

Appendix E: General Survey SAMPLE

Form Approved
OMB No. 0923-0051
Exp Date XX/XX/XX

Survey Formatting Key:

1. Notes to survey developers:

- Denoted as (Note: as gray text within a set of parentheses and preceded by the word 'Note')
- These notes are intended to be followed and deleted before distributing to respondents.

2. Notes for online survey tool development (i.e. REDCap, Epi Info, etc.):

- Denoted by yellow boxes
- These boxes are expected to be removed from the survey before distributing to respondents and/or publishing to online survey tool
- In the REDCap version of the survey, these notes will be entered into the 'field note' section of the field/question.

3. **Notes to respondents:**

- **Denoted in bold, italics, and underlined writing, ex. (Note to respondent:)**

Public reporting burden of this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of 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 Clearance Officer, 1600 Clifton Road NE, MS H21-8, Atlanta, Georgia 30329 ATTN: PRA (0923-0051)

For Official interviewer use only

Household ID _____ Participant ID _____ Interviewer Initials _____

Interview location: _____

Date ___/___/___ (mm/dd/yyyy)

Time you started the survey ___:___ (am/pm)

Adult Section

Demographic and Contact Information

1. Name _____ , _____
Last First M.I.

2. Date of Birth
____ / ____ / ____ (mm/dd/yyyy)

3. Sex (select one)

- Male
- Female

4. What is your marital status?

- Married - spouse present
- Married - spouse absent
- Separated
- Divorced
- Widowed
- Never Married

5. What is your race and/or ethnicity? (Select all that apply)

- American Indian or Alaska Native (For example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government,
- Nome Eskimo Community, Aztec, Maya, etc.)
- Asian (For example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.)
- Black or African American (For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)
- Hispanic or Latino (For example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)
- Middle Eastern or North African (For example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)
- Native Hawaiian or Pacific Islander (For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)
- White (For example, English, German, Irish, Italian, Polish, Scottish, etc.)

6. What is the highest level of education you completed?

- Less Than High School
- High School Graduate or Equivalent
- Some College, Trade School
- Junior or Community College
- University/College Graduate (4-year degree)
- Graduate School or Higher

7. Home Address

Street: _____

City: _____ County: _____

State: _____ ZIP: _____

8. What are the best telephone numbers to reach you?

A. (____)____-____ €Cell €Home €Work

B. (____)____-____ €Cell € Home € Work

9. Best email address_____

10. What social media accounts do you use? This helps us know how to best communicate with you. (Select all that apply.) € Facebook € Twitter € Instagram € Other € Refuse

Notes for online survey tool development:

- Apply branching logic in the specified questions below:
 - o ONLY when 'Same as home address above' is selected for the question: "While you were in the affected area during the incident, did you smell an odor you thought was caused by the incident?", hide the following: "While you were in the affected area during the incident, did you smell an odor you thought was caused by the incident?", hide the following:
 - Street: City: County: State: Zip:
 - If you are not sure of the exact address, please provide as much location information as possible (i.e. closest landmark, building name, cross streets).
 - o Under question: "Do you think you were in contact with contaminants?"
 - Make "If yes, why do you think/know you were contaminated?" visible ONLY when 'Yes' is selected
 - Remove 'If yes,'
 - o ONLY when 'yes' is selected for the question: "While you were in the affected area during the incident, did you smell an odor you thought was caused by the incident?", make the following questions visible:
 - For how long did you smell this odor?
 - How intense was the smell?
 - What would you say the odor smelled like? (Check all that apply)
 - Did you receive instructions to shelter in place?
 - o ONLY when 'yes' is selected for the question: "Did you receive instructions to shelter in place?", make the following question visible:
 - How long did you shelter in place?
 - Remove (if yes, to 9)
 - Did you receive instructions to evacuate?
 - o ONLY when 'yes' is selected for the question: "Did you receive instructions to evacuate?", make the following question visible:
 - Did you evacuate from the affected area?
 - Remove (if yes, to 11)
 - How did you first learn you needed to shelter in place/evacuate?
 - o ONLY when 'yes' is selected for the question: "Did you evacuate from the affected area?", make the following question visible:
 - How long did you evacuate for?
 - Remove (if yes, to 11)
 - At approximately what time did you evacuate?
 - If you evacuated, did you take any pets with you?

18. Only when 'yes' is selected for, Were you a responder (career and/or volunteer) in any way to this incident? **Say "You will be prompted later to provide more information about your experiences as a responder"**

Participant ID: _____

Location And Exposure Information Including Work

These next few questions will ask about where you were during the Incident and what exposures you may have had.

1. Within the affected area, where did you spend the most time during the Incident?

€ Same as home address above (Skip to next question)

Street: _____

City: _____ County: _____

State: _____ ZIP: _____

*If you are not sure of the exact address, please provide as much location information as possible (i.e. closest landmark, building name, cross streets).

2. Referring to the question above, what was your physical location during the Incident? (Select all that apply.)

€ Inside building

€ Outside

€ Inside a car/vehicle

€ Other _____

3. How long were you in the affected area during the Incident? (Note to Survey Developer: Response choices may vary with specific incident.)

€ Less than an hour

€ 1-5 hours

€ 6-12 hours

€ 13 hours- 1 day

€ 2-4 days

€ 5 or more days

4. Do you think you were in contact with contaminants?

€ Yes

o If yes, why do you think/know you were contaminated? _____

- € No
- € Unsure

5. **While you were in the affected area during the incident, did you smell an odor you thought was caused by the Incident?**

- € Yes
- € No
- € I don't know

6. **For how long did you smell this odor?** (Note to Survey Developer: response choices may vary with specific incident.)

- € Less than an hour
- € 1-5 hours
- € 6-12 hours
- € 13-1 day
- € 2-4 days
- € 5 or more days

7. **How intense was the smell?**

- € Light
- € Moderate
- € Severe

8. **What would you say the odor smelled like? (Select all that apply.)** (Note to Survey Developer: response choices may vary with specific incident.)

- € Gasoline
- € Rotten eggs
- € Chemical smell
- € Paint
- € Paint thinner
- € Car tires or asphalt
- € Bug spray
- € Sweet smell
- € Smoke
- € Sewage
- € Other, please specify: _____

9. **Did you receive instructions to shelter in place?**

- € Yes
- € No
- € I don't know

10. **(If yes, to 9) How long did you shelter in place?** (Note to Survey Developer: response choices may vary with specific incident.)

- € I did not shelter in place
- € Less than an hour
- € 1-5 hours
- € 6-12 hours
- € 13 hours-1 day
- € 2-4 days
- € 5 or more days

11. **Did you receive instructions to evacuate?**

- € Yes
- € No
- € I don't know
- € N/A

12. **Did you evacuate from the affected area?**

- € Yes, I evacuated
- € No, I did not evacuate
- € I don't know
- € N/A

13. **At approximately what date and time did you evacuate?**

___/___/___ (mm/dd/yyyy)

__:__ AM PM
Hour Min

14. **How long did you evacuate for?** (Note to Survey Developer: response choices may vary with specific incident.)

- € I did not evacuate
- € Less than an hour
- € 1-5 hours
- € 6-12 hours
- € 13 hours-1 day
- € 2-4 days
- € 5 or more days

15. Do you currently work? This includes part-time and full-time jobs, contract and volunteer work?

- Yes
- No

16. What kind of work do you do? What is your job title? (e.g., registered nurse, janitor, cashier, auto mechanic, etc.)

17. What kind of business or industry do you work in? (e.g., hospital, elementary school, clothing manufacturing, restaurant, etc.)

18. How long have you worked in your primary job?

- Less than 6 months
- At least 6 months but less than a year
- 1-5 years
- 6-10 years
- 11-20 years
- 21-30 years
- More than 30 years

19. On average, how many hours per week do you work at your primary job? _____ hours

20. Have you ever served on active duty in the U.S. Armed Forces, military Reserves or National Guard? (Does not include training in the Reserves or National Guard, but DOES include activation, in the last 12 months)

- Yes, now on active duty
- Yes, on active duty in the past, but not now
- No, training or Reserves or National Guard only
- No, never served in the military
- Prefer not to answer

21. During the "exposure window" (define), did you report to a physical working location for your job within the "affected area" (define)? (see map)

- Yes
- No
- Prefer not to answer
- Unsure

Did you need to stay home¹¹ from work or miss work due to symptoms you experienced after the incident? Yes

o How many days did you miss? _____ days

- No
- Unsure

22. _

22. Did you need to modify your regular work duties due to symptoms you experienced after the Incident?

€ Yes

0 How many days of modified work duties did you need? _____ days

€ No

€ Unsure

23. What, if anything, could have been done differently to improve the response to this incident?

Decontaminations

Notes for online survey tool development:

- Apply branching logic in the specified questions below:
 - o ONLY when 'yes' is selected for the following question: 'Were you told by a responder/healthcare professional that you were in contact with contaminants?', make the following questions visible:
 - Were your measurements of exposure taken by an emergency responder or healthcare worker (examples)?
 - o ONLY when 'yes' is selected for the following question: 'Were your measurements of exposure taken by an emergency responder or healthcare worker (examples)?', make the following questions visible:
 - Please explain the measurements taken
 - o ONLY when 'yes' is selected for the following question: 'Were you decontaminated (i.e. your clothing was removed and/or your body was washed, etc.)?', make the following questions visible:
 - How were you decontaminated?
 - Where were you decontaminated? This question is asking for a geographic location, not a place on their body.
 - At approximately what time were you decontaminated?

1. Were you told by a responder/healthcare professional that you were in contact with contaminants?

- € Yes
- € No
- € Unsure

2. Were your measurements of exposure taken by an emergency responder or healthcare worker (measurement of exposure for specific investigation)?

- € Yes
- € No
- € Unsure

3. Please explain the measurements taken _____

4. Were you told to decontaminate?

- € Yes
- € No
- € Unsure
- € If yes, where on your body? _____

5. Were you decontaminated (i.e. your clothing was removed and/or your body was washed, etc.)?

- Yes
- No
- Unsure

6. If yes, to 4. How were you decontaminated? **(Select all that apply.)**

- Clothing removal
- Water
- Soap and water
- Other (Please specify): _____

7. Where were you decontaminated? **(This question is asking for a geographic location, not a place on the body.)**

- Community Resource Center (CRC)
- Mobile decontamination unit
- Emergency room (ER)
- Other (Please specify): _____

8. At approximately what day and time were you decontaminated?

Date ___/___/___ (mm/dd/yyyy) Time ___:___ (am/pm)___:___

9. Did you go to a Community Resource Center (CRC)? (Note to Survey Developer: this question is generally only used for nuclear/radiologic events)

- Yes
- No
- Unsure

If you went to a Community Resource Center (CRC) what tracking number did they give you?

0 _____

Physical Health Symptoms after the Incident

Notes for online survey tool development:

- Apply branching logic in the specified questions below:
 - ONLY when 'New symptoms or conditions?' or 'Worsening of your preexisting symptoms or conditions?' are selected for the following question: 'Since the Incident have you had', make the following questions visible:
 - No, I do not have this new or worsening symptom or condition
 - Yes, I am experiencing this new symptom or condition
 - Yes, I am experiencing worsening of this preexisting symptoms or condition
 - Yes, I am still experiencing these symptoms/conditions
 - No, I am not still experiencing these symptoms/conditions

Here you will be asked some questions about symptoms that could be related to the Incident.

(Note to Survey Developer: This list should be narrowed down ahead of time with a toxicologist, physician, or other expert.)

1. Since the incident have you had: **check all that apply**

- € New symptoms or conditions?
- € Worsening of your preexisting symptoms or conditions?
- € **No** new symptoms or conditions **and no** worsening of preexisting symptoms or conditions. **skip to next section.**

If you have had new symptoms or conditions or worsening of preexisting symptoms or conditions, please fill out the table provided below for each listed symptom.

Symptom	Have you had any new symptoms or worsening of preexisting symptoms because of the Incident?			At the time of completing this survey are you <u>still</u> experiencing these symptoms?	
	No, I do not have this new or worse symptom skip to next symptom	Yes, I am experiencing this <u>new</u> symptom	Yes, I previously had this symptom, and it became worse after the Incident.	Yes, I am <u>still</u> experiencing this symptom	No, I am not <u>still</u> experiencing this symptom
GENERAL					
1.1 Fever	€	▪	▪	▪	▪
1.2 Chills		▪	▪	▪	▪

Symptom	Have you had any new symptoms or worsening of preexisting symptoms because of the Incident?			At the time of completing this survey are you <u>still</u> experiencing these symptoms?	
	No, I do not have this new or worse symptom <u>skip to next symptom</u>	Yes, I am experiencing this <u>new</u> symptom	Yes, I previously had this symptom, and it became worse after the Incident.	Yes, I am <u>still</u> experiencing this symptom	No, I am not <u>still</u> experiencing this symptom
1.3 Generalized weakness					
1.4 Body pain					
1.5 Severe bleeding					
EYES					
2.1 Increased tearing					
2.2 Irritation/pain/ burning of eyes					
2.3 Blurred vision/double vision					
2.4 Bleeding in eyes					
2.5 Vision changes (floaters, blurry, loss)					
EAR/NOSE/THROAT					
3.1 Runny nose					
3.2 Burning nose or throat					
3.3 Nose Bleeds					
3.4 Hoarseness					
3.5 Increased salivation					
3.6 Ringing in ears					
3.7 Difficulty swallowing					

Symptom	Have you had any new symptoms or worsening of preexisting symptoms because of the Incident?			At the time of completing this survey are you <u>still</u> experiencing these symptoms?	
	No, I do not have this new or worse symptom <u>skip to next symptom</u>	Yes, I am experiencing this <u>new</u> symptom	Yes, I previously had this symptom, and it became worse after the Incident.	Yes, I am <u>still</u> experiencing this symptom	No, I am not <u>still</u> experiencing this symptom
3.8 Swollen neck					
3.9 Pain in jaw					
3.10 Odor on breath (Gasoline or other, <u>specify</u>)					
3.11 Stuffy nose/sinus congestion					
3.12 Increased congestion or phlegm					
3.13 Hearing loss					
NERVOUS SYSTEM					
4.1 Headache					
4.2 Dizziness or lightheadedness					
4.3 Loss of consciousness/fainting					
4.4 Seizures or convulsions					
4.5 Numbness, pins and needles, shooting pain, or funny feeling in arms or legs					
4.6 Confusion					

Symptom	Have you had any new symptoms or worsening of preexisting symptoms because of the Incident?			At the time of completing this survey are you <u>still</u> experiencing these symptoms?	
	No, I do not have this new or worse symptom <u>skip to next symptom</u>	Yes, I am experiencing this <u>new</u> symptom	Yes, I previously had this symptom, and it became worse after the Incident.	Yes, I am <u>still</u> experiencing this symptom	No, I am not <u>still</u> experiencing this symptom
4.7 Difficulty concentrating					
4.8 Difficulty remembering things					
4.9 Concussion					
4.10 Loss of balance					
4.11 Involuntary muscle contractions (e.g., cramp, spasm, tremor)					
MUSCLE/JOINT/BONES					
5.1 Weakness of arms					
5.2 Weakness of legs					
5.3 Joint swelling					
5.4 Muscle weakness					
5.5 Muscle twitching					
5.6 Tremors in arms or legs					
5.7 Joint or body pain					
5.8 Broken bone/fracture					
5.9 Dislocation					

Symptom	Have you had any new symptoms or worsening of preexisting symptoms because of the Incident?			At the time of completing this survey are you <u>still</u> experiencing these symptoms?	
	No, I do not have this new or worse symptom <u>skip to next symptom</u>	Yes, I am experiencing this <u>new</u> symptom	Yes, I previously had this symptom, and it became worse after the Incident.	Yes, I am <u>still</u> experiencing this symptom	No, I am not <u>still</u> experiencing this symptom
5.10 Sprain or strain					
5.11 Whiplash					
PULMONARY (LUNGS)					
6.1 Breathing slow					
6.2 Breathing fast					
6.3 Difficulty breathing/feeling out-of-breath					
6.4 Coughing					
6.5 Wheezing in chest					
6.6 Bronchitis					
6.7 Pneumonia					
6.8 Burning/pain in lungs					
6.9 Phlegm					
CARDIOVASCULAR (HEART)					
7.1 Chest tightness or pain/angina					
7.2 Fluttering in the chest					
7.3 Slow heart rate/pulse					

Symptom	Have you had any new symptoms or worsening of preexisting symptoms because of the Incident?			At the time of completing this survey are you <u>still</u> experiencing these symptoms?	
	No, I do not have this new or worse symptom <u>skip to next symptom</u>	Yes, I am experiencing this <u>new</u> symptom	Yes, I previously had this symptom, and it became worse after the Incident.	Yes, I am <u>still</u> experiencing this symptom	No, I am not <u>still</u> experiencing this symptom
7.4 Fast heart rate/pulse					
7.5 Irregular heart rate					
STOMACH/INTESTINES					
8.1 Nausea					
8.2 Non-bloody vomiting					
8.3 Non-bloody diarrhea					
8.4 Bloody vomiting					
8.5 Blood in stool/diarrhea					
8.6 Abdominal pain/stomach ache					
8.7 Fecal incontinence or inability to control bowel movements					
8.8 Bowel perforation					
8.9 Acid reflux (gastric reflux/indigestion)					
SKIN/Hair/Nails/Teeth					
9.1 Irritation, pain, or burning of skin					
9.2 Skin rash					

Symptom	Have you had any new symptoms or worsening of preexisting symptoms because of the Incident?			At the time of completing this survey are you <u>still</u> experiencing these symptoms?	
	No, I do not have this new or worse symptom <u>skip to next symptom</u>	Yes, I am experiencing this <u>new</u> symptom	Yes, I previously had this symptom, and it became worse after the Incident.	Yes, I am <u>still</u> experiencing this symptom	No, I am not <u>still</u> experiencing this symptom
9.3 Hives					
9.4 Skin blisters					
9.5 Bumps containing pus					
9.6 Nail changes					
9.7 Hair loss in area of rash					
9.8 Hair loss					
9.9 Dry or itchy skin					
9.10 Sweating					
9.11 Cool or pale skin					
9.12 Skin discoloration					
9.13 Poor wound healing					
9.14 Petechiae/Pinpoint round spots					
9.15 Blue coloring of ends of fingers/toes or lips					
9.16 Lips turning blue					
9.17 Abrasion/scrape					
9.18 Bruise					
9.19 Cut					

Symptom	Have you had any new symptoms or worsening of preexisting symptoms because of the Incident?			At the time of completing this survey are you <u>still</u> experiencing these symptoms?	
	No, I do not have this new or worse symptom <u>skip to next symptom</u>	Yes, I am experiencing this <u>new</u> symptom	Yes, I previously had this symptom, and it became worse after the Incident.	Yes, I am <u>still</u> experiencing this symptom	No, I am not <u>still</u> experiencing this symptom
9.20 Acid reflux (gastric reflux/indigestion)					
9.21 Dental issues (mouth sores, tooth decay or pain)					
KIDNEY/BLADDER/GENITAL					
9.1 Urinary incontinence or dribbling pee					
9.2 Inability to urinate or pee					
9.3 Blood in urine					
9.4 Painful/ burning urine					
9.5 Increased urinary urgency					
9.6 Menstrual irregularities					

Physical Health Questions:

2. Thinking about your **physical health (your body's ability to function normally)** for how many days in the days/week/month **before** the Incident was your physical health **NOT good**? (Note to Survey Developer: change timeframe based on exposure period and time since incident)
_____ days
3. Thinking about your **physical health (your body's ability to function normally)** for how many days in the days/week/month **during** the Incident was your physical health **NOT good**? (Note to Survey Developer: change timeframe based on exposure period and time since incident)
_____ days
4. Thinking about your **physical health (your body's ability to function normally)** for how many days in the days/week/month **after** the Incident was your physical health **NOT good**? (Note to Survey Developer: change timeframe based on exposure period and time since incident)
_____ days
5. Thinking about your **physical health**, for how many days in the week/month before the Incident did poor physical health keep you from doing your normal activities, such as self-care, work, or recreation? (Note to Survey Developer: change timeframe based on exposure period and time since incident)
_____ days
6. Thinking about your **physical health**, for how many days in the week/month during the Incident did poor physical health keep you from doing your normal activities, such as self-care, work, or recreation? (Note to Survey Developer: change timeframe based on exposure period and time since incident)
_____ days
7. Thinking about your **physical health**, for how many days in the week/month after the Incident did poor physical health keep you from doing your normal activities, such as self-care, work, or recreation? (Note to Survey Developer: change timeframe based on exposure period and time since incident)
_____ days
8. Thinking about your **physical health** the week/month before the Incident and what it has been like in the past days/week/month. Would you say your physical health in the past days/week/month is... (Note to Survey Developer: change timeframe based on exposure period and time since incident)
 - € Much better
 - € Slightly better
 - € About the same
 - € Slightly worse

€ Much worse

9. What **physical health** resources are you using, or plan to use?

€ Don't use any

€ Unsure

10. What **physical health** resources do you need? _____

€ Don't want any

€ Unsure

Mental Health Symptoms

Notes for online survey tool development:

- Apply branching logic in the specified questions below:
 - ONLY when 'yes' is selected for the following question: 'Do you feel you have the mental health resources you need to cope with impacts of the Incident?', make the following question visible:
 - What **mental health** resources are you using, or plan to use?
 - Remove 'If yes,'
 - ONLY when 'no' is selected for the following question: 'Do you feel you have the mental health resources you need to cope with impacts of the Incident?', make the following question visible:
 - what **mental health** resources do you need?
 - Remove 'If no,'

You will now be asked a few questions about your mental health related to the Incident. After an event like (insert incident), people may have strong and lingering reactions. It is natural to feel stress, anxiety, grief, and worry during and after events like this. These questions ask about your feelings before and during the recent (insert incident). There are no right or wrong answers. Every person will have different feelings. If you are struggling to cope, there are many ways to get help. Call your healthcare provider if stress gets in the way of your daily activities for several days in a row. You can also call the Disaster Distress Helpline: call or text 1-800-985-5990 (for Spanish, press "2") to be connected with a trained counselor.

Anxiety Screener:

1. During the 2 weeks prior to the start of the Incident , how often were you bothered by the following problems?	Not at all (0)	Several days (+1)	More than half the days (+2)	Nearly every day (+3)
Feeling nervous, anxious or on edge				
Not being able to stop or control worrying				
Total (add scores for each question):				

2. Since the start of the Incident , how often have you been bothered by the following problems?	Not at all (0)	Several days (+1)	More than half the days (+2)	Nearly every day (+3)
Feeling nervous, anxious or on edge				
Not being able to stop or control worrying				
Total (add scores for each question):				

(Note to Survey Developer: Adapted Validated Shortform Screener for Anxiety (GAD-2). **CODING NOTES** - **Interpretation of GAD-2:** A score of 3 points is the preferred cut-off for identifying possible cases and in which further diagnostic evaluation for generalized anxiety disorder is warranted. Using a cut-off of 3 the GAD-2 has a sensitivity of 86% and specificity of 83% for diagnosis generalized anxiety disorder.

Reference: Kroenke K, Spitzer RL, Williams JB, Monahan PO, Löwe B. Anxiety disorders in primary care: prevalence, impairment, comorbidity, and detection. *Ann Intern Med.* 2007;146:317-25.)

3. If you have recently experienced these symptoms, do you feel these symptoms are related to the incident?

- € Not at all
- € Somewhat
- € Mostly
- € Completely
- € I have not recently experienced these symptoms

Depression Screener:

4. During the 2 weeks prior to the start of the Incident , how often were you bothered by the following problems?	Not at all (0)	Several days (+1)	More than half the days (+2)	Nearly every day (+3)
Little interest or pleasure in doing things				
Feeling down, depressed, or hopeless				
Total (add the scores for each question):				

5. Since the start of the Incident , how often have you been bothered by the following problems?	Not at all (0)	Several days (+1)	More than half the days (+2)	Nearly every day (+3)
Little interest or pleasure in doing things				
Feeling down, depressed, or hopeless				
Total (add the scores for each question):				

(Note to Survey Developer: Adapted Validated Shortform Screener for Depression (PHQ-2). **CODING NOTES** - **Interpretation of PHQ-2:** A PHQ-2 score ranges from 0-6. A score of 3 is the optimal cutpoint when using the PHQ-2 to screen for depression. If the score is 3 or greater, major depressive disorder is likely. For major depressive disorder, a score of 3 has 82.9% sensitivity and 90.0% specificity. For any depressive disorder, a score of 3 has 62.3% sensitivity and 95.4% specificity. Respondents with a score of

3 or higher should be further evaluated with the PHQ-9, other diagnostic instruments, or direct interview to determine whether they meet criteria for a depressive disorder. **Reference:** Kroenke K, Spitzer RL, Williams JB. The Patient Health Questionnaire-2: Validity of a Two-Item Depression Screener. *Medical Care.* 2003;41:1284-92.)

6. If you have recently experienced these symptoms, do you feel these symptoms are related to the incident?

- € Not at all
- € Somewhat
- € Mostly
- € Completely
- € I have not recently experienced these symptoms

Post-Traumatic Stress Disorder (PTSD) Screener:

Now we are going to ask about traumas you have had in the past, before the Incident, that were so frightening, horrible, or upsetting that they were still affecting you in the month before the Incident.

7. Were you experiencing any of the following in the month before the Incident related to a past trauma?	Yes	No
Nightmares about it or thought about it when you did not want to?		
Went out of your way to avoid situations that reminded you of it?		
Were constantly on guard, watchful, or easily startled?		
Felt numb or detached from others, activities, or your surroundings?		

8. After the Incident, thinking about past and current traumas, did you experience any of the following:	Yes	No
Nightmares about it or thinking about it when you did not want to?		
Going out of your way to avoid situations that remind you of it?		
Being constantly on guard, watchful, or easily startled?		
Feeling numb or detached from others, activities, or your surroundings?		

(Note to Survey Developer: Adapted Validated Shortform Screener for Post-Traumatic Stress Disorder (PC-PTSD) **CODING NOTES - Interpretation:** Three or more "yes" answers to each set of four questions represent a positive result for PTSD (78% sensitivity and 87% specificity compared to the Clinician Administered Scale for PTSD). **Reference:** Prins A, Ouimette P, Kimerling R, et al. The primary care PTSD screen (PC-PTSD): development and operating characteristics. *Prim Care Psych.* 2004;9:9-14.)

9. (If yes to anything in Q8) Do you feel these experiences are related to, or affected by, the Incident?

- € Not at all

- € Somewhat
- € Mostly
- € Completely
- € I have not recently experienced these symptoms

Mental Health Questions:

10. Thinking about your **mental health**, which includes stress, depression, and problems with emotions, for how many days in the days/week/month **before** the incident was your mental health **NOT good**?
(Note to Survey Developer: change timeframe based on exposure period and time since incident)
_____ days
11. Thinking about your **mental health**, which includes stress, depression, and problems with emotions, for how many days in the days/week/month **during** the incident was your mental health **NOT good**?
(Note to Survey Developer: change timeframe based on exposure period and time since incident)
_____ days
12. Thinking about your **mental health**, which includes stress, depression, and problems with emotions, for how many days in the days/week/month **after** the incident was your mental health **NOT good**?
(Note to Survey Developer: change timeframe based on exposure period and time since incident)
_____ days
13. Thinking about your **mental health**, for how many days in the week/month before the incident did poor mental health keep you from doing your normal activities, such as self-care, work, or recreation? (Note to Survey Developer: change timeframe based on exposure period and time since incident)
_____ days
14. Thinking about your **mental health**, for how many days in the week/month during the incident did poor mental health keep you from doing your normal activities, such as self-care, work, or recreation? (Note to Survey Developer: change timeframe based on exposure period and time since incident)
_____ days
15. Thinking about your **mental health**, for how many days in the week/month after the incident did poor mental health keep you from doing your normal activities, such as self-care, work, or recreation? (Note to Survey Developer: change timeframe based on exposure period and time since incident)
_____ days
16. Thinking about your mental health the week/month before the incident would you say your **mental health in the past week/month is...** (Note to Survey Developer: change timeframe based on exposure period and time since incident)
€ Much better

- € Slightly better
- € About the same
- € Slightly worse
- € Much worse

17. What mental health resources have you used or plan to use?

- _____
- € Don't use any
 - € Unsure

18. What mental health resources do you need?

- _____
- € Don't want any
 - € Unsure

Disability (Reference: National Health Statistics Reports, Number 161, August 9, 2021)

Do any of the following apply to you?

- 1. Are you blind or do you have serious difficulty seeing even when wearing glasses?** Yes No I don't know
- 2. Are you deaf or do you have serious difficulty hearing?** Yes No I don't know
- 3. Do you have serious difficulty walking or climbing stairs?** Yes No I don't know
- 4. Because of a physical, mental, or emotional condition, do you have serious difficulty remembering, or making decisions?** Yes No I don't know
- 5. Do you have difficulty dressing or bathing?** Yes No I don't know
- 6. Because of a physical mental or emotional condition, do you have difficulty doing errands alone, such as visiting a doctor's office or shopping?** Yes No I don't know
- 7. Using your usual language, do you have difficulty understanding or being understood?** Yes No I don't know

8. Have any of these difficulties caused a hardship for you during this Incident? Yes No I don't know ***If Yes, Explain*** _____

9. What resources do you use to cope with these difficulties during the Incident?_

Don't use any

Unsure

10. What resources you need to cope with these difficulties arising from the incident?

Don't want any

Unsure

Medical Care

Notes for online survey tool development:

- Apply branching logic in the specified questions below:
 - ONLY when 'yes' is selected for the following question: 'Did you receive medical care or a medical evaluation because of the incident?', make the following questions visible:
 - Which of the following reasons influenced your decision to seek medical care? (Select all that apply.)
 - Who did you receive medical care from? (Select all that apply.)
 - How did you get to the hospital? If you had more than one hospital visit, refer to your first visit.
 - If aged 18 or older, read: To improve future responses, we try to understand medical emergency response as thoroughly as possible. Are you willing to let us get a copy of your medical records for the medical treatment you received because of the incident?
 - ONLY when 'no' is selected for the following question: 'Did you receive medical care or a medical evaluation because of the incident?', make the following questions visible:
 - Why didn't you seek medical care? (Select all that apply.)
- Remove "à **Go to Question 3**" from the answer choices of question: "Did you receive medical care or a medical evaluation because of the incident?"

You will now be asked a few questions about illnesses you have and the kinds of medicines you used.

1. Are you covered by health insurance?

- € a) Yes
- € b) No
- € c) Prefer not to answer
- € d) Unsure

2. Did you receive medical care or a medical evaluation because of the incident?

- € Yes à **Go to Question 4**
- € No

3. Why didn't you seek medical care? (**Select all that apply.**)

- € Did not have symptoms
- € Symptoms were not bad enough
- € Don't like to go to the doctor
- € Didn't want to take time
- € Worried about how to pay for the medical visit
- € Worried about losing job
- € Other (Please specify): _____
- € Unsure

For individuals who did not seek medical care, go to the next module.

4. Which of the following reasons influenced your decision to seek medical care? **(Select all that apply.)**
- € You were given instructions to seek medical care
 - € You experienced health problems or symptoms you thought/think are related to the Incident
 - € You were worried about possible health problems associated with the Incident
 - € You wanted to document your potential exposure
 - € Other, please specify: _____
5. Who did you receive medical care from? **(Select all that apply.)**
- € Assessed on the scene by an EMT or paramedic and released
 - € Assessed at a hospital/emergency room and released
 - € Assessed by a primary care doctor or other medical professional and released
 - € Admitted to the hospital
 - o Number of nights hospitalized _____
 - € Admitted to the intensive care unit (ICU)
 - o Number of nights spent in the ICU _____
6. How did you get to the hospital? **(If you had more than one hospital visit, refer to your first visit.)**
- EMS/Ambulance
 - I drove myself
 - Driven by relative, friend, or acquaintance
 - Other (Please specify): _____
7. To improve future responses, we try to understand medical emergency response as thoroughly as possible. Are you willing to let us get a copy of your medical records for the medical treatment you received because of the Incident?
- Yes à **Please provide additional medical release consent form**
 - No

Medical History

You will now be asked a few questions about illnesses you may have had and the kinds of medicines you may have used.

1. Prior to the incident, have you ever been told by a doctor or other health care provider that you have or had any of the following medical conditions?

Medical History	Responses	Medical History	Responses
Anxiety or depression	<input type="checkbox"/> Yes Please specify) _____ <input type="checkbox"/> No <input type="checkbox"/> Unsure	High blood pressure/hypertension	<input type="checkbox"/> Yes Please specify) _____ <input type="checkbox"/> No <input type="checkbox"/> Unsure
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Immune disorders such as lupus, rheumatoid arthritis, eosinophilic esophagitis or HIV	<input type="checkbox"/> Yes Please specify) _____ <input type="checkbox"/> No <input type="checkbox"/> Unsure
Severe allergies (requiring an EpiPen)	<input type="checkbox"/> Yes Please specify) _____ <input type="checkbox"/> No <input type="checkbox"/> Unsure	Neurobehavioral conditions (ADD, ADHD, Autism spectrum disorder, down syndrome, learning or intellectual disability, speech/language disorder)	<input type="checkbox"/> Yes (Please specify) _____ <input type="checkbox"/> No <input type="checkbox"/> Unsure
Cancer	<input type="checkbox"/> Yes (Please specify) _____ <input type="checkbox"/> No <input type="checkbox"/> Unsure	Autoimmune disease (such as Type 1 Diabetes, Celiac, or Juvenile Idiopathic Arthritis)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Chronic obstructive pulmonary disease (COPD) or emphysema	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Post Traumatic Stress Disorder (PTSD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Diabetes (type 2)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Neurological conditions such as Parkinson's disease, or multiple sclerosis, or ALS	<input type="checkbox"/> Yes (Please specify) _____ <input type="checkbox"/> No <input type="checkbox"/> Unsure
GERD (Reflux)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Cystic fibrosis	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Heart conditions,	<input type="checkbox"/> Yes	Stroke	<input type="checkbox"/> Yes

Medical History	Responses	Medical History	Responses
such as myocardial infarction or congestive heart failure	<input type="radio"/> No <input type="radio"/> Unsure		<input type="radio"/> No <input type="radio"/> Unsure
Dependence disorder (alcohol, drugs)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure	Blood disorders (such as Sickle Cell Disease, Thalassemia, or Hemophilla)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure
Birth defect such as Cerebral Palsy	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure	Cystic fibrosis	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure
Epilepsy or seizure disorder	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure	Other	Yes (Please specify) _____ <input type="radio"/> No <input type="radio"/> Unsure

2. Prior to the incident, were you taking any medication because of a health condition? This includes medication prescribed by a health care provider and those you might have gotten without a prescription from stores, pharmacies, friends, or relatives.

- Yes
 Please specify _____
 No
 Don't Know

3. Prior to the incident, were you taking any medication because of difficulties with your emotions, concentration, or behavior?

- Yes
 Please specify _____
 No
 Don't Know

4. Have you smoked at least 100 cigarettes in your ENTIRE LIFE?
- € Yes
 - € No
 - € Don't know/refused

5. Do you currently smoke tobacco products (cigarettes, cigars, or pipes) ?
- € Daily
 - € Less than daily
 - € Not at all
 - € Don't know/refuse

6. Do you currently use electronic cigarettes or any other vaping device?
- € Daily
 - € Less than daily
 - € Not at all
 - € Don't know/refused

(Note to survey developers: Smoking questions adapted from Global Adult Tobacco Survey (GATS) and the NHIS Questionnaire)

Notes for online survey tool development:

These questions will appear in the “Medical History” section only if “Female” is selected in the “Participant Information” section.

- Apply branching logic in the specified questions below:
 - Only when ‘yes, and I am still pregnant’ is selected for the question: “Were you pregnant at the time of the Incident?”, make the following questions visible:
 - What is your estimated due date?
 - Only when ‘no’ is selected for the question: “Were you pregnant at the time of the Incident?”, make the following questions visible:
 - Do you feel you had difficulty becoming pregnant since the Incident?
 - Have you become pregnant since the Incident?
 - Only when ‘yes, and I am still pregnant’ is selected for the question: “Were you pregnant at the time of the Incident?” or when ‘yes’ is selected for the question: “Have you become pregnant since the Incident?”, make the following questions visible:
 - Did you give birth (including stillbirths) in the past 12 months?
 - Did you have any health problems during your pregnancy (check all that apply)?
 - This series of questions refers to your first infant.
 - Only when ‘yes’ is selected for the question: “Did you give birth (including stillbirths) in the past 12 months?”, make the following answer choices visible:
 - What was the date of birth?
 - Did you have multiples?

M

Maternal and Health Child Questions

These questions will appear in the “Medical History” section only if “Female” is selected in the “Participant Information” section.

The following questions ask about potential pregnancies and what you experienced during your pregnancy.

1. Were you pregnant at the time of the Incident?

- € No
- € I don't know
- € Prefer not to answer
- € Yes, and I am still pregnant

2. [IF YES to Q1]

What is your estimated due date? ___/___/_____
 M M / D D / Y Y Y Y

3. [IF NO, to Q1] Do you feel you had difficulty becoming pregnant since the Incident?

- € Yes

- No
- I don't know
- Prefer not to answer
- NA

4. [If no, to Q1] Have you become pregnant since the Incident?

- Yes
- No
- I don't know
- Prefer not to answer
- NA

IF YES to “WERE YOU PREGNANT” or “HAVE YOU BECOME PREGNANT”?

5. Did you give birth (including stillbirths) since the incident?

- No
- Yes

[If YES] what was the date of birth? ___/___/_____
 M M / D D / Y Y Y Y

[If YES] Did you have multiples?

- No
- Yes, how many? _____

6. Did you have any health problems during your pregnancy? **(Select all that apply.)**

- Miscarriage
- Pre-eclampsia
- High blood pressure
- Diabetes
- Gestational diabetes
- Vaginal bleeding
- Depression
- Premature labor
- Excessive weight gain
- Hyperemesis (extreme vomiting)
- Difficulty gaining weight
- Stillbirth/infant died
- Other _____
- None of the above

7. This series of questions refers to your **first** infant.

- a) Did the infant have any problems at birth? **(Select all that apply.)**
- Preterm (infant born before 37 completed weeks of gestation)
 - Low birth weight (infant born weighing less than 2,500 grams or 5 pounds and 8 ounces)
 - Congenital defects. Please describe _____
 - Other _____

- No problems at birth
- b) Delivery method
 - Vaginal
 - C-section
- c) Primary method of infant feeding
 - Breast
 - Formula
- d) Has the infant had any of the following (***Select all that apply.***):
 - Immune system concerns - difficulty fighting infections
 - Developmental delays
 - Heart problems
 - Respiratory issues such as reactive airway disease
 - Other _____
 - None of the above

Notes for online survey tool development: general module survey:

- Apply branching logic in the specified questions below:
 - ONLY when 'yes' is selected for the following question: 'Do you have an email address where you can be reached?', make the following questions visible:
 - What is your email address?
- Remove "à **Go to Q8**" from the answer choices of question: "Do you have an email address where you can be reached?"

Now we would like to ask you a few questions about the communication you may have received regarding the incident.

1. How were you first notified about the Incident? **(Select only one)**

- € Directly from person in authority (i.e. police, firefighter, Hazmat official, supervisor)
- € TV
- € Radio
- € Two-way radio
- € Newspaper
- € Relative/friend/neighbor/
- € Coworker
- € Website
- € Social Media
- € Reverse 911 call
- € Phone call
- € Text message on a cell phone
- € Email
- € Community Meeting
- € Other, Specify: _____

2. How soon after the Incident did you receive instructions?

_____hours _____minutes

3. Was the information Sufficient/helpful?

- € Yes
- € No
- € Don't know/refused

4. How did you receive additional/follow-up information about the status of the incident? **(Select all that apply.)**

- Directly from person in authority (i.e. police, firefighter, Hazmat official, supervisor)
- TV
- Radio
- Two-way radio
- Newspaper
- Relative/friend/neighbor/
- Coworker
- Website
- Social Media
- Reverse 911 call
- Phone call
- Text message on a cell phone
- Email
- Community Meeting
- Other, Specify: _____

5. How soon after the initial notification about the Incident did you begin receiving follow-up/additional notifications/instructions?

_____hours _____minutes

6. Was the information helpful?

- Yes
- No
- Partially
- Don't know/refused

7. In the future, what are the best ways for local authorities or the health department to reach you with information regarding an incident? **(Select all that apply.)**

- TV
- Radio
- Two-way radio
- Newspaper
- Website
- Social Media
- Phone call
- Text message on a cell phone
- Email
- Community Meeting
- Other, Specify: _____

8. As a result of this incident, are you personally in need of anything? **(Select all that apply.)**

- € Medicine or medical supplies
- € Medical care
- € Mental health care
- € Water
- € Shelter
- € Food
- € Utilities
- € Transportation
- € Other, specify _____
- € Don't know/refused

Other household exposures

1. During the time of the Incident, did you own, foster or board any pets (dogs, cats, birds, fish, reptiles etc.)? **(If yes, later you will be asked more questions about pets in your care)**
 - € Yes
 - € No
 - € N/A unknown

2. During the Incident, did you own, foster, or board any livestock animals (cattle, goats, pigs, poultry, etc.)? **(If yes, later you will be asked more questions about livestock in your care)**
 - € Yes
 - € No
 - € N/A unknown

In order to accurately evaluate the impact of the Incident, we are trying to survey as many people as possible who were in the affected area.

3. Are you the parent/guardian of a child under 18 years who may have been exposed to the incident **(If yes, later you will be prompted to complete questions for your children)**.
 - € Yes
 - € No

Child Questions

These questions will only appear if “yes” is selected for the questions “Are you the parent/guardian of a child under 18 years who may have been exposed to the contaminated water?” in the “Demographic And Contact Information” section of the survey.

Location And Exposure Information

Notes for online survey tool development:

- Apply branching logic in the specified questions below:
 - o ONLY when ‘Same as home address above’ is selected for the question: “While you were in the affected area during the incident, did you smell an odor you thought was caused by the incident?”, hide the following: “While you were in the affected area during the incident, did you smell an odor you thought was caused by the incident?”, hide the following:
 - Street:
 - City:
 - County:
 - State:
 - Zip:
 - If you are not sure of the exact address, please provide as much location information as possible (i.e. closest landmark, building name, cross streets).
 - o Under question: “Do you think you were in contact with contaminants?”
 - Make “If yes, why do you think/know you were contaminated?” visible ONLY when ‘Yes’ is selected
 - Remove ‘If yes,’
 - o ONLY when ‘yes’ is selected for the question: “While you were in the affected area during the incident, did you smell an odor you thought was caused by the incident?”, make the following questions visible:
 - For how long did you smell this odor?
 - How intense was the smell?
 - What would you say the odor smelled like? (Select all that apply)
 - Did you receive instructions to shelter in place?
 - o ONLY when ‘yes’ is selected for the question: “Did you receive instructions to shelter in place?”, make the following question visible:
 - How long did you shelter in place?
 - Remove (if yes, to 9)
 - Did you receive instructions to evacuate?
 - o ONLY when ‘yes’ is selected for the question: “Did you receive instructions to evacuate?”, make the following question visible:
 - Did you evacuate from the affected area?
 - Remove (if yes, to 11)
 - How did you first learn you needed to shelter in place/evacuate?
 - o ONLY when ‘yes’ is selected for the question: “Did you evacuate from the affected area? “, make the following question visible:
 - How long did you evacuate for?
 - Remove (if yes, to 11)
 - At approximately what time did you evacuate?
 - If you evacuated, did you take any pets with you?
 - o Only when ‘yes, career responder’ is selected for the question: Were you a responder (career or volunteer) in any way to this incident, make the following question visible:
 - If you are a hospital worker, EMS worker, or other, were using any types of PPE during this event?
 - o Only when ‘yes, volunteer responder is selected for the question: Were you a responder (career or volunteer) in any way to this incident, make the following question visible:
 - If you are a volunteer firefighter through company responder, were using any types of PPE

These next few questions will ask about where your child was during the Incident and what protective measures were taken during the Incident to help us understand your child's potential exposure.

1. Within the affected area, where did your child spend the most time during the Incident?

€ Same as home address above (**Skip to next question**)

Location name: _____

Street: _____

City: _____ County: _____

State: _____ ZIP: _____

*If you are not sure of the exact address, please provide as much location information as possible (i.e. closest landmark, building name, cross streets).

2. Referring to the question above, what was your child's physical location during the Incident? (**Select all that apply.**)

€ Inside building

€ Outside

€ Inside a car/vehicle

€ Other _____

3. How long was your child in the affected area during the Incident? (Note to Survey Developer: response choices may vary with specific incident.)

€ Less than an hour

€ 1-5 hours

€ 5-12 hours

€ 13 hours -1 day

€ 2-4 days

€ 5 or more days

4. Do you think your child was in contact with contaminants?

Yes

If yes, why do you think/know your child was contaminated?

No

Unsure

5. While your child was in the affected area during the Incident, did they smell an odor they thought was caused by the Incident?

Yes

No

I don't know

6. How intense was the smell?

Light

Moderate

Severe

7. What would your child say the odor smelled like? ***(Select all that apply.)***

Gasoline

Rotten eggs

Chemical smell

Paint

Paint thinner

Car tires or asphalt

Bug spray

Sweet smell

Smoke

Sewage

Other, please specify: _____

8. Did your child receive instructions to shelter in place?

Yes

No

I don't know

9. (If yes, to 8) How long did your child shelter in place? ***(Note to Survey Developer: response choices may vary with specific incident.)***

- € They did not shelter in place
- € Less than an hour
- € 1-5 hours
- € 5-12 hours
- € 1 day
- € 2-4 days
- € 5 or more days

10. Did your child receive instructions to evacuate?

- € Yes (**Complete the remainder of this section.**)
- € No (**Go to the next section.**)
- € I don't know
- € N/A

11. Did your child evacuate from the affected area?

- € Yes, they evacuated
- € No, they did not evacuate
- € I don't know
- € N/A

12. At approximately what date and time did your child evacuate?

____:____ AM PM
Hour Min

13. How long did your child evacuate for? (Note to Survey Developer: response choices may vary with specific incident.)

- € My child did not evacuate
- € Less than an hour
- € 1-5 hours
- € 5-12 hours
- € 13 hours - 1 day
- € 2-4 days
- € 5 or more days

14. How did your child first learn they needed to shelter in place/evacuate?

- € Directly from person in authority (i.e. police, firefighter, Hazmat official, principal)
- € TV
- € Radio
- € Two-way radio
- € Newspaper
- € Relative/friend/neighbor
- € Teacher or classmate
- € Website
- € Social Media
- € Reverse 911 call
- € Phone call
- € Text message
- € Email
- € Community meeting
- € Other, Specify _____

15. While within the “affected area” (define) did your child wear personal protective equipment (PPE)?
(Select all that apply.)

- € None
- € Skin protection (gloves/face shield/overalls/disposable gown/long sleeves/pants/boots)
- € Eye protection (protective shield/glasses/goggles)
- € Breathing/respiratory protection (mask/respirator/HEPA filters)
- € Other-specify the type of protection:

16. During the “exposure window” (define), did your child report to a physical location such as school or childcare facility within the “affected area” (define)? (see map)

- € Yes
- € No
- € Prefer not to answer
- € Unsure

17. Did your child need to stay home¹¹ from school/childcare or miss school/childcare due to symptoms they experienced after the incident?_

€ Yes

o How many days did they miss? _____ days

€ 1No

€ Unsure

18. Did your child need to modify their regular schoolwork due to symptoms they experienced after the incident?

€ Yes

o How many days of modified school work did they need? _____ days

€ No

€ Unsure

19. What, if anything, could have been done differently to improve the response from your child's perspective?

Decontaminations

Notes for online survey tool development:

- Apply branching logic in the specified questions below:
 - o ONLY when 'yes' is selected for the following question: 'Were you told by a responder/healthcare professional that you were in contact with contaminants?', make the following questions visible:
 - Were your measurements of exposure taken by an emergency responder or healthcare worker (examples)?
 - o ONLY when 'yes' is selected for the following question: 'Were your measurements of exposure taken by an emergency responder or healthcare worker (examples)?', make the following questions visible:
 - Please explain the measurements taken
 - o ONLY when 'yes' is selected for the following question: 'Were you decontaminated (i.e. your clothing was removed and/or your body was washed, etc.)?', make the following questions visible:
 - How were you decontaminated?
 - Where were you decontaminated? This question is asking for a geographic location, not a place on their body.
 - At approximately what time were you decontaminated?

20. Were you or your child told by a responder/healthcare professional that they were in contact with contaminants?

- Yes
- No
- Unsure

21. Did your child have measurements of exposure taken by an emergency responder or healthcare worker? (Note: Insert measurement of exposure for specific investigation)

- Yes
- No
- Unsure

22. Please explain the measurements taken:

23. Was your child told to decontaminate?

- Yes
- No
- Unsure
- If yes, where on their body?

24. Was your child decontaminated (i.e. clothing was removed and/or body was washed, etc.)?

- Yes
- No
- Unsure

25. If yes, to 14. How was your child decontaminated? ***(Select all that apply.)***

- Clothing removal
- Water
- Soap and water
- Other (Please specify):

26. Where was your child decontaminated? ***(This question is asking for a geographic location, not a place on the body.)***

- € Community Resource Center (CRC)
- € Mobile decontamination unit
- € Emergency room (ER)
- € Other (Please specify):

27. At approximately what day and time was your child decontaminated?

Date ___/___/___ (mm/dd/yyyy) Time ___:___ (am/pm)___:___

28. Did your child go to a Community Resource Center (CRC)? (Note to Survey Developer: this question in generally only used for nuclear/radiologic events)

- €Yes
- €No
- €Unsure
- €If you went to a Community Resource Center (CRC) what tracking number did they give you?
0 _____

Health Status after the Incident

Physical Health Symptoms

Notes for online survey tool development:

- Apply branching logic in the specified questions below:
 - o ONLY when 'New symptoms or conditions?' or 'Worsening of your preexisting symptoms or conditions?' are selected for the following question: 'Since the incident have you had', make the following questions visible:
 - No, I do not have this new or worsening symptom or condition
 - Yes, I am experiencing this new symptom or condition
 - Yes, I am experiencing worsening of this preexisting symptoms or condition
 - Yes, I am still experiencing these symptoms/conditions
 - No, I am not still experiencing these symptoms/conditions

Introduction narrative: You will now be asked some questions about symptoms your child may have had that could be related to the Incident.

(Note to Survey Developer: This list should be narrowed down ahead of time with a toxicologist, physician, or other expert.)

Symptoms

29. Since the incident has your child had:

- € New symptoms or conditions?
- € Worsening of preexisting symptoms or conditions?

€ **No** new symptoms or conditions **and no** worsening of preexisting symptoms or conditions. (**Skip to next section.**)

If your child has had new symptoms or conditions or worsening of preexisting symptoms or conditions, please fill out the table provided below.

Symptom	Has your child had any new symptoms or worsening of preexisting symptoms because of the Incident?			At the time of completing this survey is your child <u>still</u> experiencing these symptoms?	
	No, they do not have this new or worse symptom <u>skip to next symptom</u>	Yes, they are experiencing this <u>new</u> symptom	Yes, they previously had this symptom, and it became worse after the Incident.	Yes, they are <u>still</u> experiencing this symptom	No, they are not <u>still</u> experiencing this symptom
GENERAL					
1.1 Fever					
1.2 Chills					
1.3 Generalized weakness					
1.4 Body pain					
1.5 Severe bleeding					
EYES					
2.1 Increased tearing					
2.2 Irritation/pain/ burning of eyes					
2.3 Blurred vision/double vision					
2.4 Bleeding in eyes					
2.5 Vision changes (floaters, blurry, loss)					
EAR/NOSE/THROAT					

Symptom	Has your child had any new symptoms or worsening of preexisting symptoms because of the Incident?			At the time of completing this survey is your child <u>still</u> experiencing these symptoms?	
	No, they do not have this new or worse symptom <u>skip to next symptom</u>	Yes, they are experiencing this <u>new</u> symptom	Yes, they previously had this symptom, and it became worse after the Incident.	Yes, they are <u>still</u> experiencing this symptom	No, they are not <u>still</u> experiencing this symptom
3.1 Runny nose					
3.2 Burning nose or throat					
3.3 Nose Bleeds					
3.4 Hoarseness					
3.5 Increased salivation					
3.6 Ringing in ears					
3.7 Difficulty swallowing					
3.8 Swollen neck					
3.9 Pain in jaw					
3.10 Odor on breath (<u>Gasoline or other, specify</u>)					
3.11 Stuffy nose/sinus congestion					
3.12 Increased congestion or phlegm					
3.13 Hearing loss					
NERVOUS SYSTEM					
4.1 Headache					
4.2 Dizziness or lightheadedness					

Symptom	Has your child had any new symptoms or worsening of preexisting symptoms because of the Incident?			At the time of completing this survey is your child <u>still</u> experiencing these symptoms?	
	No, they do not have this new or worse symptom <u>skip to next symptom</u>	Yes, they are experiencing this <u>new</u> symptom	Yes, they previously had this symptom, and it became worse after the Incident.	Yes, they are <u>still</u> experiencing this symptom	No, they are not <u>still</u> experiencing this symptom
4.3 Loss of consciousness/fainting					
4.4 Seizures or convulsions					
4.5 Numbness, pins and needles, shooting pain, or funny feeling in arms or legs					
4.6 Confusion					
4.7 Difficulty concentrating					
4.8 Difficulty remembering things					
4.9 Concussion					
4.10 Loss of balance					
4.11 Involuntary muscle contractions (e.g., cramp, spasm, tremor)					
MUSCLE/JOINT/BONES					
5.1 Weakness of arms					
5.2 Weakness of legs					
5.3 Joint swelling					
5.4 Muscle weakness					
5.5 Muscle twitching					

Symptom	Has your child had any new symptoms or worsening of preexisting symptoms because of the Incident?			At the time of completing this survey is your child <u>still</u> experiencing these symptoms?	
	No, they do not have this new or worse symptom <u>skip to next symptom</u>	Yes, they are experiencing this <u>new</u> symptom	Yes, they previously had this symptom, and it became worse after the Incident.	Yes, they are <u>still</u> experiencing this symptom	No, they are not <u>still</u> experiencing this symptom
5.6 Tremors in arms or legs					
5.7 Joint or body pain					
5.8 Broken bone/fracture					
5.9 Dislocation					
5.10 Sprain or strain					
5.11 Whiplash					
PULMONARY (LUNGS)					
6.1 Breathing slow					
6.2 Breathing fast					
6.3 Difficulty breathing/feeling out-of-breath					
6.4 Coughing					
6.5 Wheezing in chest					
6.6 Bronchitis					
6.7 Pneumonia					
6.8 Burning/pain in lungs					
6.9 Phlegm					
CARDIOVASCULAR (HEART)					

Symptom	Has your child had any new symptoms or worsening of preexisting symptoms because of the Incident?			At the time of completing this survey is your child <u>still</u> experiencing these symptoms?	
	No, they do not have this new or worse symptom <u>skip to next symptom</u>	Yes, they are experiencing this <u>new</u> symptom	Yes, they previously had this symptom, and it became worse after the Incident.	Yes, they are <u>still</u> experiencing this symptom	No, they are not <u>still</u> experiencing this symptom
7.1 Chest tightness or pain/angina					
7.2 Fluttering in the chest					
7.3 Slow heart rate/pulse					
7.4 Fast heart rate/pulse					
7.5 Irregular heart rate					
STOMACH/INTESTINES					
8.1 Nausea					
8.2 Non-bloody vomiting					
8.3 Non-bloody diarrhea					
8.4 Bloody vomiting					
8.5 Blood in stool/diarrhea					
8.6 Abdominal pain/stomach ache					
8.7 Fecal incontinence or inability to control bowel movements					
8.8 Bowel perforation					
8.9 Acid reflux (gastric reflux/indigestion)					

Symptom	Has your child had any new symptoms or worsening of preexisting symptoms because of the Incident?			At the time of completing this survey is your child <u>still</u> experiencing these symptoms?	
	No, they do not have this new or worse symptom <u>skip to next symptom</u>	Yes, they are experiencing this <u>new</u> symptom	Yes, they previously had this symptom, and it became worse after the Incident.	Yes, they are <u>still</u> experiencing this symptom	No, they are not <u>still</u> experiencing this symptom
SKIN/Hair/Nails/Teeth					
9.1 Irritation, pain, or burning of skin					
9.2 Skin rash					
9.3 Hives					
9.4 Skin blisters					
9.5 Bumps containing pus					
9.6 Nail changes					
9.7 Hair loss in area of rash					
9.8 Hair loss					
9.9 Dry or itchy skin					
9.10 Sweating					
9.11 Cool or pale skin					
9.12 Skin discoloration					
9.13 Poor wound healing					
9.14 Petechiae/Pinpoint round spots					
9.15 Blue coloring of ends of fingers/toes or lips					
9.16 Lips turning blue					

Symptom	Has your child had any new symptoms or worsening of preexisting symptoms because of the Incident?			At the time of completing this survey is your child <u>still</u> experiencing these symptoms?	
	No, they do not have this new or worse symptom <u>skip to next symptom</u>	Yes, they are experiencing this <u>new</u> symptom	Yes, they previously had this symptom, and it became worse after the Incident.	Yes, they are <u>still</u> experiencing this symptom	No, they are not <u>still</u> experiencing this symptom
9.17 Abrasion/scrape					
9.18 Bruise					
9.19 Cut					
9.20 Acid reflux (gastric reflux/indigestion)					
9.21 Dental issues (mouth sores, tooth decay or pain)					
KIDNEY/BLADDER/GENITAL					
10.1 Urinary incontinence or dribbling pee					
10.2 Inability to urinate or pee					
10.3 Blood in urine					
10.4 Painful/ burning urine					
10.5 Increased urinary urgency					
10.6 Menstrual irregularities					

General Physical Health Questions:

Notes for online survey tool development:

- Apply branching logic in the specified questions below:
 - ONLY when 'yes' is selected for the following question: 'Do you feel you have the physical health resources you need to cope with impacts of the Incident?', make the following question visible:
 - what **physical health** resources are you using, or plan to use?

30. Thinking about your child's **physical health (their body's ability to function normally)** for how many days in the days/week/month **before** the Incident was your child's physical health **NOT good**? (Note to Survey Developer: change timeframe based on exposure period and time since incident)

_____ days

31. Thinking about your child's **physical health (their [REDACTED] body's ability to function normally)** for how many days in the days/week/month **during** the Incident was your child's physical health **NOT good**? (Note to Survey Developer: change timeframe based on exposure period and time since incident)

_____ days

32. Thinking about your child's **physical health (their body's ability to function normally)** for how many days in the days/week/month **after** the Incident was your child's physical health **NOT good**? (Note to Survey Developer: change timeframe based on exposure period and time since incident)

_____ days

33. Thinking about your child's **physical health**, for how many days in the days/week/month before the Incident did poor physical health keep your child from doing normal activities, such as self-care, school, or recreation? (Note to Survey Developer: change timeframe based on exposure period and time since incident)

_____ days

34. Thinking about your child's **physical health**, for how many days in the days/week/month during the Incident did poor physical health keep your child from doing normal activities, such as self-care, school, or recreation? (Note to Survey Developer: change timeframe based on exposure period and time since incident)

_____ days

35. Thinking about your child's **physical health**, for how many days in the days/week/month after the Incident did poor physical health keep your child from doing normal activities, such as self-care, work, or recreation? (Note to Survey Developer: change timeframe based on exposure period and time since incident)

_____ days

36. Think about your child's **physical health** the week/month before the Incident and what it has been like in the past week/month . Would your child say their physical health in the past week/month is... (Note to Survey Developer: change timeframe based on exposure period and time since incident)

- € Much better
- € Slightly better
- € About the same
- € Slightly worse
- € Much worse

37. Do you feel your child has the **physical health** resources they need to cope with impacts of the Incident?

- € Yes
- € No
- € Unsure

38. If yes, what **physical health** resources are they using, or plan to use?

-
- € None used
 - € unsure

39. If no, what **physical health** resources do they need? _____

- € None needed
- € Unsure

Mental Health Symptoms

Notes for online survey tool development:

- Apply branching logic in the specified questions below:
 - o ONLY when 'yes' is selected for the following question: 'Do you feel you have the mental health resources you need to cope with impacts of the Incident?', make the following question visible:
 - What **mental health** resources are you using, or plan to use?
 - Remove 'If yes,'
 - o ONLY when 'no' is selected for the following question: 'Do you feel you have the mental health resources you need to cope with impacts of the Incident?', make the following question visible:
 - what **mental health** resources do you need?
 - Remove 'If no,'

You will now be asked a few questions about your child's mental health related to the Incident. After an event like (insert incident), people may have strong and lingering reactions. It is natural to feel

stress, anxiety, grief, and worry during and after events like this. These questions ask about your child's feelings before and during the recent (insert incident). There are no right or wrong answers. Every person will have different feelings. If your child is struggling to cope, there are many ways to get help. Call your healthcare provider if stress gets in the way of your child's daily activities for several days in a row. You can also call the Disaster Distress Helpline: call or text 1-800-985-5990 (for Spanish, press "2") to be connected with a trained counselor.

Anxiety Screener:

40. During the 2 weeks prior to the start of the Incident , how often as your child bothered by the following problems?	Not at all (0)	Several days (+1)	More than half the days (+2)	Nearly every day (+3)
Feeling nervous, anxious or on edge				
Not being able to stop or control worrying				
Total (add scores for each question):				

41. Since the start of the incident , how often has your child been bothered by the following problems?	Not at all (0)	Several days (+1)	More than half the days (+2)	Nearly every day (+3)
Feeling nervous, anxious or on edge				
Not being able to stop or control worrying				
Total (add scores for each question):				

(Note to Survey Developer: Adapted Validated Shortform Screener for Anxiety (GAD-2). **CODING NOTES** - **Interpretation of GAD-2:** A score of 3 points is the preferred cut-off for identifying possible cases and in which further diagnostic evaluation for generalized anxiety disorder is warranted. Using a cut-off of 3 the GAD-2 has a sensitivity of 86% and specificity of 83% for diagnosis generalized anxiety disorder. **Reference:** Kroenke K, Spitzer RL, Williams JB, Monahan PO, Löwe B. Anxiety disorders in primary care: prevalence, impairment, comorbidity, and detection. *Ann Intern Med.* 2007;146:317-25.)

42. If your child has recently experienced these symptoms, do they feel these symptoms are related to the Incident?

- € Not at all
- € Somewhat
- € Mostly
- € Completely
- € My child has not recently experienced these symptoms

Depression Screener

43. During the 2 weeks prior to the start of the incident , how often was your child bothered by	Not at all	Several days	More than half	Nearly every
---	------------	--------------	----------------	--------------

the following problems?	(0)	(+1)	the days (+2)	day (+3)
Little interest or pleasure in doing things				
Feeling down, depressed, or hopeless				
Total (add the scores for each question):				

44. Since the start of the incident , how often has your child been bothered by the following problems?	Not at all (0)	Several days (+1)	More than half the days (+2)	Nearly every day (+3)
Little interest or pleasure in doing things				
Feeling down, depressed, or hopeless				
Total (add the scores for each question):				

(Note to Survey Developer: Adapted Validated Shortform Screener for Depression (PHQ-2). **CODING NOTES - Interpretation of PHQ-2:** A PHQ-2 score ranges from 0-6. A score of 3 is the optimal cutpoint when using the PHQ-2 to screen for depression. If the score is 3 or greater, major depressive disorder is likely. For major depressive disorder, a score of 3 has 82.9% sensitivity and 90.0% specificity. For any depressive disorder, a score of 3 has 62.3% sensitivity and 95.4% specificity. Respondents with a score of 3 or higher should be further evaluated with the PHQ-9, other diagnostic instruments, or direct interview to determine whether they meet criteria for a depressive disorder. **Reference:** Kroenke K, Spitzer RL, Williams JB. The Patient Health Questionnaire-2: Validity of a Two-Item Depression Screener. Medical Care. 2003;41:1284-92.)

45. If your child has recently experienced these symptoms, do they feel these symptoms are related to the incident?

- € Not at all
- € Somewhat
- € Mostly
- € Completely
- € My child has not recently experienced these symptoms

Post-Traumatic Stress Disorder (PTSD) Screener:

Now we are going to ask about traumas your child has had in the past, before the Incident, that were so frightening, horrible, or upsetting that they are affecting your child still, in the month before the Incident.

46. Was your child experiencing any of the following in the month before the Incident related to a past trauma?	Yes	No
Child had nightmares about it or thought about it when they did not want to?		
Child went out of their way to avoid situations that reminded them of it?		

Child was constantly on guard, watchful, or easily startled?		
Child felt numb or detached from others, activities, or surroundings?		

47. After the Incident, thinking about past and current traumas, did your child experience any of the following:	Yes	No
Child had nightmares about it or thinking about it when they did not want to?		
Child going out of their way to avoid situations that remind them of it?		
Child being constantly on guard, watchful, or easily startled?		
Child feeling numb or detached from others, activities, or surroundings?		

(Note to Survey Developer: Adapted Validated Shortform Screener for Post-Traumatic Stress Disorder (PC-PTSD) **CODING NOTES - Interpretation:** Three or more "yes" answers to each set of four questions represent a positive result for PTSD (78% sensitivity and 87% specificity compared to the Clinician Administered Scale for PTSD). **Reference:** Prins A, Ouimette P, Kimerling R, et al. The primary care PTSD screen (PC-PTSD): development and operating characteristics. Prim Care Psych. 2004;9:9-14.)

48. (If yes to anything in Q47) Does your child feel that these experiences are related to, or affected by, the Incident?

- € Not at all
- € Somewhat
- € Mostly
- € Completely
- € They have not recently experienced these symptoms

Mental Health Questions:

49. Thinking about your child's **mental health**, which includes stress, depression, and problems with emotions, for how many days in the days/week/month **before** the incident was your mental health **NOT good?** (Note to Survey Developer: change timeframe based on exposure period and time since incident)
_____ days

50. Thinking about your child's **mental health**, which includes stress, depression, and problems with emotions, for how many days in the week/months **during** the incident was your mental health **NOT good?** (Note to Survey Developer: change timeframe based on exposure period and time since incident)
_____ days

51. Thinking about your child's **mental health**, which includes stress, depression, and problems with emotions, for how many days in the days/week/month **after** the incident was your mental health **NOT good**? (Note to Survey Developer: change timeframe based on exposure period and time since incident)
_____ days

52. Thinking about your child's **mental health**, for how many days in the week/month before the incident did poor mental health keep them from doing normal activities, such as self-care, school, or recreation? (Note to Survey Developer: change timeframe based on exposure period and time since incident)
_____ days

53. Thinking about your child's **mental health**, for how many days in the week/month during the incident did poor mental health keep them from doing normal activities, such as self-care, school, or recreation? (Note to Survey Developer: change timeframe based on exposure period and time since incident)
_____ days

54. Thinking about your child's **mental health**, for how many days in the week/month after the incident did poor mental health keep them from doing normal activities, such as self-care, school, or recreation? (Note to Survey Developer: change timeframe based on exposure period and time since incident)
_____ days

55. Thinking about your child's **mental health** the week/month before the incident would your child say their mental health in the past week/month is... (Note to Survey Developer: change timeframe based on exposure period and time since incident)

- € Much better
- € Slightly better
- € About the same
- € Slightly worse
- € Much worse

56. Does your child feel they have the **mental health** resources they need to cope with impacts of the Incident?

- € Yes
- € No
- € Unsure

57. If yes, what **mental health** resources are they using, or plan to use? _____

- € None used
- € Unsure

58. If no, what **mental health** resources do they need? _____

- € None needed
- € Unsure

Medical Care

Notes for online survey tool development:

- Apply branching logic in the specified questions below:
 - ONLY when 'yes' is selected for the following question: 'Did you receive medical care or a medical evaluation because of the Incident?', make the following questions visible:
 - Which of the following reasons influenced your decision to seek medical care? (Select all that apply.)
 - Who did you receive medical care from? (Select all that apply.)
 - How did you get to the hospital? If you had more than one hospital visit, refer to your first visit.
 - If aged 18 or older, read: To improve future responses, we try to understand medical emergency response as thoroughly as possible. Are you willing to let us get a copy of your medical records for the medical treatment you received because of the incident?
 - ONLY when 'no' is selected for the following question: 'Did you receive medical care or a medical evaluation because of the incident?', make the following questions visible:
 - Why didn't you seek medical care? (Select all that apply.)
- Remove "à **Go to Question 3**" from the answer choices of question: "Did you receive medical care or a medical evaluation because of the incident?"

You will now be asked a few questions about medical care your child had related to the Incident.

59. Did your child receive medical care or a medical evaluation because of the incident?

- € Yes à **Go to Question 3**
- € No

60. Why didn't your child seek medical care? (**Select all that apply.**)

- € Did not have symptoms
- € Symptoms were not bad enough
- € Don't like to go to the doctor
- € Didn't want to take time to take them
- € Worried about how to pay for the medical visit
- € Worried about falling behind in school work
- € Other (Please specify): _____
- € Unsure

For individuals who did not seek medical care, go to the next module.

61. Which of the following reasons influenced the decision to seek medical care? **(Select all that apply.)**

- € Child was were given instructions to seek medical care
- € Child experienced health problems or symptoms we thought/think are related to the Incident
- € We were worried about possible health problems associated with the Incident
- € We wanted to document potential exposure
- € Other, please specify: _____

62. Who did your child receive medical care from? **(Select all that apply.)**

- € Assessed on the seen by an EMT or paramedic and released
- € Assessed at a hospital/emergency room and released
- € Assessed by a primary care doctor or other medical professional and released
- € Admitted to the hospital
 - o Number of nights hospitalized _____
- € Admitted to the intensive care unit (ICU)
 - o Number of nights spent in the ICU _____

63. How did your child get to the hospital? **(If your child had more than one hospital visit, refer to your child's first visit.)**

- EMS/Ambulance
- I drove my child
- Driven by relative, friend, or acquaintance
- Other (Please specify): _____

64. To improve future responses, we try to understand medical emergency response as thoroughly as possible. Are you willing to let us get a copy of your child's medical records for the medical treatment they received because of the Incident?

- Yes à **Please provide additional medical release form consent**
- No

Medical History

You will now be asked a few questions about illnesses your child has and the kinds of medicines your child uses.

65. Prior to the Incident, have you ever been told by a doctor or other health care provider that your child has or had any of the following medical conditions?

Medical History	Responses	Medical History	Responses
Anxiety or depression	€ Yes Please specify) _____	High blood pressure/hypertension	€ Yes Please specify) _____

Medical History	Responses	Medical History	Responses
	<input type="checkbox"/> No <input type="checkbox"/> Unsure		<input type="checkbox"/> No <input type="checkbox"/> Unsure
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Immune disorders such as lupus, rheumatoid arthritis, eosinophilic esophagitis or HIV	<input type="checkbox"/> Yes Please specify) _____ <input type="checkbox"/> No <input type="checkbox"/> Unsure
Severe allergies (requiring an EpiPen)	<input type="checkbox"/> Yes Please specify) _____ <input type="checkbox"/> No <input type="checkbox"/> Unsure	Neurobehavioral conditions (ADD, ADHD, Autism spectrum disorder, down syndrome, learning or intellectual disability, speech/language disorder)	<input type="checkbox"/> Yes (Please specify) _____ <input type="checkbox"/> No <input type="checkbox"/> Unsure
Cancer	<input type="checkbox"/> Yes (Please specify) _____ <input type="checkbox"/> No <input type="checkbox"/> Unsure	Autoimmune disease (such as Type 1 Diabetes, Celiac, or Juvenile Idiopathic Arthritis)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Chronic obstructive pulmonary disease (COPD) or emphysema	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Post Traumatic Stress Disorder (PTSD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Diabetes (type 2)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Neurological conditions such as Parkinson's disease, or multiple sclerosis, or ALS	<input type="checkbox"/> Yes (Please specify) _____ <input type="checkbox"/> No <input type="checkbox"/> Unsure
GERD (Reflux)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Cystic fibrosis	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Heart conditions, such as myocardial infarction or congestive heart failure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Stroke	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Dependence disorder (alcohol, drugs)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Blood disorders (such as Sickle Cell Disease, Thalassemia, or Hemophilla)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Birth defect such as Cerebral Palsy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Cystic fibrosis	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Epilepsy or seizure disorder	<input type="checkbox"/> Yes	Other	Yes (Please specify)

Medical History	Responses	Medical History	Responses
	<input type="radio"/> No <input type="radio"/> Unsure		<input type="radio"/> No <input type="radio"/> Unsure

66. Prior to the incident, was your child taking any medication because of a health condition? This includes medication prescribed by a health care provider and those they might have gotten without a prescription from stores, pharmacies, friends, or relatives.

Yes

Please specify _____

No

Don't Know

67. Prior to the incident, was this child taking any medication because of difficulties with their emotions, concentration, or behavior?

Yes

Please specify _____

No

Don't Know

Disability (Reference: National Health Statistics Reports, Number 161, August 9, 2021)

68. Do any of the following apply to your child?

1. Are they blind or do they have serious difficulty seeing even when wearing glasses?

Yes No I don't know

2. Are they deaf or do they have serious difficulty hearing?

Yes No I don't know

3. Do they have serious difficulty walking or climbing stairs?

Yes No I don't know

4. Because of a physical, mental, or emotional condition, do they have serious difficulty remembering, or making decisions?

Yes No I don't know

5. Do they have difficulty dressing or bathing?

Yes No I don't know

6. Because of a physical mental or emotional condition, do they have difficulty doing errands such as chores, alone?

Yes No I don't know

7. Using their usual language, do they have difficulty understanding or being understood? Yes No I don't know

69. Have any of these difficulties caused a hardship for them during this Incident? Yes No I Don't know *If Yes, Explain*

70. What resources do they use to cope with these difficulties during the Incident?_

- Don't use any
- Unsure

71. What resources do they need to cope with these difficulties arising from the incident?

- Don't want any
- Unsure
-

Communication and Demographics

Notes for online survey tool development: general module survey:

- Apply branching logic in the specified questions below:
 - o ONLY when 'yes' is selected for the following question: 'Do you have an email address where you can be reached?', make the following questions visible:
 - What is your email address?
- Remove "à **Go to Q8**" from the answer choices of question: "Do you have an email address where you can be reached?"

72. During emergency incident such as this Incident, there are often communication issues. Were there any communication issues that affected your child, such as you not being able to contact them or know what you needed to do for them?

- Yes **explain** _____
- No, not communication issues
- Unsure

We would now like to ask a few questions to gather general information so that we can better understand who we have collected information from.

73. What is your child's legal name

_____, _____
Last First M.I.

74. What is your child's date of birth? ____ / ____ / ____ (mm/dd/yyyy)

75. What is your child's sex (select one)

- Male
- Female

76. What is your child's race and/or ethnicity? **(Select all that apply)**

- American Indian or Alaska Native (For example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.)
- Asian (For example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.)
- Black or African American (For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)
- Hispanic or Latino (For example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)
- Middle Eastern or North African (For example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)
- Native Hawaiian or Pacific Islander (For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)
- White (For example, English, German, Irish, Italian, Polish, Scottish, etc.)

77. What is your child's current level of education?

- Preschool
- Elementary School
- Middle School
- High School
- Post High School
- Not currently enrolled in school

78. Do you agree to be contacted about this incident in the future if we may want to check up on your child's health and needs?

- Yes
- No

Responder Questions

Notes for online survey tool development:

The responder survey will only appear if “yes” is selected for the question “Were you a responder (career and/or volunteer) in any way to this incident?” in the “Location and Exposure” section of the survey.

- Apply branching logic in the specified questions below:
- If a role is checked allow for the number of years to be filled in.

Only ask these questions if “yes” is selected for the question “Were you a responder (career and/or volunteer) in any way to this incident?” in the “Location and Exposure” section of the survey.

These next few questions will ask about your role throughout the incident. This will help us understand your potential exposure better.

1. What was your role during the response to the incident? (**Select all roles that apply and add years in that role.**)

<input type="checkbox"/> Firefighter	_____years
<input type="checkbox"/> HAZMAT team member	_____years
<input type="checkbox"/> Police officer	_____years
<input type="checkbox"/> EMS responder	_____years
<input type="checkbox"/> Hospital/emergency department worker	_____years
<input type="checkbox"/> Military personnel	_____years
<input type="checkbox"/> Government worker	_____years
<input type="checkbox"/> Clean-up worker	_____years
<input type="checkbox"/> Environmental Monitoring	_____years
<input type="checkbox"/> Other _____	_____years

2. Are you a contractor or self-employed?

- Yes, contractor
- Yes, self-employed
- No

3. With which agency or local government did you respond with during the incident? (Note: Modify list and fill in local agencies here.)

- Government Agency
- Military
- Investigating Agencies
- Local agency

- € Prefer not to answer
- € Unsure
- € Please specify other agency: _____

4. **If firefighter was selected as a role.** In what capacity do you currently work for the Fire Department?

- € Volunteer Firefighter
- € Career Firefighter
- € Both career and volunteer firefighter
- € Prefer not to answer
- € Unsure

5. In what state did your responding agency originate? (***Please specify***): _____

- € Prefer not to answer
- € Unsure

6. What date did you first respond to the incident?

___/___/___ (mm/dd/yyyy)

7. What is the last day you worked as a responder for the incident? If currently working, please select today's date.

___/___/___ (mm/dd/yyyy)

8. What were your job tasks or responsibilities as an incident responder?

9. Did you have a supervisory role during your response to the incident?

- € Yes
- € No
- € Prefer not to answer
- € Unsure

Exposure Assessment

The next 3 questions will ask about your time spent within the affected area. (Note to survey developer, insert map or area description.)

10. Between the start of the incident and the end of the evacuation order (Note: Fill in dates.), please estimate the total number of hours you spent working on response activities within the affected area? _____

11. Between the start of the incident until the end of the evacuation order (fill in dates), how many total hours did you spend working on response activities outside the 1-mile radius (dotted line)? _____

(Note for survey developer: change 1-mile radius to appropriate exposure zone for this incident and if no evacuation order appropriate exposure end date).

12. From the start of the response (fill in date) to present, please estimate the total number of hours you have spent working on the response to this incident? _____

(Note for survey developer: change 1-mile radius for appropriate exposure zone for this incident)

13. Have you been part of a chemical spill or emergency response before?

(Note to survey developer: only one response should be accepted for this question)

- € Yes
- € No -skip to Q 15
- € Prefer not to answer-skip to Q 15
- € Unsure-skip to Q 15

14. If yes, how many chemical spills or emergency responses have you been involved in? _____

(Note to survey developer: this question should be asked if individuals selected "Yes" for the previous question)

15. In the course of your work on this response, have you had direct contact to potentially harmful chemicals/substances by the following routes? ***(Select all that apply)*** (Note to survey developer: individuals can select more than one option except if "No I did not" is selected)

- € Dermal (skin contact)
- € Inhaling
- € Swallowing
- € No I did not

16. In the course of your work, did you receive a reading (from a gas, particulate matter meter or radiation dosimeter) stating you were exposed to a chemical?

- Yes
- No
- Prefer not to answer
- Unsure

17. Do you know what chemical/substance(s) you may have been exposed to? (Note to survey developer: individuals should select one)

- Yes
- No (skip to Q19)
- Prefer not to answer (skip to Q19)
- Unsure (skip to Q19)

18. To the best of your knowledge, what are the names of the chemicals you may have been exposed to while you responded to the incident? (Note to survey developer: this question should be asked if individuals selected "Yes" in the previous question)

19. Did you come in contact with any of the following? (**Select all that apply**) Smoke

- Dust
- Debris
- Liquid
- Vapor/gas
- Radiation
- None of the above
- Other_(specify) _____
- Prefer not to answer
- Unsure

(Note to survey developer specify should only be available if individuals selected "other" in the previous question)

20. Please select the physical location where you spent the most time while working on response activities: (*Note to survey developer: all individuals should answer this question*)

- At the site of the derailment

- € Incident command location
- € Residential areas
- € Other (specify) _____
- € Prefer not to answer
- € Unsure

(Note to survey developer, specify should only be available for individuals who selected “other” for the previous question)

Notes for online survey tool development:

- Apply branching logic in the specified questions below:
 - Only when ‘Yes’ is selected for the question: “Were you injured during your response to the Incident?”, make the following questions visible:
 - All subsequent questions in the “injuries related to the incident” section
 - Only when ‘Yes, more than one injury’ is selected for the question: “Were you injured more than once during your response to the Incident?”, make the following questions visible:
 - Please list the dates of each injury
 - Only when ‘No, just one injury’ is selected for the question: “Were you injured more than once during your response to the Incident?”, make the following questions visible:
 - What date were you injured?
 - Only when ‘hospitalized’, ‘seen in an emergency department, urgent care, outpatient, occupational health, or in-house doctor’, ‘receive in-person care at another healthcare facility’, or ‘consulted a healthcare provider via phone/video conferencing’ are selected, make the following questions visible:
 - Where did you receive medical treatment for your injury or injuries?
 - How many days were you hospitalized?
 - Only when ‘Other’ is selected for the question: “Where did you receive medical treatment for your injury or injuries?”, make the following question visible:
 - Please specify where you received treatment:

The next set of questions will ask you about any possible injuries you may have sustained while responding to the Incident.

21. Were you injured during your response to the Incident?

- € Yes
- € No (skip to Q 23)
- € Prefer not to answer (skip to Q 23)
- € Unsure (skip to Q 23)

22. Where on your body did you get injured? **(Select all that apply)**

- Head, face, neck
- Trunk
- Arms
- Hands
- Legs
- Feet

23. How were you injured? **(Select all that apply):**

- Abrasion/Contusion Amputation
 - Body fluid splash
 - Burn (thermal/electric) Burn (chemical)
 - Crush Fracture
 - Heat Exhaustion Laceration/puncture Needle stick/sharps Poisoning Sprain/strain
 - Other (describe)
-

24. What is the highest level of healthcare you received to treat your injury or injuries?

- Assessed on the seen by an EMT or paramedic and released
 - Assessed at a hospital/emergency room and released
 - Assessed by a primary care doctor or other medical professional and released
 - Admitted to the hospital
 - Number of nights hospitalized _____
 - Admitted to the intensive care unit (ICU)
 - Number of nights spent in the ICU _____
 - I did not receive any health care to treat my injury or injuries
 - Prefer not to answer
 - Unsure
-

24. Did you report your injury or injuries to your supervising agency or someone else?

- Yes
 - No
 - Prefer not to answer
 - Unsure
-

25. To whom did you report your injury or injuries?

26. Is there any other information you would like to provide us regarding your injury?

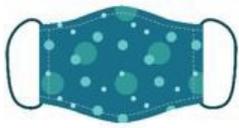
Personal Protective Equipment

Notes for online survey tool development:

- Apply branching logic in the specified questions below:
 - Only when 'Always' or 'Sometimes' is selected for the question: "Other PPE", make the following question visible:
 - Please describe the other personal protective equipment used:

The next section will ask you about your personal protective equipment use.

27. While responding to the incident, how often did you use the following? (Note allow to fill in specify if select always or sometimes for eye protection or other PPE)	Select one answer for each row
Chemical protective gloves	<input type="checkbox"/> always <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> unsure
Standard fire protection gear (fire helmet, turnout pants and jacket, leather gloves, boots)	<input type="checkbox"/> always <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> unsure
Hazmat suit	<input type="checkbox"/> always <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> unsure
Hazmat coveralls	<input type="checkbox"/> always <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> unsure
Eye protection type (specify_____)	<input type="checkbox"/> always <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> unsure
Mask or respirator (see image below for examples)	<input type="checkbox"/> always <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> unsure
Other PPE (specify_____)	<input type="checkbox"/> always <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> unsure



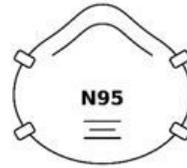
A. Cloth face mask



B. Disposable surgical mask



C. KN95 mask



D. N95 disposable



E. Elastomeric half-mask respirator



F. Elastomeric full facepiece respirator



G. Loose fitting PAPR



H. Tight-fitting full facepiece PAPR



I. Full facepiece SCBA

28. From the photo above, please select yes or no to the types of you have worn while working on the response to the incident and answer the remaining questions for those you have worn (Select all that apply) (Note: this question should be asked if individuals selected "Always" or "Sometimes" for option 6 (mask or respirator) in the previous question, individuals should select all options that apply)

Type	Worn	Why did you wear it?	Fit tested last 12 months?
Cloth face mask	<ul style="list-style-type: none"> • Yes • No 	<ul style="list-style-type: none"> • Personal preference • Specific job duties specify _____ • Other 	N/A
Disposable surgical mask	<ul style="list-style-type: none"> • Yes • No 	<ul style="list-style-type: none"> • Personal preference • Specific job duties specify _____ • Other _____ 	N/A
KN95 Mask	<ul style="list-style-type: none"> • Yes • No 	<ul style="list-style-type: none"> • Personal preference • Specific job duties specify _____ • Other 	N/A
N95 disposable	<ul style="list-style-type: none"> • Yes • No 	<ul style="list-style-type: none"> • Personal preference • Specific job duties specify _____ • Other 	N/A
Elastomeric half-mask	<ul style="list-style-type: none"> • Yes 	<ul style="list-style-type: none"> • Personal preference 	<ul style="list-style-type: none"> • Yes

respirator	<ul style="list-style-type: none"> • No 	<ul style="list-style-type: none"> • Specific job duties specify_____ • Other 	<ul style="list-style-type: none"> • No • Prefer not to answer • Unsure
Elastomeric full facepiece respirator	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Personal preference • Specific job duties specify_____ • Other 	<ul style="list-style-type: none"> • Yes • No • Prefer not to answer • Unsure
Loose fitting PAPR	<ul style="list-style-type: none"> • Yes • No 	<ul style="list-style-type: none"> • Personal preference • Specific job duties specify_____ • Other 	<ul style="list-style-type: none"> • Yes • No • Prefer not to answer • Unsure
Tight fitting full facepiece PAPR	<ul style="list-style-type: none"> • Yes • No 	<ul style="list-style-type: none"> • Personal preference • Specific job duties specify_____ • Other 	<ul style="list-style-type: none"> • Yes • No • Prefer not to answer • Unsure
Full facepiece SCBA	<ul style="list-style-type: none"> • Yes • No 	<ul style="list-style-type: none"> • Personal preference • Specific job duties specify_____ • Other 	<ul style="list-style-type: none"> • Yes • No • Prefer not to answer • Unsure
PAPR full facepiece SCBA	<ul style="list-style-type: none"> • Yes • No 	<ul style="list-style-type: none"> • Personal preference • Specific job duties specify_____ • Other 	<ul style="list-style-type: none"> • Yes • No • Prefer not to answer • Unsure
Other <u>specify</u> _____	<ul style="list-style-type: none"> • Yes • No 	<ul style="list-style-type: none"> • Personal preference • Specific job duties specify_____ • Other 	<ul style="list-style-type: none"> • Yes • No • Prefer not to answer • Unsure

29. After finishing a shift, during your work on the response, how often did you shower before returning home? (*Note: individuals should select only one response for this question*)

- Always
- Sometimes

- Never
- Unsure

30. After finishing a shift, during your work on the response, how often did you conduct decontamination of your protective clothing in the field? (*Note: individuals should select only one response for this question*)

- Always
- Sometimes
- Never
- Unsure

31. After finishing a shift, during your work on the response, how often did you change into clean clothes before returning home? (clean clothes refer to the clothes under any gear or protective layer) (*Note: individuals should select only one response for this question*)

- Always
- Sometimes
- Never
- Unsure

- € Only when yes is selected for “Since the Incident have you experienced a new onset or worsening of symptoms”, make the following questions visible:
- Did any of your health symptoms worsen or return when on-site at the Incident conducting your response job duties?
 - What do you think caused your symptom(s)?
- € Only when anything but none is selected for the question: in the Adult Physical Health symptoms section “What is the highest level of healthcare you received to treat your symptoms?”, make the following questions visible:
- How many days after beginning work as a responder to the incident did you first receive medical care because of the Incident?
 - What diagnosis were you given for the symptom(s) or health effect(s)
 - Were you prescribed any medications or treatment for your symptoms that began after beginning work as a responder to this Incident?
- € Only when ‘yes’ is selected for the question in the Adults healthcare section: “Were you prescribed any medications or treatment for your symptoms that began after beginning work as a responder to this Incident?”, make the following questions visible:
- What is the name of the medicine or medicines you were prescribed? If you can't

32. What do you think caused your symptom(s)? *(Note: this question should be asked if individuals selected any health system option (1-7) at the beginning of this section)*

33. How many days after beginning work as a responder to the Incident did you first receive medical care because of the Incident? *(Note: this question should be asked if individuals selected Options 1 through 6 from the previous question or for the question on highest healthcare received for injuries)*

- Less than 24 hours after beginning work as a responder
- 1-2 days after beginning work as a responder
- 3-5 days after beginning work as a responder
- 6 days or longer after beginning work as a responder
- I did not seek medical care because of the Incident
- Prefer not to answer
- Unsure

34. What diagnosis were you given for the symptom(s) or health effect(s)? *(Note: this question should be asked if individuals selected Options 1 through 6 from the previous question regarding highest level of healthcare)*

35. Were you prescribed any medications or treatment for your symptoms that began after beginning work as a responder to this Incident? *(Note: this question should be asked if individuals selected Options 1 through 6 from the previous question or for the question on highest healthcare received for injuries)*

- Yes
- No
- Prefer not to answer
- Unsure

36. What is the name of the medicine or medicines you were prescribed? If you can't remember, what was the medicine for? *(Note: this question should be asked if individuals selected "Yes" from the previous question)*_____

37. Did the doctor or healthcare provider tell you that your symptom(s) were related to your work as a responder on this Incident? Were you prescribed any medications or treatment for your symptoms that began after beginning work as a responder to this incident? *(Note: this question should be asked if individuals selected Options 1 through 6 from the previous question on highest healthcare received)*

- Yes
- No
- Prefer not to answer
- Unsure

Notes for online survey tool development:

Apply branching logic in the specified questions below:

- Only when 'no' is selected for the question: "Is being a responder your primary job?" make the following question visible:
 - How many chemical spills or emergency responses have you been involved in?
- Only when 'You work in a "permanent" salaried' is selected for the question: "Which of the following best describes your work arrangement for your primary job?", make the following answer choices NOT visible:
 - You work for a temp agency
 - You work as a freelance worker
 - You work as an independent contractor
 - You work as an independent consultant
- Only when 'You work in a "permanent" hourly position', is selected for the question: "Which of the following best describes your work arrangement for your primary job?", make the following answer choices NOT visible:
 - You work for a temp agency
 - You work as an independent contractor
- Only when 'Yes,...' is selected for the question: "Do you have another job?", make the following question visible:
 - How many total hours do you work in a typical week in your second job?

The next set of questions asks about your primary job.

38. Is being a responder your primary job?

- Yes
- No
- Prefer not to answer
- Unsure

39. On average, how many hours per week do you work at your primary job? _____

40. On average since the incident, how many hours per week have you worked on activities not associated with the response to this Incident? _____

41. Are you a member of a union?

- € Yes
- € No

42. What is the name of your union? _____

Notes for online survey tool development:

Apply branching logic in the specified questions below:

- € Only when 'yes' is selected for the question: "Since you responded to the Incident, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?", make the following question visible:
 - Since you first arrived on-site at the incident, has your alcohol consumption:
- € Only when 'no' is selected for the question: "Is being a responder your primary job?", make the following question visible:
 - o Which of the following best describes your work arrangement for your primary job?
- € Only when 'You work in a "permanent" salaried' is selected for the question: "Which of the following best describes your work arrangement for your primary job?", make the following answer choices NOT visible:
 - o You work for a temp agency
 - o You work as a freelance worker
 - o You work as an independent contractor
 - o You work as an independent consultant
- € Only when 'You work in a "permanent" hourly position', is selected for the question: "Which of the following best describes your work arrangement for your primary job?", make the following answer choices NOT visible:
 - o You work for a temp agency
 - o You work as an independent contractor

Notes for online survey tool development:

Apply branching logic in the specified questions below:

- Only when 'other training(s)' is selected for the question: "Have you ever received any of the following trainings or training topics?", make the following question visible:
 - Please describe your other training(s):
- Only when 'other training(s)' is selected for the question: "Have you receive any of the following trainings or training topics in the past 12 months", make the following question visible:
 - Please describe your other training(s) taken in the past 12 months:
- Only when 'no' or 'unsure' are selected for the question: "Do you feel that you were adequately prepared to respond to this Incident?", make the following question visible:
 - If no or unsure, why not?
 - Is there equipment, training, or information you wish you had? Please describe what and why

The following questions are about your responder training experience.

43. Have you ever received any of the following trainings or training topics? Please check off those you have EVER taken and for those that you have EVER taken whether you have taken them in the last 12 months.(Select all that apply): *(Note: individuals should select all trainings and training topics that apply, unless they selected they did not have any of the listed trainings)*

Training	Ever	Last 12 months
First Responder Awareness	€	€
First Responder Operations	€	€
Hazardous Materials Technician	€	€
HAZWOPER (24 hr)	€	€
HAZWOPER (40 hr+)	€	€
HAZWOPER annual refresher training (8 hr)	€	€
Cleaning and decontamination procedures for flammable and combustible materials	€	€
Proper handling and disposal of hazardous contaminants and containment of chemical spills	€	€
Hazard communication	€	€

Safety procedures during a chemical incident	€	€
Proper use of respiratory protection PPE	€	€
Proper use of other PPE	€	€
Other training(s) <i>specify</i> _____	€	€

- € I have not had any of the listed trainings
- € Unsure
- € Prefer not to answer

Please describe your other training(s) taken in the past 12 months: *(Note: this question should be asked if individuals selected “other” for the previous question)*

44. Do you feel that you were adequately prepared to respond to this incident?

- € Yes
- € No, **explain** _____
- € Prefer not to answer
- € Unsure **explain** _____

(Note: explain should open if individuals selected “No” or “Unsure” for the previous question)

45. Is there equipment, training, or information you wish you had? Please describe what and why. _____ *(Note: this question should be asked if individuals selected “No” or “Unsure” for the previous question)*

Household Pet Questions

Notes for online survey tool development:

These questions will only appear if “yes” is selected for the question “During the time of the Incident, did you own, foster or board any pets (dogs, cats, birds, fish, reptiles etc.) AND “Yes” for the question “since the Incident has your pet (or pets) had worsening of a pre-existing or a new onset of any symptoms?”

Apply branching logic in the specified questions below:

- Only when ‘yes’ is selected for the question: “Were any of your pets examined by a veterinarian after the incident?”, make the following questions visible:
 - Which of your pets were seen by a veterinarian and how many of your pet were seen by a veterinarian?
- Only when ‘no’ is selected for the question: “Were any of your pets examined by a veterinarian after the incident?”, make the following questions visible:
 - If your pet/s was not seen by a veterinarian, what contributed to this decision?
- Only when ‘yes’ is selected for the question: “Have any of your pets died since the event?”, make the following questions visible:
 - Which animals died?
 - How did they die? [Free text]
- Only when ‘yes’ is selected for the question: “Did you evacuate any of your pet/s from their normal location because of the incident?”, make the following questions visible:
 - Which of the following pet/s did you evacuate?

These questions will only appear if “yes” is selected for the question “During the time of the Incident, did you own, foster or board any pets (dogs, cats, birds, fish, reptiles etc.) AND “Yes” for the question “since the Incident has your pet (or pets) had worsening of a pre-existing or a new onset of any symptoms?”

General

1. At the time of the Incident which of the following types of pets, and how many did you own, foster, or board? (**Select all that apply.**)

€ Dogs
○ How many _____

€ Cats
○ How many _____

€ Birds
○ How many _____

€ Fish
○ How many _____

€ Reptiles

- How many _____
 Other: [Free text] _____
 How many _____

Health

2. What type of pet has shown symptoms and what were their symptoms? **(Select all that apply.)**

Animal type with symptoms?	How many with symptoms?	Select symptoms	
€ Dogs	€ 1-1000	€ Difficulty breathing	€ Lethargy/lack of energy
		€ Coughing	€ Vomiting
		€ Sneezing	€ Loose stool or diarrhea
		€ Eye or nose discharge	€ Inappetence or decreased eating
		€ Other, specify _____	
€ Cats	€ 1-1000	€ Difficulty breathing	€ Lethargy/lack of energy
		€ Coughing	€ Vomiting
		€ Sneezing	€ Loose stool or diarrhea
		€ Eye or nose discharge	€ Inappetence or decreased eating
		€ Other, specify _____	
€ Birds	€ 1-1000	€ Difficulty breathing	€ Lethargy/lack of energy
		€ Coughing	€ Vomiting
		€ Sneezing	€ Loose stool or diarrhea
		€ Eye or nose discharge	€ Inappetence or decreased eating
		€ Other, specify _____	
€ Fish	€ 1-1000	€ Difficulty breathing	€ Lethargy/lack of energy
		€ Coughing	€ Vomiting
		€ Sneezing	€ Loose stool or diarrhea
		€ Eye or nose discharge	€ Inappetence or decreased eating
		€ Other, specify _____	
€ Reptiles	€ 1-1000	€ Difficulty breathing	€ Lethargy/lack of energy
		€ Coughing	€ Vomiting
		€ Sneezing	€ Loose stool or diarrhea
		€ Eye or nose discharge	€ Inappetence or decreased eating
		€ Other, specify _____	
€ Other, please specify _____ _____	€ 1-1000	€ Difficulty breathing	€ Lethargy/lack of energy
		€ Coughing	€ Vomiting
		€ Sneezing	€ Loose stool or diarrhea
		€ Eye or nose discharge	€ Inappetence or decreased eating
		€ Other, specify _____	
€ Other, please specify _____ _____	€ 1-1000	€ Difficulty breathing	€ Lethargy/lack of energy
		€ Coughing	€ Vomiting
		€ Sneezing	€ Loose stool or diarrhea

		€ Eye or nose discharge	€ Inappetence or decreased eating
		€ Other, specify _____	

3. Were any of your pets examined by a veterinarian after the incident?

- € Yes
- € No
- € N/A, unknown

[IF YES THEN]

4. Which of your pets were seen by a veterinarian and how many of your pet were seen by a veterinarian? (**Select all that apply.**)

- € Dogs
 - o How many _____
- € Cats
 - o How many _____
- € Birds
 - o How many _____
- € Fish
 - o How many _____
- € Reptiles
 - o How many _____
- € Other: [Free text]
 - o How many _____

5. If your pet/s was not see by a veterinarian, what contributed to this decision? (**Select all that apply.**)

- € No symptoms
- € Symptoms were mild
- € Symptoms resolved
- € Pet died before veterinary visit
- € Financial constraints
- € Other [Free text]

6. Have any of your pets died since the event?

- € Yes
- € No
- € N/A, unknown

7. Which animals died? (**Select all that apply.**)

- € Dogs
 - o How many _____
- € Cats
 - o How many _____
- € Birds
 - o How many _____

- € Fish
 - o How many _____
- € Reptiles
 - o How many _____
- € Other: [Free text]
 - o How many _____

8. How did they die? [Free text] _____

Exposure

9. Where is your pet/s housed (where do they live)? *Note* depending on the type of exposure under investigation a barn or other inside dwelling besides a house may or may not be considered indoors. Make this clear in the question (e.g. Indoors is considered any indoor structure: house, barn, etc.; Indoors is considered only a house).
- € Indoor
 - € Outdoor
 - € Combined
 - € Unknown
 - € Other: [Free text]
10. Before the Incident, how many hours per day did your pet/s spend outdoors? *Note* depending on the type of exposure under investigation a barn or other inside dwelling besides a house may or may not be considered indoors. Make this clear in the question (e.g. Indoors is considered any indoor structure: house, barn, etc.); Indoors is considered only a house).
- € Exclusively indoors
 - € < 2 hours
 - € 2-4 hours
 - € >4 hours
 - € Exclusively outdoors
 - € Other [Free text]
11. During the exposure window, how many hours per day did your pet/s spend outdoors? *Note* depending on the type of exposure under investigation a barn or other inside dwelling besides a house may or may not be considered indoors. Make this clear in the question (e.g. Indoors is considered any indoor structure, house, barn, etc.); Indoors is considered only a house).
- € Exclusively indoors
 - € < 2 hours
 - € 2-4 hours
 - € >4 hours
 - € Exclusively outdoors
 - € Other [Free text]
12. Since the Incident how many hours per day does your pet/s spend outdoors? *Note* depending on the type of exposure under investigation a barn or other inside dwelling besides a house may or

may not be considered indoors. Make this clear in the question (e.g. Indoors is considered any indoor structure, house, barn, etc.); Indoors is considered only a house).

- Exclusively indoors
- < 2 hours
- 2-4 hours
- >4 hours
- Exclusively outdoors
- Other [Free text]

13. Before the Incident, what type of water sources did your animal/s drink from? (**Select all that apply.**)

- Municipal water source
- Private well
- Outdoor bodies of water (ponds, streams, etc.)
- Other [Free text]

14. During the Incident, what type of water source did your pet/s drink from? (**Select all that apply.**)

- Municipal water source
- Private well
- Outdoor bodies of water (ponds, streams, etc.)
- Other [Free text]

15. Since the Incident, what type of water source has your pet/s drank from? (**Select all that apply.**)

- Municipal water source
- Private well
- Outdoor bodies of water (ponds, streams, etc.)
- Other [Free text]

16. Did you evacuate any of your pet/s from their normal location because of the incident?

- Yes
- No
- N/A, unknown

17. Which of the following pet/s did you evacuate? (**Select all that apply.**)

- Dogs
 - How many _____
- Cats
 - How many _____
- Birds
 - How many _____
- Fish
 - How many _____
- Reptiles
 - How many _____
- Other: [Free text]
 - How many _____

Livestock Questions

Notes for online survey tool development:

These questions will only appear if “yes” is selected for the question “During the Incident, did you own, foster, or board any livestock animals (cattle, goats, pigs, poultry, etc.)?” AND “Yes” for the question Since the Incident have your livestock animal/s had worsening of a pre-existing or a new onset of any symptoms?”

Apply branching logic in the specified questions below:

- Only when ‘yes’ is selected for the question: “Were any of your livestock examined by a veterinarian after the Incident?”, make the following questions visible:
 - Which of your livestock were seen by a veterinarian?
- Only when ‘no’ is selected for the question: “Were any of your livestock examined by a veterinarian after the Incident?”, make the following questions visible:
 - If your [livestock type] was not see by a veterinarian, what contributed to this decision
- Only when ‘yes’ is selected for the question: “Have any of your livestock died since the event?”, make the following questions visible:
 - Which livestock died?
 - How did they die? [Free text]
- Only when ‘yes’ is selected for the question: “Did you evacuate any of your livestock from their normal location because of the Incident?”, make the following questions visible:
 - Which of the following livestock did you evacuate?

These questions will only appear if “yes” is selected for the question “During the Incident, did you own, foster, or board any livestock animals (cattle, goats, pigs, poultry, etc.)?” AND “Yes” for the question Since the Incident have your livestock animal/s had worsening of a pre-existing or a new onset of any symptoms?”

1. Which of the following types of livestock do you own, foster, or board? **(Select all that apply.)**

Note the use of “foster” will depend on the location and if the practice of fostering agriculture animals occurs.

- € Beef Cattle
 - How many _____
- € Dairy Cattle
 - How many _____
- € Horses
 - How many _____
- € Sheep
 - How many _____

- Goats
 o How many _____
- Pigs
 o How many _____
- Poultry/Chicken
 o How many _____
- Other: [Free text]
 o How many _____

Health

2. What type of livestock has shown symptoms and what were their symptoms? (**Select all that apply.**)

Animal type with symptoms?	How many with symptoms?	Select symptoms	
<input type="checkbox"/> Beef Cattle	1-1000	<input type="checkbox"/> Difficulty breathing	<input type="checkbox"/> Lethargy/lack of energy
		<input type="checkbox"/> Coughing	<input type="checkbox"/> Vomiting
		<input type="checkbox"/> Sneezing	<input type="checkbox"/> Loose stool or diarrhea
		<input type="checkbox"/> Eye or nose discharge	<input type="checkbox"/> Inappetence or decreased eating
		<input type="checkbox"/> Other, specify _____	
<input type="checkbox"/> Dairy Cattle	1-1000	<input type="checkbox"/> Difficulty breathing	<input type="checkbox"/> Lethargy/lack of energy
		<input type="checkbox"/> Coughing	<input type="checkbox"/> Vomiting
		<input type="checkbox"/> Sneezing	<input type="checkbox"/> Loose stool or diarrhea
		<input type="checkbox"/> Eye or nose discharge	<input type="checkbox"/> Inappetence or decreased eating
		<input type="checkbox"/> Other, specify _____	
<input type="checkbox"/> Horses	1-1000	<input type="checkbox"/> Difficulty breathing	<input type="checkbox"/> Lethargy/lack of energy
		<input type="checkbox"/> Coughing	<input type="checkbox"/> Vomiting
		<input type="checkbox"/> Sneezing	<input type="checkbox"/> Loose stool or diarrhea
		<input type="checkbox"/> Eye or nose discharge	<input type="checkbox"/> Inappetence or decreased eating
		<input type="checkbox"/> Other, specify _____	
<input type="checkbox"/> Sheep	1-1000	<input type="checkbox"/> Difficulty breathing	<input type="checkbox"/> Lethargy/lack of energy
		<input type="checkbox"/> Coughing	<input type="checkbox"/> Vomiting
		<input type="checkbox"/> Sneezing	<input type="checkbox"/> Loose stool or diarrhea
		<input type="checkbox"/> Eye or nose discharge	<input type="checkbox"/> Inappetence or decreased eating
		<input type="checkbox"/> Other, specify _____	
<input type="checkbox"/> Goats	1-1000	<input type="checkbox"/> Difficulty breathing	<input type="checkbox"/> Lethargy/lack of energy
		<input type="checkbox"/> Coughing	<input type="checkbox"/> Vomiting
		<input type="checkbox"/> Sneezing	<input type="checkbox"/> Loose stool or diarrhea
		<input type="checkbox"/> Eye or nose discharge	<input type="checkbox"/> Inappetence or decreased eating
		<input type="checkbox"/> Other, specify _____	
<input type="checkbox"/> Pigs	1-1000	<input type="checkbox"/> Difficulty breathing	<input type="checkbox"/> Lethargy/lack of energy
		<input type="checkbox"/> Coughing	<input type="checkbox"/> Vomiting
		<input type="checkbox"/> Sneezing	<input type="checkbox"/> Loose stool or diarrhea

		<input type="checkbox"/> Eye or nose discharge	<input type="checkbox"/> Inappetence or decreased eating
		<input type="checkbox"/> Other, specify _____	
<input type="checkbox"/> Poultry/Chicken	1-1000	<input type="checkbox"/> Difficulty breathing	<input type="checkbox"/> Lethargy/lack of energy
		<input type="checkbox"/> Coughing	<input type="checkbox"/> Vomiting
		<input type="checkbox"/> Sneezing	<input type="checkbox"/> Loose stool or diarrhea
		<input type="checkbox"/> Eye or nose discharge	<input type="checkbox"/> Inappetence or decreased eating
		<input type="checkbox"/> Other, specify _____	
<input type="checkbox"/> Other, please specify _____	1-1000	<input type="checkbox"/> Difficulty breathing	<input type="checkbox"/> Lethargy/lack of energy
		<input type="checkbox"/> Coughing	<input type="checkbox"/> Vomiting
		<input type="checkbox"/> Sneezing	<input type="checkbox"/> Loose stool or diarrhea
		<input type="checkbox"/> Eye or nose discharge	<input type="checkbox"/> Inappetence or decreased eating
		<input type="checkbox"/> Other, specify _____	
<input type="checkbox"/> Other, please specify _____	1-1000	<input type="checkbox"/> Difficulty breathing	<input type="checkbox"/> Lethargy/lack of energy
		<input type="checkbox"/> Coughing	<input type="checkbox"/> Vomiting
		<input type="checkbox"/> Sneezing	<input type="checkbox"/> Loose stool or diarrhea
		<input type="checkbox"/> Eye or nose discharge	<input type="checkbox"/> Inappetence or decreased eating
		<input type="checkbox"/> Other, specify _____	

3. Were any of your livestock examined by a veterinarian after the Incident?

- Yes
 No
 N/A, unknown

4. Which of your livestock were seen by a veterinarian? (**Select all that apply.**)

- Beef Cattle
 o How many _____
- Dairy Cattle
 o How many _____
- Horses
 o How many _____
- Sheep
 o How many _____
- Goats
 o How many _____
- Pigs
 o How many _____
- Poultry/Chicken
 o How many _____
- Other: [Free text]
 o How many _____

5. If your [livestock type] was not see by a veterinarian, what contributed to this decision? (**Select all that apply.**)

- € No symptoms
- € Symptoms were mild
- € Symptoms resolved
- € Pet died before veterinary visit
- € Financial constraints
- € Other [Free text]

6. Have any of your livestock died since the Incident?

- € Yes
- € No
- € N/A, unknown

7. Which livestock died? (*Select all that apply.*)

- € Beef Cattle
 - o How many _____
- € Dairy Cattle
 - o How many _____
- € Horses
 - o How many _____
- € Sheep
 - o How many _____
- € Goats
 - o How many _____
- € Pigs
 - o How many _____
- € Poultry/Chicken
 - o How many _____
- € Other: [Free text]
 - o How many _____

8. How did they die? [Free text] _____

Exposure

9. Is your home address the address where your livestock are located during the Incident?

- € Yes
 - € No, please provide the address where your livestock were located during the Incident.
-

10. Where is your [livestock type] housed (where do they live)? *Note* depending on the type of exposure under investigation a barn or other inside dwelling besides a house may or may not be considered indoors. Make this clear in the question (e.g. Indoors is considered any indoor structure: house, barn, etc.; Indoors is considered only a dwelling with filtered central air circulation).

- € Indoor
- € Outdoor
- € Combined
- € Unknown
- € Other: [Free text]

11. Before the Incident, how many hours per day did your livestock spend outdoors? *Note* depending on the type of exposure under investigation a barn or other inside dwelling besides a house may or may not be considered indoors. Make this clear in the question (e.g. Indoors is considered any indoor structure, house, barn, etc.); Indoors is considered only a house).

- € Exclusively indoors
- € < 2 hours
- € 2-4 hours
- € >4 hours
- € Exclusively outdoors
- € Other [Free text]

12. During exposure window for the Incident, how many hours per day did your livestock spend outdoors? *Note* depending on the type of exposure under investigation a barn or other inside dwelling besides a house may or may not be considered indoors. Make that clear in the question (e.g. Indoors is considered any indoor structure, house, barn, etc.); Indoors is considered only a house).

- € Exclusively indoors
- € < 2 hours
- € 2-4 hours
- € >4 hours
- € Exclusively outdoors
- € Other [Free text]

13. After the Incident, how many hours per day does your livestock spend outdoors? *Note* depending on the type of exposure under investigation a barn or other inside dwelling besides a house may or may not be considered indoors. Make that clear in the question (e.g. Indoors is considered any indoor structure, house, barn, etc.); Indoors is considered only a house).

- € Exclusively indoors
- € < 2 hours
- € 2-4 hours
- € >4 hours
- € Exclusively outdoors
- € Other [Free text]

14. Before the Incident, what type of water sources did your livestock drink from? (**Select all that apply.**)

- € Municipal water source
- € Private well
- € Outdoor bodies of water (ponds, streams, etc.)
- € Other [Free text]

15. During the exposure window for the Incident, what type of water source did your livestock drink from? **(Select all that apply.)**
- € Municipal water source
 - € Private well
 - € Outdoor bodies of water (ponds, streams, etc.)
 - € Other [Free text]
16. During the exposure window for the Incident where was the water supplied to your livestock? **(Select all that apply.)**
- € Open to the air
 - € Inside a barn and away from any plume
 - € Other [Free text]
17. Since the Incident, what type of water source has your livestock drank from? **(Select all that apply.)**
- € Municipal water source
 - € Private well
 - € Outdoor bodies of water (ponds, streams, etc.)
 - € Other [Free text]
18. Before the Incident, what was the source of feed/grazing for your livestock? **(Select all that apply.)**
- € Pasture
 - € Hay from outside the area
 - € Grain from outside the area
 - € Other
19. During the Incident, what was the source of feed/grazing for your livestock? **(Select all that apply.)**
- € Pasture
 - € Hay from outside the area
 - € Grain from outside the area
 - € Other
20. Since the Incident, what was the source of feed/grazing for your livestock? **(Select all that apply.)**
- € Pasture
 - € Hay from outside the area
 - € Grain from outside the area
 - € Other
21. Did you evacuate any of your livestock from their normal location because of the Incident?
- € Yes
 - € No
 - € N/A, unknown
22. Which of the following livestock did you evacuate and how many? **(Select all that apply.)**
- € Beef Cattle

- How many _____
 € Dairy Cattle
 How many _____
 € Horses
 How many _____
 € Sheep
 How many _____
 € Goats
 How many _____
 € Pigs
 How many _____
 € Poultry/Chicken
 How many _____
 € Other: [Free text]
 How many _____

Community Resilience Question Bank

1. We are interested in hearing more about your experience. Would you be interested in answering a few questions where you can share your thoughts about your experience or being contacted by a member of our team to discuss your experience further?"

- € Yes I am willing to answer questions on my experience now
 € Yes, please have someone call me to discuss my experience further (**Skip to conclusion**)
 € I am not interested in discussing my experience, (**Skip to conclusion**)

(Note: To maximize the opportunity to assess community resilience the survey developer should select one or more qualitative and one or more quantitative questions from each construct in the table below.)

Information and Communication		
Construct	Quantitative Question	Qualitative Question
Narratives- The community story around the incident	1. Did you have access to the resources you needed during the incident? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Sometimes <input type="radio"/> Unsure 2. Were you able to reach out to other community members or leaders about your needs and receive a response? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Sometimes <input type="radio"/> Unsure	1. Do you feel the community came together to support one another and develop creative solutions to the problems introduced by the incident? 2. What are the major concerns you and the community share about the incident? 3. What do you remember most about the incident?
Responsible Media- Accurate and timely	1. Do you feel the local media provided accurate information? <input type="radio"/> Yes	1. Describe why you feel the local media provided accurate/inaccurate information about available services and information

<p>information and recommendations</p>	<p> <input type="radio"/> No <input type="radio"/> Sometimes 2. Do you feel the local media provided timely information to make decisions? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Sometimes <input type="radio"/> Unsure 3. Did media provide information about available services? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Sometimes <input type="radio"/> Unsure 4. Did you adhere to recommendations provided by the local media? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Sometimes <input type="radio"/> Unsure </p>	<p>about the incident?</p> <p>2. Were you able to use information provided by the media to inform your decision making about your health and wellbeing?</p> <p>3. How long after the Incident did you receive information needed to make informed decisions about your health and wellbeing?</p> <p>4. What do you think the local media could have done differently in response to this Incident?</p> <p>5. What do you think the local media did right in response to this Incident?</p>
<p>Skills and infrastructure - Communication system infrastructure used to inform the public on Incident</p>	<p>1. Was there an emergency system employed to warn/advise about the danger/hazards posed by the Incident?</p> <p> <input type="radio"/> Reverse 911 <input type="radio"/> Emergency hotline <input type="radio"/> Emergency sirens <input type="radio"/> Emergency text alerts <input type="radio"/> Phone tree <input type="radio"/> Door-to-door communication <input type="radio"/> Other _____ </p>	<p>1. Do you feel you were informed about the Incident, the risks that may have been present, and the actions you needed to take in a timely manner?</p> <p>2. Do you believe the local and state leaders have or have requested the requisite skills needed to address the Incident?</p> <p>3. What improvements or additions would you suggest for better communication in your community during future incidents?</p>
<p>Trusted sources of information - in public outreach, and reflects the values and priorities of local populations</p>	<p>1. What is your most trusted source for health information related to this Incident? (select 1)</p> <p> <input type="radio"/> Public health authority (e.g. state or local public health department, hospital) <input type="radio"/> Traditional media (e.g. TV, news, radio, print) <ul style="list-style-type: none"> • Please specify ____ <input type="radio"/> Social media (e.g. facebook, twitter, etc.) <ul style="list-style-type: none"> • Please specify ____ <input type="radio"/> Relative/friend/neighbor/coworkers <input type="radio"/> Town hall/community meeting <input type="radio"/> Other <ul style="list-style-type: none"> • Please specify ____ <input type="radio"/> No trusted sources 2. From whom would you trust new health information about the incident? <input type="radio"/> Public health authority (e.g. state or </p>	<p>1. Tell us more about the characteristics of the organization/entity/person from whom you said you would trust new or ongoing information about the Incident. What makes them trustworthy?</p> <p>2. What specific information were you looking for during the Incident?</p> <p>3. What specific information are you looking for now?</p> <p>4. What was/is the most useful information you received (related to health and safety)?</p> <p>5. What information sources are you using to make health and wellbeing decisions for you and your family?</p>

	<p>local public health department, hospital)</p> <ul style="list-style-type: none"> € Traditional media (e.g. TV, news, radio, print) <ul style="list-style-type: none"> • Please specify ____ € Social media (e.g. facebook, twitter, etc.) <ul style="list-style-type: none"> • Please specify ____ € Relative/friend/neighbor/coworkers € Town hall/community meeting € Other <ul style="list-style-type: none"> • Please specify ____ € No trusted sources <p>3. On a scale of 1 to 5, with 1 being the least confident and 5 being the most confident, how trustful are you of health information disseminated from local and state officials now, after the incident?</p> <p>0 N/A 1 2 3 4 5</p>	
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Community Competence		
Construct	Quantitative Question	Qualitative Question
<p>Community action abilities to engage constructively in group process, resolve conflicts, collect and analyze data, and resist opposing or undesirable influences -the community's ability to take action,</p>	<p>1. Did you receive or give any resources/help because of this event? (Select all that apply)</p> <ul style="list-style-type: none"> € Yes, received resources/help € Yes, gave resources/help € No, I did NOT give or receive resources <p>2. Do you feel the community had/has a differing agenda from the authorities with respect to this Incident?</p> <ul style="list-style-type: none"> € Yes € No € I don't know/NA <p>3. Were you able to engage as a community to take collective action to meet your community needs? If so, did you or community members? (Select all that apply)</p> <ul style="list-style-type: none"> € Start/attend a social media (facebook, reddit) group to share information € Attend community meetings € Attend secular or religious organization meetings? € Other 	<p>1. Did the community work together to respond to the Incident? If so, how?</p> <p>2. How did your community help you during the Incident?</p> <p>3. Tell me more about what you think the officials still need to do to make your community whole again. What action still need to be taken?</p> <p>4. It has been shown that pre-existing organizations and relationships are key in rapidly mobilizing during emergencies. Did you have pre-existing relationships in the community that you leaned on during this Incident? If so, can you please describe how? If not, how can the community better foster these relationships?</p> <p>5. How did the community work together to make collective decisions (i.e., form an organized community voice)?</p>
<p>Critical reflection and</p>	<p>1. Do you think the community has made</p>	<p>1. Do you think the community has made</p>

problem--solving skills	<p>changes to better address emergencies like this in the future?</p> <p>€ Yes, changes have been made</p> <p>€ No, changes have to be made</p> <p>2. Did past experiences with emergencies inform your actions during this Incident?</p> <p>€ Yes, (if so, explain)</p> <p>€ No, (if no, explain why)</p>	<p>changes to better address emergencies in the future? What changes have been made? What changes should still be made?</p> <p>2. If an event like this occurred in a different community, what would you recommend to residents, first-responders, and community leaders there?</p> <p>3. How can residents improve their ability to mobilize to respond to the community needs following the Incident?</p> <p>4. How has the community addressed past incidents?</p>
Flexibility and creativity	<p>1. Did you feel your community was flexible and creative in developing solution during and after this Incident?</p> <p>€ Yes</p> <p>€ No</p> <p>€ I don't know</p> <p>2. Did the community lean on established trusted information and communication resources in the face on the unknown during and after this incident?</p> <p>€ Yes</p> <p>€ No</p> <p>€ I don't know</p>	<p>1. Did you observe any creative ways the community worked to respond to the Incident (ex. Citizen science, community collaboration, etc.)?</p> <p>2. Can you tell me more about the resources the community leaned on in the face of the unknown during and after this incident.</p>
Collective efficacy/Empowerment	<p>1. Do you feel you have close social networks within the community you were able to trust for information and resources during and after the Incident?</p> <p>€ Yes</p> <p>€ No</p> <p>€ I don't know</p> <p>2. Were there opportunities for you to get involved and feel your voice was heard (i.e. participations in community action groups, speak at town hall meetings, etc.)?</p> <p>€ Yes</p> <p>€ No</p> <p>€ I don't know</p>	<p>3. Did you rely on specific family members, neighbors, or community organizations for resources following the Incident? Whom and for what?</p> <p>4. How were you empowered to mobilize to respond to the Incident in the community (i.e., attend townhall meetings, organized donations)?</p> <p>5. Were there opportunities for you to get involved and feel your voice was heard, i.e. Maybe through participations in community action groups, townhall meetings etc.? Did these opportunities feel empowering?</p>
Political partnerships	<p>1. Do you believe the local and state leaders have the required skills and resources to address the Incident?</p> <p>€ Yes</p> <p>€ No</p> <p>€ I don't know</p> <p>2. Have community leaders and institutions sufficiently involved citizens/those effected by the Incident in decision making?</p> <p>€ Yes</p> <p>€ No</p>	<p>1. Were there existing local networks used by residents to inform community leaders about their needs? If so, what were they (i.e., influential trusted people, a trusted someone/a network that has pulse on the community)?</p> <p>2. Do you believe the local and state leaders have the required skills and resources to address the incident? What are some skills or resources you have seen community leaders lean on during this incident? What resources were you have like</p>

	€ I don't know	<p>them to use more of?</p> <p>3. Looking forward, how can local and state government agencies work with the community to be more prepared to respond to future incidents?</p> <p>4. How have community leaders and institutions involved citizens/those effected by the incident in decision making?</p>
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<h2 style="text-align: center;">Social Capital</h2> <p style="text-align: center;">individuals invest, access, and use resources embedded in social networks to gain returns</p>		
Construct	Quantitative Question	Qualitative Question
<p>Social support – Actual assistance received</p>	<p>1. On the scale of 1 to 5, with 1 being no support and 5 being a lot of support. How much support have you received from neighbors and other community members or groups since the incident? 0 1 2 3 4 5</p> <p>2. On the scale of 1 to 5, with 1 being not strong social ties and 5 being very social ties. How strong would you say your social ties are within your community? 0 1 2 3 4 5</p> <p>3. On the scale of 1 to 5, with 1 being not loving and caring and 5 being very loving and caring. How loving and caring did you feel the actual assistance you received in response to the event was? 0 1 2 3 4 5</p> <p>4. On the scale of 1 to 5, with 1 being not readily available and 5 being very readily available. How readily available did you feel the actual assistance you received in response to the event was? 0 1 2 3 4 5</p> <p>5. On the scale of 1 to 5, with 1 being not frequent and 5 being very frequent. How frequently do you socialize with other members of your community? 0 1 2 3 4 5</p> <p>6. On the scale of 1 to 5, with 1 being not strong and 5 being very strong. How strong do you feel your social ties are other members of your community? 0 1 2 3 4 5</p>	<p>1. Were there existing local networks utilized by residents to obtain resources? If so, what are they? (churches, community centers)</p> <p>2. Can you elaborate on the successes and pain points you experienced with the level of actual support you received? Who did you receive this support from. Who or how could this support have been made better?</p> <p>3. Where you in a position to provide support to anyone during this incident? Support could refer to emotional, informational, or tangible support.</p> <p>4. When you first learned about the incident who were the first 3 people you thought you needed to talk to and what about these people made them important to speak with?</p> <p>5. Who within your community do you feel you have the strongest social connections with?</p> <p>6. Do you feel you can overcome life challenges and obstacles because of your community connectivity and being interwoven in a close community social network? Please tell us more?</p>
<p>Perceived (expected) social support</p>	<p>1. On the scale of 1 to 5, with 1 being not strong and 5 being very strong. Do you feel there are adequate networks/organizations</p>	<p>1. What are your expectations of the existing local networks available to residents to obtain resources?</p>

	<p>you are able to contact for resources (physical, financial, social, emotional, etc.)? 0 1 2 3 4 5</p> <p>2. On the scale of 1 to 5, with 1 being not likely and 5 being very likely. How likely do you think it is that someone in your community would be available to provide you with resources/support (physical, financial, social, emotional, etc.)? 0 1 2 3 4 5</p> <p>3. On the scale of 1 to 5, with 1 being not willing and 5 being very willing. To what extent do you believe that people in your community are willing to help each other during difficult times? 0 1 2 3 4 5</p> <p>4. On the scale of 1 to 5, with 1 being not willing and 5 being very willing. To what extent do you believe that organizations, private or public, in your community are willing to help community members during difficult times? 0 1 2 3 4 5</p>	<p>2. Describe the networks/organizations within your community that you know provide help/resources.</p>
<p>Social embeddedness- informational ties, social relationships, including both the frequency and intensity of interactions. Encompasses benefits members receive from their social ties</p>	<p>1. On the scale of 1 to 5, with 1 being not often and 5 being very often. How frequently do you interact with your neighbors or other community members? 0 1 2 3 4 5</p> <p>2. On the scale of 1 to 5, with 1 being not close better and 5 being very close. How would you describe the depth of your relationships with your friends and acquaintances in your community? 0 1 2 3 4 5</p> <p>3. On the scale of 1 to 5, with 1 being not often and 5 being very often. How often do you exchange information or seek advice from others in your community? 0 1 2 3 4 5</p>	<p>1. Did you rely on specific family members, neighbors, or community organizations for resources during the incident?</p> <p>2. Were there existing local networks utilized by residents to obtain resources? If so, what are they (churches, community centers)?</p> <p>3. How did your community help you during the incident?</p> <p>4. Did the community work together to respond to the incident? If so, how?</p>
<p>Organizational linkages and cooperation</p>	<p>1. On a scale of 1 to 5 with 1 being the no support and 5 being a lot of support. How much support have you received from government entities since the incident? 0 1 2 3 4 5</p> <p>2. On a scale of 1 to 5 with 1 being the no support and 5 being a lot of support. How much support have you received from non-government entities since the incident? 0 1 2 3 4 5</p> <p>3. On a scale of 1 to 5 with 1 being the poor and 5 being a lot of excellent. How</p>	<p>1. How did non-governmental organizations and other organizations assist during the incident?</p> <p>2. What are some organizations that provided resources during the incident?</p> <p>3. Can you provide an example of a successful collaboration or cooperation between organizations in your community? What factors contributed to its success?</p> <p>4. In your opinion, what are the main barriers or challenges that hinder effective organizational linkages and cooperation in</p>

	<p>would you rate the level of coordination and communication between different organizations in your community?</p> <p><input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5</p> <p>4. On a scale of 1 to 5 with 1 being the not well and 5 being very well. To what extent do you feel that organizations in your community work together to address common goals or challenges?</p> <p><input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5</p>	your community?
Citizen participation/ Leadership and roles-formal ties	<p>1. Did you participate in any community meetings run by your local government officials (health department, police)?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know</p> <p>2. On a scale of 1 to 5 with 1 being not effective and 5 being very effective. How would you rate the effectiveness of community leaders in coordinating response efforts related to this Incident?</p> <p><input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5</p> <p>3. Were there opportunities for you to actively participate in community-led initiatives, volunteer efforts, or decision making following the Incident?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know</p>	<p>1. What community meetings run by your local government officials (health department, police) have you participated in?</p> <p>2. What types of meetings would you like to see organized by your local government officials (health department, police)? Would you participate if this type of meeting was offered?</p> <p>3. In your opinion, what are the key qualities or skills that make an effective community leader? Can you provide examples of leaders who possess these qualities?</p> <p>4. What specific barriers or challenges do you perceive that hinder community participation and engagement community meetings? How do you think these barriers can be overcome?</p> <p>5. Can you describe a specific instance where citizen participation played a crucial role in the response rebuilding process after the Incident? What impact did it have on your community?</p>
Sense of community-attitude of bonding-trust and belonging, with other members of one's group or locale	<p>1. On a scale of 1 to 5 with 1 being not strong and 5 being very strong. How would you rate your sense of community after the Incident?</p> <p><input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5</p> <p>2. On a scale of 1 to 5 with 1 being the no belonging and 5 being complete belonging. To what extent do you feel a sense of belonging with other members of your group or locale in the community after the Incident?</p> <p><input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5</p> <p>3. On a scale of 1 to 5 with 1 being the no trust and 5 being complete trust. How much trust do you have in other members of your group or locale in the community after the Incident?</p>	<p>1. Did the incident enhance your sense of community? If so, how?</p> <p>2. In what ways has your sense of community changed since the Incident?</p> <p>3. Can you provide an example of a positive interaction or experience that made you feel more connected to other members of your group or locale after the Incident?</p> <p>4. What factors contribute to your level of trust or lack thereof in other members of your group or locale following the Incident?</p>

	<ul style="list-style-type: none"> • 1 2 3 4 5 	
Attachment to place-an emotional connection to one's neighborhood or city, somewhat apart from connections to the specific people who live there	<p>1. How long have you lived in this community?</p> <ul style="list-style-type: none"> € Less than 1 year € 1-5 years € More than 5 years <p>2. On a scale of 1 to 5 with 1 being not strong and 5 being very strong. How would you rate your emotional connection to your neighborhood or city after the Incident?</p> <p>o 1 2 3 4 5</p> <p>3. How much has your sense of place identity been affected by the Incident?</p> <ul style="list-style-type: none"> € Not affected at all € Slightly affected € Moderately affected € Highly affected € Completely affected 	<p>1. How has your emotional connection to your neighborhood or city changed after the Incident?</p> <p>2. How has the community addressed past chemical contamination events?</p> <p>3. How does your community typically respond to events?</p> <p>4. What factors contribute to your sense of attachment to the physical environment of your neighborhood or city, regardless of the people who live there, following the Incident?</p>

Economic Development		
Construct	Quantitative Question	Qualitative Question
Fairness of risk and vulnerability to hazards-Economic resilience depends not only on the capacities of individual businesses but on the capacities of all the entities that depend on them and on which they depend	<p>1. How would you rate the fairness of risk and vulnerability distribution in your community after the Incident (i.e were all people treated equal?)?</p> <ul style="list-style-type: none"> € Very fair € Fair € Neutral € Unfair € Very unfair <p>2. To what extent do you believe that all entities, including businesses were equally affected by the Incident?</p> <ul style="list-style-type: none"> € Completely equal € Mostly equal € Somewhat equal € Slightly unequal € Highly unequal <p>3. How well do you think the capacities/resources of different entities in your community were considered during the Incident and in the recovery, efforts following the Incident?</p> <ul style="list-style-type: none"> € Very well considered € Well considered € Moderately considered € Poorly considered € Not considered at all 	<p>1. What are your community needs following the Incident?</p> <p>2. How is your community being supported following the Incident?</p> <p>3. What are the most imminent risks that your community is facing following the Incident?</p> <p>4. Are community members being impacted differently by the imminent risks/hazards caused by the incident?</p> <p>5. Can you provide an example of a situation or event after the Incident that highlights the fairness or unfairness of risk and vulnerability distribution within your community?</p> <p>6. What steps or measures do you believe should be taken to ensure a fairer distribution of risk and vulnerability among all entities in your community during future disasters?</p>

<p>Level and diversity of economic resources- diversity of economic resources</p>	<p>1. How well-prepared do you think your community was to handle the impacts of the natural disaster on its economic resources?</p> <ul style="list-style-type: none"> € Very well-prepared € Well-prepared € Moderately prepared € Poorly prepared € Not prepared at all <p>2. How would you rate the level of economic resources available in your community after the natural disaster?</p> <ul style="list-style-type: none"> € Very high € High € Moderate € Low € Very low 	<p>1. How is the community being supported following the Incident (I.e., local help/resources, federal support, emergency funds)?</p> <p>2. What have been your most important sources of support throughout this Incident (support: including financial, community members or groups)?</p> <p>3. Can you describe any specific economic resources or industries in your community that were significantly impacted by the Incident? How did this impact the overall level and diversity of economic resources?</p> <p>4. What steps or actions do you believe should be taken to enhance the level and diversity of economic resources in your community and increase resilience against future disasters?</p>
<p>Equity of resource distribution- the fair and just allocation of resources within a community</p>	<p>1. Did everyone in the community have equal access to resources?</p> <ul style="list-style-type: none"> € Yes € No € I don't know <p>2. To what extent do you believe that resources were allocated based on need and not influenced by factors such as socio-economic status or privilege in your community during and after the Incident?</p> <ul style="list-style-type: none"> € Completely based on need € Mostly based on need € Somewhat based on need € Slightly influenced by other factors € Highly influenced by other factors <p>3. How well do you think the needs of marginalized or vulnerable populations were considered in the resource distribution efforts during and following the Incident?</p> <ul style="list-style-type: none"> € Very well considered € Well considered € Moderately considered € Poorly considered € Not considered at all 	<p>1. Can you describe any financial impact that the Incident had on your community?</p> <p>2. Are current resources/financial assistance being provided to everyone in the community? If yes, how?</p> <p>3. Can you provide an example of a situation or event during or after the Incident that highlights the fairness or unfairness of resource distribution within your community?</p> <p>4. In your opinion, what are some potential barriers or challenges to achieving equitable resource distribution in a community during/following a disaster?</p> <p>5. What steps or measures do you believe should be taken to ensure more equitable resource distribution in your community during future disaster response and recovery efforts?</p>

Community Resilience Question Bank

1. We are interested in hearing more about your experience. Would you be interested in filling out a few questions where you can share your thoughts about your experience or being contacted by a member of our team to discuss your experience further?"

- Yes I am willing to answer questions on my experience now
- Yes, please have someone call me to discuss my experience further (**Skip to next section**)
- I am not interested in discussing my experience, (**Skip to next section**)

To maximize the opportunity to assess community resilience the survey developer should select one or more qualitative and one or more quantitative questions from each construct in the table below.

If questions will be asked without completing the full-length General ACE survey, consider collecting the demographics questions asked in the General ACE survey. These demographic data are important for analysis and reporting.

Information and Communication		
Construct	Quantitative Question	Qualitative Question
Narratives- The community story around the incident	3. Did you have access to the resources you needed during the incident? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Sometimes <input type="radio"/> Unsure 4. Were you able to reach out to other community members or leaders about your needs and receive a response? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Sometimes <input type="radio"/> Unsure	4. Do you feel the community came together to support one another and develop creative solutions to the problems introduced by the incident? 5. What are the major concerns you and the community share about the incident? 6. What do you remember most about the incident?
Responsible Media- Accurate and timely information and recommendations	5. Do you feel the local media provided accurate information? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Sometimes 6. Do you feel the local media provided timely information to make decisions? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Sometimes <input type="radio"/> Unsure 7. Did media provide information about available services? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Sometimes <input type="radio"/> Unsure 8. Did you adhere to recommendations provided by the local media? <input type="radio"/> Yes	6. Describe why you feel the local media provided accurate/inaccurate information about available services and information about the incident? 7. Were you able to use information provided by the media to inform your decision making about your health and wellbeing? 8. How long after the Incident did you receive information needed to make informed decisions about your health and wellbeing? 9. What do you think the local media could have done differently in response to this Incident? 10. What do you think the local media did right in response to this Incident?

	<input type="radio"/> No <input type="radio"/> Sometimes <input type="radio"/> Unsure	
Skills and infrastructure - Communication system infrastructure used to inform the public on Incident	2. Was there an emergency system employed to warn/advise about the danger/hazards posed by the Incident? <input type="radio"/> Reverse 911 <input type="radio"/> Emergency hotline <input type="radio"/> Emergency sirens <input type="radio"/> Emergency text alerts <input type="radio"/> Phone tree <input type="radio"/> Door-to-door communication <input type="radio"/> Other _____	4. Do you feel you were informed about the Incident, the risks that may have been present, and the actions you needed to take in a timely manner? 5. Do you believe the local and state leaders have or have requested the requisite skills needed to address the Incident? 6. What improvements or additions would you suggest for better communication in your community during future incidents?
Trusted sources of information - in public outreach, and reflects the values and priorities of local populations	4. What is your most trusted source for health information related to this Incident? (select 1) <input type="radio"/> Public health authority (e.g. state or local public health department, hospital) <input type="radio"/> Traditional media (e.g. TV, news, radio, print) • Please specify ____ <input type="radio"/> Social media (e.g. facebook, twitter, etc.) • Please specify ____ <input type="radio"/> Relative/friend/neighbor/coworkers <input type="radio"/> Town hall/community meeting <input type="radio"/> Other • Please specify ____ <input type="radio"/> No trusted sources 5. From whom would you trust new health information about the incident? <input type="radio"/> Public health authority (e.g. state or local public health department, hospital) <input type="radio"/> Traditional media (e.g. TV, news, radio, print) • Please specify ____ <input type="radio"/> Social media (e.g. facebook, twitter, etc.) • Please specify ____ <input type="radio"/> Relative/friend/neighbor/coworkers <input type="radio"/> Town hall/community meeting <input type="radio"/> Other • Please specify ____ <input type="radio"/> No trusted sources 6. On a scale of 1 to 5, with 1 being the least confident and 5 being the most confident, how trustful are you of health information disseminated from local and state officials	6. Tell us more about the characteristics of the organization/entity/person from whom you said you would trust new or ongoing information about the Incident. What makes them trustworthy? 7. What specific information were you looking for during the Incident? 8. What specific information are you looking for now? 9. What was/is the most useful information you received (related to health and safety)? 10. What information sources are you using to make health and wellbeing decisions for you and your family?

	now, after the incident? 0 N/A 1 2 3 4 5	
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Community Competence		
Construct	Quantitative Question	Qualitative Question
Community action abilities to engage constructively in group process, resolve conflicts, collect and analyze data, and resist opposing or undesirable influences -the community's ability to take action,	<p>4. Did you receive or give any resources/help because of this event? (Select all that apply)</p> <p><input type="checkbox"/> Yes, received resources/help</p> <p><input type="checkbox"/> Yes, gave resources/help</p> <p><input type="checkbox"/> No, I did NOT give or receive resources</p> <p>5. Do you feel the community had/has a differing agenda from the authorities with respect to this Incident?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> I don't know/NA</p> <p>6. Were you able to engage as a community to take collective action to meet your community needs? If so, did you or community members? (Select all that apply)</p> <p><input type="checkbox"/> Start/attend a social media (facebook, reddit) group to share information</p> <p><input type="checkbox"/> Attend community meetings</p> <p><input type="checkbox"/> Attend secular or religious organization meetings?</p> <p><input type="checkbox"/> Other</p>	<p>6. Did the community work together to respond to the Incident? If so, how?</p> <p>7. How did your community help you during the Incident?</p> <p>8. Tell me more about what you think the officials still need to do to make your community whole again. What action still need to be taken?</p> <p>9. It has been shown that pre-existing organizations and relationships are key in rapidly mobilizing during emergencies. Did you have pre-existing relationships in the community that you leaned on during this Incident? If so, can you please describe how? If not, how can the community better foster these relationships?</p> <p>10. How did the community work together to make collective decisions (i.e., form an organized community voice)?</p>
Critical reflection and problem--solving skills	<p>3. Do you think the community has made changes to better address emergencies like this in the future?</p> <p><input type="checkbox"/> Yes, changes have been made</p> <p><input type="checkbox"/> No, changes have to been made</p> <p>4. Did past experiences with emergencies inform your actions during this Incident?</p> <p><input type="checkbox"/> Yes, (if so, explain)</p> <p><input type="checkbox"/> No, (if no, explain why)</p>	<p>5. Do you think the community has made changes to better address emergencies in the future? What changes have been made? What changes should still be made?</p> <p>6. If an event like this occurred in a different community, what would you recommend to residents, first-responders, and community leaders there?</p> <p>7. How can residents improve their ability to mobilize to respond to the community needs following the Incident?</p> <p>8. How has the community addressed past incidents?</p>
Flexibility and creativity	<p>3. Did you feel your community was flexible and creative in developing solution during and after this Incident?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>6. Did you observer any creative ways the community worked to respond to the Incident (ex. Citizen science, community collaboration, etc.)?</p> <p>7. Can you tell me more about the</p>

	<input type="radio"/> I don't know 4. Did the community lean on established trusted information and communication resources in the face on the unknown during and after this incident? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know	resources the community leaned on in the face of the unknown during and after this incident.
Collective efficacy/Empowerment	3. Do you feel you have close social networks within the community you were able to trust for information and resources during and after the Incident? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know 4. Were there opportunities for you to get involved and feel your voice was heard (i.e participations in community action groups, speak at town hall meetings, etc.)? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know	8. Did you rely on specific family members, neighbors, or community organizations for resources following the Incident? Whom and for what? 9. How were you empowered to mobilize to respond to the Incident in the community (i.e., attend townhall meetings, organized donations)? 10. Were there opportunities for you to get involved and feel your voice was heard, i.e. Maybe through participations in community action groups, townhall meetings etc.? Did these opportunities feel empowering?
Political partnerships	3. Do you believe the local and state leaders have the required skills and resources to address the Incident? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know 4. Have community leaders and institutions sufficiently involved citizens/those effected by the Incident in decision making? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know	5. Were there existing local networks used by residents to inform community leaders about their needs? If so, what were they (i.e., influential trusted people, a trusted someone/a network that has pulse on the community)? 6. Do you believe the local and state leaders have the required skills and resources to address the incident? What are some skills or resources you have seen community leaders lean on during this incident? What resources were you have like them to use more of? 7. Looking forward, how can local and state government agencies work with the community to be more prepared to respond to future incidents? 8. How have community leaders and institutions involved citizens/those effected by the incident in decision making?

Social Capital

individuals invest, access, and use
resources embedded in social networks to gain returns

Construct	Quantitative Question	Qualitative Question
Social support –	7. On the scale of 1 to 5, with 1 being no support and 5 being a lot of support. How	7. Were there existing local networks utilized by residents to obtain resources? If

Actual assistance received	<p>much support have you received from neighbors and other community members or groups since the incident? 0 1 2 3 4 5</p> <p>8. On the scale of 1 to 5, with 1 being not strong social ties and 5 being very social ties. How strong would you say your social ties are within your community? 0 1 2 3 4 5</p> <p>9. On the scale of 1 to 5, with 1 being not loving and caring and 5 being very loving and caring. How loving and caring did you feel the actual assistance you received in response to the event was? 0 1 2 3 4 5</p> <p>10. On the scale of 1 to 5, with 1 being not readily available and 5 being very readily available. How readily available did you feel the actual assistance you received in response to the event was? 0 1 2 3 4 5</p> <p>11. On the scale of 1 to 5, with 1 being not frequent and 5 being very frequent. How frequently do you socialize with other members of your community? 0 1 2 3 4 5</p> <p>12. On the scale of 1 to 5, with 1 being not strong and 5 being very strong. How strong do you feel your social ties are other members of your community? 0 1 2 3 4 5</p>	<p>so, what are they? (churches, community centers)</p> <p>8. Can you elaborate on the successes and pain points you experienced with the level of actual support you received? Who did you receive this support from. Who or how could this support have been made better?</p> <p>9. Where you in a position to provide support to anyone during this incident? Support could refer to emotional, informational, or tangible support.</p> <p>10. When you first learned about the incident who were the first 3 people you thought you needed to talk to and what about these people made them important to speak with?</p> <p>11. Who within your community do you feel you have the strongest social connections with?</p> <p>12. Do you feel you can overcome life challenges and obstacles because of your community connectivity and being interwoven in a close community social network? Please tell us more?</p>
Perceived (expected) social support	<p>5. On the scale of 1 to 5, with 1 being not strong and 5 being very string. Do you feel there are adequate networks/organizations you are able to contact for resources (physical, financial, social, emotional, etc.)? 0 1 2 3 4 5</p> <p>6. On the scale of 1 to 5, with 1 being not likely and 5 being very likely. How likely do you think it is that someone in your community would be available to provide you with resources/support (physical, financial, social, emotional, etc.)? 0 1 2 3 4 5</p> <p>7. On the scale of 1 to 5, with 1 being not willing and 5 being very willing. To what extent do you believe that people in your community are willing to help each other during difficult times? 0 1 2 3 4 5</p> <p>8. On the scale of 1 to 5, with 1 being not</p>	<p>3. What are your expectations of the existing local networks available to residents to obtain resources?</p> <p>4. Describe the networks/organizations within your community that you know provide help/resources.</p>

	<p>willing and 5 being very willing. To what extent do you believe that organizations, private or public, in your community are willing to help community members during difficult times?</p> <p>0 1 2 3 4 5</p>	
<p>Social embeddedness- informational ties, social relationships, including both the frequency and intensity of interactions. Encompasses benefits members receive from their social ties</p>	<p>4. On the scale of 1 to 5, with 1 being not often and 5 being very often. How frequently do you interact with your neighbors or other community members?</p> <p>0 1 2 3 4 5</p> <p>5. On the scale of 1 to 5, with 1 being not close better and 5 being very close. How would you describe the depth of your relationships with your friends and acquaintances in your community?</p> <p>0 1 2 3 4 5</p> <p>6. On the scale of 1 to 5, with 1 being not often and 5 being very often. How often do you exchange information or seek advice from others in your community?</p> <p>0 1 2 3 4 5</p>	<p>5. Did you rely on specific family members, neighbors, or community organizations for resources during the incident?</p> <p>6. Were there existing local networks utilized by residents to obtain resources? If so, what are they (churches, community centers)?</p> <p>7. How did your community help you during the incident?</p> <p>8. Did the community work together to respond to the incident? If so, how?</p>
<p>Organizational linkages and cooperation</p>	<p>5. On a scale of 1 to 5 with 1 being the no support and 5 being a lot of support. How much support have you received from government entities since the incident?</p> <p>0 1 2 3 4 5</p> <p>6. On a scale of 1 to 5 with 1 being the no support and 5 being a lot of support. How much support have you received from non-government entities since the incident?</p> <p>0 1 2 3 4 5</p> <p>7. On a scale of 1 to 5 with 1 being the poor and 5 being a lot of excellent. How would you rate the level of coordination and communication between different organizations in your community?</p> <p>0 1 2 3 4 5</p> <p>8. On a scale of 1 to 5 with 1 being the not well and 5 being very well. To what extent do you feel that organizations in your community work together to address common goals or challenges?</p> <p>0 1 2 3 4 5</p>	<p>5. How did non-governmental organizations and other organizations assist during the incident?</p> <p>6. What are some organizations that provided resources during the incident?</p> <p>7. Can you provide an example of a successful collaboration or cooperation between organizations in your community? What factors contributed to its success?</p> <p>8. In your opinion, what are the main barriers or challenges that hinder effective organizational linkages and cooperation in your community?</p>
<p>Citizen participation/ Leadership and roles-formal ties</p>	<p>4. Did you participate in any community meetings run by your local government officials (health department, police)?</p> <p>€ Yes</p> <p>€ No</p> <p>€ I don't know</p> <p>5. On a scale of 1 to 5 with 1 being not</p>	<p>6. What community meetings run by your local government officials (health department, police) have you participated in?</p> <p>7. What types of meetings would you like to see organized by your local government officials (health department, police)? Would</p>

	<p>effective and 5 being very effective. How would you rate the effectiveness of community leaders in coordinating response efforts related to this Incident?</p> <p>0 1 2 3 4 5</p> <p>6. Were there opportunities for you to actively participate in community-led initiatives, volunteer efforts, or decision making following the Incident?</p> <p>€ Yes € No € I don't know</p>	<p>you participate if this type of meeting was offered?</p> <p>8. In your opinion, what are the key qualities or skills that make an effective community leader? Can you provide examples of leaders who possess these qualities?</p> <p>9. What specific barriers or challenges do you perceive that hinder community participation and engagement community meetings? How do you think these barriers can be overcome?</p> <p>10. Can you describe a specific instance where citizen participation played a crucial role in the response rebuilding process after the Incident? What impact did it have on your community?</p>
<p>Sense of community-attitude of bonding-trust and belonging, with other members of one's group or locale</p>	<p>4. On a scale of 1 to 5 with 1 being not strong and 5 being very strong. How would you rate your sense of community after the Incident?</p> <p>0 1 2 3 4 5</p> <p>5. On a scale of 1 to 5 with 1 being the no belonging and 5 being complete belonging. To what extent do you feel a sense of belonging with other members of your group or locale in the community after the Incident?</p> <ul style="list-style-type: none"> • 1 2 3 4 5 <p>6. On a scale of 1 to 5 with 1 being the no trust and 5 being complete trust. How much trust do you have in other members of your group or locale in the community after the Incident?</p> <ul style="list-style-type: none"> • 1 2 3 4 5 	<p>5. Did the incident enhance your sense of community? If so, how?</p> <p>6. In what ways has your sense of community changed since the Incident?</p> <p>7. Can you provide an example of a positive interaction or experience that made you feel more connected to other members of your group or locale after the Incident?</p> <p>8. What factors contribute to your level of trust or lack thereof in other members of your group or locale following the Incident?</p>
<p>Attachment to place-an emotional connection to one's neighborhood or city, somewhat apart from connections to the specific people who live there</p>	<p>4. How long have you lived in this community?</p> <p>€ Less than 1 year € 1-5 years € More than 5 years</p> <p>5. On a scale of 1 to 5 with 1 being not strong and 5 being very strong. How would you rate your emotional connection to your neighborhood or city after the Incident?</p> <p>0 1 2 3 4 5</p> <p>6. How much has your sense of place identity been affected by the Incident?</p> <p>€ Not affected at all € Slightly affected € Moderately affected € Highly affected</p>	<p>5. How has your emotional connection to your neighborhood or city changed after the Incident?</p> <p>6. How has the community addressed past chemical contamination events?</p> <p>7. How does your community typically respond to events?</p> <p>8. What factors contribute to your sense of attachment to the physical environment of your neighborhood or city, regardless of the people who live there, following the Incident?</p>

	€ Completely affected	
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Economic Development		
Construct	Quantitative Question	Qualitative Question
<p>Fairness of risk and vulnerability to hazards- Economic resilience depends not only on the capacities of individual businesses but on the capacities of all the entities that depend on them and on which they depend</p>	<p>4. How would you rate the fairness of risk and vulnerability distribution in your community after the Incident (i.e were all people treated equal?)?</p> <p>€ Very fair € Fair € Neutral € Unfair € Very unfair</p> <p>5. To what extent do you believe that all entities, including businesses were equally affected by the Incident?</p> <p>€ Completely equal € Mostly equal € Somewhat equal € Slightly unequal € Highly unequal</p> <p>6. How well do you think the capacities/resources of different entities in your community were considered during the Incident and in the recovery, efforts following the Incident?</p> <p>€ Very well considered € Well considered € Moderately considered € Poorly considered € Not considered at all</p>	<p>7. What are your community needs following the Incident?</p> <p>8. How is your community being supported following the Incident?</p> <p>9. What are the most imminent risks that your community is facing following the Incident?</p> <p>10. Are community members being impacted differently by the imminent risks/hazards caused by the incident?</p> <p>11. Can you provide an example of a situation or event after the Incident that highlights the fairness or unfairness of risk and vulnerability distribution within your community?</p> <p>12. What steps or measures do you believe should be taken to ensure a fairer distribution of risk and vulnerability among all entities in your community during future disasters?</p>
<p>Level and diversity of economic resources- diversity of economic resources</p>	<p>3. How well-prepared do you think your community was to handle the impacts of the natural disaster on its economic resources?</p> <p>€ Very well-prepared € Well-prepared € Moderately prepared € Poorly prepared € Not prepared at all</p> <p>4. How would you rate the level of economic resources available in your community after the natural disaster?</p> <p>€ Very high € High € Moderate € Low € Very low</p>	<p>5. How is the community being supported following the Incident (i.e., local help/resources, federal support, emergency funds)?</p> <p>6. What have been your most important sources of support throughout this Incident (support: including financial, community members or groups)?</p> <p>7. Can you describe any specific economic resources or industries in your community that were significantly impacted by the Incident? How did this impact the overall level and diversity of economic resources?</p> <p>8. What steps or actions do you believe should be taken to enhance the level and diversity of economic resources in your community and increase resilience against</p>

<p>Equity of resource distribution- the fair and just allocation of resources within a community</p>	<p>4. Did everyone in the community have equal access to resources?</p> <p>€ Yes € No € I don't know</p> <p>5. To what extent do you believe that resources were allocated based on need and not influenced by factors such as socio-economic status or privilege in your community during and after the Incident?</p> <p>€ Completely based on need € Mostly based on need € Somewhat based on need € Slightly influenced by other factors € Highly influenced by other factors</p> <p>6. How well do you think the needs of marginalized or vulnerable populations were considered in the resource distribution efforts during and following the Incident?</p> <p>€ Very well considered € Well considered € Moderately considered € Poorly considered € Not considered at all</p>	<p>future disasters?</p> <p>6. Can you describe any financial impact that the Incident had on your community?</p> <p>7. Are current resources/financial assistance being provided to everyone in the community? If yes, how?</p> <p>8. Can you provide an example of a situation or event during or after the Incident that highlights the fairness or unfairness of resource distribution within your community?</p> <p>9. In your opinion, what are some potential barriers or challenges to achieving equitable resource distribution in a community during/following a disaster?</p> <p>10. What steps or measures do you believe should be taken to ensure more equitable resource distribution in your community during future disaster response and recovery efforts?</p>
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Conclusion Statements

Wrap-up

Notes for online survey tool development:

- Only when 'yes' is selected for the question: "Would you like us to mail you a copy of the completed survey?", make the following question visible:
 - o Please provide the address where you would like to receive the survey below:

Please take this opportunity to share any other concerns we have not yet asked about or add detail to concerns addressed earlier in the survey. Is there anything else you would like us know?

Closing Statement:

That completes this survey. I would like to sincerely thank you for your time. From here, we'll take your answers, along with those of other community members, and summarize them into recommendations for decision makers to help this community. Please share the survey with other adults who were in the area to take. Would you like us to mail you a copy of the completed survey?

- a) Yes
- b) No

Please provide the address where you would like to receive the survey below:

- **Same as home address**

- Other

Street: _____

City: _____ County: _____

State: _____ ZIP: _____

Date and time ended Date ___/___/___ (mm/dd/yyyy) ___:___ (am/pm)