

# Appendix B: Sample Data Collection Form

## Hurricane Ike Community Assessment for Public Health Emergency Response Questionnaire—Galveston, County, Texas, September 2008

Date: 09/30/2008		Cluster:		No of HUs in cluster:		Survey no:		Interviewer initials:	
Address:					Key: Y=Yes D/K=Don't Know N=No N/H=Never Had				
1. Type of Structure: <input type="checkbox"/> Single-family house <input type="checkbox"/> Multiple unit (e.g., duplex, apartment) <input type="checkbox"/> Mobile home <input type="checkbox"/> Other _____					10. Since the hurricane, is everybody in this house getting the medication they need? Y N D/K If no, why? _____				
2. Since the hurricane, do you feel your home is safe to live in? Y N D/K If no, why? _____					11. Is there anyone in the home who needs special care (e.g., oxygen supply, dialysis, or home healthcare)? Y N D/K If yes, what? _____				
3. Since the hurricane, do you feel secure in your area? Y N D/K If no, why? _____					12. Does anyone in the home currently require medical care? Y N D/K				
4. How many people lived in this house before the hurricane? _____					13. Do you have running water? Y N D/K N/H If yes, source: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Well <input type="checkbox"/> D/K				
5. How many people slept here last night? _____ a. How many are 2 years of age or younger? _____ b. How many are 3–17 years of age? _____ c. How many are 18–64 years of age? _____ d. How many are 65 years or older? _____					14. Do you have safe drinking water? Y N D/K N/H If yes, source: <input type="checkbox"/> Well <input type="checkbox"/> Public <input type="checkbox"/> Bottled <input type="checkbox"/> No drinking water				
6. Was anyone in this house injured due to or since the hurricane? Y N D/K If yes, what was the injury:					15. Do you have access to enough food for everyone in the house for the next three days? Y N D/K N/H				
a. Cuts, abrasion, puncture wounds requiring medical attention? Y N D/K					16. Do you have a working toilet? Y N D/K N/H				
b. Strain/sprain Y N D/K					17. Do you currently have electric power from the utility company? Y N D/K N/H				
c. Broken bones Y N D/K					18. Are you using a generator? Y N D/K N/H If using a <b>GENERATOR</b> , where and how do you use it? <input type="checkbox"/> Indoors <input type="checkbox"/> Outside, but near an open door/window <input type="checkbox"/> Using open flame as a source of light when fueling <input type="checkbox"/> Other risky behavior: _____				
d. Head injury Y N D/K					19. Are you cooking on a charcoal or gas grill/camp stove? Y N D/K N/H If using a <b>GRILL/STOVE</b> , where and how do you use it? <input type="checkbox"/> Indoors <input type="checkbox"/> Outside, but near an open door/window <input type="checkbox"/> Using open flame as a source of light when fueling <input type="checkbox"/> Other risky behavior: _____				
e. Animal bites Y N D/K					20. Do you have a working telephone? Y N D/K N/H				
f. Other: _____					21. Do you currently have regular garbage pick-up? Y N D/K N/H				
7. Has every adult in the house had a tetanus shot in the last 10 years? Y N D/K					22. How did you get warning or other information before the hurricane? <input type="checkbox"/> TV <input type="checkbox"/> Neighbor, word of mouth <input type="checkbox"/> Radio <input type="checkbox"/> Internet <input type="checkbox"/> Newspaper <input type="checkbox"/> Other: _____				
8. Since the hurricane, has there been any increase in insect bites/stings from any of the following? a. Mosquitoes Y N D/K b. Ants Y N D/K c. Bees or wasps Y N D/K d. Other: _____ Y N D/K					23. How did you get health advice or information after the hurricane? <input type="checkbox"/> TV <input type="checkbox"/> Neighbor, word of mouth <input type="checkbox"/> Radio <input type="checkbox"/> Internet <input type="checkbox"/> Newspaper <input type="checkbox"/> Other: _____				
9. Have any house members become ill due to/since the hurricane? Y N D/K If yes, what did they have?					24. Finally, what is your greatest need at this moment?				
a. Nausea/stomach ache/diarrhea Y N D/K									
b. Sore throat/cold Y N D/K									
c. Worsened chronic illness Y N D/K									
d. Other: _____									