Disaster Response Research Project Questionnaire Part I
DATE: _____ / _____ / _____ STUDYID._____

TIME BEGUN: _____ AM / PM

INTERVIEWER: _____ SAMPLE COLLECTOR:_____

CONTACT NAME: _____ CONTACT RELATION IN FAMILY _____

IF HOME IS MULTI-UNIT DWELLING, RECORD NUMBER OF UNITS: _____

1. Date of birth: _____

2. Gender: _____

3. What are the occupations of the adult members of this household? (If retired, also give previous occupation)

_____

_____

Now I would like to begin with some questions about your home and who lives here.

4. (IF #1 IS NO) How much of the time do you live in this home?(ASK OPEN-ENDED; CODE RESPONSE IN PERCENT)

		%

5. Do you own or rent this home?

☐ OWN (1) ☐ OTHER (EXPLAIN) (3) ☐ DK (-8)

☐ RENT (2) 3a. _____ ☐ REF (-9)

6. About what year was this home built? (CODE CATEGORY BELOW; IF RESPONDENT CAN'T GIVE YEAR, SAY: "Please give me your closest guess")

☐ 1999 TO PRESENT (1) ☐ 1960-1977 (3) ☐ 1940-1945 (5) ☐ DK (-8)

☐ 1978-1998 (2) ☐ 1946-1959 (4) ☐ PRIOR TO 1940 (6) ☐ REF (-9)

7. How long have you lived in this home? (CODE AS FRACTION OF A YEAR, e.g. 0.5 YEARS)

_____ . _____ (years)

8. How many people usually live in this household?

Number of people |__| |__|

9. How many levels or stories are in this (house/building), including the basement? (IF SPLIT LEVEL, OR PARTIAL BASEMENT, COUNT THE GREATEST NUMBER OF LEVELS ON TOP OF EACH OTHER.)

Number of levels |___|___|

The next questions ask about the heating and cooling systems in your home.

10. Do you have a home air filtration device such as a HEPA filtration system or some other special filter not connected to the furnace?

☐ YES (1) ☐ DK (-8) (SKIP TO 10)

☐ NO (2) (SKIP TO 13) ☐ REF (-9) (SKIP TO 10)

11. (IF 10 IS YES) Please describe your filtration system and where it is located.

_____

12. Approximately how often do you change or wash the air filter(s)? (ASK OPEN-ENDED, CODE RESPONSE)

☐ EVERY WEEK (1) ☐ EVERY 5-12 MONTHS (3) ☐ DK (-8)

☐ EVERY 1-4 MONTHS (2) ☐ LESS FREQUENLY THAN YEARLY (4) ☐ REF (-9)

The next section of questions deals with sources of humidity in your home.

13. Before the disaster, had there been water or dampness in your home due to broken pipes or leaks?

☐ YES (1) ☐ DK (-8)

☐ NO (2) ☐ REF (-9)

14. Did your home frequently have a mildew odor or musty smell prior to the disaster?

☐ YES (1) ☐ DK (-8)

☐ NO (2) ☐ REF (-9)

15. How often was the floor vacuumed, swept, or mopped? (ASK OPEN ENDED AND CODE;PROMPT WITH RESPONSES AGAIN IF NEEDED)

☐ DAILY (1) ☐ MONTHLY (4) ☐ DK (-8)

☐ WEEKLY (2) ☐ LESS OFTEN THAN MONTHLY (5) ☐ REFUSED (-9)

☐ EVERY TWO WEEKS (3) ☐ OTHER (6)

The next few questions are about methods used in your home to keep it free of pests.

16. Do you use anti-mite powders to “allergy-proof” your home?

☐ YES (1) ☐ DK (-8)

☐ NO (2) ☐ REF (-9)

17. Do you use any other methods to “allergy-proof” your home?

☐ YES (1) ☐ DK (-8) (SKIP TO 19)

☐ NO (2) (SKIP TO 19) ☐ REF (-9) (SKIP TO 19)

18. (IF 17 IF YES) What other methods do you use to “allergy-proof” your home? (ASK OPEN-ENDED)

_____

19. In the last 12 months, have you had any cockroaches in your home?

☐ YES (1) ☐ DK (-8) (SKIP TO 24)

☐ NO (2) (SKIP TO 24) ☐ REF (-9) (SKIP TO 24)

20. When was the last time you saw cockroaches inside your home? (ASK OPEN-ENDED AND CODE)

☐ WITHIN THE LAST WEEK (1) ☐ BETWEEN 5 AND 12 MONTHS AGO (4)

☐ WITHIN THE LAST MONTH (2) ☐ DK (-8)

☐ BETWEEN 1 AND 4 MONTHS AGO (3) ☐ REF (-9)

21. Approximately how many cockroaches do or did you see per day on average? (ASK OPEN-ENDED AND CODE)

☐ LESS THAN 5 (1) ☐ MORE THAN 50 (3) ☐ DK (-8)

☐ 5 TO 50 (2) ☐ REF (-9)

22. In the past 12 months, have you used any insecticides, bug sprays or roach motels to control cockroaches in your home?

☐ YES (1) ☐ DK (-8)

☐ NO (2) ☐ REF (-9)

23. In the past 12 months, have you used a professional exterminator to control cockroaches in your home?

☐ YES (1) ☐ DK (-8)

☐ NO (2) ☐ REF (-9)

24. In the past 12 months have you had any mice or rats in your home?

☐ YES (1) ☐ DK (-8) (SKIP TO 27)

☐ NO (2) (SKIP TO 27) ☐ REF (-9) (SKIP TO 27)

25. In the past 12 months, have you used any traps, bait stations or rat poison to control mice or rats in your home?

☐ YES (1) ☐ DK (-8)

☐ NO (2) ☐ REF (-9)

26. In the past 12 months, have you used a professional exterminator to control mice or rats in your home?

☐ YES (1) ☐ DK (-8)

☐ NO (2) ☐ REF (-9)

The next few questions are about pets living in your home.

27. Anytime in the <u>past 12 months</u>, have you had any pets or animals living in your home? This could include cats, dogs, hamsters or gerbils, guinea pigs, rabbits, birds, and many others.

☐ YES (1) ☐ DK (-8) (SKIP TO 29)

☐ NO (2) (SKIP TO 28) ☐ REF (-9) (SKIP TO 29)

28. Which pets or animals have you had living in your home anytime during the past 12 months? (ASK OPEN-ENDED; CHECK ALL THAT APPLY)(PROMPT: Any others?)

☐ CAT (1) # _____ ☐ BIRD (NON-POULTRY) (1)

☐ DOG (1) # _____ Other_____

☐ HAMSTER/GERBIL/MICE (1) ☐ DK (1)

☐ RAT (1) ☐ REFUSED (1)

☐ RABBIT (1)

29. Of the pets you just mentioned, are any of them <u>currently</u> living in your home?

☐ YES (1) ☐ DK (-8) (SKIP TO 31)

☐ NO (2) (SKIP TO 31) ☐ REF (-9) (SKIP TO 31)

30. Which pets or animals are <u>currently</u> living in your home? (ASK OPEN-ENDED; CHECK ALL THAT APPLY)

☐ CAT (1) # _____ ☐ BIRD (NON-POULTRY) (1)

☐ DOG (1) # _____ Other_____

☐ HAMSTER/GERBIL/MICE (1) ☐ DK (1)

☐ RAT (1) ☐ REFUSED (1)

☐ RABBIT (1)

The next few questions are regarding the disaster's damage

31. How soon after the disaster did you reenter your home?
- a. Less than 24 hours
- b. 1-3 days
- c. 3 days-week
- d. 1-2weeks
- e. 2-3weeks
- f. Over a month
- g. Have not re-entered home (Skip to question 36)

32. Did you take any precautionary methods upon entering?
- a. Wear a mask
- b. Wear gloves
- c. Wear old clothes that could be washed
- d. Other
- e. None

33. In total, how much time have you spent in your home in the past 6 months?
- a. Less than 24 hours
- b. 1-3 days
- c. 3 days-week
- d. 1-2weeks
- e. 2-3weeks
- f. Over a month
- g. Have not left
- h. Other

34. Did you use any materials to aid in drying your home?

☐ YES (1) ☐ DK (-8) (SKIP TO 36)

☐ NO (2) (SKIP TO 36) ☐ REF (-9) (SKIP TO 36)

35. Which materials did you use?
- ☐ a. Fans
- ☐ b. Dehumidifiers
- ☐ c. Opened windows
- ☐ d. Nothing
- ☐ e. Other_____

36. What renovations, if any, have been made to your home in the past 6 months?
- ☐ a. Remove drywall
- ☐ b. Remove all furniture
- ☐ c. Remove flooring
- ☐ d. New appliances
- ☐ e. None
- ☐ f. Other _____

37. Does your home currently have plumbing?

☐ YES (1) ☐ DK (-8)

☐ NO (2) ☐ REF (-9)

38. Does your home currently have electricity?

☐ YES (1) ☐ DK (-8)

☐ NO (2) ☐ REF (-9)

39. During evacuation where did you stay?
- ☐ a. Hotel
- ☐ b. Relatives home
- ☐ c. Friends home
- ☐ d. My home
- ☐ e. Other_____

40. Did this location have any damage?

☐ YES (1) ☐ DK (-8)

☐ NO (2) ☐ REF (-9)

41. In the past 2 months where have you been living?
- ☐ a. Hotel
- ☐ b. Relatives
- ☐ c. Friends
- ☐ d. My home
- ☐ e. Other_____

42. Did this location have any damage?

☐ YES (1) ☐ DK (-8)

☐ NO (2) ☐ REF (-9)

43. Have you spent time in any other damaged structures?

☐ YES (1) ☐ DK (-8) (Finished with this portion)

☐ NO (2) (Finished with this portion) ☐ REF (-9) (Finished with this portion)

44. How much time did you spend in these structures?
- ☐ a. Under 24 hours
- ☐ b. 1 day-1 week
- ☐ c. 2 weeks

☐ d. 3 weeks
☐ e. Over a month