Your faith community <input type="checkbox"/> Food Bank <input type="checkbox"/> Fire, police, emergency agencies <input type="checkbox"/> Utility or water company <input type="checkbox"/> Non-profit organization <input type="checkbox"/> Other _____ <input type="checkbox"/> DK <input type="checkbox"/> Ref</p> <p>Q18c. If yes, How difficult was it to get assistance? <input type="checkbox"/> Very difficult <input type="checkbox"/> Difficult <input type="checkbox"/> Easy <input type="checkbox"/> Very Easy <input type="checkbox"/> DK <input type="checkbox"/> Ref</p> <p>Q18d. What were the barriers to getting assistance? _____ <input type="checkbox"/> No barriers <input type="checkbox"/> DK <input type="checkbox"/> Ref</p>
Reduced water usage	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref																																								
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Q19. Have you or members of your HH planted drought resistant...(CATA) <input type="checkbox"/> Crops <input type="checkbox"/> Edible Garden <input type="checkbox"/> Landscaping plants <input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Ref	
Q20. Are there any dead or dying trees on your property? <input type="checkbox"/> Yes (go to Q20a) <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref Q20a. If yes, did your HH fell or have the trees felled? <input type="checkbox"/> Yes (go to Q20b) <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref Q20b. If yes, approximately how much did it cost for your HH to fell or have someone else fell the trees? \$ _____ <input type="checkbox"/> DK <input type="checkbox"/> Ref Q20c. If yes, approximately how many of each type of tree has your HH felled? <input type="checkbox"/> Oak _____ <input type="checkbox"/> Pine _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> DK <input type="checkbox"/> 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. There is an increased demand for water <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> DK <input type="checkbox"/> Ref	Q25. Some people aren't cutting water use enough <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> DK <input type="checkbox"/> Ref
Q22. There is poor water management by the govt. <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> DK <input type="checkbox"/> Ref	Q26. Droughts are caused by lack of rain/snow <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> DK <input type="checkbox"/> Ref
Q23. There is overuse of water by cities <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> DK <input type="checkbox"/> Ref	Q27. Droughts are caused by climate change <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> DK <input type="checkbox"/> Ref
Q24. Too much water is used to protect wildlife <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> DK <input type="checkbox"/> Ref	Q28. Droughts are caused by a "higher power" <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> DK <input type="checkbox"/> Ref
Health & Behavioral Health Impact of Drought	
Q29. Has the drought negatively affected your HH's... (CATA) <input type="checkbox"/> Property <input type="checkbox"/> Finances <input type="checkbox"/> Health <input type="checkbox"/> Peace of Mind <input type="checkbox"/> Other, _____ <input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Ref	Q36. 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
Q30. What is the general health of you and members of your HH? <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> DK <input type="checkbox"/> Ref	Q37. Has anyone in your HH experienced any of the following more than usual in the last 30 days? Difficulty concentrating <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref Trouble sleeping/nightmares <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref Loss of appetite <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref Racing or pounding heartbeat <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref Agitated behavior <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref Witnessed firsthand violent behavior <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref Thoughts/attempts to harm self <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref Increased alcohol consumption <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref Increased illicit drug use <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
Q31. Is anyone in your HH medically fragile, or been diagnosed with a chronic medical condition? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref	Q38. 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) <input type="checkbox"/> Counseling from religious leader or friend <input type="checkbox"/> Emergency room <input type="checkbox"/> Pre-existing support group <input type="checkbox"/> County mental health <input type="checkbox"/> Primary care provider or a clinic <input type="checkbox"/> Social worker or case manager <input type="checkbox"/> Private mental health provider (i.e., psychologist) <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> DK <input type="checkbox"/> Ref
Q32. Has a healthcare professional ever diagnosed you or any members of your HH with depression or any other emotional or mental health condition? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref	Q39. Did you or a member of your HH have difficulty seeking mental health services? <input type="checkbox"/> Yes (go to Q39a) <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref Q39a. 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
Q33. Does anyone in your HH need any of the following special medical equipment or supplies? (CATA) <input type="checkbox"/> Oxygen <input type="checkbox"/> Dialysis <input type="checkbox"/> Breathing treatment machine <input type="checkbox"/> Ventilator <input type="checkbox"/> Feeding pump <input type="checkbox"/> Insulin <input type="checkbox"/> Other _____ <input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Ref Q33a. If yes, since the drought, has anyone in your HH experienced any increase in difficulty using or maintaining their equipment or supplies? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref	
Q34. Has the health of you or someone in your HH worsened because of the drought for the following conditions Asthma <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref COPD <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref 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 Mental health condition <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	
Q35. 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	
Other	
Q40. Due to the drought, has anyone in your HH Lost employment/Reduced work hrs <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	Q42. Did you or members of your HH hear about this survey prior to us talking to you today? <input type="checkbox"/> Yes (go to Q42a) <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref Q42a. 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
Q41. "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	Q43. What is your HH greatest need at this time? <div style="text-align: right;"><i>Thank you!</i></div>