

# Attachment C. Sample CASPER Questionnaires

Form Approved  
OMB No. 0920-XXXX  
Exp. Date xx/xx/20xx

## Sample Disaster/Recovery CASPER Questionnaire Used in an Actual Event

To be completed by team BEFORE the interview	
Q1. Date (MM/DD/YY):	Q4. Team Member Initials:
Q2. Cluster Number:	Q5. Team Number:
Q3. Survey Number:	Q6. County Name:
Demographic Information	
Q7. Is this your primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	Q12. Did you evacuate your home anytime during or before the flood? <input type="checkbox"/> Yes (go to 12c-12e) <input type="checkbox"/> No (go to 12b) <input type="checkbox"/> Refused  Q12b. If NO, What prevented you from evacuating? <input type="checkbox"/> No place to go <input type="checkbox"/> No need to evacuate <input type="checkbox"/> Lack of transportation <input type="checkbox"/> Stayed w/pet <input type="checkbox"/> Other _____ <input type="checkbox"/> DK <input type="checkbox"/> Refused
Q8. How many people live in your household? _____	
Q9. How many people living in your household are Less than 2 years old? _____ 2-17 years old? _____ 18-64 years old? _____ More than 65 years old? _____ <input type="checkbox"/> DK <input type="checkbox"/> Refused	
Q10. Do you feel your home is currently structurally safe to live in? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	
Q11. Are you currently in temporary housing? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	
	If YES, Q12c. Where did you evacuate to? <input type="checkbox"/> Shelter <input type="checkbox"/> Hotel <input type="checkbox"/> Friend/Family home <input type="checkbox"/> 2 <sup>nd</sup> home <input type="checkbox"/> Other _____ <input type="checkbox"/> DK <input type="checkbox"/> Refused  Q12d. What date did you evacuate? ____/____/ Q12e. What date did you return home to sleep? ____/____/

Public reporting burden of this collection of information is estimated to average 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 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, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

**Cleanup, Utilities, and Supplies**

**Q13.** How high did the flood waters reach inside your home?  
 \_\_\_\_\_ ft  DK

**Q14.** What stage of the flood recovery process are you in now?  
 Home uninhabitable—not living at home  
 Cleaning up—not living at home  
 Cleaning up—living at home  
 Living in the home (no cleanup)  
 Home never flooded  
 Don't know  
 Other: \_\_\_\_\_  Refused

**Q15.** Do you see mold or smell a moldy /musty odor in your home?  
 Yes  No  DK  Refused

**Q16.** Is there 10 sq ft or more of water damage and/or mold anywhere inside your home? (10 sq ft is approximately the size of an infant's playpen)  Yes  No  DK  Refused

**Q17.** Do you currently have the following services in your home?

Running water	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> N/H	<input type="checkbox"/> Ref
Electricity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> N/H	<input type="checkbox"/> Ref
Garbage pickup	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> N/H	<input type="checkbox"/> Ref
Sewage services	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> N/H	<input type="checkbox"/> Ref
Any Telephone	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> N/H	<input type="checkbox"/> Ref

**Q18.** What is your current source of electricity?  
 No electricity  Generator  Power company  
 N/H  DK  Refused

**Q19.** Since the flooding, have you used a generator?  
 Yes  No  DK  Refused

**Q19b.** If **YES**, where is/was the generator located?  
 Inside  Garage  Outside, <25 ft  Outside, ≥25 ft  
 DK  Refused

**Q19c.** If **outside**, is/was the generator near an open or broken window?  
 Yes  No  DK  Refused

**Q20.** What was your primary source of drinking water *before* the flood?  Well  Public/Municipal  Bottled  DK  Refused

**Q20b.** What is your primary source of drinking water right now?  
 Well  Public/Municipal  Bottled  DK  Refused

**Q20c.** If using a **well or municipal** (tap water), are you treating the water?  Yes, boiling  Yes, chemical  No  DK  Refused

**Q21.** Do you have access to adequate food for everyone in your household for the next 3 days?  Yes  No  DK  Refused

Since the flooding, have you used...  
**Q22a:** A charcoal grill/briquettes indoors?  
 Yes, with windows open  Yes, with windows closed  
 No  DK  Refused

**Q22b.** A pressure washer with the actual engine in the house?  
 Yes, with windows open  Yes, with windows closed  
 No  DK  Refused

**Q23.** Do you have a carbon monoxide detector?  
 Yes  No  DK  Refused

**Q23b.** If **YES**, is it working?  
 Yes  No  DK  Refused

**Q24.** Since the flooding, have you had any significant loss to your crops?  
 Yes, Minor loss  Yes, Significant loss  
 No Loss  Not Applicable  
 DK  Refused

*Continue questionnaire on back...*

**Animal Safety**

**Q25.** Since the flooding, have you noticed an increase in mosquitoes around your home or neighborhood?  
 Yes  No  DK  Refused

**Q26.** Are you doing anything to protect yourself from mosquitoes?  
 Yes  No  DK  Refused

**Q26b.** If **YES**, what type of protective measures are you using? (check all the apply)  
 Wearing repellent  Eliminating standing water  
 Wearing protective clothing (long shirts/pants)  
 Other, \_\_\_\_\_

**Q27.** Since the flooding, have you or anyone in your household noticed an increase in snakes around your home or neighborhood?  
 Yes  No  DK  Refused

**Q28.** Since the flooding, have you or anyone in your household noticed an increase in alligators around your home or neighborhood?  
 Yes  No  DK  Refused

**Q29a.** Since the flooding, have you or anyone in your home been bitten by an animal or insect **other than mosquitoes**?  
 Yes  No  DK  Refused

**Q29b.** If yes, what animal \_\_\_\_\_

### Health Status and Access to Care

**Q30.** Since the flooding, has anybody in your household experienced

Cough  Yes  No  DK

Fever  Yes  No  DK

Nausea/stomach ache/diarrhea  Yes  No  DK

Rash  Yes  No  DK

Worsening of chronic illness (such as hypertension, asthma or diabetes)  Yes  No  DK

If **YES**, what type(s) of illness(es)? \_\_\_\_\_

Other, \_\_\_\_\_  Yes  No  DK

**Q31a.** Since the flooding, have you or a member of your household been injured in or around your home?

Yes  No  DK  Refused

**Q31b.** If **YES**, what part of the body was injured? (check all that apply)

Head  Body/torso  Back

Neck  Leg(s)  DK

Arm(s)  Foot/feet  Refused

**Q31c.** If **YES**, were you or the member of your household injured while repairing the residence or retrieving items?

Yes  No  DK  Refused

**Q31d.** If **YES**, what caused the injury? \_\_\_\_\_

**Q32.** Has everybody in your household had a tetanus (DTaP/Tdap/Td) shot in the past 10 years?

Yes  No  DK  Refused

**Q33.** Is there anybody in your household who currently needs

Oxygen  Dialysis  Home health care

Other type of special care, \_\_\_\_\_  DK  Refused

**Q34.** Since the flooding, Are you able to get the care you need for everyone in your household?

Yes  No  DK  Refused

**Q35a.** Is everybody in your household getting the prescription medications they need?

Yes  No  DK  Refused

**Q35b.** If **NO**, why not? (check all that apply)

Clinic/physician closed  Pharmacy closed

No transportation  Money/cost

Medicare/Medicaid/insurance problems

Other, \_\_\_\_\_  DK  Refused

**Q36.** Since the floods, has anybody in your household experienced an increase in

Agitated behavior  Yes  No  DK  Ref

Anxiety or stress  Yes  No  DK  Ref

Depressed mood  Yes  No  DK  Ref

Difficulty concentrating  Yes  No  DK  Ref

Loss of appetite  Yes  No  DK  Ref

Trouble sleeping/nightmares  Yes  No  DK  Ref

Increased alcohol/drug use  Yes  No  DK  Ref

Witnessed or experienced violence  Yes  No  DK  Ref

Other, \_\_\_\_\_  Yes  No  DK  Ref

### Communications

**Q37a.** Since the flooding, have you received any information about boil water advisories in your area?

Yes  No  DK  Refused

**Q37b.** If **YES**, what was your PRIMARY source of information?

TV  Radio  Text message

Neighbor, word of mouth  Flyer/poster  Local newspaper

Internet, \_\_\_\_\_  Other, \_\_\_\_\_

DK  Refused

**Q39a.** Have you received any other health advice, clean up tips, or other information related to the flood?

Yes  No  DK  Refused

**Q39b.** If **YES**, what was your PRIMARY source of information?

TV  Radio  Text message

Neighbor, word of mouth  Flyer/poster  Local newspaper

Internet, \_\_\_\_\_  Other, \_\_\_\_\_

DK  Refused

**Q38a.** Have you looked for information or answers to questions regarding the flood and its effects?

Yes  No  DK  Refused

**Q38b.** Where would you look for reliable information regarding the flood and cleaning up after the flood?

TV  Radio  Text message

Neighbor, word of mouth  Flyer/poster  Local newspaper

Internet, \_\_\_\_\_  Other, \_\_\_\_\_

DK  Refused

**Q40. What is your greatest need at this time?**

*Thank you for your time!*

Many of these questions are those that the state requests we collect. They provide valuable situational awareness and information at the household level that can help decision makers take action. For example,

- **Vulnerability assessment** questions (e.g. Sample Preparedness Questionnaire questions 13, 14, 15, 16) help to assess the social vulnerability of a household and their health status (e.g. resources available to them, SES, and physical and mental health conditions that may result in increased vulnerability to the impacts of the disaster.
- **Water damage and mold exposure** questions (e.g., Sample Flooding Questionnaire questions 13, 15, 16) can indicate the potential for environmental exposure to mold and give public health officials and decision makers an estimate of how many households might be affected by flooding and how badly damaged homes are. This would also help public health officials know if it was important to put resources towards health messaging around mold.
- **Carbon Monoxide (CO) exposure** questions (e.g., Sample Flooding Questionnaire questions 19b, 19c, 22a, 22b) provide critical information that can tell public health officials if many people are using/misusing CO producing equipment. Knowing this can help prevent potential morbidity and mortality from CO exposures. This would also help public health official know if it was important to put resources towards health messaging around preventing CO exposure.
- **Mental/behavioral health** questions (e.g., Sample Flooding Questionnaire question 36 and Sample Preparedness Questionnaire questions 14, 15) provide important information because mental health issues arising from or exacerbated by a disaster can affect a person's physical health and ability to recover after a disaster. This would also help public health official know if it is important to put resources towards health messaging around mental health and provide community mental health resources.