Business/Non-Profit Disruption Survey NIST/NOAA 2019

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Purpose:  The National Institute for Standards and Technology (NIST) conducts Community Resilience research and surveys through the Generic Paperwork Reduction Act Clearance, OMB CONTROL NO. 0693-0078   Expiration date:  07/31/2019.

Routine Uses:  NIST will use this information to conduct a systematic process evaluation of the NIST Community Resilience Planning Guide implementation. This is not a Privacy Act system of Records, therefore there is no System of Records Notice associated with this collection.

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Start of Block: Organization Background

Q1.1 Surveyor Name:

* Joy Semien (1)
* Walter Peacock (2)
* Steven Washington (3)

Q1.2 **What is the operational status of this organization?**

* Open (1)
* Closed, appears damaged (2)
* Closed, but repairing damage (3)
* Permanently closed (4)
* Moved to alternative location (provide address:) (5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Not sure/don’t know (take notes in any information that can help us identify the status of the business) (6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q1.3 Is this a business or a non-profit?

* Business (1)
* Non-profit (2)

Q1.4 What is the name of this organization?

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Q1.5 What is the organization's address?

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Q1.6 **Post-Hurricane Harvey Field Study in Beaumont/Port Arthur, Texas** **Organization Recovery Survey** **Consent Script**     We are conducting a research study on recovery following the flooding that occurred in Beaumont/Port Arthur, Texas in the days following Hurricane Harvey.  Hurricane Harvey hit Texas first and then traveled across the Gulf coast hitting Louisiana as a tropical storm on August 25, 2017. We would like to speak with you about how this event affected your organization. We are interested in learning about the process of recovering from the flooding. There have been a few different flood events since Hurricane Harvey, but we ask that you answer the survey with regards to your experience with Hurricane Harvey. There are some sections that ask about flood events more generally as well.   This study is part of a larger project led by the National Oceanic and Atmospheric Administration (NOAA) and the National Institute of Standards and Technology (NIST). Locally, the Texas Sea Grant Offices and the Hazard Reduction and Recovery centers are leading this effort.   We would like to ask you some brief survey questions about your organization experience after the flood as well as some details about your organization during this time. Participation will take approximately 15 to 20 minutes, depending on the experience of your organization with Hurricane Harvey. Your participation is voluntary. If you decide to participate in the study, you may withdraw your consent and stop participation at any time without penalty.   We will be collecting information about the damage to your organization, the repair process, and how the flood disrupted your organizations' employees, services, and revenues. When we report and share our findings, we will combine the data from all participants into summary statistics and tables so no unique individual or organization can be identified. There are NO KNOWN RISKS or direct benefits to you. We hope to gain more knowledge on how you and others were affected by Hurricane Harvey and the flooding so that we can learn from your experiences to help Charleston and other communities better prepare for similar events in the future.   If you are the **owner, manager,** chief executive officer etc. of the organization that **was here at the time of Hurricane Harvey and the flooding** **OR** someone who **knows about what happened to the organization**would you be willing to complete the survey?

* YES (1)
* NO (2)

Skip To: Q1.7 If Post-Hurricane Harvey Field Study in Beaumont/Port Arthur, Texas Organization Recovery Survey Con... = YES

Skip To: End of Survey If Post-Hurricane Harvey Field Study in Beaumont/Port Arthur, Texas Organization Recovery Survey Con... = NO

Q1.7 Result Completion Code

▼ Completed survey (1) ... Need survey translated to different language (13)

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Display This Question:

If Is this a business or a non-profit? = Business

Q1.8 Is this business minority-owned, woman-owned, or veteran-owned?

* Woman-owned (1)
* Minority-owned (2)
* Veteran-owned (3)
* None (4)

Skip To: Q1.2 If Is this business minority-owned, woman-owned, or veteran-owned? = None

Display This Question:

If Is this a business or a non-profit? = Non-profit

Q1.9 Is this organization minority-led, woman-led, or veteran-led?

* Woman-led (1)
* Minority-led (2)
* Veteran-led (3)
* None (4)

Skip To: Q1.2 If Is this organization minority-led, woman-led, or veteran-led? = None

Q1.10 Is this organization Federally classified as such?

* YES (1)
* NO (2)

|  |  |
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Display This Question:

If Is this a business or a non-profit? = Business

Q1.11 What is your role within this business?

* Owner (1)
* Manager (2)
* Owner and Manager (3)
* Assistant Manager (4)

Display This Question:

If Is this a business or a non-profit? = Non-profit

Q1.12 What is your role within this organization?

* Board President (1)
* Board Member (2)
* Executive Director/Chief Operating Officer (3)
* Associate Director (4)
* Program Coordinator/Manager (5)
* Employee (6)

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Q1.13 How many years have you been in this role?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End of Block: Organization Background

Start of Block: Risk Perception

Q2.1 As the storm was approaching, how likely did you think it was that…

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very likely (1) | Somewhat likely (2) | Neither likely nor unlikely (3) | Not likely (4) | Not at all likely (5) |
| Your organization would be inundated with flood waters (1) |  |  |  |  |  |
| Your organization would be severely damaged or destroyed (2) |  |  |  |  |  |
| Your organization would loose inventory or supplies (3) |  |  |  |  |  |
| Your organization would experience disruption to electrical, telephone, and other basic services (4) |  |  |  |  |  |
| Your organization would be unable to reopen (5) |  |  |  |  |  |

Q2.2 As a result of Hurricane Harvey...

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very (1) | Somewhat (2) | Neither (3) | Not (4) | Not at all (5) |
| How concerned are you about the possibility of another hazard occurrence? (1) |  |  |  |  |  |
| How concerned are you about losing your inventory and supplies in the event of another hazard impact? (2) |  |  |  |  |  |
| How concerned are you about experiencing disruption to electrical, telephone, and other basic services (3) |  |  |  |  |  |
| How prepared are you in the event another hazard occurs? (4) |  |  |  |  |  |
| How well do you know how to access hazard related resources and information? (5) |  |  |  |  |  |
| Rate the possibility of experiencing severe damages to your organization again. (6) |  |  |  |  |  |

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End of Block: Risk Perception

Start of Block: Damage and Business Interruption

Q3.1 DAMAGE AND BUSINESS INTERRUPTION - Now we would like to ask questions related to damages and business interruptions.

Q3.2 Did you undertake any of the following activities to prepare for potential hazards?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Before Hurricane Harvey did you... | | Since Hurricane Harvey have you or will you... | |
|  | YES (1) | NO (2) | YES (1) | NO (2) |
| Attend disaster preparedness meetings or trainings (in person/online) (1) |  |  |  |  |
| Receive disaster related information (2) |  |  |  |  |
| Backup all important documents (offsite or cloud) (3) |  |  |  |  |
| Make Plans for a temporary location (4) |  |  |  |  |
| Maintain offsite backups (5) |  |  |  |  |
| Develop a emergency response plan (6) |  |  |  |  |
| If so, do you feel the emergency response plan enabled you to recover your operations more quickly than if you had no plan? (7) |  |  |  |  |
| Develop a business continuity plan (8) |  |  |  |  |
| If so, do you feel the business continuity plan enabled you to recover your operations more quickly than if you had no plan? (9) |  |  |  |  |
| Develop a disaster recovery plan (10) |  |  |  |  |
| If so, do you feel the disaster recovery plan enabled you to recover your operations more quickly than if you had no plan? (11) |  |  |  |  |
| If so, do you feel the emergency plan enabled you to recover your operations more quickly than if you had no plan? (12) |  |  |  |  |
| Lift inventory and other supplies off the ground (13) |  |  |  |  |
| Board up windows, brace shelves etc. (14) |  |  |  |  |
| Purchase increased insurance (15) |  |  |  |  |
| Elevate the height of the buildings foundation (16) |  |  |  |  |
| Increase Landscaping as a form of mitigation practice (17) |  |  |  |  |
| Dry-Proofing the buildings structure (18) |  |  |  |  |
| Flood- Proofing the buildings structure (19) |  |  |  |  |

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Q3.3

Q3.4 Did Hurricane Harvey flood waters touch this building?

* YES (1)
* NO (2)

Skip To: Q3.5 If Did Hurricane Harvey flood waters touch this building? = YES

Q3.5 a.          If yes, approximately how high did the waters reach in the building:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 0 | 2 | 4 | 6 | 8 | 10 | 12 | 14 | 16 | 18 | 20 |

|  |  |
| --- | --- |
| Feet (1) |  |

Q3.6  What kind of physical damage (if any) was caused by Hurricane Harvey and how severe was the damage?  
(*For clarification on damage levels see table with detailed damage descriptions)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | No Damage (1) | Minor Damage (2) | Moderate Damage (3) | Severe Damage (4) | Completely Damage (5) |
| Building (1) |  |  |  |  |  |
| Contents (2) |  |  |  |  |  |
| Inventory (3) |  |  |  |  |  |
| Machinery/equipment (4) |  |  |  |  |  |
| Important (hard copy) documents (5) |  |  |  |  |  |

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Q3.7 Now, we would like to ask questions related to how UTILITIES (water, electrical power, sewer etc.) failed during Hurricane Harvey.

Q3.8

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | As a result of Hurricane Harvey did the organization experience loss of: | | | | If yes, how long? | | Are services fully repaired? | |
|  | YES (1) | NO (2) | DK (3) | N/A (4) | Hours (1) | Days (2) | YES (1) | NO (2) |
| Electric Power (1) |  |  |  |  |  |  |  |  |
| If so, did this business use a backup generator? (2) |  |  |  |  |  |  |  |  |
| Water (3) |  |  |  |  |  |  |  |  |
| If so, did this business use backup water supply? (4) |  |  |  |  |  |  |  |  |
| Sewer (5) |  |  |  |  |  |  |  |  |
| Natural Gas (6) |  |  |  |  |  |  |  |  |
| Landline Phone (7) |  |  |  |  |  |  |  |  |
| Cell Phone (8) |  |  |  |  |  |  |  |  |
| Internet (9) |  |  |  |  |  |  |  |  |

Q3.9 Did this organization use any other backup systems besides generators or water supply?

* YES (1)
* NO (2)
* DK (3)

Display This Question:

If Did this organization use any other backup systems besides generators or water supply? = YES

Q3.10 If [YES] please describe

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q3.11 Immediately after Hurricane Harvey, operations were at what level capacity?

* Full Capacity (1)
* Half Capacity (2)
* Partial Capacity (3)
* Operations Completely Ceased (4)

Display This Question:

If Immediately after Hurricane Harvey, operations were at what level capacity? = Operations Completely Ceased

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Q3.12 How long did it take for your organization to resume operations (in days)?

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Display This Question:

If Is this a business or a non-profit? = Business

Q3.13 As a result of Hurricane Harvey has the business gross revenue

* Decreased Greatly (1)
* Decreased Slightly (2)
* Stayed the Same (3)
* Increased Slightly (4)
* Increased Greatly (5)

Display This Question:

If Is this a business or a non-profit? = Non-profit

Q3.14 Has the organization donations and/or external funding...

* Decreased Greatly (1)
* Decreased Slightly (2)
* Stayed the Same (3)
* Increased Slightly (4)
* Increased Greatly (5)

Q3.15  Now we would like to ask you about any accessibility problems that this business experienced...

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | | | If [YES] How long? | |
|  | YES (1) | NO (2) | DK (3) | Hours (1) | Days (2) |
| Did this organization experience any street or sidewalk closures? (1) |  |  |  |  |  |
| Were streets flooded, but vehicles could pass? (2) |  |  |  |  |  |
| Were streets around organization severely flooded - vehicles could not pass through streets? (3) |  |  |  |  |  |
| Was there a stoppage or delay in the delivery of supplies that interrupted organization activities? (4) |  |  |  |  |  |
| Did Hurricane Harvey flood waters impact the neighborhood surrounding this organization? (5) |  |  |  |  |  |

Q3.16 When was the decision to close the organization made (e.g., 1 day, 1 hr. before Hurricane Harvey hit)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q3.17 What prompted the closure?

* Loss of Utiliites (1)
* Flooding (2)
* Government Mandate (3)
* Other (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q3.18 When did the closure occur?

* Before the event (1)
* During the event (2)
* After the event (3)
* Did not close (4)

Skip To: Q3.26 If When did the closure occur? = Did not close

Q3.19 Was closure required because organization could not function given damages caused by Hurricane Harvey?

* YES (1)
* NO (2)

Display This Question:

If Is this a business or a non-profit? = Business

Q3.20 Who made the final determination to close the business?

* Owner (1)
* Manager (2)
* Local policy/requirement (3)
* Other (4)

Display This Question:

If Is this a business or a non-profit? = Non-profit

Q3.21 Who made the final determination to close this organization?

* Executive Director/Chief Operating Officer (1)
* Associate Director (2)
* Program Coordinator/Manager (3)
* Local Policy/requirement (4)
* Board Members (5)
* Other (6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q3.22 What was the most important information used to close your organization?

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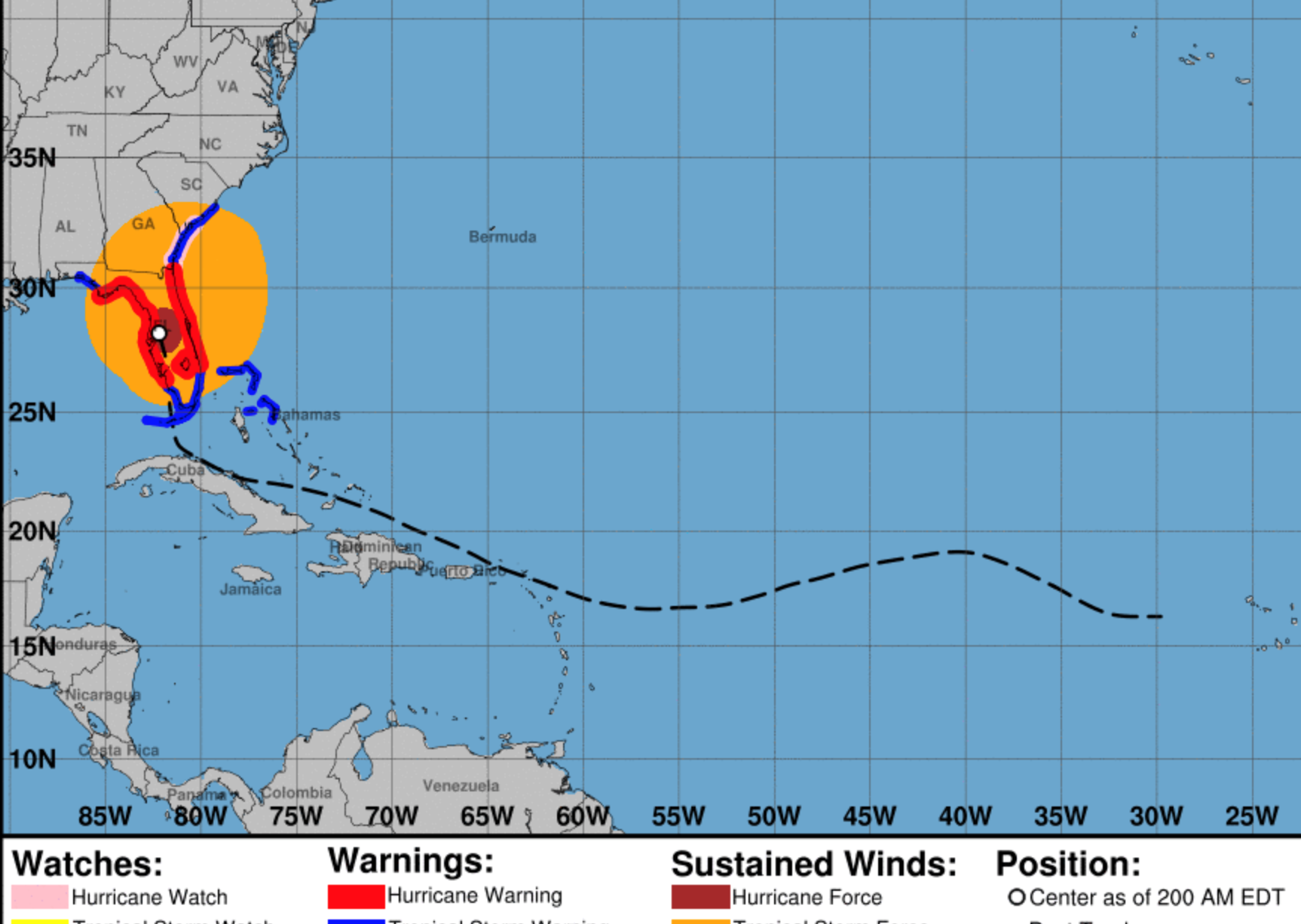
Q3.23 Which statement most influenced your decision to close your business?

* Seeing area organizations close (1)
* Seeing friends, relatives, neighbors, or coworkers evacuating (2)
* Hearing an announcement of a hurricane “watch” or “warning” (3)
* Hearing local authorities issue official recommendations (4)
* Previous personal experience with hurricane storm conditions (5)
* Concern about protecting your business from storm impact (6)
* Concern about lost revenue (7)

Q3.24 Did you use any of the below graphical information to track the event and to decide when to close?

* YES (1)
* NO (2)

Q3.25 Did you use any of the below graphical information to track the event and to decide when to close?



Q3.26 Which of the following did you use to get your information? (mark all that apply)

* Local network TV news (1)
* National TV (2)
* Weather Channel (3)
* Accuweather (4)
* Local Government (5)
* Community Leaders (6)
* Radio (7)
* Internet Source (8)
* Friends/Family (9)
* Social Media (10)
* National Weather Service (directly) (11)
* Organizations (12)
* Other (13) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q3.27 How was the status of the organization communicated (e.g. open or not) to potential customers and the public (mark all that apply)?

* Telephone (1)
* E-mail (2)
* Text Message (3)
* Social Media (4)
* TV (5)
* Newspaper (6)
* Radio (7)
* Word of Mouth (8)
* Other (9) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q3.28 Can this organization operate without a physical location?

* Not dependent on physical location at all (1)
* Somewhat dependent on physical location (2)
* Extremely dependent on physical location (3)

End of Block: Damage and Business Interruption

Start of Block: Employee-Related Questions

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Q4.1 How long did it take after the event for employees to access this work location (in days)?

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Q4.2 Was there an alternative work location available for employees to work while the primary location was closed?

* YES (1)
* NO (2)
* DK (3)

Display This Question:

If Was there an alternative work location available for employees to work while the primary location... = YES

Q4.3 If [YES] How far away was the alternative work location from the primary location (in miles)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If Was there an alternative work location available for employees to work while the primary location... = YES

Q4.4 What type of location was used?

* Another physical location owned by the business (1)
* Third-party provided location (2)
* Employee's home (3)

Q4.5  Did employees have to spend extra hours at work...

|  |  |  |  |
| --- | --- | --- | --- |
|  | YES (1) | NO (2) | DK (3) |
| Before the event (1) |  |  |  |
| During the event (2) |  |  |  |
| After the event (3) |  |  |  |

Q4.6 How did the organization communicate the operational status of the non-profit and their work schedule to employees?

* Telephone (1)
* E-mail (2)
* Text Message (3)
* Social Media (4)
* TV (5)
* Newspaper (6)
* Other (7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q4.7 Did your business experience any issues with employee's ability to report to work, once you began operations post Hurricane Harvey?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Employees could not report to work due to... | | |
|  | YES (1) | NO (2) | DK (3) |
| Transportation problems (1) |  |  |  |
| Personal vehicle problems (2) |  |  |  |
| Need to fix homes (3) |  |  |  |
| Forced to evacuate/leave homes (4) |  |  |  |
| Care giving responsibilities (children, elderly, sick) (5) |  |  |  |
| Disaster-related physical health issues (6) |  |  |  |
| Disaster-related mental health issues (7) |  |  |  |
| Road network problems (8) |  |  |  |
| Damage to home (9) |  |  |  |
| Are you aware of any employee long-term health effects arising from the event (e.g., cardiovascular disease, mobility issues)? (10) |  |  |  |

End of Block: Employee-Related Questions

Start of Block: Business Recovery

Display This Question:

If Is this a business or a non-profit? = Business

Q5.1 How has Hurricane Harvey affected the profitability of your business?

* No effect (1)
* Somewhat effected (2)
* Moderately effected (3)
* Greatly effected (4)

Display This Question:

If Is this a business or a non-profit? = Non-profit

Q5.2 How has Hurricane Harvey affected the impact of your non-profit?

* No effect (1)
* Somewhat effected (2)
* Moderately effected (3)
* Greatly effected (4)

Display This Question:

If Is this a business or a non-profit? = Business

Q5.3

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | What was the % increase/decrease | For what time periods did this business see an increase in customers? | Due to Hurricane Harvey, did this business experience | |
|  | % (1) | Time in (days) (1) | YES (1) | NO (2) |
| An increase in customers (1) |  |  |  |  |
| A loss of customers (2) |  |  |  |  |

Display This Question:

If Is this a business or a non-profit? = Non-profit

Q5.4

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | What was the % increase/decrease | For what time periods did this organization see an increase in customers? | Due to Hurricane Harvey, did this organization experience | |
|  | % (1) | Time in (days) (1) | YES (1) | NO (2) |
| An increase in clients (1) |  |  |  |  |
| A loss of clients (2) |  |  |  |  |
| An increase in volunteers (3) |  |  |  |  |
| A loss of volunteers (4) |  |  |  |  |

Q5.5 Please indicate your level of agreement with the following statement:  
"We now source from more suppliers outside our city than we did before a disaster."

* Strongly Agree (1)
* Agree (2)
* Neither agree nor disagree (3)
* Disagree (4)
* Strongly disagree (5)

Q5.6 Where do you feel your organization stands in the process of recovery today?

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

End of Block: Business Recovery

Start of Block: Recovery Finance and Mitigation

Q6.1 Now we would like to ask you questions regarding your recovery finance and mitigation.

Q6.2 Did you file claims and receive money?

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Required to have Insurance | | | Had Flood insurance | | | Filed Claim | | | | Received Money | | | When did you receive the money (months after event) | % insurance covered |
|  | YES (1) | NO (2) | DK (3) | YES (1) | NO (2) | DK (3) | YES (1) | NO (2) | We paid for it all (3) | DK (4) | YES (1) | NO (2) | Pending (3) | Months (1) | % (1) |
| Building (1) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Content (business insurance/most relevant to renters) (2) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Business interruption (3) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Q6.3 Did you receive any of the following assistance in recovery?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Applied | | | Received | | | When did you receive the money (months after event) |
|  | YES (1) | NO (2) | DK (3) | YES (1) | NO (2) | DK (3) | Months (1) |
| FEMA financial assistance (1) |  |  |  |  |  |  |  |
| SBA (Small Business Administration) loan (2) |  |  |  |  |  |  |  |
| Other federal or state funds (specify): (3) |  |  |  |  |  |  |  |
| Local government funds (specify): (4) |  |  |  |  |  |  |  |
| Financial assistance from any church or other NGOs (non-government organizations)? (5) |  |  |  |  |  |  |  |
| Clean up or repair help from church or other NGOs? (6) |  |  |  |  |  |  |  |
| Loan from a Bridge Loan\* program (7) |  |  |  |  |  |  |  |
| Private/bank loans (8) |  |  |  |  |  |  |  |
| Crowdsourcing online? (9) |  |  |  |  |  |  |  |
| Fundraisers (in-person/not online)? (10) |  |  |  |  |  |  |  |

|  |
| --- |
|  |

Q6.4 How long do you estimate this organization could function in a deficit (in months)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q6.5 Have there been changes in the severity and frequency of extreme events affecting your organization?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | | | | |
|  | Decreasing Greatly (1) | Decreasing (2) | Unchanged (3) | Increasing (4) | Increasing Greatly (5) |
| Severity (1) |  |  |  |  |  |
| Frequency (2) |  |  |  |  |  |

Q6.6 How many similar events have occurred at this location that have required your business to close temporarily (e.g., the organization was inaccessible, decided to close)?

|  |  |
| --- | --- |
|  |  |
|  | Number (1) |
| Hurricane related (1) |  |
| Flooding-related (Before Harvey) (2) |  |
| Flooding-related (After Harvey) (3) |  |

Q6.7 Are there resources you've gotten from your local government that has been useful?

* Distributed Supplies (1)
* Templates for Business Continuity Plans (2)
* Templates for Emergency Management Plans (3)
* Templates for Recovery Plans (4)
* Funding Resources for staff and time (5)
* Preparedness Training's and Workshops (6)
* Expert Opinion or consultation on disaster planning (7)
* Interagency Cooperation (8)
* Other (9) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End of Block: Recovery Finance and Mitigation

Start of Block: Business Information

Display This Question:

If Is this a business or a non-profit? = Business

Q7.1 In which year was this non-profit established at this location? \_\_\_\_\_\_\_ (Year)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If Is this a business or a non-profit? = Business

Q7.2 What is your primary line of business?

* Construction (1)
* Manufacturing (2)
* Retail Trade (3)
* Service (4)
* Other (5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If Is this a business or a non-profit? = Business

Q7.3

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Before Hurricane Harvey | | After Hurricane Harvey | |
|  | Part Time (1) | Full Time (2) | Part Time (1) | Full Time (2) |
| How many employees did/does this business have? (1) |  |  |  |  |

Display This Question:

If Is this a business or a non-profit? = Business

Q7.4  How many of this business's current employees worked for this business...

|  |  |  |
| --- | --- | --- |
|  |  | |
|  | Part Time (1) | Full Time (2) |
| Prior to Hurricane Harvey (1) |  |  |

Display This Question:

If Is this a business or a non-profit? = Business

Q7.5 Does this business own or rent the building?

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

Display This Question:

If Is this a business or a non-profit? = Business

Q7.6 What was the business ownership structure before Hurricane Harvey?

* Single Owner (1)
* Partnership (multiple owners) (2)
* Corporation (3)
* Franchise (4)
* Cooperative (5)
* Other (please specify): (6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End of Block: Business Information

Start of Block: Non-Profit

Display This Question:

If Is this a business or a non-profit? = Non-profit

Q8.1 In which year was this non-profit established at this location? \_\_\_\_\_\_\_ (Year)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If Is this a business or a non-profit? = Non-profit

Q8.2 Does this organization own or rent the building

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

Display This Question:

If Is this a business or a non-profit? = Non-profit

Q8.3

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Before Hurricane Harvey | | After Hurricane Harvey | |
|  | Part Time (1) | Full Time (2) | Part Time (1) | Full Time (2) |
| How many employees did/does this non-profit have? (1) |  |  |  |  |

Display This Question:

If Is this a business or a non-profit? = Non-profit

Q8.4  How many of this organization's current employees worked for this organization

|  |  |  |
| --- | --- | --- |
|  |  | |
|  | Part Time (1) | Full Time (2) |
| Prior to Hurricane Harvey (1) |  |  |

Display This Question:

If Is this a business or a non-profit? = Non-profit

Q8.5 Did your organization experience...

|  |  |  |  |
| --- | --- | --- | --- |
|  | YES (1) | NO (2) | DK (3) |
| An inability to reach clients (1) |  |  |  |
| An increase demand for services (2) |  |  |  |
| Lose volunteer support (3) |  |  |  |

Display This Question:

If Is this a business or a non-profit? = Non-profit

Q8.6 Did your organization have to use any of the following to recover from the disaster?

* Membership Fees (1)
* Investment Income (2)
* Fee for service goods (3)
* Foundation Grants (4)
* Government Grants (5)
* Government Contract (6)
* Corporate Donations (7)
* Individual Grants (8)
* Other (9) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If Is this a business or a non-profit? = Non-profit

Q8.7 What type of services do you provide? (mark all that apply) (joy question)

* Religion (1)
* Health (2)
* Public Societal Benefits (3)
* Environment and animals (4)
* International Foreign Affairs (5)
* Education, arts, and culture (6)
* Human Services (7)
* Food Bank (8)
* Other (9) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End of Block: Non-Profit

Start of Block: Joy's Questions

Q9.1 As a result of Hurricane Harvey...

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very (1) | Somewhat (2) | Neither (3) | Not (4) | Not at all (5) |
| How concerned are you about the possibility of another hazard occurrence? (1) |  |  |  |  |  |
| How concerned are you about losing your inventory and supplies in the event of another hazard impact? (2) |  |  |  |  |  |
| How prepared are you in the event another hazard occurs? (3) |  |  |  |  |  |
| How well do you know how to access hazard related resources and information? (4) |  |  |  |  |  |
| Rate the possibility of experiencing severe damages to your organization again. (5) |  |  |  |  |  |

|  |  |
| --- | --- |
| Page Break |  |

Display This Question:

If Is this a business or a non-profit? = Business

Q9.2

|  |  |  |  |
| --- | --- | --- | --- |
|  | YES (1) | NO (2) | DK (3) |
| During the hazard event did the business experience any major security issues. ie. looting, stealing etc. (1) |  |  |  |
| Did your business inventory have to experience any necessary price increases? (2) |  |  |  |
| Have you worked with local emergency management to develop a recovery plan for your business? (3) |  |  |  |

Display This Question:

If Is this a business or a non-profit? = Non-profit

Q9.3

|  |  |  |  |
| --- | --- | --- | --- |
|  | YES (1) | NO (2) | DK (3) |
| During the hazard event did the organization experience any major security issues. ie. looting, stealing etc. (1) |  |  |  |
| Did your organizations' inventory have to experience any necessary price increases? (2) |  |  |  |
| Have you worked with local emergency management to develop a recovery plan for your organization? (3) |  |  |  |

Q9.4 Now we would like to ask you questions regarding your social networks.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Click to write Column 1 | | | Like a moderate amount | | | Like a little | | | Neither like nor dislike | | | Dislike a little | | | Dislike a moderate amount | | | Dislike a great deal | | |
|  | YES (1) | NO (2) | DK (3) | YES (1) | NO (2) | DK (3) | YES (1) | NO (2) | DK (3) | YES (1) | NO (2) | DK (3) | YES (1) | NO (2) | DK (3) | YES (1) | NO (2) | DK (3) | YES (1) | NO (2) | DK (3) |
| Is the business a member of the community organizations active in disasters? (1) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Is the business a member of a business network? (2) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Is the business a member of a business network that focuses on disaster? (3) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Did your business share information with community members related to the disaster? (4) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Did your business share information with other organizations related to the disaster? (5) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Display This Question:

If Is this a business or a non-profit? = Non-profit

Q9.5 Now we would like to ask you questions regarding your social networks.

|  |  |  |  |
| --- | --- | --- | --- |
|  | YES | | |
|  | YES (1) | NO (2) | DK (3) |
| Is the organization a member of the Community Organizations active in disasters? (1) |  |  |  |
| Is the organization a member of a business network? (2) |  |  |  |
| Is the organization a member of a business network that focuses on disaster? (3) |  |  |  |
| Did your organization share information with community members related to the disaster? (4) |  |  |  |
| Did your organization share information with other organizations related to the disaster? (5) |  |  |  |

End of Block: Joy's Questions

Start of Block: Participant demographics

Q10.1 These next few questions ask about your personal demographic information not the business.

|  |
| --- |
|  |

Q10.2 What is your age in years?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q10.3 What is your highest level of education?

* Some high school, but didn't finish (1)
* Completed High School (2)
* Some college, but didn't finish (3)
* Associate Degree (4)
* Bachelors (5)
* Masters or higher degree (6)

Q10.4. What is your gender?

* Male (1)
* Female (2)

Q10.5. Are you Hispanic or Latino?

* Not Hispanic or Latino (1)
* Yes, Hispanic or Latino (2)

Q10.6. What is your race? Select one or more (Select one or more).

* White (1)
* Black or African American (2)
* American Indian or Alaska Native (3)
* Asian (4)
* Native Hawaiian or Pacific Islander (5)

Q10.7 What is your household income? (per year before taxes)

* Under $20,000 (1)
* $20,000-$39,999 (2)
* $40,000-$59,999 (3)
* $60,000-$79,999 (4)
* $80,000-$99,999 (5)
* Above $100,000 (6)

Q10.8 Do you have any other comments to add?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End of Block: Participant demographics

Start of Block: Thank You

Display This Question:

If Is this a business or a non-profit? = Non-profit

Q93 If you would be willing to participate in an interview regarding your organizations efforts throughout the community recovery please provide your contact information below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q11.1 Thank you for taking the survey!

End of Block: Thank You