# Business Recovery Survey

**Subject to: OMB Control #0693-0078; Expiration Date: 07/31/2022 (NIST Generic Clearance for Community Resilience Data Collections)**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surveyor(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PIN:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Business Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Result Completion Code: \_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Completed survey | 4. hard refusal | 7. incomplete/partial | 10. no answer or response, but evidence/confirmation operating |
| 1. Ineligible, no manager/owner to answer | 1. Soft refusal, set time for future interview | 8. non-operational business – closed BEFORE event | 11. no access (e.g., fence preventing entry) |
| 1. Wrong address, could not locate | 1. Soft refusal, left form | 9. non-operational – closed AFTER event / destroyed | 12. ineligible, business (name) different than the one expected |

# SURVEY INSTRUCTIONS

1. **What is the operational status of this business?**
2. Open
3. Permanently closed
4. Moved to alternative location (*provide address*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
5. Not sure/don’t know (*take notes on any information that can help us identify the status of the business*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )
6. **What event did this location experience? [Hazard Type] [associated “name”]**
7. [Take photo of outside of business with geocoding]

**(The following questions should be answered by business owner or manager. The questions in this servey relate only to this particular lcation for this business.)**

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

# Damage and Business Interruption

1. **Did you undertake any advance preparation/activities to prepare for potential hazards? 1. Y 2. N**

**5.1. If Y, please describe the specific actions or investments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **What kind of physical damage was caused by the event and how severe was the damage? [refer to separate business damage states table]**

|  |  |
| --- | --- |
| **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 |
| **Important (hard copy) documents?** | 1. None 2. Minor 3. Moderate 4. Severe 5. Complete |
| **Record height of water mark *if applicable* (ask owner/manager to point to place on the wall where water reached)** | \_\_\_\_\_ inches |

1. **What types of utilities and services 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**  1. Yes 2. No 3. DK 4. N/A  \_\_\_\_ Hours or \_\_\_\_\_ days still don’t have electricity    **electric power?** | **If YES, how long until it was fully repaired?** |
| **Did your business lose**  1. Yes 2. No 3. DK 4. N/A  \_\_\_\_ Hours or \_\_\_\_\_ days still don’t have water    **water?** |  |
| **Did your business lose**  1. Yes 2. No 3. DK 4. N/A  **natural gas?** | \_\_\_\_ Hours or \_\_\_\_\_ days still don’t have natural gas |
| **Did your business lose**  1. Yes 2. No 3. DK 4. N/A  **sewer?** | \_\_\_\_ Hours or \_\_\_\_\_ days still don’t have sewer |
| **Did your business lose**  1. Yes 2. No 3. DK 4. N/A  \_\_\_\_ Hours or \_\_\_\_\_ days still don’t have landline    **landline phone?** |  |
| **Did your business lose**  1. Yes 2. No 3. DK 4. N/A  \_\_\_\_ Hours or \_\_\_\_\_ days still don’t have cell phone    **cell phone service?** |  |
| **Did your business lose**  1. Yes 2. No 3. DK 4. N/A  **Internet access?** | \_\_\_\_ Hours or \_\_\_\_\_ days still don’t have internet/IT |
| **Did your business lose**  1. Yes 2. No 3. DK 4. N/A  **IT (e.g., access to**  **Critical computer**  **Programs/data) ?** | \_\_\_\_ Hours or \_\_\_\_\_ days still don’t have IT |
| **Did your business**  1. Yes 2. No 3. DK 4. N/A  **experience any**  **accessibility issues?** | \_\_\_\_ Hours or \_\_\_\_\_ days still don’t have full  accessibility |

* 1. [If yes to loss of electric power] Did this business use a backup generator? 1. \_\_\_Yes 2. \_\_\_No
     1. [If yes] how long was the backup generator used? \_\_\_\_\_ days
  2. [If yes to loss of water] Did this business have backup water supply? 1. \_\_\_Yes 2. \_\_\_No
     1. [If yes] how long did the backup water supply last? \_\_\_\_\_ days
  3. Any other backup systems used besides generators or water supply? 1. \_\_\_Yes 2. \_\_\_No
     1. [If yes] please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Please add any information about damages from loss of power or other utilities (e.g., leading to *in*ability to move perishable inventory or moisture/mold damage). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Was there a stoppage or delay in the delivery of supplies that interrupted business activities (e.g., production or sales)? 1. Yes 2. No 3. N/A If yes, for how long ? \_\_\_\_\_\_\_**
   1. **If yes: Was this a complete or partial stoppage? 1. Complete 2. Partial; Time: \_\_\_\_\_\_ (days)**
   2. **Did the business experience any other supply chain issues; please explain briefly: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Immediately following the event, operations were at:**

**1. 100% (fully functioning) 2. 80-99% 3. 50-79% 4. 30-50% 5. 1-29% 6. 0% (operations completely ceased)**

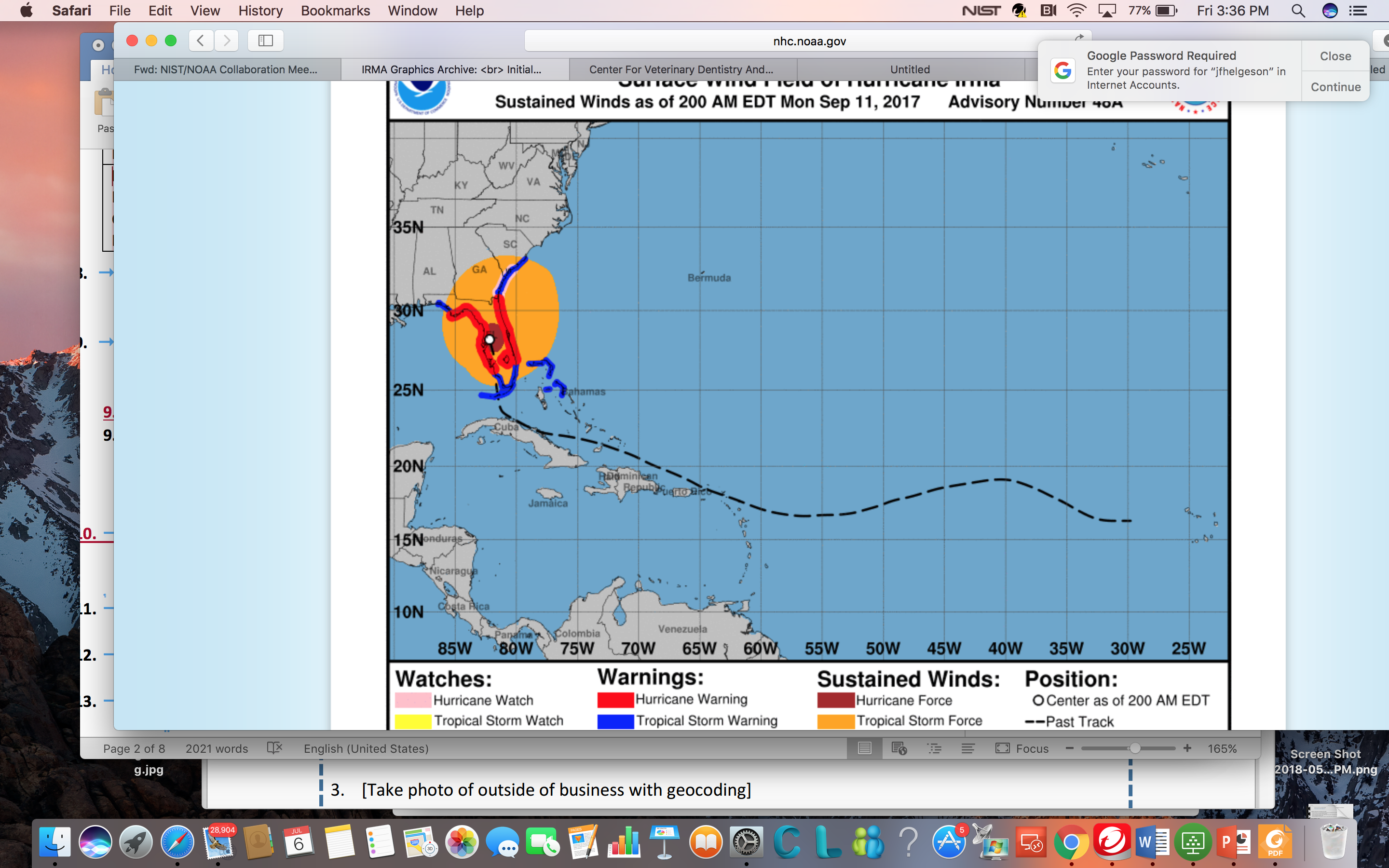
1. **How long did it take for your business to resume operations? \_\_\_\_\_\_\_\_\_\_\_\_ (days)**
2. **Did you make the decision to close the business prior to the event? 1. Yes 2. No**
3. **If yes [Q12], please answer the following:**
   1. **When did the business make the decision to close (e.g., 1 day, 1 hr. before the event hit)? \_\_\_**
   2. **What prompted the closure?**
   3. **What information was used to make this decision? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **If no [Q12], please answer the following:**
   1. **When during or after the event did the business close?**
   2. **Was it a required closure because it could not function given damage?**
   3. **Who made the final determination? 1. Owner 2. Manager 3. Local policy/requirement 4. Other \_\_\_\_\_\_**
   4. **What information was used to make this decision? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Did you use any of the below graphical information when tracking the storm and deciding whether or not to close? 1. Y 2. N**

****

1. **If no[Q15], please answer the following: If you didn’t use any of the above information, where did you get your information? (list all that apply)**
2. **local network tv news b. National TV c. Weather Channel d. Accuweather e. Local government,**

**f. Community leaders g. radio h. internet source i. friends/family j. social media k. OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Did this business experience a loss of customers? Please think about this question in the context of immediately pre-event to when operations (above 0%) began again at the location**

**1. Lost customers (\_\_\_\_\_% loss) 2. Remained the same 3. Gained customers (\_\_\_% gain of customers)**

1. **How did the business communicate the status of the business (e.g., open or not) to potential customers and the public? 1. Telephone 2. E-mail 3. Text message 4. Social media 5. Other \_\_\_\_\_**
2. **How dependent is this business on this physical location? (In other words, can this business use virtual location(s) or service(s) during recovery):**
3. **Not dependent on physical location at all**
4. **Somewhat dependent on physical location**
5. **Extremely dependent on physical location**
6. **How might the experience of this event change your approach to planning for a next storm?**
7. **Had this business experienced any small or large-scale disaster effects previously? 1. Y 2. N**

**Specify type (natural, human-made) and time period:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# EMPLOYEE-RELATED QUESTIONS

1. **How long did it take after the event for employees to access this work location? \_\_\_\_ (days)**
   1. **Was there an alternate work location available for employees to work while the primary location was closed? 1. Yes 2. No**
   2. **If [22.1=yes] How far away was the alternate work location from the primary location? \_\_\_\_ (mi.)**
   3. **If [22.1=yes] What type of location was used: 1.**  Another physical location owned by the business 2. Third-party provided location 3. Employee’s home
2. **Did employees have to spend extra hours at work (before/after/during) the event? 1. Yes 2. No**
3. **Were any employees present at the work location during the event? 1. Yes 2. No**
4. **How did the business communicate the status of the business and their work schedule to employees? 1. Telephone 2. E-mail 3. Text message 4. Social media 5. Other \_\_\_\_\_**

**Was there any communication plan in place and was it part of training for employees?**

1. **Did your business experience any issues with employees’ ability to report to work (once you began operation post-event)?**

**26.1. Employee(s) could not report to work due to transportation problems? 1. Y 2. N**

**26.2. Employee(s) could not report to work due to the need to fix house? 1. Y 2. N**

* 1. **Employee(s) could not report to work because their children not yet back to school? 1. Y 2. N**
  2. **Employee(s) could not report to work due to disaster-related physical health issue? 1. Y 2. N**
  3. **Employee(s) could not report to work due to disaster-related mental health issues? 1. Y 2. N**

1. **Are you aware of any employee long-term health effects arising from the event (e.g., cardiovascular disease, mobility issues)? 1. Y 2. N**

# Business Information

1. **In which year was this business established at this location? \_\_\_\_ \_\_\_ (Year)**
2. **What is your primary line of business?**
3. Construction
4. Manufacturing
5. Retail trade
6. Service
7. Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. **Before the hazard event, how many full time and part time employees did this business have? And now?**

Before: Full time \_\_\_\_\_\_\_\_\_\_ Part time \_\_\_\_\_\_\_\_\_\_\_\_

Now: Full time \_\_\_\_\_\_\_\_\_\_ Part time \_\_\_\_\_\_\_\_\_\_\_\_

1. **Does this business own or rent the building?**
2. Own (including buying the building with mortgage) 2. Rent 3. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **What was the business ownership structure before the [event]?**
4. Single owner
5. Partnership (multiple owners)
6. Corporation or franchise
7. Cooperative
8. Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Business Recovery

1. **Compared to before the hazard event, what is the % capacity at which the business is operating today? \_\_\_\_\_\_ %**

*(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.)*

1. **How has the business revenue changed since the [event]? (Please reference gross revenue.)**

1. Decreased greatly

1. Decreased
2. Stay the same
3. Increased
4. Increased greatly
5. **How profitable was your business before the [event]? What about now?**

|  |  |
| --- | --- |
| **Before** | Highly profitable Profitable Breaking even Unprofitable Highly unprofitable closed |
| **Now** | Highly profitable Profitable Breaking even Unprofitable Highly unprofitable closed |

1. **Where do you feel your business is in the process of recovery today?**
2. Still in operation but will never recover (please explain) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. Still in survival/response mode
4. Recovering
5. Mostly recovered
6. Fully recovered
7. **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 5. Strongly  2. Disagree 3. Neutral 4. Agree  disagree agree |
| We now have more suppliers outside our city than we did before the disaster | 1. Strongly 5. Strongly  2. Disagree 3. Neutral 4. Agree  disagree agree |

1. Did your business have any type of documented plan (e.g., business continuity plan, disaster plan, etc.) to guide your actions through the hazard? 1. Yes 2. No
   1. [If 38=”Yes”] Do you feel the plan enabled you to recover your operations more quickly than if you had no plan? 1. Yes 2. No 3. D/K
   2. [If 38=”Yes”] Have you updated your plan with the lessons learned from this event? 1. Yes 2. No 3. D/K
   3. [If 38=”No”] If you had no plan prior to this event, are you developing a plan now (or in the near future) based on the lessons learned from this event? 1. Yes 2. No 3. Maybe

# Recovery Finance

1. **Did you have insurance coverage related to this disaster type on the building, contents, or business interruption before the event?**
2. **Did you file claims and receive money?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Required to have insurance?** | **Had Insurance?** | **Filed Claim?** | **Received Money?** | **Received When?**  **(months after event)** | **% insurance covered** |
| Building | 1. Yes 2. No | 1. Yes 2. No | 1. Yes 2. No | 1. Yes 2. No  3. pending |  |  |
| Content (business insurance/most relevant to renters) | 1. Yes 2. No | 1. Yes 2. No | 1. Yes 2. No | 1. Yes 2. No  3. pending |  |  |
| Business interruption | 1. Yes 2. No | 1. Yes 2. No | 1. Yes 2. No | 1. Yes 2. No  3. pending |  |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Assistance Description** | **Applied?** | **Received?** | **Received When?**  **(months after event)** |
| 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 |  |
| g. Private/bank loans | 1. Yes 2. No | 1. Yes 2. No |  |
| h. Crowdsourcing online? | 1. Yes 2. No | 1. Yes 2. No |  |
| i. Fundraisers (in-person/not online)? | 1. Yes 2. No | 1. Yes 2. No |  |
| j. Other(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1. Yes 2. No | 1. Yes 2. No |  |

1. **What assistance did you need and not get? (monetary or in-kind): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **How long do you estimate this business could function in a deficit (days, weeks, months)? \_\_\_\_\_\_\_**
2. **What are your thoughts today about the risks to your business by extremes precipitation and/or temperature and your interest in undertaking mitigation options? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Owner/manager demographics

1. **How many years have you worked as a business owner/manager?** 
   1. **At this location: \_\_\_\_\_\_\_\_\_\_\_\_\_ (years)**
   2. **In your total career: \_\_\_\_\_\_\_\_\_\_\_\_\_ (years)**
2. **What is your age? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (years)**
3. **What is your number of years of schooling?** Enter number of years \_\_\_\_\_\_\_ and indicate   
   type of diploma or degree: 1. Some high school, but didn’t finish 2. Completed High School 3. Some college, but didn’t finish, 4. Associate degree 3. Bachelors 4. Masters or higher degree
4. **Are you Hispanic?** 1. Yes 2. No
5. **What is your race? Select one or more (check all relevant)**

|  |  |
| --- | --- |
| * White * Black or African American * American Indian or Native American | * Asian * Native Hawaiian or other Pacific Islander |

1. **What is your household income? (per year before taxes)**
2. **Under $25,000**
3. **$25,000-$39,999**
4. **$40,000-$59,999**
5. **$60,000-$79,999**
6. **$80,000-$99,999**
7. **$100,000-$124,999**
8. **$125,000-$149,999**
9. **Over $150,000**

**If you have any comments about the survey and/or business recovery after the [event], please let us know verbally or write them in the space below.**

**THANK YOU VERY MUCH FOR COMPLETING THE SURVEY!**

This collection of information contains Paperwork Reduction Act (PRA) requirements approved by the Office of Management and Budget (OMB). Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the PRA unless that collection of information displays a currently valid OMB control number. For this collection, the OMB Control number is:0693-0078 with an expiration date: July 31, 2022. Public reporting burden for this collection is estimated to be 15 minutes per survey, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing this burden, to the National Institute of Standards and Technology, Attn: Dr. Jennifer Helgeson, NIST, 100 Bureau Drive, MS 8603, Gaithersburg, MD 20899-1710, telephone 301-975-6133, or via email: jennifer.helgeson@nist.gov.