

**LONG TERM RECOVERY STUDY- RECONSTRUCTION I: 12 MONTHS - PHONE
QUESTIONNAIRE TWO**

OMB Control Number 1660-0130
Expiration: XXX XX, 20XX

**PAPERWORK BURDEN DISCLOSURE NOTICE:
FEMA Form 104-FY-21-102**

Public reporting burden for this data collection is estimated to average 20 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is voluntary. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472-3100, Paperwork Reduction Project (1660-0130) **NOTE:** Do not send your completed form to this address.

PRIVACY ACT STATEMENT

AUTHORITY: Government Performance and Results Act of 1993 (Pub. L. 103-62), as amended, and the GPRM Modernization Act of 2010 (Pub. L. 111-352); Executive Order (EO) 12862, "Setting Customer Service Standards"; and its March 23, 1995 Memorandum addendum, "Improving Customer Service"; Executive Order 13411 "Improving Assistance for Disaster Victims"; Executive Order 13571 "Streamlining Service Delivery and Improving Customer Service"; and the related June 13, 2011 Memorandum "Implementing Executive Order 13571 on Streamlining Service Delivery and Improving Customer Service."

PRINCIPAL PURPOSE(S): DHS/FEMA collects this information to measure Individual Assistance applicants' customer satisfaction with FEMA services.

ROUTINE USES:

This information is used for the principal purpose noted above. Summary and/or aggregate survey results and analysis may be shared with Congress and the Government Accountability Office; however, no Personally Identifiable Information (PII) will be shared externally, except as allowed under the routine uses published in System of Records Notice DHS/FEMA-008 - Disaster Recovery Assistance Files, 78 FR 25282 (April 30, 2013), or as required by law. The Department's system of records notices can be found on the Department's website at <http://www.dhs.gov/system-records-notices-sorns>.

DISCLOSURE: The disclosure of information on this form is strictly voluntary and will assist FEMA in making improvements to its Individual Assistance program; failure to provide the information requested will not impact an individual's ability to qualify for or receive FEMA Individual Assistance. Questions regarding this form may be submitted via email to FEMA-Program-Survey@fema.dhs.gov.

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Introduction

Hello, I'm calling from FEMA, the Federal Emergency Management Agency. My name is ____ and my PIN is _____. May I please speak with [Applicant NAME].

If applicant is not currently available: What would be a better time to call back? Thank you for your time and have a good day/evening. **(Enter call back date/time disposition)**

(Interviewer note: The FEMA applicant is the only person that can complete this questionnaire. We will schedule and use indefinite call backs when someone other than the applicant answers. Definite call backs will be used if the applicant requests a different date/time. This is a longitudinal survey and we must talk to the same person for each of the 4 interviews.)

If respondent declines to talk or is no longer available for contact: Thank you for your time and have a good day/evening. **(Enter decline disposition)**

If yes: Thank you for continuing to help FEMA look for ways to improve disaster recovery services. This is the second interview in the long-term recovery study. In our previous interview we talked about disaster warnings, preparedness, and your needs during the first few weeks and months after the disaster. Today's interview focuses on your current level of recovery and the continued impact to your household and community.

Would you volunteer to participate in today's 15 to 20 minute interview?

If no: Thank you for your time and have a good day/evening. **(Offer call back and enter date and time or if appropriate enter decline disposition)**

If yes: These questions comply with the Privacy Act of 1974 and have been approved by the Office of Management and Budget under number 1660-0130. Your answers will not affect the outcome of your application for FEMA assistance. This call may be monitored and/or recorded for quality assurance.



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OVERALL RECOVERY

In the previous interview, we discussed topics related to your level of recovery. Today's interview will continue those discussions and you will find that some of the same questions are asked again. That helps us understand progress since the last time we talked.

This survey is related to the [Disaster Type] that occurred in [Disaster Month, Disaster Year]. Please think about your current circumstances compared to prior to the disaster. Using a scale of **1 (Strongly Disagree)** to **5 (Strongly Agree)**, please indicate your level of agreement with each statement.

| | 1 Strongly Disagree | 2 | 3 | 4 | 5 Strongly Agree | Don't know or No opinion |
|---|------------------------------------|--------------------------|--------------------------|--------------------------|---------------------------------|---|
| 1. I have a safe and livable place to stay. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have necessary personal property like furniture, appliances, and clothing. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. My household income is at the same or a higher level than prior to the disaster. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. My household expenses are at the same level as prior to the disaster. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. My current stress level is high. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Community resources and services are available to me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Using a scale of **1 (Not at all Recovered)** to **5 (Completely Recovered)**, how would you rate your household's...

| | 1 Not at all Recovered | 2 | 3 | 4 | 5 Completely Recovered |
|------------------------------|---------------------------------------|--------------------------|--------------------------|--------------------------|---------------------------------------|
| 7. Overall level of recovery | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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RECOVERY - HOUSING

This section of the survey deals with topics related to **housing**.

8. Which one of the following best describes where you are currently living or staying?

- Same residence as prior to the disaster
- New purchased residence
- New rented residence without FEMA-funded rental assistance
- New rented residence with FEMA-funded rental assistance
- FEMA-provided hotel or motel
- FEMA-provided travel trailer or mobile home
- Living with family or friends
- Institutional setting like a hospital, group home
- Homeless as a result of the disaster
- Other

(Programmer Note: If Q8 response = Same residence as prior to the disaster go to Q9, if New purchased residence or New rented residence without FEMA rental assistance go to Q12 else go to Q17)

9. Have repairs been completed to make your residence safe and livable?

- Yes
- No

(Programmer Note: If Q 9 response = Yes go to Q19, If Q9 response = No and Owner Renter UDF = Owner go to Q10, If Q 9 response = No and Owner Renter UDF = Renter go to Q11)

10. Which of the following are primary causes for delays in completing your home repairs? [Select all that apply.] (Homeowners)

- Lack of money
- Insurance settlement
- FEMA financial assistance
- Lack of time
- Lack of contractors and/or materials
- Medical or disability reasons
- FEMA information and processes were too complicated

(Programmer Note: Go to Q19)

11. Which of the following are primary causes for the repairs not being completed by your landlord? [Select all that apply.] (Renters)

- Lack of money to make repairs

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- Lack of contractors to do repair work
- Lack of materials needed for the repairs
- Landlord does not plan to make repairs
- Other or don't know

(Programmer Note: Go to Q19)

12. Is your new permanent residence located in:

- The same community where you lived prior to the disaster
- A different community but in the same state as you lived prior to the disaster
- A different state

(Programmer Note: If Q12 response = The same community where you lived prior to the disaster go to Q15 else go to Q13)

13. Will you be moving back to your pre-disaster community?

- Yes
- No

(Programmer Note: If Q13 response = No go to Q14 else go to Q15)

14. Why are you not planning to move back to your pre-disaster community? (200 Characters)

15. As a result of the disaster, **are your current housing costs:**

- The same
- Less or
- More than prior to the disaster

(Programmer Note: If Q15 response = More than prior to the disaster go to Q16 else go to Q19)

16. What caused your housing costs to increase? (200 Characters)

(Programmer Note: Go to Q19)

17. Do you expect to have a safe and livable permanent residence in:

- Less than two months
- Three to four months
- Five to six months
- More than six months
- Don't know

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18. Which of the following are primary causes for the delay in having a permanent residence? [Select all that apply.]

- Lack of money
- Insurance settlement denied, delayed or insufficient
- FEMA financial assistance denied, delayed or insufficient
- Lack of time
- Lack of contractors and/or materials
- Medical or disability reasons
- Lack of affordable housing
- Loans from bank or SBA were denied or delayed
- Lack of access to community services like schools, hospitals, etc.
- Unable to obtain permits, inspections, zoning
- Do not need to seek a permanent residence

RECOVERY PERSONAL PROPERTY

The next questions are about **personal property** items that may have been lost or damaged during the disaster. Using a scale of **1 (Strongly Disagree)** to **5 (Strongly Agree)**, please indicate your level of agreement with each statement. You may also say **Not Applicable** if appropriate. Repairs or replacement are complete for my:

| | 1 Strongly Disagree | 2 | 3 | 4 | 5 Strongly Agree | Not Applicable |
|---|------------------------------------|--------------------------|--------------------------|--------------------------|---------------------------------|---------------------------|
| 19. Furniture | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Appliances | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Vehicles like car, truck, motorcycle | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Clothing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Medical equipment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Accessibility items like wheelchair, walker | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Job related tools | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. School uniform or other education items | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Using a scale of **1 (Not at all Recovered)** to **5 (Completely Recovered)**, how would you rate your household's...

| | 1 Not at all | 2 | 3 | 4 | 5 Completely |
|--|-------------------------|----------|----------|----------|-------------------------|
| | | | | | |

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| | Recover ed | | | | Recovered |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 27. Overall level of recovery relative to personal property items? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(Programmer Note: If Q27 response = 1 Not at all Recovered, 2, 3, or 4 go to Q28 else go to Q29)

28. Which of the following are primary causes for delays in repairing or replacing your **personal property**? [Select all that apply.]

- Lack of money
- Insurance settlement denied, delayed or insufficient
- FEMA financial assistance denied, delayed or insufficient
- Lack of time
- Medical or disability circumstances
- Loans from bank or SBA were denied or delayed
- Other

RECOVERY HOUSEHOLD INCOME AND FINANCES

This section of the interview includes questions about **household income, expenses and finances.**

29. Is your current household income less as a result of the disaster?

- Yes
- No

(Programmer Note: If Q29 response = Yes go to Q30 else go to Q33)

30. Which **one** of following is the primary disaster-related reason for the decrease in your household income:

- Loss of job
- Work hours or pay scale reduced
- Unable to work due to medical or disability circumstances
- Loss or reduction in income from retirement, investments, or other sources

(Programmer Note: If Q30 response = Loss of job, or Work hours or pay scale reduced go to Q31 else go to Q33)

31. Disaster Unemployment Assistance may have helped you with loss of work income. Which one of the following best describes your experience with Disaster Unemployment Assistance?

- Did not apply for Disaster Unemployment Assistance
- Applied but did not qualify for assistance
- Applied and received assistance

(Programmer Note: If Q31 response = Applied and received assistance go to Q32 else go to Q33)

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Using a scale of **1 (Not at all Helpful)** to **5 (Very Helpful)**,

| | 1 Not at all Helpful | 2 | 3 | 4 | 5 Very Helpful |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------|
| 32. How helpful was the Disaster Unemployment Assistance in supplementing your income? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Using a rating scale of **1 (Strongly Disagree)** to **5 (Strongly Agree)**, please indicate your level of agreement with each statement. As a result of the disaster:

| | 1 Strongly Disagree | 2 | 3 | 4 | 5 Strongly Agree | Not Applicable |
|---|------------------------------------|--------------------------|--------------------------|--------------------------|---------------------------------|---------------------------|
| 33. My savings are depleted | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. I have non-mortgage loan debt | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. I have credit card debt | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. I owe money to family or friends | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. My childcare costs have increased | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. My commuting costs have increased | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. My ability to live independently has decreased | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. I have missed credit card, mortgage, or other types of payments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

41. Please briefly describe the type of service you needed, but were unable to find? (200 characters)

COMMUNITY RECOVERY

This section of the survey is about **community recovery** and uses a scale of **1 (Strongly Disagree)** to **5 (Strongly Agree)**. Please indicate your level of agreement with each statement or you may also respond with **Not Applicable** or **Don't Know**. I now have normal access and availability to:

| | 1 Strongly Disagree | 2 | 3 | 4 | 5 Strongly Agree | Not Applicable or Don't Know |
|---|------------------------------------|--------------------------|--------------------------|--------------------------|---------------------------------|---|
| 42. Child and day care services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Educational institutions like schools, colleges | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Public transportation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. Care for pets, service and support animals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. Businesses like grocery, department stores, pharmacies, | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 47. Medical services, doctors, dentists, hospitals, and home healthcare, personal assistance services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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| | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 48. Senior centers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 49. Emergency services like fire, EMS, police | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 50. Local government offices and services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 51. Community organizations and faith-based groups | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 52. Streets, roads, bridges | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 53. Entertainment and recreation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

FEMA ASSISTANCE

FEMA may provide grants for home repairs, rental assistance, personal property like a vehicle, households items, childcare, as well as medical, dental and funeral expenses. Using a scale of **1 (Strongly Disagree)** to **5 (Strongly Agree)**, please indicate your level of agreement with each statement. FEMA financial assistance:

| | 1 Strongly Disagree | 2 | 3 | 4 | 5 Strongly Agree |
|--|------------------------------------|--------------------------|--------------------------|--------------------------|---------------------------------|
| 54. Arrived in a reasonable amount of time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 55. Was an important part of my recovery | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 56. Helped meet my disaster related needs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Programmer Note: If Q56 response = 1, 2, or 3 go to Q57 else go to Q58.)

57. Which of the following best describes areas where FEMA financial assistance did not meet your disaster related needs? [Select all that apply.]

- Home repairs
- Rental assistance
- Personal property
- Childcare expenses
- Medical, dental or funeral expenses
- Disability related repairs or improvements
- Other (Specify 50 characters)

DEMOGRAPHICS

58. Is your current employment status...

- Employed for wages
- Self-employed
- Unemployed
- Homemaker
- Student

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- Retired
- Prefer not to answer

CLOSING

The information you provided today is extremely important in helping improve recovery in future disasters. We will check back with you in about six months to see how your recovery is progressing. Thank you for your time.