

# 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
2. Ineligible, no manager/owner to answer	5. Soft refusal, set time for future interview	8. non-operational business - closed BEFORE event	11. no access (e.g., fence preventing entry)
3. Wrong address, could not locate	6. 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?

1. Open
2. Permanently closed
3. Moved to alternative location (*provide address:* \_\_\_\_\_)
4. Not sure/don't know (*take notes on any information that can help us identify the status of the business:* \_\_\_\_\_)

### 2. What event did this location experience? [Hazard Type] [associated "name"]

### 3. [Take photo of outside of business with geocoding]

(THE FOLLOWING QUESTIONS SHOULD BE ANSWERED BY BUSINESS OWNER OR MANAGER. THE QUESTIONS IN THIS SURVEY RELATE ONLY TO THIS PARTICULAR LOCATION FOR THIS BUSINESS.)

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

## Damage and Business Interruption

### 5. 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: \_\_\_\_\_

\_\_\_\_\_

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

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

7. 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)

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

- 7.1. [If yes to loss of electric power] Did this business use a backup generator? 1. \_\_\_ Yes 2. \_\_\_ No
  - 7.A.1. [If yes] how long was the backup generator used? \_\_\_\_ days
- 7.2. [If yes to loss of water] Did this business have backup water supply? 1. \_\_\_ Yes 2. \_\_\_ No
  - 7.2.1. [If yes] how long did the backup water supply last? \_\_\_\_ days
- 7.3. Any other backup systems used besides generators or water supply? 1. \_\_\_ Yes 2. \_\_\_ No
  - 7.3.1. [If yes] please describe \_\_\_\_\_

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

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9. 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 ? \_\_\_\_\_

9.1. If yes: Was this a complete or partial stoppage? 1. Complete 2. Partial; Time: \_\_\_\_\_ (days)

9.2. Did the business experience any other supply chain issues; please explain briefly:

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10. 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)

11. How long did it take for your business to resume operations? \_\_\_\_\_ (days)

12. Did you make the decision to close the business prior to the event? 1. Yes 2. No

13. If yes [Q12], please answer the following:

13.1. When did the business make the decision to close (e.g., 1 day, 1 hr. before the event hit)? \_\_\_\_

13.2. What prompted the closure?

13.3. What information was used to make this decision? \_\_\_\_\_

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14. If no [Q12], please answer the following:

14.1. When during or after the event did the business close?

14.2. Was it a required closure because it could not function given damage?

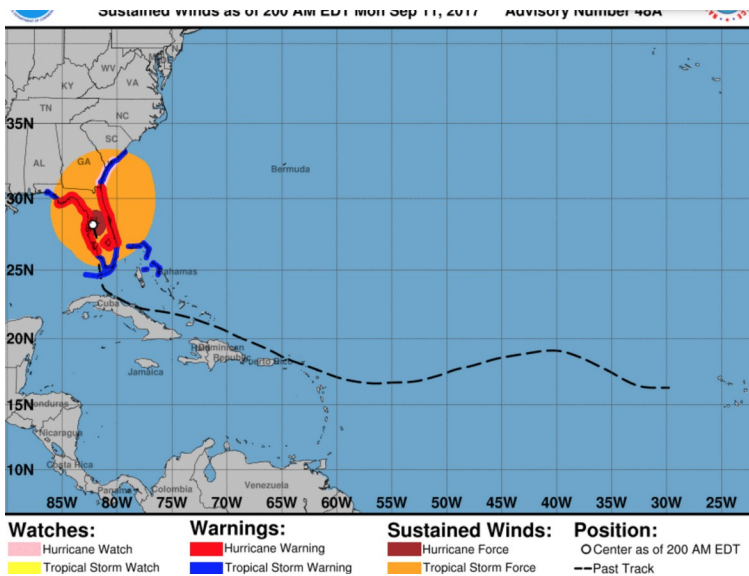
14.3. Who made the final determination? 1. Owner 2. Manager 3. Local policy/requirement 4. Other \_\_\_\_\_

14.4. What information was used to make this decision? \_\_\_\_\_

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

PIN: \_\_\_\_\_



16. 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)

a. 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 \_\_\_\_\_

17. 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)

18. 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 \_\_\_\_\_

19. How dependent is this business on this physical location? (In other words, can this business use virtual location(s) or service(s) during recovery):

1. Not dependent on physical location at all  
 2. Somewhat dependent on physical location  
 3. Extremely dependent on physical location

20. How might the experience of this event change your approach to planning for a next storm?

21. Had this business experienced any small or large-scale disaster effects previously? 1. Y 2. N  
 Specify type (natural, human-made) and time period:

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## EMPLOYEE-RELATED QUESTIONS

22. How long did it take after the event for employees to access this work location? \_\_\_\_ (days)

22.1. Was there an alternate work location available for employees to work while the primary location was closed? 1. Yes 2. No

- 22.2. If [22.1=yes] How far away was the alternate work location from the primary location? \_\_\_\_ (mi.)
- 22.3. 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

23. Did employees have to spend extra hours at work (before/after/during) the event? 1. Yes 2. No

24. Were any employees present at the work location during the event? 1. Yes 2. No

25. 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?

26. 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
- 26.3. Employee(s) could not report to work because their children not yet back to school? 1. Y 2. N
- 26.4. Employee(s) could not report to work due to disaster-related physical health issue? 1. Y 2. N
- 26.5. Employee(s) could not report to work due to disaster-related mental health issues? 1. Y 2. N

27. 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

28. In which year was this business established at this location? \_\_\_\_ \_\_\_\_ (Year)

29. What is your primary line of business?

1. Construction
2. Manufacturing
3. Retail trade
4. Service
5. Other (please specify): \_\_\_\_\_

30. 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 \_\_\_\_\_

31. Does this business own or rent the building?

1. Own (including buying the building with mortgage) 2. Rent 3. Other \_\_\_\_\_

32. What was the business ownership structure before the [event]?

1. Single owner
2. Partnership (multiple owners)
3. Corporation or franchise
4. Cooperative
5. Other (please specify): \_\_\_\_\_

## Business Recovery

**33. 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.)

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

1. Decreased greatly
2. Decreased
3. Stay the same
4. Increased
5. Increased greatly

**35. How profitable was your business before the [event]? What about now?**

<b>Before</b>	Highly profitable	Profitable	Breaking even	Unprofitable	Highly unprofitable	closed
<b>Now</b>	Highly profitable	Profitable	Breaking even	Unprofitable	Highly unprofitable	closed

**36. Where do you feel your business is in the process of recovery today?**

1. Still in operation but will never recover (please explain) \_\_\_\_\_
2. Still in survival/response mode
3. Recovering
4. Mostly recovered
5. Fully recovered

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

38. 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

38.3. [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

38.4. [If 38="Yes"] Have you updated your plan with the lessons learned from this event? 1. Yes 2. No 3. D/K

38.5. [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

**39. Did you have insurance coverage related to this disaster type on the building, contents, or business interruption before the event?**

**40. Did you file claims and receive money?**

	<b>Required</b>	<b>Had</b>	<b>Filed</b>	<b>Received</b>	<b>Received</b>	<b>%</b>
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	to have insurance?	Insurance?	Claim?	Money?	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		

**41. 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	

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

**43. How long do you estimate this business could function in a deficit (days, weeks, months)?** \_\_\_\_\_

**44. 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

**45. How many years have you worked as a business owner/manager?**

45.1. At this location: \_\_\_\_\_ (years)

45.2. In your total career: \_\_\_\_\_ (years)

**46. What is your age?** \_\_\_\_\_ (years)

PIN: \_\_\_\_\_

47. **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

48. **Are you Hispanic?** 1. Yes 2. No

49. **What is your race? Select one or more (check all relevant)**

<input type="radio"/> White	<input type="radio"/> Asian
<input type="radio"/> Black or African American	<input type="radio"/> Native Hawaiian or other Pacific Islander
<input type="radio"/> American Indian or Native American	

50. **What is your household income? (per year before taxes)**

- a. Under \$25,000
- b. \$25,000-\$39,999
- c. \$40,000-\$59,999
- d. \$60,000-\$79,999
- e. \$80,000-\$99,999
- f. \$100,000-\$124,999
- g. \$125,000-\$149,999
- h. 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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of Standards and Technology, Attn: Dr. Jennifer Helgeson, NIST, 100 Bureau Drive, MS 8603, Gaithersburg, MD 20899-1710, telephone 301-975-6133, or via email: [jennifer.helgeson@nist.gov](mailto:jennifer.helgeson@nist.gov).

PIN: \_\_\_\_\_