

Appendix D: Household Survey

SAMPLE

Interviewer _____ Household ID _____
Date _____ Start time _____ End time _____
Cluster/Zone _____ Latitude _____ Longitude _____
Type of residence
 Single family Multiple unit Mobile home Other _____

HOUSEHOLD SURVEY

MODULE A: CONTACT INFORMATION

- A1. What is your full name? _____
- A2. What is your street address?
Street _____ Apt _____
City _____ State ____ Zip Code: _____
- A3. What is the best telephone number to reach you in case we have questions about your survey? Please specify if this is a cellular phone, house phone, or work phone.
(____) ____ - ____ Cell House Work

MODULE B: DEMOGRAPHICS

- B1. How many people live in this residence? ____
How many are male? ____ How many are female? ____
- B2. How many people that live here are less than two years old? ____
2-17 years old? ____ 18-64 years old? ____ More than 64 years old? ____
- B3. How many people in this household are of Hispanic, Latino, or Spanish origin? ____
- B4. To which race do members of this household most identify? I will read a list of races. Please tell me how many people in the household identify as being that race.
Record the number of people of each race described:
____ Black ____ American Indian/Alaska Native
____ White ____ Native Hawaiian or other Pacific Islander
____ Asian

MODULE C: LOCATION/EXPOSURE AND COMMUNICATIONS

C1. Was anyone home at any time between [Incident Date/Time] and [End Date/Time]?

- Yes
- No

C2. After [the release] did you or anyone else in your household detect any unusual smells or tastes that you think were related to the incident?

- Yes
- No

C3. How did your family first receive information or instructions about the incident? Check only one.

- | | |
|--|--|
| <input type="checkbox"/> Noticed odor/saw chemical | <input type="checkbox"/> Directly from person in authority (police, firefighter) |
| <input type="checkbox"/> Reverse 911 call to landline phone | <input type="checkbox"/> Reverse 911 call to cell phone |
| <input type="checkbox"/> Call to landline phone | <input type="checkbox"/> Call to cell phone |
| <input type="checkbox"/> TV | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Text message on a cell phone | <input type="checkbox"/> Social media (Facebook, Twitter) |
| <input type="checkbox"/> Directly from another person (such as friend or relative) | |
| <input type="checkbox"/> Other (Please specify): _____ | |

C4. As the incident progressed, how did you obtain information? Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Directly from person in authority (police, firefighter) | |
| <input type="checkbox"/> Reverse 911 call to landline phone | <input type="checkbox"/> Reverse 911 call to cell phone |
| <input type="checkbox"/> Call to landline phone | <input type="checkbox"/> Call to cell phone |
| <input type="checkbox"/> TV | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Text message on a cell phone | <input type="checkbox"/> Social media |
| <input type="checkbox"/> Website | <input type="checkbox"/> Community meeting |
| <input type="checkbox"/> Newspaper | |
| <input type="checkbox"/> Directly from another person (such as friend or relative) | |
| <input type="checkbox"/> Other (Please specify): _____ | |

C5. Did your household receive instructions to shelter in place (meaning stay inside with the doors and windows closed) after [the release]?

- Yes
- No → Go to Question C7

C6. How did you receive instructions to shelter in place?

C7. Were you given specific instructions about how to shelter in place?

- Yes
- No

C8. What actions, if any, did you take to shelter in place?

C9. Did your household evacuate after [the release]?

- Yes
- No → [Go to Question C13](#)

C10. Which day and at approximately what time did you evacuate?

___/___/___ :___ AM PM
MM DD YYYY

C11. When you evacuated, where did you go?

- Shelter
- Hotel
- Friend's/family's house
- Other _____

C12. When did you return home? ___/___/___ :___ AM PM
MM DD YYYY

C13. Do you have any pets?

- Yes → [Go to Question C15](#)
- No

C14. What kind of pets do you have and how many are there of each kind?

- ___ Dog(s)
- ___ Cats(s)
- ___ Bird(s)
- ___ Fish
- ___ Other (specify): _____

C15. If you have pets, did you take all of them with you when you evacuated?

- Yes →
- No
- Took some but not all →

C16. Which pets did you leave behind when you evacuated and what led to your decision to leave them?

MODULE D: HEALTH STATUS

D1. Within 24 hours of the incident, did you or anyone in your family have any symptoms of an illness?

- Yes
- No →

D2. I will now read a list of symptoms that sometimes can follow exposure to [chemical]. Please tell me if anyone in the household who experienced each symptom within 24 hours of the release. Do not include a symptom that someone had before the release unless it got worse after the release. For each symptom that someone experienced, ask: How many people in the household experienced [symptom]?

- Eye irritation _____ Y N DK If yes, how many? _____
- Nose or throat irritation _____ Y N DK If yes, how many? _____
- Coughing _____ Y N DK If yes, how many? _____
- Wheezing _____ Y N DK If yes, how many? _____
- Difficulty breathing _____ Y N DK If yes, how many? _____
- Headache _____ Y N DK If yes, how many? _____
- Dizziness or lightheadedness _____ Y N DK If yes, how many? _____
- Ringing of the ears _____ Y N DK If yes, how many? _____
- Nausea _____ Y N DK If yes, how many? _____
- Vomiting _____ Y N DK If yes, how many? _____
- Skin itching or burning _____ Y N DK If yes, how many? _____
- Skin rash _____ Y N DK If yes, how many? _____

D3. Were there any symptoms I didn't ask about that members of the household experienced?

- Yes (Please specify.)
 No

MODULE E: MEDICAL CARE RECEIVED

E1. Did you or anyone in your family receive medical care or a medical evaluation because of the incident?

- Yes → Go to Question F3
 No

E2. Ask only if someone had symptoms: Why didn't you or your family members seek medical care?

- Symptoms were not bad enough
 Don't like to go to the doctor
 Didn't want to take time
 Worried about who would pay for the medical visit
 Worried about losing job
 Other (Please specify): _____
 Unsure

E3. For each person who received medical care, please tell me the person's name, where they received care, and the date. Please include medical evaluations by emergency medical services or EMTs, hospitals, and doctor's offices.

Name	Where Received Care	Date

E4. If a hospital was named, ask: Was [name] treated and released from the emergency department or hospitalized? If hospitalized, ask: How long was [he/she] hospitalized?

Name	Treated and Released	Hospitalized	Duration of Hospitalization

MODULE F: NEEDS

F1. As a result of the incident, does your household need any of the following...
Read all choices to the respondent.

- Medicines or medical supplies Yes No
- Medical care Yes No
- Water Yes No
- Food Yes No
- Shelter Yes No
- Utilities Yes No
- Anything else Yes No

If needs are identified in Question F1, obtain details on exactly what is needed.

MODULE G: OTHER INFORMATION

G1. Is there anything else you want to tell us related to the [chemical] incident?

That completes this survey. I would like to sincerely thank you for your time. Be sure to record the end time on the first page of this survey.

SAMPLE