

# Rapid Assessment: Fishing-Related Businesses

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Office of Science & Technology

NOAA Fisheries

Silver Spring, MD



## 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\_\_\_\_] immediately 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) What community is your business located in? \_\_\_\_\_

## 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? (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. Did you experience any physical damages or disruption to your operations due to [\_\_\_name of storm\_\_\_]?

1. Yes (CONTINUE)
2. No (SKIP to Q23)
3. DO NOT KNOW

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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: buildings and other infrastructure damage, equipment and other merchandise losses, seafood and bait product losses, and pier or dock damage.*

#### **BUILDINGS OR OTHER INFRASTRUCTURE:**

3. Did you suffer any damages to your buildings or other infrastructure?

1. Yes (CONTINUE)
2. No (SKIP TO Q8)
3. DO NOT KNOW

4. Please provide an estimate of 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

5. Please provide an estimate of the market value of the buildings and other infrastructure:

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

6. Is the damage insured?

1. Yes (CONTINUE)
2. No (SKIP TO Q8)
3. DO NOT KNOW

7. 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

#### **EQUIPMENT OR OTHER MERCHANDISE:**

8. Did you suffer any damages to your equipment or other merchandise?

1. Yes (CONTINUE)
2. No (SKIP to Q13)
3. DO NOT KNOW

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

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

10. Please provide an estimate of the market value of the equipment or other merchandise:

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

11. Is the damage insured?

1. Yes (CONTINUE)
2. No (SKIP to Q13)
3. DO NOT KNOW

12. 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

## **SEAFOOD OR BAIT PRODUCTS:**

13. Did you suffer any damages to seafood or bait products?

1. Yes (CONTINUE)
2. No (SKIP to Q18)
3. DO NOT KNOW

14. Please provide an estimate of damages. This estimate can be based on an appraisal or on your best estimate of the cost to replace the item(s).

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

15. Please provide an estimate of the market value of the seafood or bait products:

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

16. Is the damage insured?

1. Yes (CONTINUE)
2. No (SKIP to Q18)
3. DO NOT KNOW

17. 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

## **PIER OR DOCK DAMAGES:**

18. Did you suffer any damages to pier or dock damages?

1. Yes (CONTINUE)
2. No (SKIP to Q23)
3. DO NOT KNOW

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19. Please provide an estimate of damages. This estimate can be based on an appraisal or on your best estimate of the cost to replace the pier or dock.

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

20. Please provide an estimate of the market value of the piers or docks:

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

21. Is the damage insured?

1. Yes (CONTINUE)
2. No (SKIP to Q23)
3. DO NOT KNOW

22. 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

<b>SECTION C: IMPACTS FROM ( ___ Name of storm ___ ) ON YOUR BUSINESS OPERATING STATUS</b>
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23. Was your business closed due to [ \_\_\_ name of storm \_\_\_ ]?

1. Yes
2. No (SKIP to Q27)
3. DO NOT KNOW

24. Have you reopened your business since [ \_\_\_ name of storm \_\_\_ ]?

1. Yes
2. No (SKIP to Q26)
3. DO NOT KNOW

25. When did you reopened your business after [ \_\_\_ name of storm \_\_\_ ]?

1. DATE: (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_
2. DO NOT KNOW

26. How long do you think it will be until you will be able to reopen your business? (SELECT ONE OPTION)

1. Answered in days \_\_\_\_\_
2. Answered in weeks \_\_\_\_\_
3. Answered in months \_\_\_\_\_
4. Never
5. DO NOT KNOW

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27. Relative to last year, how much, if any, revenue has your business lost to date because of [\_\_name of storm\_\_]?  
(INT: include lost sales and lost revenue from handling lower value species.)

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

<b>SECTION D: IMPACTS FROM ( __Name of storm__ ) ON EMPLOYEES</b>
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28. How many employees did your business have before [\_\_name of storm\_\_]?

1. No. \_\_\_\_\_
2. DO NOT KNOW

29. Did you lay off any employees due to [\_\_name of storm\_\_]?

1. Yes
2. No (END OF SURVEY)
3. DO NOT KNOW

30. How many employees did you lay off due to [\_\_name of storm\_\_]?

1. No. \_\_\_\_\_
2. DO NOT KNOW

31. Are you back to your pre-storm number of employees?

1. Yes (END OF SURVEY)
2. No
3. DO NOT KNOW

32. How long do you think it will be until you are back to your pre-storm number of employees? (SELECT ONE OPTION)

1. Answered in days\_\_\_\_\_
2. Answered in weeks\_\_\_\_\_
3. Answered in months\_\_\_\_\_
4. Never
5. DO NOT KNOW

<b>SECTION E: COMMENTS</b>
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Do you have any additional comments you would like to share?

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**THANK YOU FOR YOUR TIME!**