

## Attachment 2: Web-Based Questionnaire

Form Approved  
OMB No. 0920-XXXX  
Exp. Date XX/XX/XXXX

### INTRODUCTION

Participation is completely voluntary. You may decline altogether or leave blank any questions you do not wish to answer. The results of this research study may be published in a report that combines all participants' data, but the information you provide will not be shared at an individual level. Should you share any potentially identifying data, such as your name or address, it will be deleted at the end of the research project.

There are no direct benefits or foreseeable risks of participating in this study. Your answers cannot be used to affect any disaster-related benefits you might receive now or in the future, and your data will never be sold.

If you agree to participate, it should take approximately 15 minutes to complete. If you have any questions about this project, you can call 1-770-488-3422. If you have questions about your rights as a research participant, please contact CDC's Human Research Protection Office at 1-404-639-7570

Thank you for your assistance in this important endeavor.

### INSTRUCTIONS

- This survey should be completed by an adult 18 years of age or older who knows a lot about the experiences and health of people who lived in this household at the time of the disaster named on the cover letter.
- Mark your answer by completely filling in the circle.
  - Yes
  - No
- Mark an X in boxes when asked to select ALL that apply
  - Batteries
  - Flashlight
  - Radio

CDC estimates the average public reporting burden for this collection of information as 15 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (XXXX-XXXX).

↓ **START HERE** ↓

Many questions in this survey ask about your entire household. Your “household” is all the people, including children and yourself, who live and sleep in your home most of the time.

**1. First, we need to confirm that you should complete this survey. Are you an adult aged 18 years or older who knows a lot about the experiences and health of people who lived in this household at the time of the disaster?**

- Yes
- No → Please give this survey to an adult who knows a lot about your household’s experience and health.

**2. At the time of the disaster, did your household live at the address this survey was sent to?**

- Yes, my household lived at this address → *Go to Question 4*
- No, my household lived somewhere else

→ **3. Please indicate the address where your household lived at the time of the disaster.**

Address:

Apartment:

City:

State:

Zip Code:

**EVACUATION**

Next, we want to know whether any household members evacuated your home because of the disaster. Evacuation is defined as leaving your home to stay somewhere else for at least one night.

**4. Did any household members evacuate your home because of the disaster?**

- Yes, all evacuated
- Yes, some evacuated
- No → Go to Question 6

→ **5. Where did household members who evacuated go? Select ALL that apply.**

- The home of a friend or family member
- A shelter set up by organizations like the Red Cross or churches
- A hotel
- A second home
- Vehicle or recreation vehicle (RV)
- Other, please specify: ↴

6. Why did household members stay at home? *Select ALL that apply.*

- Not applicable, no one stayed at home
- Did not feel it was necessary to leave
- Did not have family or friends to stay with
- Did not know where else to go
- Did not want to leave pets
- Did not feel that it is safe to go to a shelter
- Concern about the cost of evacuating, such as gas, food, and lodging
- Evacuation was difficult because of disability or health issue
- Stayed home during previous disasters with no problem
- Had a bad experience during previous evacuation
- Other, please specify: →

7. Were any of your household members out of town at the time of the disaster?

- No, all household members were in town
- Yes, some household members were out of town
- Yes, all household members were out of town → STOP. Please place the survey in the return envelope and mail it back to us.

## HOUSEHOLD TYPE

8. What best describes the type of home your household lived in at the time of the disaster?

- Mobile or manufactured home
- Single-family house
- Attached duplex or townhome
- Low-rise apartment building (1-6 stories or less)
- High-rise apartment building (7 or more stories)

9. Is that home...?

- Owned by you or someone in your household
- Rented
- Occupied without ownership or payment of rent

10. How many people were members of your household at the time of the disaster? Include all people who were living and sleeping in your home, including yourself.

	Number of people
a. Children less than age 2	→ <input type="text"/> <input type="text"/>
b. Children ages 2 to 17	→ <input type="text"/> <input type="text"/>
c. Adults ages 18 to 29	→ <input type="text"/> <input type="text"/>
d. Adults ages 30 to 64	→ <input type="text"/> <input type="text"/>
e. Adults age 65 or older	→ <input type="text"/> <input type="text"/>

11. Did your household include any pets at the time of the disaster?

- Yes
- No

## DISASTER IMPACT ON HOME

Next, we want to know what happened to your home as a result of the disaster.

12. Did your home sustain physical damage as a result of the disaster?

- Yes
  - No
  - Don't know
- } Go to Question 17

13. Which parts of your home sustained damage? Select ALL that apply.

- Exterior (roof, siding, windows)
- Interior (ceilings, walls floors, attic)
- Frame (support beams)
- Foundation or basement

14. What caused the damage to your home? Select ALL that apply.

- Rain
- Flood
- Mold/mildew
- Mud/earth
- Ice
- Fire
- Smoke
- Tree
- Wind
- Other, please specify: ▾

15. In your opinion, how severe was the damage to your home?

- None or minor damage
- Minor damage
- Major damage, but able to be repaired
- Destroyed

16. Do you think your house is safe to live in?

- Yes
- No

**17. Next, we want to know whether your home lost any utilities as a result of the disaster.**

	As a result of the disaster, for any time, was your home without _____?			(If YES) About how long was your home without _____? <i>Choose one best answer.</i>				
	Not applicable	No	Yes	Less than 4 hours	4-12 hours	13-24 hours	25-48 hours	More than 48 hours
a. Electricity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Heat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Air conditioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Piped water from sink, toilet, showers, or hose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Safe, drinkable tap water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Natural gas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Landline telephone service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Cellphone with enough batteries and cellular service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## HOUSEHOLD NEEDS

**18. Next, we want to know if your home had items that may be helpful during a disaster. For each item, we want to know if anyone needed the item and if the item was in your home. We also want to know if there was enough of the item or if you ran out of it.**

**During the disaster and its aftermath...**

	...did anyone in your home need this item?		...was this item available in your home?		(If YES) ... did your home run out of this item?		(If YES) ...how many days did this item last before your home ran out of it?
	No	Yes	No	Yes	No	Yes	Number of days
a. Non-perishable/canned food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/> →	<input type="text" value=""/> <input type="text" value=""/>
b. Stored water (bottles or containers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/> →	<input type="text" value=""/> <input type="text" value=""/>
c. Batteries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/> →	<input type="text" value=""/> <input type="text" value=""/>
d. Disposable dishware/eating utensils	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/> →	<input type="text" value=""/> <input type="text" value=""/>
e. Household cleaning supplies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/> →	<input type="text" value=""/> <input type="text" value=""/>
f. Matches/lighter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/> →	<input type="text" value=""/> <input type="text" value=""/>
g. Plastic garbage bags	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/> →	<input type="text" value=""/> <input type="text" value=""/>
h. Plastic sheeting/tarps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/> →	<input type="text" value=""/> <input type="text" value=""/>
i. Tape or duct tape	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/> →	<input type="text" value=""/> <input type="text" value=""/>

**19. During the disaster and its aftermath...**

	...did anyone in your home need this item?		...was this item available in your home?	
	No	Yes	No	Yes
a. Fire extinguisher	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Flashlight, headlamp	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. GPS, maps, or compass	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Manual can opener	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Radio (battery-powered or hand-crank)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Whistle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Wrench/pliers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**20. During the disaster and its aftermath...**

	...did anyone in your home need this item?		...was this item available in your home?		(If YES) ... did your home run out of this item?		(If YES) ...how many days did this item last before your home ran out of it?
	No	Yes	No	Yes	No	Yes	Number of days
a. First aid supplies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text" value=""/> <input type="text" value=""/>
b. Glasses or contact lenses and solutions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text" value=""/> <input type="text" value=""/>
c. Over-the-counter medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text" value=""/> <input type="text" value=""/>
d. Personal hygiene items	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text" value=""/> <input type="text" value=""/>
e. Prescription medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text" value=""/> <input type="text" value=""/>
f. Wipes or moist towelettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text" value=""/> <input type="text" value=""/>
g. Diapers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text" value=""/> <input type="text" value=""/>
h. Infant formula/powdered milk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text" value=""/> <input type="text" value=""/>
i. Special items for pets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text" value=""/> <input type="text" value=""/>
j. Money/cash	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text" value=""/> <input type="text" value=""/>

**21. During the disaster and its aftermath...**

	...did anyone in your home need this item?		...was this item available in your home?	
	No	Yes	No	Yes
a. Health-related documents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Important contact information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Insurance policies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Paper and writing utensils	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Personal identification	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Blankets; sleeping bag	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Complete change of clothes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Mosquito repellent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Sturdy shoes/boots	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Weather-related clothing or gear (e.g. cold-weather, rain wear)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**22. Did any household members leave your home within the first 72 hours (3 days) of the disaster to get the following items? Select ALL that apply.**

- Not applicable, did not leave home within the first 72 hours
- Water
- Food
- Infant formula/powdered milk
- Medication (over-the-counter or prescription)
- Other, please specify:

## HEALTH NEEDS

**23. Next, we want to know about symptoms of illness or injury among household members during the first two weeks (14 days) after the disaster. Answer for all household members, including yourself.**

	During the first two weeks (14 days) after the disaster, did any household members, experience new symptoms of...		(IF YES) During the first two weeks (14 days) after the disaster, did any of those household members...					
	No	Yes	Obtain care at a doctor's office or outpatient clinic?		Call emergency services (911) to get help?		Go to the hospital?	
	No	Yes	No	Yes	No	Yes	No	Yes
a. Cough	<input type="radio"/>	<input type="radio"/>	→		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Diarrhea	<input type="radio"/>	<input type="radio"/>	→		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Fever	<input type="radio"/>	<input type="radio"/>	→		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Nausea	<input type="radio"/>	<input type="radio"/>	→		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Rash	<input type="radio"/>	<input type="radio"/>	→		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Red eyes	<input type="radio"/>	<input type="radio"/>	→		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Stomachache	<input type="radio"/>	<input type="radio"/>	→		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Flu	<input type="radio"/>	<input type="radio"/>	→		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Injury related to the disaster	<input type="radio"/>	<input type="radio"/>	→		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Next, we want to know about health conditions that household members had before the disaster.

We also want to learn what happened to those household members during the first 14 days (two weeks) after the disaster.

Answer for all household members, including yourself.

Before the disaster, did a doctor or other health professional ever tell anyone in your household that they or you had...

24. Allergies to mold or pollen?

- Yes
- No → Go to Question 26

25. During the first two weeks (14 days) after the disaster, did any of those household members experience the following: *Select ALL that apply. Otherwise, leave blank.*

- Have symptoms that got worse
- Obtain care at a doctor's office or outpatient clinic
- Call emergency services (911) to get help
- Go to the hospital

26. Allergies to food, latex, household pets, or other sources?

- Yes
- No → Go to Question 28

27. During the first two weeks (14 days) after the disaster, did any of those household members experience the following: *Select ALL that apply. Otherwise, leave blank.*

- Have symptoms that got worse
- Obtain care at a doctor's office or outpatient clinic
- Call emergency services (911) to get help
- Go to the hospital

Before the disaster, did a doctor or other health professional ever tell anyone in your household that they or you had...

28. Alzheimer's or other dementia?

- Yes
- No → Go to Question 30

29. During the first two weeks (14 days) after the disaster, did any of those household members experience the following: *Select ALL that apply. Otherwise, leave blank.*

- Have symptoms that got worse
- Obtain care at a doctor's office or outpatient clinic
- Call emergency services (911) to get help
- Go to the hospital

30. Angina or heart disease?

- Yes
- No → Go to Question 32

31. During the first two weeks (14 days) after the disaster, did any of those household members experience the following: *Select ALL that apply. Otherwise, leave blank.*

- Have symptoms that got worse
- Obtain care at a doctor's office or outpatient clinic
- Call emergency services (911) to get help
- Go to the hospital

32. Anxiety?

- Yes
- No → Go to Question 34

33. During the first two weeks (14 days) after the disaster, did any of those household members experience the following: *Select ALL that apply. Otherwise, leave blank.*

- Have symptoms that got worse
- Obtain care at a doctor's office or outpatient clinic
- Call emergency services (911) to get help
- Go to the hospital



Before the disaster, did a doctor or other health professional ever tell anyone in your household that they or you had...

<p><b>34. Asthma?</b></p> <p><input type="radio"/> Yes <input type="radio"/> No → Go to Question 36</p> <p>→ <b>35. During the first two weeks (14 days) after the disaster, did any of those household members experience the following: Select ALL that apply. Otherwise, leave blank.</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Have symptoms that got worse</li><li><input type="checkbox"/> Obtain care at a doctor's office or outpatient clinic</li><li><input type="checkbox"/> Call emergency services (911) to get help</li><li><input type="checkbox"/> Go to the hospital</li></ul>	<p><b>40. Depression?</b></p> <p><input type="radio"/> Yes <input type="radio"/> No → Go to Question 42</p> <p>→ <b>41. During the first two weeks (14 days) after the disaster, did any of those household members experience the following: Select ALL that apply. Otherwise, leave blank.</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Have symptoms that got worse</li><li><input type="checkbox"/> Obtain care at a doctor's office or outpatient clinic</li><li><input type="checkbox"/> Call emergency services (911) to get help</li><li><input type="checkbox"/> Go to the hospital</li></ul>
<p><b>36. Cancer?</b></p> <p><input type="radio"/> Yes <input type="radio"/> No → Go to Question 38</p> <p>→ <b>37. During the first two weeks (14 days) after the disaster, did any of those household members experience the following: Select ALL that apply. Otherwise, leave blank.</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Have symptoms that got worse</li><li><input type="checkbox"/> Obtain care at a doctor's office or outpatient clinic</li><li><input type="checkbox"/> Call emergency services (911) to get help</li><li><input type="checkbox"/> Go to the hospital</li></ul>	<p><b>42. Diabetes (excluding gestational)?</b></p> <p><input type="radio"/> Yes <input type="radio"/> No → Go to Question 44</p> <p>→ <b>43. During the first two weeks (14 days) after the disaster, did any of those household members experience the following: Select ALL that apply. Otherwise, leave blank.</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Have symptoms that got worse</li><li><input type="checkbox"/> Obtain care at a doctor's office or outpatient clinic</li><li><input type="checkbox"/> Call emergency services (911) to get help</li><li><input type="checkbox"/> Go to the hospital</li></ul>
<p><b>38. Cerebrovascular disease or stroke?</b></p> <p><input type="radio"/> Yes <input type="radio"/> No → Go to Question 40</p> <p>→ <b>39. During the first two weeks (14 days) after the disaster, did any of those household members experience the following: Select ALL that apply. Otherwise, leave blank.</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Have symptoms that got worse</li><li><input type="checkbox"/> Obtain care at a doctor's office or outpatient clinic</li><li><input type="checkbox"/> Call emergency services (911) to get help</li><li><input type="checkbox"/> Go to the hospital</li></ul>	<p><b>44. Disability that affects physical functioning or daily activities?</b></p> <p><input type="radio"/> Yes <input type="radio"/> No → Go to Question 46</p> <p>→ <b>45. During the first two weeks (14 days) after the disaster, did any of those household members experience the following: Select ALL that apply. Otherwise, leave blank.</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Have symptoms that got worse</li><li><input type="checkbox"/> Obtain care at a doctor's office or outpatient clinic</li><li><input type="checkbox"/> Call emergency services (911) to get help</li><li><input type="checkbox"/> Go to the hospital</li></ul>

Before the disaster, did a doctor or other health professional ever tell anyone in your household that they or you had...

46. Hypertension or high blood pressure?

- Yes
- No → Go to Question 48

47. During the first two weeks (14 days) after the disaster, did any of those household members experience the following: *Select ALL that apply. Otherwise, leave blank.*

- Have symptoms that got worse
- Obtain care at a doctor's office or outpatient clinic
- Call emergency services (911) to get help
- Go to the hospital

48. Kidney disease?

- Yes
- No → Go to Question 50

49. During the first two weeks (14 days) after the disaster, did any of those household members experience the following: *Select ALL that apply. Otherwise, leave blank.*

- Have symptoms that got worse
- Obtain care at a doctor's office or outpatient clinic
- Call emergency services (911) to get help
- Go to the hospital

50. Lung disease (COPD, emphysema, or chronic bronchitis)?

- Yes
- No → Go to Question 52

51. During the first two weeks (14 days) after the disaster, did any of those household members experience the following: *Select ALL that apply. Otherwise, leave blank.*

- Have symptoms that got worse
- Obtain care at a doctor's office or outpatient clinic
- Call emergency services (911) to get help
- Go to the hospital

Before the disaster, did a doctor or other health professional ever tell anyone in your household that they or you had...

52. Substance abuse disorder (alcohol or drug)?

- Yes
- No → Go to Question 54

53. During the first two weeks (14 days) after the disaster, did any of those household members, including yourself, experience the following: *Select ALL that apply. Otherwise, leave blank.*

- Have symptoms that got worse
- Obtain care at a doctor's office or outpatient clinic
- Call emergency services (911) to get help
- Go to the hospital

54. Another condition?

- Yes, please specify:

- No → Go to Question 56

55. During the first two weeks (14 days) after the disaster, did any of those household members experience the following: *Select ALL that apply. Otherwise, leave blank.*

- Have symptoms that got worse
- Obtain care at a doctor's office or outpatient clinic
- Call emergency services (911) to get help
- Go to the hospital

56. Since the disaster, which of the following problems has any household member experienced? *Select ALL that apply. Otherwise, leave blank.*

- Difficulty concentrating
- Felt agitated
- Increased alcohol consumption
- Increased drug use
- Loss of appetite
- Trouble sleeping or had nightmares
- Witnessed firsthand violent behavior or threats

57. The next questions ask about how you have felt recently. Answer only for yourself about how you have felt lately. Over the last 2 weeks, how often have you ...

	Not at all	Several days	More than half the days	Nearly every day
a. Had little interest or pleasure in doing things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Felt down, depressed, or hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Felt nervous, anxious, or on edge?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Been unable to stop or control worrying?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## PREPAREDNESS

The next set of questions ask about whether your household has prepared for a disaster.

58. **Before the disaster**, did any household member put together a plan for what to do in a disaster?

- Yes
  - No
  - Don't know
- } → Go to Question 60

59. **What did the plan include?** Select ALL that apply.

- Emergency communication plan with list of numbers and contacts
- Designated meeting place immediately outside home or close by
- Designated meeting place outside neighborhood if you cannot return home
- Designated place to keep important documents in a safe location
- Multiple routes away from home in case evacuation is necessary
- Other, please specify: ▼

60. **Before the disaster**, did any household member put together a plan for pets in a disaster? Select ALL that apply.

- Not applicable, no pets in home
- Yes, we would take the pets with us
- Yes, we would find a safe place for the pets
- Yes, we would leave the pets behind with food and water
- Other, please specify: ▼

61. An emergency supply kit is a collection of basic items that a household may need in a disaster. The kit usually contains items such as food, water, and medical supplies. It is recommended these items be stored together in containers that can be easily accessed, such as large boxes, bins, or bags. An emergency supply kit is also known as disaster kit, emergency kit, survival pack, grab bag, and go bag. **Before now**, had you ever heard of an emergency supply kit?

- Yes
- No

62. **At the time of the disaster, did your household have an emergency supply kit?**

- Yes
- No → Go to Question 68

63. **What items were in your emergency supply kit? Select ALL that apply.**

- Non-perishable/canned food
- Stored water (bottles or containers)
- Batteries
- Disposable dishware/eating utensils
- Household cleaning supplies
- Matches/lighter
- Plastic garbage bags
- Plastic sheeting/tarps
- Tape or duct tape
- Fire extinguisher
- Flashlight
- GPS, maps, or compass
- Manual can opener
- Radio (battery-powered or hand-crank)
- Whistle
- Wrench/pliers
- First aid supplies
- Glasses or contact lenses and solutions
- Over-the-counter medication
- Personal hygiene items
- Prescription medication
- Wipes or moist towelettes
- Diapers
- Infant formula/powdered milk
- Special items for pets
- Money/cash
- Health-related documents
- Important contact information
- Insurance policies
- Paper and writing utensils
- Personal identification
- Blankets; sleeping bag
- Complete change of clothes
- Mosquito repellent
- Sturdy shoes/boots
- Weather-related clothing or gear (e.g. cold weather, rain wear)

64. **Why did your household prepare an emergency supply kit? Select ALL that apply.**

- Experienced disaster before
- Threat of infectious diseases (e.g., H1N1, MERS, SARS, COVID-19)
- Other, please specify: ▾

65. **Overall, how helpful was the emergency supply kit for your household during the disaster?**

- Extremely helpful
- Moderately helpful
- Somewhat helpful
- Slightly helpful
- Not at all helpful

66. **What were the three most helpful items in your emergency supply kit during the disaster?**

Item #1:

Item #2:

Item #3:

- No items in the kit were used during the disaster

67. **What were the three things missing from your emergency supply kit that you wish you had during the disaster?**

Item #1:

Item #2:

Item #3:

- No items in the kit were missing during the disaster

**68. There are many reasons why a household may or may not prepare for a disaster. Please indicate your level of agreement with the following statements. Please answer to the best of your ability even if you did not have an emergency kit.**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a. By keeping an emergency supply kit, my household is improving its chance of surviving a disaster.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. My household will experience a significant disaster soon.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I sometimes feel guilty that I have not done enough to prepare for disasters.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. It costs a lot of money to put together an emergency supply kit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I feel confident that I know how to prepare for disasters.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Natural disasters in my area can do serious harm to me or my property.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Someone in my household has a disability or a health condition that might affect their ability to prepare for a disaster.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. The risk of my household being affected by infectious disease (H1N1, MERS, SARS, COVID-19) is greater than the risk of being affected by a disaster.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**69. Did anyone from your household obtain information about emergency supply kits from any of the following sources before the disaster? Select ALL that apply. Otherwise, leave blank.**

- CDC's website or social media
- FEMA's website or social media
- American Red Cross' website or social media
- Ready.gov website or social media
- A local government website or social media (state, county, or city)
- A mobile app created by CDC, FEMA, or American Red Cross
- Television, radio, or newspaper article
- A presentation or print materials by local government (police, fire, emergency management, health)
- Friends, family, word of mouth
- Other, please specify:

## PRIOR EXPOSURE TO NATURAL DISASTERS

70. **Before the disaster, did you or anyone in your household experience any of the following types of disasters?** *Select ALL that apply. Otherwise, leave blank.*

- Drought
- Heatwave
- Flood
- Hurricane Category 1, 2, or tropical storm
- Hurricane Category 3 or above
- Severe weather with power outages
- Winter storm
- Tornado
- Earthquake
- Mudslide
- Wildfire

71. **Before the disaster, had you or anyone in your household ever worked or volunteered in disaster response or recovery?**

- Yes
- No
- Don't know

72. **Community Emergency Response Team (CERT) training is a program that educates volunteers about disaster preparedness and trains them in basic disaster response skills. Have you or anyone in your household taken a CERT training?**

- Yes
- No
- Don't know

## QUESTIONS ABOUT YOU

73. **What is your age?**

years old

74. **What is your sex?**

- Male
- Female

75. **Are you the parent or guardian of a child under the age of 18 living in your household?**

- Yes
- No

76. **Do you or any members of your household identify as Hispanic, Latino, or of Spanish origin?**

- Yes
- No

77. **We'd like to know the race of members of your household to make sure we are collecting information from all types of households. Which categories describe the race of your household members?** *Select ALL that apply.*

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Other (please specify):

**78. What is the highest level of school completed by any member of your household?** *Select one answer.*

- Less than high school
- Some high school
- High school graduate with diploma or GED
- Some college
- Associate degree
- Bachelor's degree
- Master's or doctoral degree

**79. What is your household's total annual income before taxes?**

- Less than \$25,000
- \$25,000 to \$49,999
- \$50,000 to \$99,999
- \$99,000 to \$149,999
- \$150,000 or more

**80. To mail you your \$20 for completing this survey, we need to collect your name and mailing address:**

First Name:

Last Name:

Address:

Apartment:

City:

State:

Zip Code:

**Thank you for your participation!**

You will receive your \$20 in three to four weeks.