**Date: 09/\_\_\_\_/2022** **Interview Number: \_\_\_\_\_\_\_** **Shelter/Lodge site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Team name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Demographics** | |
| **COMPLETE BEFORE BEGINNING SURVEY.** Shelter site:□ Room in lodge □ RV/Camper □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Q1**. Including yourself, how many people are living with you? \_\_\_\_#\_\_\_\_ | |
| **Q2.**  Including yourself, how many people living with you are <2 yrs old? \_\_#\_\_ 2-17 yrs? \_\_#\_\_ 18-64 yrs? \_\_#\_\_ 65+ yrs? \_\_#\_\_ | |
| **Q3**. Prior to the flood, did you own or rent your home? □ Own □ Rent □ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ DK □ Ref | |
| **Now we are going to ask about your household’s experience during the recent flood.** | |
| **Q4.** Did your HH evacuate your home at any time before or after the flood? □ Before  □ During (e.g., rescued, on own) □ After  □ No □ DK □ Ref | **Q8.** What, if any, are barriers to your home repair? *(Check ALL)*  □ Time □ Health of HH members □ Finding materials/supplies  □ Availability of contractors/skilled labor  □ Availability of PPE (e.g., mask, gloves) □ Working on paperwork  □ Money/Cost – Waiting on insurance claim  □ Money/Cost – Waiting on a loan  □ Money/Cost – Waiting on FEMA/Federal funds  □ Money/Cost – FEMA/Insurance funds insufficient to rebuild  □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ None – no barriers □ None – no repairs needed □ DK □ Ref |
| **Q5.** Does the shelter feel safe to live in? □ Yes □ No □ DK □ Ref  *IF NO*, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Q6.** Does your shelter site currently have the following:  Access to transportation □ Yes □ No □ DK □ Ref  Safe drinking water □ Yes □ No □ DK □ Ref  Garbage collection □ Yes □ No □ DK □ Ref  Access to functioning toilet □ Yes □ No □ DK □ Ref  Cellular phone service □ Yes □ No □ DK □ Ref  Internet service □ Yes □ No □ DK □ Ref  Air conditioning □ Yes □ No □ DK □ Ref |
| **Q9.** If your HH had an offer to sell your home at preflood value to move outside of the floodplain, would your HH be willing to relocate? *(Check ONE)* □ Yes □ Maybe □ No □ DK □ Ref |
| **Q7.** How close is your home (excluding landscape) to being how it was prior to the floods? *(Check ONE)*  □ Completely repaired □ Somewhat repaired  □ Not repaired at all □ Never damaged/home is inaccessible □ DK □ Ref | **Q10**. Has debris and waste been removed from your property? *(ONE)*  □ All □ Some □ None □ No need □ DK □ Ref |
| **Q11.** Since the flood, are the roads to your home drivable with a standard car? □ Yes – All □ Yes – Some □ None □ DK □ Ref |
| **Q12.** Does your HH currently have a 7 day supply of Prescription medications? □ Yes □ No □ DK □ Ref |
| **Communications** | |
| **Q13.** How did your HH hear warning about the flood/rising water? *(Check ALL).* □ Saw water rising □ TV □ Radio  □ Internet news □ Phone weather alert □ Social media  □ Friend/Family/Neighbor/Word of Mouth  □ Emergency Management □ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ No warning □ DK □ Ref | **Q15.** Since the flood, what, if any, health and clean-up messages has your HH heard? ***(DO NOT READ RESPONSES*** *– Check ALL)*  □ Clean-up/mold □ Mental health □ Disaster Recovery Centers □ Drinking water safety □ Well water safety □ Vaccination (tetanus, hep)  □ Mosquito safety □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ None □ DK □ Ref |
| **Q14.** Do you or members of your HH currently have difficulty accessing the radio, TV, internet, or cell for communication messages? *(Check ALL)*  □ Yes – Radio □ Yes - TV □ Yes - Internet  □ Yes – Cell  □ Yes – Other \_\_\_\_\_\_\_\_\_\_\_□ No – no difficulty □ DK □ Ref | **Q16.** How did your HH hear messages about health and/or clean-up? *(Check ALL)* □ TV □ Radio □ Church/Place of worship □ School  □ Friends/Family/Neighbor/Word of Mouth □ Public Health Department  □ Internet news □ Social media □ Flyer/Poster  □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Didn’t hear messages □ DK □ Ref |
| **Q17**. Do you feel that you are getting the communication you need at the shelter site? □ Yes □ No □ DK □ Ref  *IF NO*, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Recovery** | |
| **Q18.** What stage of home cleanup is your HH in now? *(Check ONE)* □ Destroyed, can’t live there again □ Cleaning up, not living there yet □ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ DK □ Ref | |
| **Q19.** Has anyone in your HH attempted to receive assistance related to the floods from… *(NA = N/A because not needed)*   |  |  |  |  | | --- | --- | --- | --- | | Family/Friends | □ Received □ Attempted □ NA □ DK □ Ref | Church group | □ Received □ Attempted □ NA □ DK □ Ref | | Local Government | □ Received □ Attempted □ NA □ DK □ Ref | Nonprofit Org | □ Received □ Attempted □ NA □ DK □ Ref | | FEMA | □ Received □ Attempted □ NA □ DK □ Ref | Other \_\_\_\_\_\_\_ | □ Received □ Attempted □ NA □ DK □ Ref | | Red Cross | □ Received □ Attempted □ NA □ DK □ Ref | Other \_\_\_\_\_\_\_ □ Received □ Attempted □ NA □ DK □ Ref | |   **(continued)**  **Q19a.** *If RECEIVED*, Overall, how difficult was it to get assistance? □ Very difficult □ Difficult □ Easy □ Very Easy □ DK □ Ref  **Q19b.** *If RECEIVED,* Did the assistance your HH receive cover the financial loss? □ Yes □ No □ DK □ Ref  **Q19c.** *If RECEIVED,* What, if any, were the barriers to getting assistance? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ No barriers □ DK □ Ref | |
| **Physical Health** | |
| **Q20.** Since the flood, has it been more difficult to get needed professional medical care for any member of your HH? *(ONE)*  □ Yes *(Q20a)* □ No – received from Red Cross, mobile clinic, etc,  □ No – received from usual source. □ DK □ Ref  **Q20a.** *IF YES,* why? *(Check ALL)* □ Usual clinic/physician closed  □ Home health service disrupted □ Money/cost  □ Insurance problems □ No transportation □ Road blocked  □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ DK □ Ref | **Q22.** Since the flood, has it been more difficult to get needed medical supplies (e.g., oxygen tanks, hearing aids, ambulator assistance) for anyone in your HH? *(Check ONE)*  □ Yes *(Q22a)* □ No □ No – No needed supplies □ DK □ Ref  **Q22a.** *IF YES*, Why? *(Check ALL)* □ Usual clinic/physician closed  □ Usual supplier closed □ Money/cost □ Insurance problems  □ No transportation □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ DK □ Ref |
| **Q23.** Since the flood, have you or any members of your HH experienced worsening of:  Asthma □ Yes □ No/NA □ DK □ Ref  Allergies □ Yes □ No/NA □ DK □ Ref  COPD □ Yes □ No/NA □ DK □ Ref  Diabetes □ Yes □ No/NA □ DK □ Ref  Hypertension/High blood pressure □ Yes □ No/NA □ DK □ Ref  Heart disease □ Yes □ No/NA □ DK □ Ref  Previous mental health condition □ Yes □ No/NA □ DK □ Ref |
| **Q21.** Since the flood, has it been more difficult to get needed prescription medications for anyone in your HH? *(Check ONE)*  □ Yes *(Q21a)* □ No – got meds from mobile pharmacy, Red Cross, hospital etc. □ No – got meds from usual source  □ No – No meds □ DK □ Ref  **Q21a.** *IF YES*, Why? *(Check ALL)* □ Usual clinic/physician closed  □ Usual pharmacy closed □ Money/cost □ Insurance problems  □ No transportation □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ DK □ Ref |
| **Social Wellbeing & Behavioral/Mental Health** | |
| **Q24.** Since the flood, is your HHs overall health…. *(Check ONE)*  □ Better □ Same □ Worse □ DK □ Ref | **Q27**. Since the flood, what barriers has any HH member had in seeking services for behavioral health concerns? *(Check ALL)*  □ Not aware of resources □ No telehealth  □ Hard time trusting healthcare system or providers  □ Goes against beliefs □ Disabled/homebound □ No childcare  □ No health insurance □ Money/cost □ No transportation  □ Worried what others will think □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ No need for services □ No difficulties □ DK □ Ref |
| **Q25.** Since the flood, how often would you say your HH was worried or stressed about having enough money to …  buy nutritious meals? □ Never□ Rarely □ Some □ Usually □ Always  pay rent/mortgage □ Never□ Rarely □ Some □ Usually □ Always pay bills? □ Never□ Rarely □ Some □ Usually □ Always  □ DK □ Ref |
| **Q26.** Since the flood**,** have you or members of your HH received services from a counselor, pastor/clergy member, therapist, case worker, or social worker for…  Grief counseling □ Yes □ No Need □ Cldnt Get □ DK □ R  Adjustment/anxiety/coping □ Yes □ No Need □ Cldnt Get □ DK □ R  Substance abuse treatment □ Yes □ No Need □ Cldnt Get □ DK □ R  Suicidal thoughts/Self-harm □ Yes □ No Need □ Cldnt Get □ DK □ R  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Yes □ No Need □ Cldnt Get □ DK □ R  **Q26a.** *If YES*, who provided the counseling? *(Check ALL)*  □ Pastor/clergy member □ Social worker □ Case worker  □ Licensed therapist □ Counselor  □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ DK □ Ref | **Q28.** How would your HH most like to receive any behavioral or mental health assistance, if ever needed? *(Check ALL)*  □ In person – Local □ In person – Out of town □ In a group  □ Telehealth (Zoom, chat) □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_ □ DK □ Ref |
| **Q29.** Since the flood, have you or members of your HH had  Difficulty concentrating □ Yes □ No □ DK □ Ref  Trouble sleeping/nightmares □ Yes □ No □ DK □ Ref  Loss of appetite □ Yes □ No □ DK □ Ref  Agitated behavior □ Yes □ No □ DK □ Ref  Witnessed firsthand violent behavior/threats □ Yes □ No □ DK □ Ref  Increased alcohol/drug use □ Yes □ No □ DK □ Ref  Suicidal thoughts/Self-harm □ Yes □ No □ DK □ Ref |
| **Now we are going to ask about YOU as an INDIVIDUAL** | |
| **Q30.** Over the last **2 weeks**, how often have you…  Had little interest or pleasure in doing things? □ Not at all □ Several days □ More than half the days □ Nearly every day □DK □ Ref  Felt down, depressed or hopeless? □ Not at all □ Several days □ More than half the days. □ Nearly every day □DK □ Ref | |
| **Q31.** Over the last **2 weeks**, how often have you…  Felt nervous, anxious, or on edge? □ Not at all □ Several days □ More than half the days □ Nearly every day □DK □ Ref  Been unable to stop or control worrying? □ Not at all □ Several days □ More than half the days □ Nearly every day □DK □ Ref | |
| **Q32.** Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the **past 30 days** was your mental health not good? \_\_#\_\_ | |
| **Q33. Last question,** what is your HH’s greatest need at this time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |