# Business Recovery Survey

**Subject to: OMB Control #0693-0078; Expiration Date: 07/31/2019 (NIST Generic Clearance for Community Resilience Data Collections)**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surveyor(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PIN:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Business Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Result Completion Code: \_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Completed survey | 4. hard refusal | 7. incomplete/partial | 10. no answer or response, but evidence/confirmation operating |
| 1. Ineligible, no manager/owner to answer | 1. Soft refusal, set time for future interview | 8. non-operational business – closed BEFORE event | 11. no access (e.g., fence preventing entry) |
| 1. Wrong address, could not locate | 1. Soft refusal, left form | 9. non-operational – closed AFTER event / destroyed | 12. ineligible, business (name) different than the one expected |

# SURVEY INSTRUCTIONS

1. **What is the operational status of this business?**
2. Open
3. Permanently closed
4. Moved to alternative location (*provide address*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
5. Not sure/don’t know (*take notes on any information that can help us identify the status of the business*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )
6. **What event did this location experience? [Hazard Type] [associated “name”]**
7. [Take photo of outside of business with geocoding]

**(The following questions should be answered by business owner or manager. The questions in this servey relate only to this particular lcation for this business.)**

1. **What is your role with this business?** 1. Owner 2. Manager 3. Owner and Manager

# Damage and Business Interruption

1. **Did you undertake any advance preparation/activities to prepare for potential hazards? 1. Y 2. N**

**5.1. If Y, please describe the specific actions or investments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **What kind of physical damage was caused by the event and how severe was the damage? [refer to separate business damage states table]**

|  |  |
| --- | --- |
| **Building damage** | 1. None 2. Minor 3. Moderate 4. Severe 5. Complete |
| **Contents/inventory damage** | 1. None 2. Minor 3. Moderate 4. Severe 5. Complete |
| **Machinery/equipment damage** | 1. None 2. Minor 3. Moderate 4. Severe 5. Complete |
| **Important (hard copy) documents?** | 1. None 2. Minor 3. Moderate 4. Severe 5. Complete |
| **Record height of water mark *if applicable* (ask owner/manager to point to place on the wall where water reached)** | \_\_\_\_\_ inches |

1. **What types of utilities and services were disrupted at this building? And for how long?**

**(\* N/A: not applicable, if your business does not use this service, please indicate N/A; DK: don’t know)**

|  |  |
| --- | --- |
| **Did your business lose**  1. Yes 2. No 3. DK 4. N/A  \_\_\_\_ Hours or \_\_\_\_\_ days still don’t have electricity    **electric power?** | **If YES, how long until it was fully repaired?** |
| **Did your business lose**  1. Yes 2. No 3. DK 4. N/A  \_\_\_\_ Hours or \_\_\_\_\_ days still don’t have water    **water?** |  |
| **Did your business lose**  1. Yes 2. No 3. DK 4. N/A  **natural gas?** | \_\_\_\_ Hours or \_\_\_\_\_ days still don’t have natural gas |
| **Did your business lose**  1. Yes 2. No 3. DK 4. N/A  **sewer?** | \_\_\_\_ Hours or \_\_\_\_\_ days still don’t have sewer |
| **Did your business lose**  1. Yes 2. No 3. DK 4. N/A  \_\_\_\_ Hours or \_\_\_\_\_ days still don’t have landline    **landline phone?** |  |
| **Did your business lose**  1. Yes 2. No 3. DK 4. N/A  \_\_\_\_ Hours or \_\_\_\_\_ days still don’t have cell phone    **cell phone service?** |  |
| **Did your business lose**  1. Yes 2. No 3. DK 4. N/A  **Internet access?** | \_\_\_\_ Hours or \_\_\_\_\_ days still don’t have internet/IT |
| **Did your business lose**  1. Yes 2. No 3. DK 4. N/A  **IT (e.g., access to**  **Critical computer**  **Programs/data) ?** | \_\_\_\_ Hours or \_\_\_\_\_ days still don’t have IT |
| **Did your business**  1. Yes 2. No 3. DK 4. N/A  **experience any**  **accessibility issues?** | \_\_\_\_ Hours or \_\_\_\_\_ days still don’t have full  accessibility |

* 1. [If yes to loss of electric power] Did this business use a backup generator? 1. \_\_\_Yes 2. \_\_\_No
     1. [If yes] how long was the backup generator used? \_\_\_\_\_ days
  2. [If yes to loss of water] Did this business have backup water supply? 1. \_\_\_Yes 2. \_\_\_No
     1. [If yes] how long did the backup water supply last? \_\_\_\_\_ days
  3. Any other backup systems used besides generators or water supply? 1. \_\_\_Yes 2. \_\_\_No
     1. [If yes] please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Please add any information about damages from loss of power or other utilities (e.g., leading to *in*ability to move perishable inventory or moisture/mold damage). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **Was there a stoppage or delay in the delivery of supplies that interrupted business activities (e.g., production or sales)? 1. Yes 2. No 3. N/A If yes, for how long ? \_\_\_\_\_\_\_**
   1. **If yes: Was this a complete or partial stoppage? 1. Complete 2. Partial; Time: \_\_\_\_\_\_ (days)**
   2. **Did the business experience any other supply chain issues; please explain briefly: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Immediately following the event, operations were at:**

**1. 100% (fully functioning) 2. 80-99% 3. 50-79% 4. 30-50% 5. 1-29% 6. 0% (operations completely ceased)**

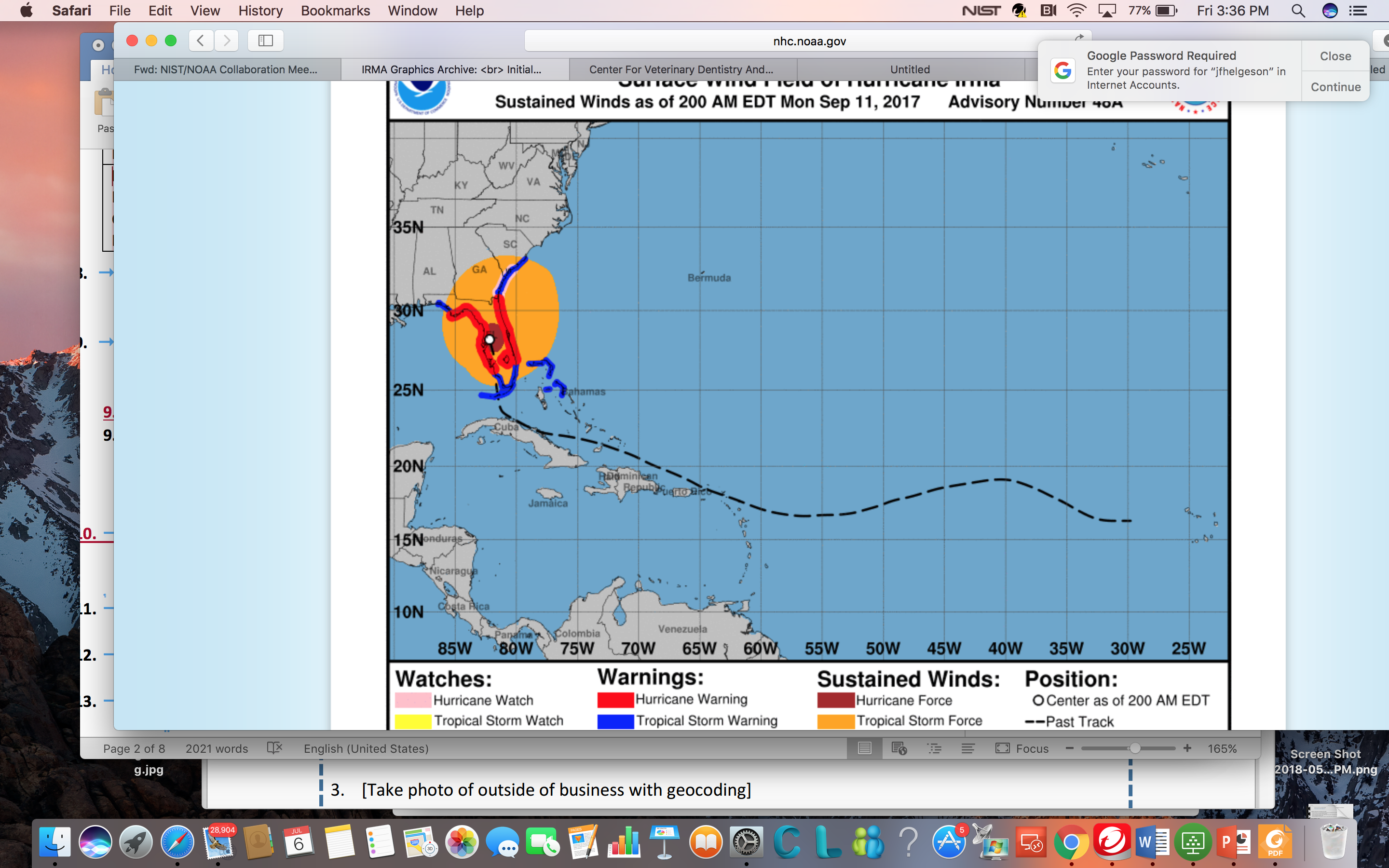
1. **How long did it take for your business to resume operations? \_\_\_\_\_\_\_\_\_\_\_\_ (days)**
2. **Did you make the decision to close the business prior to the event? 1. Yes 2. No**
3. **If yes [Q12], please answer the following:**
   1. **When did the business make the decision to close (e.g., 1 day, 1 hr. before the event hit)? \_\_\_**
   2. **What prompted the closure?**
   3. **What information was used to make this decision? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **If no [Q12], please answer the following:**
   1. **When during or after the event did the business close?**
   2. **Was it a required closure because it could not function given damage?**
   3. **Who made the final determination? 1. Owner 2. Manager 3. Local policy/requirement 4. Other \_\_\_\_\_\_**
   4. **What information was used to make this decision? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Did you use any of the below graphical information when tracking the storm and deciding whether or not to close? 1. Y 2. N**

****

1. **If no[Q15], please answer the following: If you didn’t use any of the above information, where did you get your information? (list all that apply)**
2. **local network tv news b. National TV c. Weather Channel d. Accuweather e. Local government,**

**f. Community leaders g. radio h. internet source i. friends/family j. social media k. OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Did this business experience a loss of customers? Please think about this question in the context of immediately pre-event to when operations (above 0%) began again at the location**

**1. Lost customers (\_\_\_\_\_% loss) 2. Remained the same 3. Gained customers (\_\_\_% gain of customers)**

1. **How did the business communicate the status of the business (e.g., open or not) to potential customers and the public? 1. Telephone 2. E-mail 3. Text message 4. Social media 5. Other \_\_\_\_\_**
2. **How dependent is this business on this physical location? (In other words, can this business use virtual location(s) or service(s) during recovery):**
3. **Not dependent on physical location at all**
4. **Somewhat dependent on physical location**
5. **Extremely dependent on physical location**
6. **How might the experience of this event change your approach to planning for a next storm?**
7. **Had this business experienced any small or large-scale disaster effects previously? 1. Y 2. N**

**Specify type (natural, human-made) and time period:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# EMPLOYEE-RELATED QUESTIONS

1. **How long did it take after the event for employees to access this work location? \_\_\_\_ (days)**
   1. **Was there an alternate work location available for employees to work while the primary location was closed? 1. Yes 2. No**
   2. **If [22.1=yes] How far away was the alternate work location from the primary location? \_\_\_\_ (mi.)**
   3. **If [22.1=yes] What type of location was used: 1.**  Another physical location owned by the business 2. Third-party provided location 3. Employee’s home
2. **Did employees have to spend extra hours at work (before/after/during) the event? 1. Yes 2. No**
3. **Were any employees present at the work location during the event? 1. Yes 2. No**
4. **How did the business communicate the status of the business and their work schedule to employees? 1. Telephone 2. E-mail 3. Text message 4. Social media 5. Other \_\_\_\_\_**

**Was there any communication plan in place and was it part of training for employees?**

1. **Did your business experience any issues with employees’ ability to report to work (once you began operation post-event)?**

**26.1. Employee(s) could not report to work due to transportation problems? 1. Y 2. N**

**26.2. Employee(s) could not report to work due to the need to fix house? 1. Y 2. N**

* 1. **Employee(s) could not report to work because their children not yet back to school? 1. Y 2. N**
  2. **Employee(s) could not report to work due to disaster-related physical health issue? 1. Y 2. N**
  3. **Employee(s) could not report to work due to disaster-related mental health issues? 1. Y 2. N**

1. **Are you aware of any employee long-term health effects arising from the event (e.g., cardiovascular disease, mobility issues)? 1. Y 2. N**

# Business Information

1. **In which year was this business established at this location? \_\_\_\_ \_\_\_ (Year)**
2. **What is your primary line of business?**
3. Construction
4. Manufacturing
5. Retail trade
6. Service
7. Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. **Before the hazard event, how many full time and part time employees did this business have? And now?**

Before: Full time \_\_\_\_\_\_\_\_\_\_ Part time \_\_\_\_\_\_\_\_\_\_\_\_

Now: Full time \_\_\_\_\_\_\_\_\_\_ Part time \_\_\_\_\_\_\_\_\_\_\_\_

1. **Does this business own or rent the building?**
2. Own (including buying the building with mortgage) 2. Rent 3. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **What was the business ownership structure before the [event]?**
4. Single owner
5. Partnership (multiple owners)
6. Corporation or franchise
7. Cooperative
8. Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Business Recovery

1. **Compared to before the hazard event, what is the % capacity at which the business is operating today? \_\_\_\_\_\_ %**

*(For “capacity,” consider aspects of the business that are most important to you, like the quality and/or quantity of service or product offerings. For example: 50% for reduced capacity, 110% for increased capacity, or 0% for businesses that have not resumed operations.)*

1. **How has the business revenue changed since the [event]? (Please reference gross revenue.)**

1. Decreased greatly

1. Decreased
2. Stay the same
3. Increased
4. Increased greatly
5. **How profitable was your business before the [event]? What about now?**

|  |  |
| --- | --- |
| **Before** | Highly profitable Profitable Breaking even Unprofitable Highly unprofitable closed |
| **Now** | Highly profitable Profitable Breaking even Unprofitable Highly unprofitable closed |

1. **Where do you feel your business is in the process of recovery today?**
2. Still in operation but will never recover (please explain) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. Still in survival/response mode
4. Recovering
5. Mostly recovered
6. Fully recovered
7. **Please indicate your level of agreement with the following statements.**

|  |  |
| --- | --- |
| We now service more customers outside our city than we did before the disaster | 1. Strongly 5. Strongly  2. Disagree 3. Neutral 4. Agree  disagree agree |
| We now have more suppliers outside our city than we did before the disaster | 1. Strongly 5. Strongly  2. Disagree 3. Neutral 4. Agree  disagree agree |

1. Did your business have any type of documented plan (e.g., business continuity plan, disaster plan, etc.) to guide your actions through the hazard? 1. Yes 2. No
   1. [If 38=”Yes”] Do you feel the plan enabled you to recover your operations more quickly than if you had no plan? 1. Yes 2. No 3. D/K
   2. [If 38=”Yes”] Have you updated your plan with the lessons learned from this event? 1. Yes 2. No 3. D/K
   3. [If 38=”No”] If you had no plan prior to this event, are you developing a plan now (or in the near future) based on the lessons learned from this event? 1. Yes 2. No 3. Maybe

# Recovery Finance

1. **Did you have insurance coverage related to this disaster type on the building, contents, or business interruption before the event?**
2. **Did you file claims and receive money?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Required to have insurance?** | **Had Insurance?** | **Filed Claim?** | **Received Money?** | **Received When?**  **(months after event)** | **% insurance covered** |
| Building | 1. Yes 2. No | 1. Yes 2. No | 1. Yes 2. No | 1. Yes 2. No  3. pending |  |  |
| Content (business insurance/most relevant to renters) | 1. Yes 2. No | 1. Yes 2. No | 1. Yes 2. No | 1. Yes 2. No  3. pending |  |  |
| Business interruption | 1. Yes 2. No | 1. Yes 2. No | 1. Yes 2. No | 1. Yes 2. No  3. pending |  |  |

1. **Did you receive any of the following assistance in recovery?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Assistance Description** | **Applied?** | **Received?** | **Received When?**  **(months after event)** |
| a. FEMA financial assistance | 1. Yes 2. No | 1. Yes 2. No |  |
| b. SBA (Small Business Administration) loan | 1. Yes 2. No | 1. Yes 2. No |  |
| c. Other federal or state funds (specify):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1. Yes 2. No | 1. Yes 2. No |  |
| d. Local government funds (specify):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1. Yes 2. No | 1. Yes 2. No |  |
| e. Financial assistance from any church or other NGOs (non-government organizations)? | 1. Yes 2. No | 1. Yes 2. No |  |
| f. Clean up or repair help from church or other NGOs? | 1. Yes 2. No | 1. Yes 2. No |  |
| g. Private/bank loans | 1. Yes 2. No | 1. Yes 2. No |  |
| h. Crowdsourcing online? | 1. Yes 2. No | 1. Yes 2. No |  |
| i. Fundraisers (in-person/not online)? | 1. Yes 2. No | 1. Yes 2. No |  |
| j. Other(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1. Yes 2. No | 1. Yes 2. No |  |

1. **What assistance did you need and not get? (monetary or in-kind): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **How long do you estimate this business could function in a deficit (days, weeks, months)? \_\_\_\_\_\_\_**
2. **What are your thoughts today about the risks to your business by extremes precipitation and/or temperature and your interest in undertaking mitigation options? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Owner/manager demographics

1. **How many years have you worked as a business owner/manager?** 
   1. **At this location: \_\_\_\_\_\_\_\_\_\_\_\_\_ (years)**
   2. **In your total career: \_\_\_\_\_\_\_\_\_\_\_\_\_ (years)**
2. **What is your age? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (years)**
3. **What is your number of years of schooling?** Enter number of years \_\_\_\_\_\_\_ and indicate   
   type of diploma or degree: 1. Some high school, but didn’t finish 2. Completed High School 3. Some college, but didn’t finish, 4. Associate degree 3. Bachelors 4. Masters or higher degree
4. **Are you Hispanic?** 1. Yes 2. No
5. **What is your race? Select one or more (check all relevant)**

|  |  |
| --- | --- |
| * White * Black or African American * American Indian or Native American | * Asian * Native Hawaiian or other Pacific Islander |

1. **What is your household income? (per year before taxes)**
2. **Under $25,000**
3. **$25,000-$39,999**
4. **$40,000-$59,999**
5. **$60,000-$79,999**
6. **$80,000-$99,999**
7. **$100,000-$124,999**
8. **$125,000-$149,999**
9. **Over $150,000**

**If you have any comments about the survey and/or business recovery after the [event], please let us know verbally or write them in the space below.**

**THANK YOU VERY MUCH FOR COMPLETING THE SURVEY!**

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