Detailed Health Survey Questions

This is an optional module for respondents who are willing to complete an extended survey on Health for any storm. This is only available if the Core survey has been completed for the selected storm.

Impact of [StormName] – Health

We will now ask you additional questions about your physical and emotional health during and after [StormName].

#	Condition	Question	Comments
L-010		Did you have a runny nose, cough, postnasal drip, itchy eyes, or dry/scaly skin before [StormName]? ◯ Yes ◯ No	
L-011	*If L-010 = yes*	Were your symptoms worse after the storm? ◯ Yes ◯ No	
L-012	*If L-011 = yes*	When did you first notice worsening symptoms? ◯ During and for the month following the storm ◯ 1 to 6 months after the storm ◯ 7 to 12 months after the storm	
L-015	*If L-010 = no*	Did you have a runny nose, cough, postnasal drip, itchy eyes, or dry/scaly skin after [StormName]? ◯ Yes ◯ No	
L-016	*If L-015 = yes*	When did you first notice these symptoms? ◯ During and for the month following the storm ◯ 1 to 6 months after the storm ◯ 7 to 12 months after the storm	
L-020		Did you have headaches or migraines before [StormName]? ◯ Yes ◯ No	
L-021	*If L-020 = yes*	Were your symptoms worse after the storm?	

		◯ Yes ◯ No	
L-022	*If L-021 = yes*	When did you first notice worsening symptoms? ◯ During and for the month following the storm ◯ 1 to 6 months after the storm ◯ 7 to 12 months after the storm	
L-025	*If L-020 = no*	Did you have headaches or migraines after [StormName]? ◯ Yes ◯ No	
L-026	*If L-025 = yes*	When did you first notice these symptoms? ◯ During and for the month following the storm ◯ 1 to 6 months after the storm ◯ 7 to 12 months after the storm	
L-030		Did you have problems concentrating before [StormName]? ◯ Yes ◯ No	
L-031	*If L-030 = yes*	Were your symptoms worse after the storm? ◯ Yes ◯ No	
L-032	*If L-031 = yes*	When did you first notice worsening symptoms? ◯ During and for the month following the storm ◯ 1 to 6 months after the storm ◯ 7 to 12 months after the storm	
L-035	*If L-030 = no*	Did you have problems concentrating after [StormName]? ◯ Yes ◯ No	
L-036	*If L-035 = yes*	When did you first notice these symptoms? ◯ During and for the month following the storm ◯ 1 to 6 months after the storm ◯ 7 to 12 months after the storm	
L-040		Did you have a skin rash before [StormName]? ◯ Yes ◯ No	
L-041	*If L-040 = yes*	Were your symptoms worse after the storm?	

		◯ Yes ◯ No	
L-042	*If L-041 = yes*	When did you first notice worsening symptoms? ◯ During and for the month following the storm ◯ 1 to 6 months after the storm ◯ 7 to 12 months after the storm	
L-045	*If L-040 = no*	Did you have a skin rash after [StormName]? ◯ Yes ◯ No	
L-046	*If L-045 = yes*	When did you first notice these symptoms? ◯ During and for the month following the storm ◯ 1 to 6 months after the storm ◯ 7 to 12 months after the storm	
L-050		Did you have shortness of breath, chest tightness or pain, whistling or wheezing sound when exhaling, or coughing attacks before [StormName]? ◯ Yes ◯ No	
L-051	*If L-050 = yes*	Were your symptoms worse after the storm? ◯ Yes ◯ No	
L-052	*If L-051 = yes*	When did you first notice worsening symptoms? ◯ During and for the month following the storm ◯ 1 to 6 months after the storm ◯ 7 to 12 months after the storm	
L-055	*If L-050 = no*	Did you have shortness of breath, chest tightness or pain, whistling or wheezing sound when exhaling, or coughing attacks after [StormName]? ◯ Yes ◯ No	
L-056	*If L-055 = yes*	When did you first notice these symptoms? ◯ During and for the month following the storm ◯ 1 to 6 months after the storm ◯ 7 to 12 months after the storm	

<table>
<tr>
<td>L-060</td>
<td></td>
<td>Over the <u>last 2 weeks</u>, 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>Worrying too much about different things</td><td>○</td><td>○</td><td>○</td><td>○</td></tr>
<tr><td>Trouble relaxing</td><td>○</td><td>○</td><td>○</td><td>○</td></tr>
<tr><td>Being so restless that it is hard to sit still</td><td>○</td><td>○</td><td>○</td><td>○</td></tr>
<tr><td>Becoming easily annoyed or irritable</td><td>○</td><td>○</td><td>○</td><td>○</td></tr>
<tr><td>Feeling afraid as if something awful might happen</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>
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</td>
<td>The first 7 questions make up the Generalized Anxiety Disorder 7-item (BAD-7) screening tool.

https://www.hiv.uw.edu/page/mental-health-screening/gad-7

The last two questions make up the Patient Health Questionnaire-2 (PHQ-2) for depression.

https://www.hiv.uw.edu/page/mental-health-screening/phq-9</td>
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<tr>
<td>L-070</td>
<td>If any responses for L-057 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>L-080</td>
<td></td>
<td>Has [Storm_Name] affected your health in other ways? Please let us know by writing in the free response below.
_____</td>
<td></td>
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