

**LONG TERM RECOVERY SURVEY-RESTORATION: 6 MONTHS – ELECTRONIC
QUESTIONNAIRE ONE**

OMB Control Number 1660-0130

Expiration: XXX XX, 20XX

**PAPERWORK BURDEN DISCLOSURE NOTICE:
FEMA Form 104-FY21-101**

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 GPRA 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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**Cover Email
Introduction**

Dear \$FstNm\$ \$LastNm\$

FEMA is looking for ways to improve disaster recovery services and your participation is greatly appreciated. A long-term recovery study is being conducted over the next 18 months. Understanding how the disaster affected you and continues to impact your household and community will help identify areas where FEMA can improve.

This survey is voluntary, will take 15 to 20 minutes to complete, and there will be three additional interviews over the next 18 months. This survey should be taken by the person most familiar with your FEMA application for assistance.

Your answers will not affect the outcome of your application for FEMA assistance.

These questions comply with the Privacy Act of 1974 and have been approved by the Office of Management and Budget under number 1660-0130.

Please click on the link below to read the Paperwork Burden Disclosure Notice, Privacy Act Statement, and begin the survey.

URL

Start Survey

Thank you,
Federal Emergency Management Agency

If you experience any technical difficulties while completing the survey, please e-mail FEMA-IA-Survey@fema.dhs.gov include the survey name (Initial Customer Satisfaction Survey) and explain the issue.



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OVERALL RECOVERY

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"/>

SHELTERING AND TEMPORARY HOUSING

The next questions relate to **sheltering and temporary housing during the first days and weeks** after the disaster.

8. Which one of the following best describes **where you stayed immediately after** the disaster?

- In my home
- With family or friends
- At a public shelter

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- In a hotel or motel
- In a car
- Other (Specify 50 characters)

9. 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 Q9 response = Same residence as prior to the disaster go to Q10, if New purchased residence or New rented residence without FEMA rental assistance go to Q13 else go to Q17)

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

- Yes
- No

(Programmer Note: If Q 10 response = Yes go to Q19, If Q10 response = No and Owner Renter UDF = Owner go to Q11, If Q 10 response = No and Owner Renter UDF = Renter go to Q12)

11. 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)

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

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- Lack of money to make repairs
- 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 Q16](#))

13. 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 Q13 response = The same community where you lived prior to the disaster go to Q16 else go to Q14)

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

- Yes
- No

(Programmer Note: If Q14 response = No go to Q15 else go to Q16)

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

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

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

(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

19. Did you have (If Owner Renter UDF = Owner say [Homeowner's] or if = Renter say [Renter's]) insurance in effect at the time of the disaster?

- Yes
- No

(Programmer Note: Q19 response = No go to Q20 else go to Q22)

20. Which one of following best represents the reason you did not have insurance at the time of the disaster?

- Could not afford the premium
- Unable to find a company willing to provide coverage
- Had coverage but it was cancelled
- Didn't know I needed it
- Other (Specify 200 characters)

21. Have you obtained insurance since the disaster?

- Yes
- No

(Programmer Note: Go to Q26)

Using a scale of **1 (Strongly Disagree)** to **5 (Strongly Agree)** please indicate your level of agreement with each statement.

	1	2	3	4	5
	Strongly Disagree				Strongly Agree

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22. My insurance covered my losses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. The amount paid by insurance was not enough.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I received the insurance settlement on time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I did or will update my insurance to improve coverage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FINANCIAL AND NON-FINANCIAL ASSISTANCE

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	Not Applicable or No opinion
26. My friends and family were helpful in my recovery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Local community groups and organizations were helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. My bank and other financial institutions were helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. I found local community resources to assist me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please think about programs or services that helped in your disaster recovery. Using a scale of **1 (Not at all Helpful)** to **5 (Very Helpful)** please rate the helpfulness of each of the following or respond with **Does Not Apply** if you did not use.

	1 Not at all Helpful	2	3	4	5 Very Helpful	Does Not Apply
30. US Department of Agriculture Disaster Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Local food banks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Aging services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Assistance for individuals with disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Animal/pet health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Consumer protection services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Women, Infants & Children program (WIC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Disaster legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Veterans services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Crisis counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40. Did you need any other types of services, but were unable to find resources?

- Yes
- No

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Programmer Note: If Q40 response = Yes go to Q 41 else go to Q42.)

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

EMOTIONAL RECOVERY

Disasters often create stress and emotional fatigue.

42. Which of the following were the most stressful for you? [Select all that apply.]

- Financial impact
- Living conditions
- Separation from family and friends
- Health issues
- Exhaustion
- Dealing with insurance
- Dealing with FEMA assistance
- Loss of, or a decrease in, the ability to live independently

43. After the disaster did you seek crisis counselling from any of the following? [Select all that apply.]

- FEMA crisis counselling
- Other government counselling services
- Community provided counselling
- Faith-based counselling
- Financial counselling
- Other (Specify 100 characters)

FEMA SERVICES AND ASSISTANCE

Using a scale of **1 (Strongly Disagree)** to **5 (Strongly Agree)**, please indicate your level of agreement with each statement. FEMA provided:

	1 Strongly Disagree	2	3	4	5 Strongly Agree
44. Easy to understand information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Easy access to online and telephone services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Simple processes and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Information in my preferred language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Assistance that met my expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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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
49. Arrived in a reasonable amount of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Was an important part of my recovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Helped meet my disaster related needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Programmer Note: If Q51 response = 1, 2, or 3 go to Q52 else go to Q53.)

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

53. What could FEMA have done to better meet your disaster related needs? (500 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
54. Child and day care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Educational institutions like schools, colleges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Public transportation						
57. 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"/>
58. Businesses like grocery, department stores, pharmacies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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59. Medical services, doctors, dentists, hospitals, home healthcare, personal assistance services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. Senior centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61. Emergency services like fire, EMS, police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. Local government offices and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. Community organizations and faith-based groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64. Streets, roads, bridges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65. Entertainment and recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

66. What additional services and assistance do you need? (300 characters)

DEMOGRAPHICS

We are almost finished. The only remaining questions are for demographic purposes.

67. Is your gender...

- Female
- Male
- Other (e.g., transgender, nonbinary, or gender variant)
- Prefer not to answer

68. Is your marital status...

- Never married
- Married or living with partner
- Separated
- Widowed
- Divorced
- Prefer not to answer

69. Is your current employment status...

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

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Prefer not to answer

70. Which one of the following best describes your highest level of formal education?

- Did not complete high school
- High school graduate / GED
- Some college
- Associate degree
- Bachelor's degree
- Master's degree
- Doctoral degree
- Prefer not to answer

71. Are You Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

- Yes
- No

72. Please select the racial category or categories that you most closely identify with. Select as many as apply.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- 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.

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