Hurricane Matthew Community Recovery Study for Lumberton, NC
Center for Risk-Based Community Resilience Planning
A U.S. National Institute of Standards and Technology-funded Center of Excellence
OMB CONTROL NO. 0693-0078
Expiration date: 07/31/2022

Please confirm you are a Lumberton resident above 18 years of age, and consent to participate in this survey by marking the circle. ◯ I am above 18 years of age and consent to participate in this survey.

The first set of questions is about your household in general.

1. **How many adults (18 years or older) live in your household?**…… #_____Adults
2. **How many children (younger than 18 years) live in your household?**…… #_____Children

3. **When did you move into your current home?** ……Month:_____ Year:_____

4. **Was your home damaged by Hurricane Matthew or Hurricane Florence?**
   (Please mark the choice that most closely matches)
   - ⚬ Hurricane Matthew, only
   - ⚬ Yes, by both Hurricanes Matthew and Florence
   - ⚬ Hurricane Florence, only
   - ⚬ No, neither hurricane damaged my home
   - ⚬ Don't know

5. **If yes, how would you characterize the status of repairs on your home?**
   - **a.** Completed
   - **b.** Somewhat completed
   - **c.** Very little completed
   - **d.** Not at all completed

The next questions are going to ask about your household's perceived preparedness now. Please mark the option that most closely matches your experience or situation.

6. **Do you rent or own your home?** ⚬ Own ⚬ Rent ⚬ Other, please specify:_____

If you own your home,	**Yes**	**No**	**Don't Know**
Do you have flood insurance?……	⚬	⚬	⚬
Do you have homeowners' insurance?……	⚬	⚬	⚬
Do you believe you have adequate insurance coverage for a flood event?.	⚬	⚬	⚬
Do you have a mortgage?……	⚬	⚬	⚬

7. **Did you apply for, and/or receive a home repair grant from the government (HUD/CDBG-DR)?**
   - **a. Apply? (Y/N)**
   - **b. Receive? (Y/N)**
   - **c. If received, when? (MM/YY)**

8. **How has your participation with neighborhood and/or community groups changed since the COVID-19 pandemic?**
   ⚬ Decreased ⚬ Stayed the Same ⚬ Increased ⚬ Don't know

9. **How has your contact with neighbors and/or extended family and friends changed since the COVID-19 pandemic?**

○ Decreased ○ Stayed the Same ○ Increased ○ Don't know

10. How many major floods or hurricanes have you experienced first-hand in your lifetime?
#_____Floods

11. How likely do you think your home is to be damaged during a major flood event, similar to Hurricane Matthew or Hurricane Florence?
○ Extremely unlikely ○ Unlikely ○ Neutral ○ Likely ○ Extremely likely

12. If given evacuation orders, how likely is your household to evacuate your home during a future major flood event, similar to Hurricane Matthew or Hurricane Florence?
○ Extremely unlikely ○ Unlikely ○ Neutral ○ Likely ○ Extremely likely

The next set of questions asks about the recovery of your home, your household, your neighborhood and Lumberton from Hurricanes Matthew and Florence and the COVID-19 pandemic.

13. When thinking about your home (the physical building in which you live), would you say your home is:
- **a. Fully recovered**
- **b. Partially recovered**
- **c. Still in survival/response mode**
- **d. Will never recover**

14. When thinking about your household, would you say your household is:
- **a. Fully recovered**
- **b. Partially recovered**
- **c. Still in survival/response mode**
- **d. Will never recover**

15. When thinking about your neighborhood, would you say your neighborhood is:
- **a. Fully recovered**
- **b. Partially recovered**
- **c. Still in survival/response mode**
- **d. Will never recover**

16. When thinking about Lumberton, would you say Lumberton is:
- **a. Fully recovered**
- **b. Partially recovered**
- **c. Still in survival/response mode**
- **d. Will never recover**

17. Do you and your household have the same access to school, work, grocery stores, and other essential needs in this home as you did before the hurricanes and COVID-19?
- **a. Yes**
- **b. No**
- **c. DK**

18. Do you and your household plan to move to a different housing unit within the next year?
- **a. Yes**

b. No
c. DK

The next set of questions ask about mitigation and preparedness strategies used by your household now or that you plan to put in place in the next six months.

19.	**Currently, has your household:**	**Yes**	**No**	**Don't Know**
a.	Elevated hot water heater and/or HVAC?	○	○	○
b.	Re-routed ductwork from below floor to attic space?	○	○	○
c.	Developed an emergency plan with household members?	○	○	○
d.	Gathered supplies to last 3 or more days?	○	○	○
e.	Sought information on mitigation or preparedness?	○	○	○
f.	Set money aside for recovery or repairs?	○	○	○

20.	**In the next 6 months, does your household plan to:**	**Yes**	**No**	**Don't Know**
a.	Elevate hot water heater and/or HVAC?	○	○	○
b.	Re-routed ductwork from below floor to attic space?	○	○	○
c.	Develop an emergency plan with household members?	○	○	○
d.	Gather supplies to last 3 or more days?	○	○	○
e.	Seek information on mitigation or preparedness?	○	○	○
f.	Set money aside for recovery or repairs?	○	○	○

21. Do you have the option to provide any utility services, even if temporarily, for your household?
(please select all that apply)

○ Yes, power generator ○ Yes, solar panels ○ Yes, water storage tank(s)
○ Yes, gas tank(s) ○ Yes, community wi-fi ○ Yes, community information hub
○ Other, please explain: ○ No ○ Don't know

_____
_____

22.

a. Do you have the option to provide utility services, even if temporarily for yourself for the following utilities?			**b. If yes, indicate how: (e.g., generator, solar panels, water storage tanks, gas tanks, community Wi-Fi, other)**	**c. With your resources in mind, for how long, in days, could you tolerate a future service disruption?**
Power	Yes	No		# _____Days
Gas	Yes	No		# _____Days
Water	Yes	No		# _____Days
Cellular	Yes	No		# _____Days
Internet	Yes	No		# _____Days

23.

Are you informed of any planned outages in a timely manner for …?				
Power	Yes	No	DK	NA
Gas	Yes	No	DK	NA
Water	Yes	No	DK	NA
Cellular	Yes	No	DK	NA
Internet	Yes	No	DK	NA

24.

if it meant improved performance during and after hazards, are you willing to have a rate increase for …?				
Power	Yes	No	DK	NA
Gas	Yes	No	DK	NA
Water	Yes	No	DK	NA
Cellular	Yes	No	DK	NA
Internet	Yes	No	DK	NA

The next set of questions are intended to capture the impacts of COVID-19 on your household.

25. How has COVID-19 impacted repairs to your home?

No impact ○ Minor impact ○ Neutral ○ Moderate impact ○ Major impact ○ Don't know ○

26. How has COVID-19 impacted your household's recovery from Hurricane Florence?

No impact ○ Minor impact ○ Neutral ○ Moderate impact ○ Major impact ○ Don't know ○

27. Were members of your household unable to work because of COVID-19?

○ Yes ○ No ○ Don't know

a. If yes, how long was your household member unable to work? (Please enter the number of days) #_____Days

28. Were members of your household reduced to part-time work because of COVID-19?

○ Yes ○ No ○ Don't know

If yes, how long was your household member reduced to part-time work? # _____Days

If you answered YES to either question 18 or 19, please also answer questions 20 and 21:

29. Were you or other household members unable to work or reduced to part-time because of:
(Mark all that apply):

○ Temporary closure of place of employment
○ Permanent closure of place of employment
○ Other, please explain_____
○ Childcare issues
○ Health issues

30. Would you say the disruption to your household's income has been:

⚬ Significant ⚬ Moderate ⚬ Minimal ⚬ None ⚬ Don't know

Finally, there are six questions about your household in general.

31. Do you have any individuals with special electricity-dependent medical needs in your house?
⚬ Yes ⚬ No
(Examples include individuals who require power wheelchairs, ventilators, oxygen concentrators, CPAP and other sleep apnea devices.)

32. When considering all members in your household, what is the highest level of schooling completed?
⚬ Less than high school ⚬ Associate's degree ⚬ Master's degree or higher
⚬ High school diploma ⚬ Bachelor's degree

33. While we often ask about each member of a household, in general, when considering your household, how would you describe its ethnicity? You may skip this question.
⚬ Hispanic or Latino ⚬ Not Hispanic or Latino

34. While we often ask about each member of a household, in general, when considering your household, how would you characterize its racial makeup? (Select one or more) You may skip this question.
⚬ American Indian or Native American ⚬ Asian ⚬ Black or African American
⚬ Native Hawaiian or Pacific Islander ⚬ White or Caucasian

35. Do you consider your household a female-headed household? ⚬ Yes ⚬ No ⚬ Don't know
This is when a household is maintained by a female with no spouse present.

36. Finally, we do not want to know the exact amount, but please mark the category that best captures your household's combined annual income:
⚬ $1 to $3,999 ⚬ $4,000 to $5,999 ⚬ $6,000 to $7,999 ⚬ $8,000 to $9,999
⚬ $10,000 to $11,999 ⚬ $12,000 to $14,999 ⚬ $15,000 to $19,999 ⚬ $20,000 to $24,999
⚬ $25,000 to $29,999 ⚬ $30,000 to $39,999 ⚬ $40,000 to $49,999 ⚬ $50,000 to $59,999
⚬ $75,000 to $99,999 ⚬ $100,000 to $149,999 ⚬ $150,000 or higher

Thank you again for completing our 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 240-672-2575, or via email:jennifer.helgeson@nist.gov