Texas Flood Registry – Base ("Core") Survey Questions

Core survey module that is used for every flooding event.

Texas Flood Registry –[*StormName*]

We will now ask you questions about [StormName].

#	Condition	Question	Comments
C-010	*Required*	Where did you live right before [*StormName*] occurred? ◯ I lived in a home that I owned ◯ I lived in a home or apartment that I rented ◯ I lived with family/friends ◯ I lived in a temporary shelter ◯ I was homeless ◯ Other (describe): _____	
C-020	*If not homeless* *Required*	This home was a/an: ◯ Apartment (including garage apartment) ◯ Condominium ◯ Hotel/Motel ◯ Mobile Home / Trailer / RV ◯ Fully detached single-family house ◯ Semidetached single-family house or townhouse ◯ Multifamily housing with units built one on top of another or those built side-by-side (duplex, triplex, etc.) ◯ Group quarters like a college dormitory, nursing home, shelter ◯ Other (describe): _____	
C-030	*If not homeless* *Required*	Address: _____ Apt. or Suite: _____ City: _____ State: ___ Zip: _____	Apt. or Suite not required. All other elements required. Include other checks consistent with what we have done in the past – are there any?
C-040	*If not homeless* *Required*	Did the above home flood because of [*StormName*]? ◯ Yes ◯ No	

C-050	*If C-040 = Yes*	How long did it take for the flood water (caused by [*StormName*]) to recede? ◯ Less than 1 day ◯ 1 day ◯ 2 days ◯ 3 days ◯ 4 days ◯ 5 days ◯ 6 days ◯ 7 days ◯ 8 to 14 days ◯ 15 to 31 days ◯ More than 31 days	
C-060	*If C-40 = Yes*	During [*StormName*], how high was the flood water level in your home? ◯ Not sure ◯ Less than 1 inch ◯ 1 to 6 inches ◯ 7 to 12 inches ◯ 13 to 24 inches ◯ 25 to 60 inches (2 to 5 feet) ◯ 61 to 120 inches (5 to 10 feet) ◯ 10 feet or more	
C-070	*Required*	Were you physically in the area affected by this weather event when it occurred? ◯ Yes ◯ No	
C-080		Was your physical health impacted as a result of [*StormName*]? ◯ Yes ◯ No	
C-090	*If C-080 = Yes*	What did you experience? Check all that apply: ☐ Injury ☐ Hospitalization ☐ Headaches/migraines ☐ Problems concentrating ☐ Skin rash ☐ Runny nose, cough, itchy eyes	

<table>
<tr><td></td><td></td><td>☐ Shortness of breath, chest tightness or pain
☐ Other (describe): _____</td><td></td></tr>
<tr><td>C-100</td><td></td><td>Was your skin ever in contact with flood water during or right after [StormName]?
○ Yes
○ No</td><td></td></tr>
<tr><td>C-110</td><td></td><td>Over the last 2 weeks, how often have you been bothered by the following problems?
<table><tr><th></th><th>Not at all</th><th>Several days</th><th>More than half the days</th><th>Nearly every day</th></tr><tr><td>Feeling nervous, anxious or on edge</td><td>○</td><td>○</td><td>○</td><td>○</td></tr><tr><td>Not being able to stop or control worrying</td><td>○</td><td>○</td><td>○</td><td>○</td></tr><tr><td>Little interest or pleasure in doing things</td><td>○</td><td>○</td><td>○</td><td>○</td></tr><tr><td>Feeling down, depressed or hopeless</td><td>○</td><td>○</td><td>○</td><td>○</td></tr></table></td><td>The first two questions make up the Generalized Anxiety Disorder 2-item (GAD-2) screening tool. The GAD-2 is based on the GAD-7. Although designed as a screening tool for generalized anxiety, the GAD-2 also performs reasonably well as a screening tool for panic disorder, social anxiety disorder, and PTSD.

The last two questions make up the Patient Health Questionnaire-2 (PHQ-2) for depression. The PHQ-2 is based on the PHQ-9.</td></tr>
<tr><td>C-120</td><td>If any responses for C-110 are Several days or more</td><td>How difficult have these made it for you to do your work, take care of things at home, or get along with other people?
○ Not difficult at all
○ Somewhat difficult
○ Very difficult
○ Extremely difficult</td><td></td></tr>
<tr><td>C-130</td><td></td><td>The next questions are about problems and complaints that people sometimes have in response to stressful life experiences. Please indicate how much you have been bothered by each problem in the past month.
<table><tr><th></th><th>Not at all</th><th>A little bit</th><th>Moderately</th><th>Quite a bit</th><th>Extremely</th></tr><tr><td>Repeated, disturbing memories, thoughts, or images of [StormName]?</td><td>○</td><td>○</td><td>○</td><td>○</td><td>○</td></tr><tr><td>Feeling very upset when something</td><td>○</td><td>○</td><td>○</td><td>○</td><td>○</td></tr></table></td><td>The items below make up the abbreviated 2-item version of the PTSD Checklist (PCL). Other versions of the PCL include 6, 17, and 22 items.

General information about the PCL https://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp</td></tr>
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		reminded you of [StormName]?	Information about the abbreviated PCL https://www.integration.samhsa.gov/clinical-practice/Abbreviated_PCL.pdf
C-140		If needed, do you know how to access mental health services? ○ Yes ○ No	
C-150	*If C-140 = Yes*	As a result of [*StormName*], have you accessed mental health services since the storm? ○ Yes ○ No ○ No, I did not need mental health services	
C-160	*If C-150 = No*	Have any of the following made it difficult to obtain mental health care? (check all that apply) ☐ Insurance problems ☐ Money/Cost ☐ Home health services disrupted ☐ Did not think it would help ☐ No transportation ☐ Lack of time ☐ Usual clinic/physician closed ☐ Not Applicable ☐ Other (describe): _____	
C-170		Were any vehicles owned by a person in your household damaged or lost because of [*StormName*]? ○ Yes ○ No	
C-180	*If C-180 = Yes*	How many? ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 or more	
C-190		Did you or any member of your household lose income as a direct consequence of [*StormName*]? ○ Yes ○ No	

C-200		Has this weather event affected you or members of your household in other ways? Please let us know by writing in the box below.	