

**ONE-YEAR POST-HURRICANE MATTHEW FIELD STUDY IN LUMBERTON, NORTH CAROLINA
BUSINESS RECOVERY SURVEY**

OMB CONTROL #0693-0078; EXPIRATION DATE: 07/31/2019
(NIST GENERIC CLEARANCE FOR COMMUNITY RESILIENCE DATA COLLECTIONS)

Date: _____ Surveyor(s): _____
 PIN: _____ Business Name: _____
 Address: _____

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:* _____)

(THE FOLLOWING QUESTIONS SHOULD BE ANSWERED BY BUSINESS OWNER OR MANAGER)

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

DAMAGE AND BUSINESS INTERRUPTION

3. What kind of physical damage was caused by the flood and how severe was the damage?

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

4. What types of utilities 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 electric power?	1. Yes 2. No 3. DK 4. N/A	If YES, how long until it was fully repaired? ____ Hours or ____ days still don't have electricity
Did your business lose water?	1. Yes 2. No 3. DK 4. N/A	____ Hours or ____ days still don't have water
Did your business lose natural gas?	1. Yes 2. No 3. DK 4. N/A	____ Hours or ____ days still don't have natural gas
Did your business lose sewer?	1. Yes 2. No 3. DK 4. N/A	____ Hours or ____ days still don't have sewer
Did your business lose landline phone?	1. Yes 2. No 3. DK 4. N/A	____ Hours or ____ days still don't have landline
Did your business lose cell phone service?	1. Yes 2. No 3. DK 4. N/A	____ Hours or ____ days still don't have cell phone
Did your business lose Internet/IT?	1. Yes 2. No 3. DK 4. N/A	____ Hours or ____ days still don't have internet/IT

5. Did this business experience any accessibility problem (i.e. street or sidewalk closure)? 1. Yes 2. No

6. Immediately following the flood, did you completely cease operation at this location? 1. Yes 2. No
7. How long did it take for your business to resume operations? _____ (days)
8. Did your business experience any problem with employee issues?
 Employee(s) could not report to work due to transportation problems? 1. Yes 2. No
 Employee(s) could not report to work due to the need to fix house? 1. Yes 2. No
 Employee(s) could not report to work because their children not yet back to school? 1. Yes 2. No
 Employee(s) could not report to work because of disaster-related physical health issues? 1. Yes 2. No
 Employee(s) could not report to work because of disaster-related mental health issues? 1. Yes 2. No
9. Did this business experience loss of customers? 1. Yes (_____% loss of customers) 2. No
10. How dependent is this business on 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

BUSINESS INFORMATION

11. In what year was this business established at this location? _____ (Year)
12. What is your primary line of business?
 1. Construction
 2. Manufacturing
 3. Retail trade
 4. Other (please specify): _____
13. Before the flood, how many full time and part time employees did this business have? What about now?
 Before: Full time _____ Part time _____
 Now: Full time _____ Part time _____
14. Does this business own or rent the building?
 1. Own (including buying the building with mortgage)
 2. Rent
 3. Other (please specify) _____
15. What was the business ownership structure before the flood?
 1. Single owner
 2. Partnership (multiple owners)
 3. Corporation or franchise
 4. Cooperative
 5. Other (please specify): _____

BUSINESS RECOVERY

16. Compared to before the flood, what is the % capacity at which you are now operating? _____ %
 (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.)

17. How has the business revenue changed since the flood? (Please reference gross revenue.)

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

18. How profitable was your business before the flood? What about now?

Before	Highly profitable	Profitable	Breaking even	Unprofitable	Highly unprofitable	closed
Now	Highly profitable	Profitable	Breaking even	Unprofitable	Highly unprofitable	closed

19. Where do you feel your business is in the process of recovery?

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

20. 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

RECOVERY FINANCE

21. Did you have flood insurance coverage on the building, contents, or business interruption before the flood? Did you file claims and receive money?

	Had Insurance?	Filed Claim?	Received Money?	Received When? (months after flood)
Building	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	
Content	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	
Business interruption	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	

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

Assistance Description	Applied?	Received?	Received When? (months after flood)
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	

PIN: _____

g. Private/bank loans	1. Yes 2. No	1. Yes 2. No	
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23. How long can this business function in a deficit (days, weeks, months)? _____

OWNER/MANAGER DEMOGRAPHICS

24. How many years have you worked as a business owner/manager? _____ (years)

25. What is your age? _____ (years)

26. What is your number of years of schooling? Enter number of years _____ and indicate type of diploma or degree: 1. High School 2. Associate degree 3. Bachelors 4. Masters or higher degree

27. Are you Hispanic? 1. Yes 2. No

28. What is your race?

1) White 2) Black or African American 3) American Indian or Native American 4) Asian (Asian Indian, Chinese, Korean, etc.)	5) Native Hawaiian or other Pacific Islander 6) More than one race: _____ 7) Other (Specify): _____
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If you have any comments about the survey and/or business recovery after the flood, please write them down in the space below.

PIN: _____

THANK YOU VERY MUCH FOR COMPLETING THE SURVEY!

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PIN: _____