

## Appendix

### Survey Questionnaire

1. Please enter the survey code you were provided. (Open-ended question)
  
2. Did your agency stay open during Hurricane Harvey?
  - Yes
  
  - No
  
  - Don't Know
  
3. Were home visits of clients disrupted during Harvey?
  - Yes
  
  - No
  
  - Don't Know
  
4. Why were visits disrupted? (select all that apply)
  - Understaffed
  
  - Mandatory evacuation
  
  - Could not reach the physical location of our patients
  
  - Our facility was closed
  
  - Other (please specify)

5. How long did the disruption in care services last?

- <24 hours
- 1 day
- 2 to 3 days
- About a week
- Longer than a week

6. In what locations did your nurses see their clients after Hurricane Harvey? (select all that apply)

- Client homes
- Evacuation shelters
- Hotel
- Home of friend/neighbor/relative
- Other (please specify)

7. Did your agency receive assistance in caring for clients from other resources?

- Yes
- No
- Don't Know

8. Where did these resources come from? (select all that apply)

- Nurses from other agencies in Texas
- Other nurses from our corporate organization
- Nurses from other agencies in US (outside Texas)
- Federal government agencies
- Other (please specify)

9. Did your agency provide assistance in caring for clients to other agencies impacted by Harvey?

- Yes
- No
- Don't Know

10. Did your agency have an emergency preparedness plan?

- Yes
- No
- Don't Know

11. Was your emergency preparedness plan put into place?

- Yes
- No
- Don't Know

Finally, I'd like to get some information about your agency.

12. How many clients are you currently providing services to. (open-ended response)

13. What is your service area? (open-ended response)

14. How many home health nurses do you have on staff? (open-ended response)

15. What percent of your client population is comprised of patients aged 65 and over?  
(open-ended response)

16. What is your ownership structure?

- a. Owned by a hospital-based organization
- b. Part of a nationally owned chain of home health agencies
- c. Part of a locally owned chain of home health agencies
- d. Single facility, not owned by another organization
- e. Other (please specify)

17. Please provide any additional comments about the care your facility was able to provide during Hurricane Harvey and its immediate aftermath.

Thank you again for your time.