

# Long-Term Assessment: Fishing-Related Businesses

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Office of Science & Technology

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## ASSESSMENT OF THE SOCIAL AND ECONOMIC IMPACT OF HURRICANES AND OTHER CLIMATE-RELATED NATURAL DISASTERS ON COMMERCIAL AND RECREATIONAL FISHING INDUSTRIES IN THE EASTERN, GULF COAST, AND CARIBBEAN TERRITORIES OF THE UNITED STATES

**We want to learn how you were affected by [\_\_\_\_name of storm\_\_\_\_] in the year following the storm. Your responses and participation in this survey are ANONYMOUS.**

*Questions about the survey? Phone: 401-782-3253/Fax: 401-782-3201/Email: [lisa.l.colburn@noaa.gov](mailto:lisa.l.colburn@noaa.gov)*

*Public reporting burden for this collection of information is estimated to average 20 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. Send comments regarding this burden estimate or any other suggestions for reducing this burden to Lisa L. Colburn, 28 Tarzwell Dr., Narragansett, RI 02882. Email: [lisa.l.colburn@noaa.gov](mailto:lisa.l.colburn@noaa.gov)*

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## INTRODUCTION: FISHING-RELATED BUSINESS SURVEY

Hello. My name is \_\_\_\_\_. I'm calling on behalf of NOAA Fisheries.

We want to learn about how you were affected by [\_\_name of storm\_\_]. We would like to ask you a few questions regarding the impacts of [\_\_name of storm\_\_] on your fishing business. We are talking to both businesses that were affected by [\_\_name of storm\_\_] as well as those who were not. It should only take about 15-20 minutes. The survey will be even shorter since you were not affected.

Your participation in this study is voluntary. (If you agree to participate now, it is okay to change your mind later.) You do not have to answer any question you do not want to, and all of your answers will remain anonymous.

- A. First, is this a fishing-related business but NOT a commercial or recreational (party/charter) fishing business?
1. Yes (CONTINUE WITH INTERVIEW)
  2. No (END OF SURVEY)

## SECTION A: BACKGROUND INFORMATION

1. What type of firm is this? I am going to read a list of fisheries businesses services to you. If your business provides this service, please say "yes". If more than one business service is identified, what is your primary service? (or did you have before [\_\_name of storm\_\_])? (CHECK ALL THAT APPLY)

1. Seafood dealer \_\_\_\_\_
2. Seafood processor \_\_\_\_\_
3. Seafood retailer/restaurant \_\_\_\_\_
4. Marina \_\_\_\_\_
5. Marine supply \_\_\_\_\_
6. Bait and tackle store \_\_\_\_\_
7. Other (SPECIFY): \_\_\_\_\_

2. What community is your business located in? \_\_\_\_\_

3. What is your position in the business? \_\_\_\_\_

4. What is your age? \_\_\_\_\_ years

5. How many years have you been involved in this business? \_\_\_\_\_ years

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## SECTION B:

### IMPACTS FROM [ \_\_\_ Name of storm \_\_\_ ] ON YOUR BUSINESS

*This section will cover four types of impacts to your business: operating status, employees, physical damages and revenue losses, and relocation and individual recovery.*

#### OPERATING STATUS:

6. Was your business closed due to [ \_\_\_ name of storm \_\_\_ ]?
1. Yes (CONTINUE)
  2. No (SKIP to Q8)
7. How long was the business closed (SELECT ONE OPTION)?
1. Answered in days \_\_\_\_\_
  2. Answered in weeks \_\_\_\_\_
  3. Answered in months \_\_\_\_\_
  4. Never
8. Was the normal business schedule (hours) affected by [ \_\_\_ name of storm \_\_\_ ]?
1. Yes (CONTINUE)
  2. No (SKIP to Q11)
9. Has the business returned to a normal schedule since the storm?
1. Yes (SKIP to Q11)
  2. No (CONTINUE)
  3. Not applicable
10. How long did it take for it to return to a normal schedule (SELECT ONE OPTION)?
1. Answered in days \_\_\_\_\_
  2. Answered in weeks \_\_\_\_\_
  3. Answered in months \_\_\_\_\_
  4. Never
11. On a scale of 0% to 100%, at what level is your business operating at now? \_\_\_\_\_%

#### EMPLOYEES:

12. On average, how many people were employed annually *before* [ \_\_\_ name of storm \_\_\_ ]: \_\_\_\_\_
13. On average, how many people were employed annually *after* [ \_\_\_ name of storm \_\_\_ ]: \_\_\_\_\_
14. (IF Q12 AND Q13 ARE DIFFERENT): Has the number of employees gone back to what it was before the storm?
1. Yes (CONTINUE)
  2. No (SKIP TO Q16)
15. How long did it take for it to go back to what it was before the storm? (SELECT ONE OPTION)
1. Answered in days \_\_\_\_\_
  2. Answered in weeks \_\_\_\_\_
  3. Answered in months \_\_\_\_\_

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4. Never \_\_\_\_\_

## PHYSICAL DAMAGES AND REVENUE LOSSES:

16. Did this business experience physical damages or losses due to [\_\_\_\_\_ *name of storm* \_\_\_\_\_]?

1. Yes (CONTINUE)
2. No (SKIP TO Q20)

17. Please provide an estimate of the damages. This estimate can be based on an appraisal or on your best estimate of the cost to repair the damage.

1. \$ \_\_\_\_\_
2. DO NOT KNOW

18. Is the damage insured?

1. Yes (CONTINUE)
2. No (SKIP to Q20)
3. DO NOT KNOW

19. Please provide or estimate the amount covered by insurance, i.e., the amount paid by insurance or expected to be paid by insurance.

1. \$ \_\_\_\_\_
2. DO NOT KNOW

20. Was your revenue affected by [\_\_\_\_\_ *name of storm* \_\_\_\_\_] during the 12 months following the storm?

1. Yes (CONTINUE)
2. No (SKIP TO Q24)

21. How was your revenue affected by [\_\_\_\_\_ *name of storm* \_\_\_\_\_] compared to pre-storm levels?

Increased by \_\_\_\_\_% or Decreased by \_\_\_\_\_% or Not affected \_\_\_\_\_

22. Please tell me which of the following describe how your revenue was affected? (CHECK ALL THAT APPLY)

1. Business was or is down \_\_\_\_\_
2. Closed early for the season \_\_\_\_\_
3. No fish \_\_\_\_\_
4. Physical damages \_\_\_\_\_
5. Anything else? (SPECIFY) \_\_\_\_\_

23. What is your estimate of the value of lost revenue for the 12 months following [\_\_\_\_\_ *name of storm* \_\_\_\_\_]? \$ \_\_\_\_\_

## RELOCATION AND INDIVIDUAL RECOVERY:

24. Did you relocate your business operation due to [\_\_\_\_\_ *name of storm* \_\_\_\_\_]?

1. Yes (SKP TO Q26)
2. No (CONTINUE)

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25. Do you plan to relocate your business due to [\_\_\_\_name of storm\_\_\_\_]?

1. Yes
2. No

26. Did any of these things get in the way of your recovery? (CHECK ALL THAT APPLY)

1. Building permits \_\_\_\_\_
2. Zoning, ordinances, etc. \_\_\_\_\_
3. Time to get assistance \_\_\_\_\_
4. Lack of personal financial resources \_\_\_\_\_
5. Other (SPECIFY)
6. None \_\_\_\_\_

27. Which, if any, federal and/or state agencies did you interact with after [\_\_\_\_name of storm\_\_\_\_]?

1. FEMA
2. SBA
3. Other \_\_\_\_\_
4. None (SKIP TO Q30)

28. Were the agencies well-coordinated?

1. Yes
2. No

29. Do you have any suggestions for improving services?

1. Yes, please explain \_\_\_\_\_  
\_\_\_\_\_
2. No

30. If you were affected by [\_\_\_\_name of storm\_\_\_\_], did any of these contribute to your recovery? (CHECK ALL THAT APPLY). Which was the most important factor to your recovery? (CHECK ONLY ONE)

Factors that contributed to recovery	Check All that Apply	Most Important (CHECK ONLY ONE)
a. Family and/or friends		
b. Church and/or community groups		
c. Employees		
d. FEMA		
e. SBA		
f. Unemployment benefits		
g. Bank loan		
h. Personal finances and labor		
i. Other:		

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31. Would you say that [\_\_\_\_\_name of storm\_\_\_\_\_] had any positive impacts on your business?

1. Yes
2. No (SKIP TO Q33)

32. If yes, what? \_\_\_\_\_

**SECTION C:**  
**COMMUNITY RECOVERY FOLLOWING (\_\_\_Name of storm\_\_\_)**  
*This section helps us understand how communities may have been affected as well as perceptions of potential changes to the communities in the future.*

33. Since [\_\_\_\_\_name of storm\_\_\_\_\_], have there been any major changes to the community where your business is located? That would be changes such as zoning, ordinances, redevelopment, and things like that.

1. Yes (CONTINUE)
2. No (SKIP TO Q35)

34. What changes have you noticed? \_\_\_\_\_

\_\_\_\_\_

35. Has the community where your business is located become more or less resilient to coastal hazards due to the storm?

1. More resilient \_\_\_\_\_
2. Less resilient \_\_\_\_\_
3. No change (SKIP to Q37) \_\_\_\_\_

36. What has contributed to that change? \_\_\_\_\_

**SECTION D:**  
**WELL-BEING**  
*This section is intended to capture the ability of the participant to be prepared for and cope with change in general and in relation to natural disasters.*

37. Now I'm going to read a list of statements. For each statement, I'd like you to tell me whether you strongly disagree, disagree, are neutral, agree, or strongly agree with it.

Statements	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	j. I have other options available if I decide to no longer be in my current occupation.	1	2	3	4
k. I am confident that I could get work elsewhere if I	1	2	3	4	5

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needed to.					
l. I would be nervous trying something outside of my current occupation.	1	2	3	4	5
m. I have planned for my financial security.	1	2	3	4	5
n. Every time there is a change I plan a way to make it work for myself.	1	2	3	4	5
o. I am more likely to adapt to change compared to others in this business.	1	2	3	4	5
p. I do not think I am competitive enough to continue in this business much longer.	1	2	3	4	5
q. I am confident things will turn out well for me.	1	2	3	4	5
r. If there are any more natural disasters on the scale of [____name of storm____] I will not be able to continue in this business much longer.	1	2	3	4	5
s. I can cope with impacts to my business due to natural disasters such as [____name of storm____].	1	2	3	4	5
t. I am interested in learning new skills outside my current occupation.	1	2	3	4	5

38. Would you say you learned anything from [\_\_\_\_name of storm\_\_\_\_] that will help you prepare for future natural disasters?

1. Yes
2. No
3. DO NOT KNOW

39. What different measures, if any, will you take in the future to prepare for natural disasters such as [\_\_\_\_name of storm\_\_\_\_]? (SPECIFY)\_\_\_\_\_

**SECTION E:  
COMMENTS**

Do you have any additional comments you would like to share?

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**THANK YOU FOR YOUR TIME!**