

KATRINA@10

Internal Codebook

Table of Contents

Main Survey 3

Personal Information Form 73

Scales and Measures 80

Appendix 97

Main Survey

Contents

- Module I.** Opening Script and Consent 5
- Module II.** Housing and Mobility 7
- Module III.** Health 14
- Module IV.** Social Capital and Resources 26
- Module V.** Risk Behaviors, Trauma & Exposure 32
- Module VI.** Family Dynamics & Household Constraints 36
- Module VII.** Neighborhood 38
- Module VIII.** Children 42
- Module IX.** Recovery & Outlook 50
- Module X.** Demographics 65

Katrina@10 Survey

HID #: HID	Team Captain ID:	Date of Interview:
Interviewer ID #: interviewer	Time Begun: start_datetime	Time Completed: end_datetime

MODULE I. Opening Script & Consent

Hello, my name is [INTERVIEWER NAME] and I work with [INSERT STUDY NAME OF RISK/G-CAFH/KATIVA]. About [NUMBER] years ago, someone from our research group last spoke with you about your recovery after Hurricane Katrina.

Our project is a follow-up study of the impact of Hurricane Katrina on Louisiana and Mississippi residents. As a past participant of [INSERT STUDY NAME OF RISK/G-CAFH/KATIVA], you had agreed to let us re-contact you. This survey should take about one hour and portions of the interview may be audio-recorded for quality assurance purposes. Your participation is entirely voluntary, and you can decline to answer any question at any time. You can also withdraw your participation at any time without any penalty or consequence. All the information we collect is kept private and confidential, and will not be shared with anyone outside of the research team unless required by law. Your name will never appear in any private or public document produced by this Program. Electronic records of the information you provide is collected on encrypted devices, transmitted in encrypted form, and stored permanently on secure servers. Any paper information that includes your name will be kept in a locked storage facility under control of the study directors. The risks associated with this study are minimal. There are no direct benefits to your participation, although many people have appreciated the opportunity to speak about their experiences. This information, along with a study description and contact information for the Study Director, is provided in the Study Information Sheet. Upon completion of the survey, you will receive a gift card as a thank-you from us.

[HANDOUT FOR IN-PERSON INTERVIEWS; ALSO AVAILABLE ONLINE FOR PHONE PARTICIPANTS AT WWW.RISKPROJECT.ORG; IF REQUESTED, STUDY INFORMATION SHEET CAN BE MAILED TO RISK PARTICIPANTS].

Q1.

Can we begin the survey?

consent

- Yes [GO TO Q2]
- No

Q1a.

Is there a better time to meet with you? [COLLECT AS MUCH INFORMATION AS POSSIBLE, INCLUDING NAME, DATE/TIME FOR INTERVIEW, PHONE AND/OR EMAIL. ENTER DATA INTO SYSTEM.]

-
- |__|__|__|

[IF REFUSAL, TRY TO FIND OUT THE ISSUES/QUESTIONS AND TRY TO ADDRESS THEM. ENTER REFUSAL DATA IN SYSTEM]

For this survey, I will be reading the questions as they are written. The interviewing staff, and that includes me, are instructed to always follow the same questionnaire structure during every interview. Even though some of the questions may seem obvious to you, or may not seem to apply to you, please understand that we ask everyone the same questions in the same order to be consistent. Remember that you do not need to answer any questions that make you uncomfortable.

CODE: REF= 777 DK = 888 NA = 999

Questions that start with **G** are only asked of the GCAFH cohort. Questions that start with **R** are only asked of the RISK cohort.

MODULE II. Housing and Mobility

First, we are going to talk about your housing at the time of Hurricane Katrina.

Q2.

At the time of Hurricane Katrina, did you live in a place that you considered to be permanent and stable housing, that is, you could stay there for a year or more? permkat

- Yes (1)
- No (0)
- |__|__|__|

Q3.

Did you leave your housing when Hurricane Katrina struck? *[LEAVING ONE'S HOUSING COULD INCLUDE ANYTHING FROM A BRIEF EVACUATION TO A LONGER DISPLACEMENT]* evac

- Yes (1)
- No *[GO TO Q3c]* (0)
- |__|__|__|

Q3a.

Did you return to that housing? return

- Yes (1)
- No (0) *[GO TO Q3e]*
- Returned to trailer on property but not my pre-Katrina housing (2)
- |__|__|__|

Q3b.

When did you return to that housing?

- Month return_mo Year return_yr
- |__|__|__|

Q3c.

Is that the housing that you live in now?

- Yes (1) *[GO TO Q4]* hs_now
- No (0)
- |__|__|__|

Q3d.

When did you move out of that housing?

- Month move_mo Year move_yr
- |__|__|__|

CODE: REF= 777 DK = 888 NA = 999

Q3e.

main_move

What is the main reason you moved out of that housing?

- Because of a job, for example, a new job, a job transfer, or to be closer to work (1)
- For family-related reasons, for example, to establish my own household or because I married/divorced/separated (2)
- For housing-related reasons, for example, I needed a larger or better quality house or apartment, I wanted to own instead of rent my home, I wanted to rent instead of own my home, I wanted to lower my housing costs, I wanted to live in a different neighborhood/area/region (3)
- I was forced to leave by my landlord, a government decision, or a foreclosure (4)
- Damage to my home from a disaster (5)
- Other (6) (specify): main_move_sp
- |__|__|__|

Q3f.

second_move

Is there a second reason you moved out of that housing?

- No (7)
- Because of a job, for example, a new job, a job transfer, or to be closer to work (1)
- For family-related reasons, for example, to establish my own household or because I married/divorced/separated (2)
- For housing-related reasons, for example, I needed a larger or better quality house or apartment, I wanted to own instead of rent my home, I wanted to rent instead of own my home, I wanted to lower my housing costs, I wanted to live in a different neighborhood/area/region (3)
- I was forced to leave by my landlord, a government decision, or a foreclosure (4)
- Damage to my home from a disaster (5)
- Other (6) (specify): second_move_sp
- |__|__|__|

Q4.

perm_when

After Katrina, when did you first live in a place that you considered permanent and stable housing, that is, you could stay there for a year or more?

- (1) Month postk_stblmo Year postk_stblyr
- Never moved to permanent and stable housing (2) [GO TO Q5]
- Have lived in permanent and stable housing since Katrina/Never left permanent & stable housing (3) [GO TO Q5]
- |__|__|__|

CODE: REF= 777 DK = 888 NA = 999

Q4a.**Were you able to maintain permanent and stable housing in the time since?** Yes (1)

stbl_since

 No (0) |__|__|__|

Now, we are going to talk about your current housing.

Q5. [CARD 1]**Would you describe your current dwelling as a...**

curr_dwll

 One-family house, detached or attached to any other house (1) A building with two to four units, like a multi-family house, duplex, triplex or fourplex (2) A building with more than four units, like an apartment building (3) Trailer or mobile home in a park (4) Trailer or mobile home on your property? (5) Other (7) (specify): curr_dwll_sp No dwelling, presently homeless (living in shelter, car, or other non-permanent dwelling space) (6) [GO TO Q7] |__|__|__|**Q5a. [CARD 2]****Is your current dwelling...** Owned by someone living in the household (1)

dwell_stat

 Rented by someone living in the household (2) Occupied without payment by any of the current residents? (3) [GO TO Q6] Other (4) (specify): dwell_stat_sp |__|__|__|**Q5b.****Are you the person whose name is on the title or lease of this dwelling?** Yes (1) No, my spouse or romantic partner's name is on the title or lease (2)

dwell_lease

 No, my parent or grandparent's name is on the title or lease (3) No, another relative's name is on the title or lease (4) No, I am not related to the person whose name is on the title or lease (5) |__|__|__|

CODE: REF= 777 DK = 888 NA = 999

Q6.

Do you consider where you live now to be permanent and stable housing, that is, you could stay there for a year or more?

- Yes (1)
- No (0)
- |__|__|__|

permhsng

Q7.

Since the last time we spoke with you how many times have you moved?

- |__|__|__|

move_num

Now, we are going to talk about your residential history over the last five years. This can include any place where you stayed for a month or more.

Q8.

What is your current address?

- Street:
- City:
- State:
- Zip:
- Homeless [GO TO Q8b]

Note: curr_street and curr_city were removed from the main data set and can be found in the personal information data set, as these data are identifiable.

Q8a.

How long have you lived at this address? [GO TO Q9]

- Years Months

[IF GREATER THAN 60 MONTHS/5 YEARS THEN GO TO Q10]

Note: coding for Q8a is the same as it is for Q8b. Whether respondent is homeless or not is asked in Q5.

Q8b.

How long have you been homeless?

- |_____| Years |_____| Months

Q9.

Prior to living at this location (or “being homeless”), what was your address? [IF RESPONDENT IS UNSURE OF ADDRESS GO TO Q9a; IF RESPONDENT IS ABLE TO GIVE FULL ADDRESS THEN SKIP TO Q9b]

- Street:
- City:
- State:
- Zip:

Note: questions 9a - 9e are asked for all previous addresses the respondent lived in for the five years prior to the date of data collection. These data are identifiable and in long format, and are in a data set separate from that of the main survey.

CODE: REF= 777 DK = 888 NA = 999

Q9a.

If you can't recall the exact address, what was your city, state, and zip code? [GET AS MUCH INFORMATION AS POSSIBLE]

City:
 State:
 Zip:

Note: coding for Q9 is the same as it is for Q9a.

Q9b.

How long did you live at this address?

| | Years | | Months

Q9c.

Would you describe this dwelling as...

- One-family house, detached or attached to any other house (1)
- A building with two to four units, like a multi-family house, duplex, tri-plex or four-plex (2)
- A building with more than four units, like an apartment building (3)
- Trailer or mobile home in a park (4)
- Trailer or mobile home on your property? (5)
- Other (6) (specify):
- No dwelling, presently homeless (living in shelter, car, or other non-permanent dwelling space) (7) [GO BACK TO Q8 TO CONTINUE LOOP]
- |__|__|__|

Q9d. [CARD 2]

Was this dwelling...

- Owned by someone living in the household (1)
- Rented by someone living in the household (2)
- Occupied without payment by any of the current residents? (3) [SKIP Q9e]
- Other (4) (specify):
- |__|__|__|

Q9e.

Were you the person whose name is on the title or lease of this dwelling?

- Yes (1)
- No, my spouse or romantic partner's name was on the title or lease (2)
- No, my parent or grandparent's name was on the title or lease (3)
- No, another relative's name as on the title or lease (4)
- No, I am not related to the person whose name was on the title or lease (5)
- |__|__|__|

[REPEAT UNTIL ADDRESSES COVER THE PAST FIVE YEARS, I.E. 60 MONTHS. **GO TO Q9.**]

Note: The data from this chart is stored separately from the main survey data. The only variables from this chart that are in the main survey data set are gender, age and disability for the respondent.

CODE: REF= 777 DK = 888 NA = 999

The next set of questions are about who lives in your household now.

[GO DOWN AND ENUMERATE ALL HOUSEHOLD MEMBERS, THEN RETURN AND GO ACROSS, GETTING ADDITIONAL INFORMATION FOR EACH. REASSURE THAT ALL INFORMATION WILL BE KEPT PRIVATE AND CONFIDENTIAL, AND NO IDENTIFIABLE INFORMATION WILL BE SHARED WITH ANY AGENCY OR GOVERNMENT UNIT. NO BENEFITS OR ENTITLEMENTS WILL BE AFFECTED.]

firstname	relation	gender	age	grade	employ	disability		
A. First name (or initial)	B. What is this person's relationship to you? <i>Read codes below</i>	C. Male or Female	D. Age	E. <i>If 5-18yrs old</i> What grade is (CHILD) currently in?	F. Is this person currently employed... <i>Read codes below</i> [CARD 3]	G. Does this person have a disability that is... [CARD 4] <i>Read codes below</i>		
Q10. Starting with you, please tell me the first names or initials and relationship to you of everyone in the household who is 19 years of age or older.								
NAME	CODE	M F	AGE		CODE	OTHER	CODE	OTHER
	SELF	<input type="checkbox"/> <input type="checkbox"/>	_ _				_ _	_ _
	_ _	<input type="checkbox"/> <input type="checkbox"/>	_ _		_ _	_ _	_ _	_ _
	_ _	<input type="checkbox"/> <input type="checkbox"/>	_ _		_ _	_ _	_ _	_ _
	_ _	<input type="checkbox"/> <input type="checkbox"/>	_ _		_ _	_ _	_ _	_ _
	_ _	<input type="checkbox"/> <input type="checkbox"/>	_ _		_ _	_ _	_ _	_ _
	_ _	<input type="checkbox"/> <input type="checkbox"/>	_ _		_ _	_ _	_ _	_ _
Q11. Please tell me the first names of all the children in the household who are 18 years old or younger, beginning with the oldest first.								
A. First name (or initial)	B. What is this person's relationship to you? <i>Read codes below</i>	C. Male or Female	D. Age	E. <i>If 5-18yrs old</i> What grade is (CHILD) currently in?	F. Is this person currently employed... <i>Read codes below</i> [CARD 3]	G. Does this person have a disability that is... [CARD 4] <i>Read codes below</i>		
NAME	CODE	M F	AGE	GRADE (K-12)	CODE	OTHER	CODE	OTHER
	_ _	<input type="checkbox"/> <input type="checkbox"/>	_ _	_ _	_ _	_ _	_ _	_ _
	_ _	<input type="checkbox"/> <input type="checkbox"/>	_ _	_ _	_ _	_ _	_ _	_ _

CODE: REF= 777 DK = 888 NA = 999

	_ _	<input type="checkbox"/> <input type="checkbox"/>	_ _	_ _	_ _	_ _	_ _	_ _
	_ _	<input type="checkbox"/> <input type="checkbox"/>	_ _	_ _	_ _	_ _	_ _	_ _
	_ _	<input type="checkbox"/> <input type="checkbox"/>	_ _	_ _	_ _	_ _	_ _	_ _
	_ _	<input type="checkbox"/> <input type="checkbox"/>	_ _	_ _	_ _	_ _	_ _	_ _

Relationship codes: 1 = Spouse/Partner 2 = Son/Daughter 3 = Brother/Sister 4 = Parent/In-law 5 = Grandchild 6 = Nephew/Niece 7 = Other related 8 = Other non-related 9 = Child in-law 10 = Foster child **Employment codes:** 1 = Full-time 2 = Part-time (20+ hrs) 3 = Occasionally (<20hrs) 4 = Retired 5 = Homemaker 6 = Unemployed 7 = Disabled 8 = Student? 9 = Other **Disability codes:** 1 = Physical 2 = Developmental/Learning 3 = Mental/Cognitive?

CODE: REF= 777 DK = 888 NA = 999

MODULE III. Health

The next section of this survey is about your health.

Q12.

happy

If you were to consider your life in general these days, on the whole, would you say you are very happy, somewhat happy, not very happy or not at all happy?

- Very happy (1)
- Somewhat happy (2)
- Not very happy (3)
- Not at all happy (4)
- |__|__|__|

[FIRST, READ ACROSS ROWS THEN DOWN COLUMNS. FOR EXAMPLE READ ALL OPTIONS FOR ROW A THEN PROCEED TO ALL OPTIONS FOR ROW B, ETC.]

	Q13.Has a doctor or health professional ever told you that you had [CONDITION]...	Q13a. [IF YES TO Q13] Was [CONDITION] first diagnosed before or after Katrina?	Q13b. [IF YES TO Q13] Have you had problems with [CONDITION] in the past year, that is, the last 12 months?
[CONDITION]	YES (1) NO (0)	BEFORE (1) AFTER (2)	YES (1) NO (0)
a. Hypertension or high blood pressure	highbp_ever	highbp_diag	highbp_now
b. Diabetes	diab_ever	diab_diag	diab_now
c. Asthma or a lung condition	asth_ever	asth_diag	asth_now
d. Stroke or other neurological problem	stroke_ever	stroke_diag	stroke_now
e. Cancer	cancer_ever	cancer_diag	cancer_now
f. Heart disease or other heart condition	heart_ever	heart_diag	heart_now
g. Depression, anxiety or other mental health condition?	mh_ever	mh_diag	mh_now

CODE: REF= 777 DK = 888 NA = 999

RQ1.

In the past 12 months, have you had trouble with your back? For instance, pain in your lower or upper back?

- Yes (1)
- No (0)
- |__|__|__|

rq1

RQ2.

In the past 12 months, have you had trouble with digestive problems? For instance, stomach ulcers, frequent indigestion, or frequent stomach upset?

- Yes (1)
- No (0)
- |__|__|__|

rq2

RQ3.

In the past 12 months, have you had trouble with frequent headaches or migraines?

- Yes (1)
- No (0)
- |__|__|__|

rq3

RQ4.

In the past 12 months, have you had any other physical or mental health problems that we have not yet talked about?

- Yes (1)
- No (0) [GO TO RQ5]
- |__|__|__|

rq4

RQ4a. What problems have you had?

- _____

rq4a

RQ5.

To your knowledge, are you pregnant now?

- Yes (1) [GO TO RQ5a]
- No (0) [GO TO RQ6]
- |__|__|__|

rq5

RQ5a.

How many weeks pregnant are you?

- Weeks: _____
- |__|__|__|

rq5a

CODE: REF= 777 DK = 888 NA = 999

RQ6.

About how many pounds do you weigh without shoes?

rq6

[IF PREGNANT [RQ5 = YES], "PLEASE TELL ME YOUR WEIGHT BEFORE YOU BECAME PREGNANT."]

- Pounds: _____
- |__|__|__|

RQ7. [ASK ONLY IF RQ5= NO]

Over the past 12 months, have you gained weight, lost weight, or stayed about the same?

- Gained weight (1)
- Lost weight (2)
- Stayed the same (3)
- |__|__|__|

rq7

RQ8.

Do you consider yourself overweight, underweight, or just about right?

[IF PREGNANT [RQ5 = YES], "PLEASE CONSIDER YOUR WEIGHT BEFORE YOU BECAME PREGNANT."]

- Overweight (1)
- Underweight (2)
- Just about right (3)
- |__|__|__|

rq8

Q14.

What kind of medical or health insurance do you have, if any? Do you have.... [CHECK ALL THAT APPLY]

- Private insurance privateinsur
- Medicaid medicaid
- Medicare medicare
- Tricare/CHAMPVA tricare
- Obamacare/ACA Coverage? aca
- None notinsure
- Other (specify) insure_oth
- |__|__|__| insure_sp
- |__|__|__| insure_dk
- |__|__|__| insure_ref

Q15.

During the past 12 months, how many times have you gone to a hospital emergency room about your own health? [THIS INCLUDES EMERGENCY ROOM VISITS THAT RESULTED IN HOSPITAL ADMISSION]

- |__|__|__|

er_12mo

CODE: REF= 777 DK = 888 NA = 999

Q16.

During the past 12 months, how many different times have you stayed in any hospital overnight or longer, not counting nights spent in the emergency room?

○ |__|__|__|

hosp_12mo

Q17.

During the past 12 months, how many times have you seen a doctor or other health care professional about your own health at a doctor's office, a clinic, or some other place? [DO NOT INCLUDE TIMES YOU WERE HOSPITALIZED OVERNIGHT, VISITS TO HOSPITAL EMERGENCY ROOMS, HOME VISITS, DENTAL VISITS, OR TELEPHONE CALLS.]

○ |__|__|__|

doc_12mo

Q18.

Next, during the past 12 months, was there any time when you didn't get the medical care you needed?

○ Yes (1)

○ No (0) [GO TO Q19]

○ |__|__|__|

unmet_med

Q18a.

Why did you not get care? [CHECK ALL THAT APPLY]

○ Worry about the cost

unmet_cost

○ The doctor or hospital wouldn't accept your health insurance

unmet_insur

○ Your health plan wouldn't pay for the treatment

unmet_pay

○ You couldn't get an appointment soon enough

unmet_date

○ You couldn't get there when the doctor's office or clinic was open

unmet_open

○ It takes too long to long to get to the doctor's office or clinic from your house or work

unmet_far

○ You didn't have access to automobile or public transportation to get you there

unmet_tran

○ You couldn't get through on the telephone

unmet_phone

○ You were too busy with work or other commitments to take the time

unmet_busy

○ You didn't think the problem was serious enough

unmet_ser

○ You were worried the doctor wouldn't understand you or take you seriously

unmet_worry

CODE: REF= 777 DK = 888 NA = 999

- Or any other reason I haven't mentioned [specify] : unmet_oth unmet_sp
- unmet_dk unmet_ref

Q19.

During the past 12 months, have you or your household had any problems paying medical bills?

- Yes (1) med_payprob
- No (0)
- |__|__|__|

Q20. [CARD 5]

In general, would you say your health is... sf12_genhlth

- Excellent (1)
- Very good (2)
- Good (3)
- Fair (4)
- Poor? (5)
- |__|__|__|

The following questions are about activities you might do during a typical day. In the past month (4 weeks), has your health limited you in...

Q21.

Moderate activities, such as moving a table, pushing a vacuum cleaner, or carrying groceries? Would you say it has limited you a lot, limited you a little, or not limited you at all?

- Yes, limited a lot (1) sf12_modact
- Yes, limited a little (2)
- No, not limited at all (3)
- |__|__|__|

Q22.

Climbing several flights of stairs? Would you say it has limited you a lot, limited you a little, or not limited you at all?

- Yes, limited a lot (1) sf12_stairs
- Yes, limited a little (2)
- No, not limited at all (3)
- |__|__|__|

CODE: REF= 777 DK = 888 NA = 999

For the next four questions, the answer choices are: All of the time, Most of the time, Some of the time, A little of the time, and None of the time.

Q23. [CARD 6]

During the past 4 weeks, how much of the time have you accomplished less than you would like as a result of your physical health...

- All of the time (1)
- Most of the time (2)
- Some of the time (3)
- A little of the time (4)
- None of the time? (5)
- |__|__|__|

sf12_physhlth

Q24. [CARD 6]

During the past 4 weeks, how much of the time have you been limited in the kind of work or other activities you could do as a result of your physical health...

- All of the time (1)
- Most of the time (2)
- Some of the time (3)
- A little of the time (4)
- None of the time? (5)
- |__|__|__|

sf12_activ

Q25. [CARD 6]

During the past 4 weeks, how much of the time have you accomplished less than you would like as a result of any emotional problems, such as feeling depressed or anxious...

- All of the time (1)
- Most of the time (2)
- Some of the time (3)
- A little of the time (4)
- None of the time? (5)
- |__|__|__|

sf12_mhlth

Q26. [CARD 6]

During the past 4 weeks, how much of the time did you do work or other activities less carefully than usual as a result of any emotional problems, such as feeling depressed or anxious...

- All of the time (1)
- Most of the time (2)
- Some of the time (3)
- A little of the time (4)
- None of the time? (5)

sf12_care

CODE: REF= 777 DK = 888 NA = 999

○ |__|__|__|

Q27. [CARD 6]

During the past 4 weeks, how much did pain interfere with your normal work, including work outside the home and housework...

- All of the time (1)
- Most of the time (2)
- Some of the time (3)
- A little of the time (4)
- None of the time? (5)
- |__|__|__|

sf12_pain

Q28. [CARD 6]

During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities, like visiting friends or relatives...

- All of the time (1)
- Most of the time (2)
- Some of the time (3)
- A little of the time (4)
- None of the time? (5)
- |__|__|__|

sf12_soc

[FIRST, READ ACROSS ROWS THEN DOWN COLUMNS. FOR EXAMPLE READ ALL OPTIONS FOR ROW A THEN PROCEED TO ALL OPTIONS FOR ROW B, ETC.]

Q29. [CARD 6] How much of the time during the past 4 weeks...	All of the time (1)	Most of the time (2)	Some of the time (3)	A little of the time (4)	None of the time? (5)	Other
a. Have you felt calm and peaceful...	sf12_calm		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	__ __ __
b. Did you have a lot of energy...	sf12_energy		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	__ __ __
c. Have you felt downhearted and depressed...	sf12_dep		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	__ __ __

CODE: REF= 777 DK = 888 NA = 999

These next questions concern how you have been feeling over the past 30 days. Choose a response that best represents how you have been.

Q30. [CARD 6] During the past 30 days, about how often did you feel...	All of the time (1)	Most of the time (2)	Some of the time (3)	A little of the time (4)	None of the time? (5)	Other
a. ...nervous	nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _
b. ...hopeless	hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _
c. ... restless or fidgety	restless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _
d. ... so depressed that nothing could cheer you up	depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _
e. ... that everything was an effort	effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _
f. ... worthless	worthless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _

CODE: REF= 777 DK = 888 NA = 999

I'd now like to ask you about feelings you currently have about Hurricane Katrina, which occurred in August 2005. I am going to read you a list of difficulties people sometimes have after stressful life events. For each item, please indicate how distressing each difficulty has been for you during the past seven days with respect to Hurricane Katrina.

Q31. [CARD 7] In the past 7 days, how distressing has Katrina been that...	Not At All (0)	A little (1)	Moderately (2)	Quite a Bit (3)	Extremely? (4)
a. Any reminder brought back feelings about it.	ies1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I had trouble staying asleep.	ies2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Other things kept making me think about it.	ies3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I felt irritable and angry.	ies4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I avoided letting myself get upset when I thought about it or was reminded of it.	ies5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I thought about it when I didn't mean to.	ies6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I felt as if it hadn't happened or wasn't real.	ies7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I stayed away from reminders of it.	ies8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Pictures	ies9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CODE: REF= 777 DK = 888 NA = 999

Q31. [CARD 7] In the past 7 days, how distressing has Katrina been that...	Not At All (0)	A little (1)	Moderately (2)	Quite a Bit (3)	Extremely? (4)
about it popped into my mind.					
j. I was jumpy and easily startled.	ies10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I tried not to think about it.	ies11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I was aware that I still had a lot of feelings about it, but I didn't deal with them.	ies12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. My feelings about it were kind of numb.	ies13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. I found myself acting or feeling like I was back at that time.	ies14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. I had trouble falling asleep.	ies15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. I had waves of strong feelings about it.	ies16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. I tried to remove it from my memory.	ies17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. I had trouble concentrating.	ies18 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Reminders of it caused me to have physical	ies19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CODE: REF= 777 DK = 888 NA = 999

Q31. [CARD 7] In the past 7 days, how distressing has Katrina been that...	Not At All (0)	A little (1)	Moderately (2)	Quite a Bit (3)	Extremely? (4)
reactions, such as sweating, trouble breathing, nausea, or a pounding heart.					
t. I had dreams about it.	ies20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. I felt watchful and on-guard.	ies21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. I tried not to talk about it.	ies22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following questions relate to your usual sleep habits during the past month only. Your answers should indicate the most accurate reply for the majority of days and nights in the past month.

GQ1. During the past month...

GQ1a. When have you usually gone to bed?
 |__|__|__|__| AM/PM [circle one]

GQ1b. How long (in minutes) has it taken you to fall asleep each night?
 |__|__|__|__|

GQ1c. What time have you usually gotten up in the morning?
 |__|__|__|__| AM/PM [circle one]

GQ1d. How many hours of actual sleep did you get at night?
 |__|__|

GQ1e. How many hours were you in bed?
 |__|__|

Note: In this section, questions k, l, m and n were asked starting in April 2017, and therefore were not asked of all GCAFH respondents.

CODE: REF= 777 DK = 888 NA = 999

GQ2. During the past month how often have you had trouble sleeping because you...	Not in the past month (1)	Less than once a week (2)	Once or twice a week (3)	Three or more times a week? (4)
a. Cannot get to sleep within 30 minutes	sleep30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Wake up in the middle of the night or early morning	wakeup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Have to get up to use the bathroom	bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cannot breathe comfortably	breathe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Cough or snore loudly	snore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Feel too cold	toocold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Feel too hot	toohot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Have bad dreams	dreams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Have pain	painsleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Any other issues, please describe, including how often you have had trouble sleeping because of this reason(s) (specify): sleep_sp	sleep_oth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. During the past month, how often have you taken medicine (prescribed or “over the counter”) to help you sleep?	sleepmeds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?	stayawake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CODE: REF= 777 DK = 888 NA = 999

GQ2. During the past month how often have you had trouble sleeping because you...	Not in the past month (1)	Less than once a week (2)	Once or twice a week (3)	Three or more times a week? (4)
m. During the past month, how much of a problem has it been for you to keep up enthusiasm to get things done?	enthus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Very Good (1)	Fairly Good (2)	Fairly Bad (3)	Very Bad (4)
n. During the past month, how would you rate your sleep quality overall?	sleepqual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MODULE IV: Social Capital and Resources

The following questions are about the organizations or communities that people may belong to. You may or may not belong to any of them.

	Q32. Are you involved with [CONDITION]...	Q32a. [CARD 8] [IF YES TO Q32] Generally speaking, how much support have you received from [CONDITION]? [IF PROMPT NEEDED: BY SUPPORT, WE MEAN EMOTIONAL SUPPORT, LOGISTICAL SUPPORT, FINANCIAL SUPPORT, OR OTHER TYPES OF ASSISTANCE] Would you say...	Q32b. [IF YES TO Q32] Have you ever received help in finding a job from this [CONDITION]?	Q32c. [IF YES TO Q32] About how many days per month do you participate in the activities of [CONDITION]?
[CONDITION]	YES (1) NO (0)		YES (1) NO (2)	[1-31]
a. Religious institutions, such as a church or temple?	relig_inst	relig_supp <ul style="list-style-type: none"> <input type="radio"/> A lot of support (1) <input type="radio"/> Some support (2) <input type="radio"/> Not much support (3) <input type="radio"/> No support? (4) 	relig_job _ _ _	relig_days

CODE: REF= 777 DK = 888 NA = 999

	<p>Q32. Are you involved with [CONDITION]...</p>	<p>Q32a. [CARD 8] [IF YES TO Q32] Generally speaking, how much support have you received from [CONDITION]? [IF PROMPT NEEDED: BY SUPPORT, WE MEAN EMOTIONAL SUPPORT, LOGISTICAL SUPPORT, FINANCIAL SUPPORT, OR OTHER TYPES OF ASSISTANCE] Would you say...</p>	<p>Q32b. [IF YES TO Q32] Have you ever received help in finding a job from this [CONDITION]?</p>	<p>Q32c. [IF YES TO Q32] About how many days per month do you participate in the activities of [CONDITION]?</p>
<p>b. Neighborhood organizations, like a homeowner's association or community improvement group ?</p>	<p>nbhd_org</p>	<ul style="list-style-type: none"> <input type="radio"/> A lot of support (1) <input type="radio"/> Some support (2) <input type="radio"/> Not much support (3) <input type="radio"/> No support? (4) <p>nbhd_supp</p>	<p>nbhd_job _ _ _ _ </p>	<p>nbhd_days</p>
<p>c. Volunteer organizations, like a volunteer fire department or the Rotary Club</p>	<p>vol_org</p>	<ul style="list-style-type: none"> <input type="radio"/> A lot of support (1) <input type="radio"/> Some support (2) <input type="radio"/> Not much support (3) <input type="radio"/> No support? (4) <p>vol_supp</p>	<p>vol_job _ _ _ _ </p>	<p>vol_days</p>
<p>e. Clubs or teams, such as a sports club or Mardis Gras krewe?</p>	<p>clubteam</p>	<ul style="list-style-type: none"> <input type="radio"/> A lot of support (1) <input type="radio"/> Some support (2) <input type="radio"/> Not much support (3) <input type="radio"/> No support? (4) <p>club_supp</p>	<p>club_job _ _ _ _ </p>	<p>club_days</p>

CODE: REF= 777 DK = 888 NA = 999

Some people consider themselves to be members of an ethnic or racial community. For example, one might consider oneself to be a member of the African-American community, the Vietnamese- American community, the Latino community, the Italian-American community, etc. Other people don't consider themselves to be members of such communities. It isn't important to them.

Q33. Do you consider yourself to be a member of a racial or ethnic community?

- Yes (1) ethn_comm
- No (0) [GO TO GQ3 for G-CAFH and Q34 for RISK and KATIVA]
- |__|__|__|

Please indicate how much you agree with the following statements:

Q33a. [CARD 9]

I receive support from my racial or ethnic community. Would you ...

- Strongly disagree (1)
- Disagree (2)
- Agree (3)
- Strongly agree? (4)
- |__|__|__|

ethn_supp

Q33b. [CARD 9]

I have received help from someone in my racial or ethnic community in finding a job.

Would you ...

- Strongly disagree (1)
- Disagree (2)
- Agree (3)
- Strongly agree? (4)
- |__|__|__|

ethn_job

[GQ3-GQ7 FOR GCAFH ONLY; RISK AND KATIVA RESPONDENTS SKIP TO Q34]

The next few questions are about your informal support system such as friends, acquaintances, neighbors, and family not living with you. Here we are not referring to professional providers or agencies, or people you would pay for services.

GQ3.

Is there anyone you could count on for everyday favors like getting a ride, borrowing a little money, or errands?

- Yes (1)
- No (0)

sn_favors

CODE: REF= 777 DK = 888 NA = 999

○ |__|__|__|

GQ4.

Is there anyone you could count on to take care of you if you were confined to bed for several weeks?

○ Yes (1)

sn_care

○ No (0)

○ |__|__|__|

GQ5.

Is there anyone you know who you could count on to lend you several hundred dollars for a medical emergency?

○ Yes (1)

sn_money

○ No (0)

○ |__|__|__|

GQ6.

Is there anyone you could talk to if you were having troubles with family relationships?

○ Yes (1)

sn_talk

○ No (0)

○ |__|__|__|

GQ7.

Is there anyone who could help you locate housing if you had to move?

○ Yes (1)

sn_house

○ No (0)

○ |__|__|__|

Q34. [CARD 9]

For the next set of questions, I'm going to read you a list of items about your current relationships with family and friends. For each item, please let me know if you strongly disagree [1], disagree [2], agree [3] or strongly agree [4].

- a. There are people I know will help me if I really need it. soc_help
- b. There is no one I feel comfortable talking about problems with. |__| soc_talk
- c. I am with a group of people who think the same way I do about things. |__| soc_think
- d. If something went wrong, no one would help me. |__| soc_nohelp
- e. I have a trustworthy person to turn to if I have problems. soc_trust
- f. I do not think that other people respect what I do. |__| soc_respect
- g. There is no one who likes to do the things I do. |__| soc_likes
- h. There are people who value my skills and abilities. |__| soc_value
- i. There is a person I view as my "mentor". soc_mentor

CODE: REF= 777 DK = 888 NA = 999

[RQ9-RQ9b FOR RISK AND KATIVA ONLY IF Q34i = 3 or 4]

RQ9.

How is your most important mentor related to you?

[CHECK ALL THAT APPLY]

- Parent or guardian mentor_pg
- Aunt or uncle mentor_au
- Brother or sister mentor_sb
- Foster parent mentor_fp
- Cousin mentor_cs
- Neighbor mentor_nb
- My friend's parent mentor_fpar
- Former teacher mentor_ft
- Grandparent mentor_gp
- Counselor mentor_cn1
- God parent mentor_gdp
- My parent's co-worker mentor_pcw
- Counselor mentor_cn2
- Pastor/minister/rabbi/etc. mentor_pmr
- Other mentor_oth
- mentor_dk
- mentor_ref

CODE: REF= 777 DK = 888 NA = 999

RQ9a.

How close do you feel to your most important mentor? Would you say...

- Not close at all (1)
- Not very close (2)
- Somewhat close (3)
- Very close? (4)
- |__|__|__|

rq9a

RQ9b.

How long have you known your mentor?

- |__|__|__| months/years [CIRCLE ONE]

mentor_time

Q35.

In thinking about agencies and organizations who worked with you, which of the following was the most helpful to you or your household in recovering from Katrina? [THIS DOES NOT INCLUDE FAMILY OR FRIENDS] Would you say...

- Local Government (1)
- State Government (2)
- Federal Government/FEMA (3)
- Case manager (4)
- Church or other religious institution (5)
- Other social services provider (6)
- I didn't need assistance? (7)
- Other (8) (specify):
- |__|__|__|

help_org

help_org_sp

CODE: REF= 777 DK = 888 NA = 999

MODULE V. Risk Behaviors, Trauma & Exposure

Now I would like to ask you a few questions about smoking.

Q36.

Have you ever been a regular smoker?

smkg1

- Yes (1)
 - No (0) [GO TO GQ8 FOR G-CAFH; RQ10 FOR RISK; Q37 FOR KATIVA]
- |_|_|_|_|

Q36a.

How many years have you smoked?

smkg2

|_|_|_|_|

Q36b.

Do you smoke cigarettes now?

smkg3

- Yes (1)
 - No (0) [GO TO GQ8 FOR G-CAFH; RQ10 FOR RISK; Q37 FOR KATIVA]
- |_|_|_|_|

Q36c.

How many cigarettes a day do you smoke?

smkg4

|_|_|_|_|

[GQ8-GQ8d FOR G-CAFH ONLY; RISK RESPONDENTS SKIP TO RQ10; KATIVA RESPONDENTS SKIP TO Q37]

Now I'm going to ask a few questions about drinking alcoholic beverages like beer, wine, or liquor.

GQ8.

During the past six months, how often did you usually have anything alcoholic to drink...

- Never (1) [GO TO Q37]
- One to five times (2)
- Monthly or almost monthly (3)
- Weekly or almost weekly (4)
- 3 or more times a week (5)
- Daily? (6)
- |_|_|_|_|

alc1

CODE: REF= 777 DK = 888 NA = 999

GQ8a.

During the past six months, have you ever felt the need to cut down on your drinking?

- Yes (1)
- No (0)

|__|__|__|

cage1

GQ8b.

During the past six months, have you ever felt annoyed by criticism of your drinking?

- Yes (1)
- No (0)

|__|__|__|

cage2

GQ8c.

During the past six months, have you ever felt guilty about drinking?

- Yes (1)
- No (0)

|__|__|__|

cage3

GQ8d.

Was there ever a time during the past six months, when you took a drink in the morning as an “eye opener”?

- Yes (1)
- No (0)

|__|__|__|

cage4

RQ10.

During the past 30 days, about how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop. You can answer times per day, week, or month: for example, twice a day, once a week, and so forth.

- __ Times per day
- __ Times per week
- __ Times per month
- Never
- |__|__|__|

soda

CODE: REF= 777 DK = 888 NA = 999

RQ11. During the past 30 days, about how often did you drink sugar-sweetened fruit drinks, (such as Kool-aid and lemonade), sweet tea, or sports or energy drinks (such as Gatorade and Red Bull)? Do not include 100% fruit juice, diet drinks, or artificially sweetened drinks. You can answer times per day, week, or month: for example, twice a day, once a week, and so forth.

- __ Times per day
- __ Times per week
- __ Times per month
- Never
- |__|__|__|

sugar_drink

Q37.

Next I am going to read a series of statements that refer to events you may have experienced at any time in your lifetime. Please tell me whether or not you have experienced the following.

[DO NOT ROTATE]			If Yes, <u>was that before or after Katrina?</u>	
In your lifetime, have you... [READ EACH ITEM]	Yes(1)	No (2)	Before (1)	After (2)
			Before and After (3)	
a. Experienced a natural disaster other than Hurricane Katrina – for example, a flood or hurricane in which you or someone close to you was hurt or your property was damaged? [IF YES, GO TO a1]	lec1			
a1. What was this event? [CODE ALL THAT APPLY] <ul style="list-style-type: none"> <input type="radio"/> Hurricane Rita in 2005 rita <input type="radio"/> gustav Hurricane Gustav in 2008 <input type="radio"/> irene Hurricane Irene in 2011 <input type="radio"/> sandy Hurricane Sandy in 2012 <input type="radio"/> harvey Hurricane Harvey in 2017 <input type="radio"/> irma Hurricane Irma in 2017 <input type="radio"/> maria Hurricane Maria in 2017 <input type="radio"/> Other (Please specify): disaster_oth1 disaster_oth2 				

CODE: REF= 777 DK = 888 NA = 999

[DO NOT ROTATE]			If Yes, <u>was that before or after Katrina?</u>	
In your lifetime, have you... [READ EACH ITEM]	Yes(1)	No (2)	Before (1)	After (2)
			Before and After (3)	
b. Experienced a technological disaster like the BP Oil Spill in which you or someone close to you was hurt or your property was damaged?	lec2			
c. Experienced an act of mass violence – for example a terrorist attack or a school shooting in which you or someone close to you was hurt or your property was damaged?	lec3			
d. Experienced combat or exposure to a war zone in the military or as a civilian?	lec4			
e. Had someone close to you experience a life-threatening physical illness or injury?	lec5			
f. Had someone close to you experience a serious mental illness?	lec6			
g. Had a parent who had a problem with drugs or alcohol?	lec7			
h. Had a parent who had serious legal problems such as being arrested, going to jail, or being sued?	lec8			
i. Experienced the sudden unexpected death of someone close to you?	lec9			
j. Experienced the sudden unexpected death of your child?	lec10			
k. Witnessed a situation in which someone was seriously injured, assaulted or killed?	lec11			
l. Had something taken from you by force or threat of force such as in a robbery or mugging?	lec12			
m. Been physically punished by a parent or primary caregiver so hard that it left bruises, marks or injuries?	lec13			
n. Been physically hurt for example, shoved, hit, kicked, or beaten up, by a spouse or partner?	lec14			
o. Been physically injured, for example, hit, kicked, beaten up, by another person: other than by your parents or spouse/significant other?	lec15			
p. The next question is about sexual assault, specifically rape.	lec16			

CODE: REF= 777 DK = 888 NA = 999

[DO NOT ROTATE]			If Yes, <u>was that before or after Katrina?</u>	
In your lifetime, have you... [READ EACH ITEM]	Yes(1)	No (2)	Before (1)	After (2)
			Before and After (3)	
We define this as someone either having sexual intercourse with you or penetrating your body with a finger or object when you did not want them to. Did this ever happen to you?				
q. Been arrested?	lec17			
r. Been charged with a crime?	lec18			
s. Been sued or sued someone else?	lec19			
t. Experienced serious financial problems, such as going bankrupt, being unable to pay your mortgage or rent, or having your home foreclosed on?	lec20			
u. Been in any other situation in which you were seriously injured or feared you would be seriously injured or killed?	lec21			
v. Experienced a life threatening illness?	lec22			

MODULE VI. Family Dynamics & Household Constraints

The next set of questions are about family life and relationships. In thinking about family you live with or are close to, please tell me if each statement is generally true or false.

Q38.

	True (1)	False (0)	Other
a. Problems are discussed among all family members, but one particular person usually makes most of the decisions.	famfn1 <input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _
b. All family members participate in discussion and the decision made will always be unanimous.	famfn2 <input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _
c. One particular person in the family makes the decisions without consulting other family members.	famfn3 <input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _
d. When I am in some kind of trouble, my family members will show their concern but they will not probe into it unless I ask them to.	famfn4 <input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _
e. Family members do not pay much attention to each other's	famfn5 <input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _

CODE: REF= 777 DK = 888 NA = 999

feelings.

f. Being together with my family makes me feel comfortable.	famfn6	<input type="checkbox"/>	_ _ _ _
g. Each family member is busy with his or her own activities, but occasionally we spend time together as a family also.	famfn7	<input type="checkbox"/>	_ _ _ _
h. Quite often we discuss important issues as a family.	famfn8	<input type="checkbox"/>	_ _ _ _
i. Other than matters regarding household chores, we do not talk to each other.	famfn9	<input type="checkbox"/>	_ _ _ _
j. I spend a lot of time with my family in everyday life.	famfn10	<input type="checkbox"/>	_ _ _ _
k. Promises made among family members are usually not kept.	famfn11	<input type="checkbox"/>	_ _ _ _
l. During an absence of one family member, someone else will automatically take over his/her daily tasks/duties.	famfn12	<input type="checkbox"/>	_ _ _ _
m. Roles and responsibilities are clearly divided among family members and no one covers for the others.	famfn13	<input type="checkbox"/>	_ _ _ _
n. My family seldom gets together even during special occasions.	famfn14	<input type="checkbox"/>	_ _ _ _
o. Each family member treasures his or her time and places great value on his/her private life.	famfn15	<input type="checkbox"/>	_ _ _ _

Q39. [CARD 10] In the last six months, how often has it happened that there was not enough money in the household for... [READ LIST AND RESPONSE CATEGORIES]

	Never (1)	Once in a while (2)	Fairly often (3)	Very often? (4)	
a. Rent/mortgage	rent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _
b. Utilities (e.g., gas, electric)	utilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _
c. Transportation	transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _
d. Food for your family	food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _
e. Healthcare	healthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _

CODE: REF= 777 DK = 888 NA = 999

MODULE VII. Neighborhood

Q40.

The next several questions are about the neighborhood or community where you are living now. I am going to read some statements that people might make about their neighborhood. Each time I read one of these statements, please tell me if it is mostly true or mostly false about your neighborhood simply by saying “true” or “false.”

	True (1)	False (0)	Other
a. I think my neighborhood is a good place for me to live.	soc1	<input type="checkbox"/>	_ _ _ _
b. People in this neighborhood do not share the same values.	soc2	<input type="checkbox"/>	_ _ _ _
c. My neighbors and I want the same things from the neighborhood.	soc3	<input type="checkbox"/>	_ _ _ _
d. I can recognize most of the people who live in my neighborhood.	soc4	<input type="checkbox"/>	_ _ _ _
e. I feel at home in this neighborhood.	soc5	<input type="checkbox"/>	_ _ _ _
f. Very few of my neighbors know me.	soc6	<input type="checkbox"/>	_ _ _ _
g. I care about what my neighbors think of my actions.	soc7	<input type="checkbox"/>	_ _ _ _
h. I have no influence over what this neighborhood is like.	soc8	<input type="checkbox"/>	_ _ _ _
i. If there is a problem in the neighborhood people who live here can get it solved.	soc9	<input type="checkbox"/>	_ _ _ _
j. It is very important to me to live in this particular neighborhood.	soc10	<input type="checkbox"/>	_ _ _ _
k. People in this neighborhood generally don't get along with each other.	soc11	<input type="checkbox"/>	_ _ _ _
l. I expect to live in this neighborhood for a long time.	soc12	<input type="checkbox"/>	_ _ _ _
m. If there is a major problem in my neighborhood or community I know who to call to address the problem.	soc13	<input type="checkbox"/>	_ _ _ _
n. If I or someone in my household calls a local agency or local official about a major problem, I am confident that person or agency will respond to the issue.	soc14	<input type="checkbox"/>	_ _ _ _
o. I trust the police in the area to protect me.	soc15	<input type="checkbox"/>	_ _ _ _
p. I am at times afraid of the police in my neighborhood.	soc16	<input type="checkbox"/>	_ _ _ _
q. If I were the victim of a crime, I have confidence in the courts and judges to help me find justice.	soc17	<input type="checkbox"/>	_ _ _ _

CODE: REF= 777 DK = 888 NA = 999

Next, I would like to find out how concerned you are about the following issues in your neighborhood. For each statement, use this scale of “1” to “10”. “1” means that you are rarely or not worried and “10” means that you are frequently or very worried.

Rarely or not worried	Moderately worried	Frequently or very worried
1	2	3
4	5	6
7	8	9
10		

Q41. [CARD 11]

How worried are you about ...

a.	Drug dealers or users hanging around	nbhd1							
b.	Having property stolen	nbhd2							
c.	Walking alone during the day	nbhd3							
d.	Letting children go outside during the day	nbhd4							
e.	Letting children go outside during the night	nbhd5							
f.	Being robbed	nbhd6							
g.	Being murdered	nbhd7							

Q42. [CARD 12]

For the following neighborhood problems, please tell me how often they are found in your neighborhood.

	How often is [AREA] a problem. Would you say...					
[AREA]	Frequently (1) Sometimes (2) Rarely (3) Never? (4)					
a. Litter or trash on the sidewalks or streets	nbhd8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _
b. Graffiti on buildings and walls	nbhd9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _
c. Abandoned cars	nbhd10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _
d. Vacant, abandoned, or boarded up buildings	nbhd11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _
e. Houses and yards not kept up	nbhd12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _
f. Drinking in public	nbhd13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _
g. Gang activity	nbhd14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _

Q43.

Are you currently living in the same neighborhood as you were at the time of Katrina?

- Yes (1) [GO TO Q44] rfp0
- No (0)
- |_|_|_|_|

CODE: REF= 777 DK = 888 NA = 999

Q43a.

Do you want to eventually move back to that neighborhood/community?

- Yes (1)
- No (0)
- |__|__|__|

rfp1

Q43b.

Could you return now to your neighborhood/community if you wanted to?

- Yes (1)
- No (0)
- |__|__|__|

rfp1a

I'm going to read you a list of items and I'd like you to tell me how important each item is to you.

Not important	Somewhat important	Important	Very important	Extremely important?
1	2	3	4	5
__	__	__	__	__

Q44. [CARD 13] To what extent has [READ EACH ITEM] been important to you since Hurricane Katrina? Would you say not important (1), somewhat important (2), important (3), very important (4), or extremely important (5)?[GO DOWN COLUMN FIRST AND THEN ACROSS ROW IF ANSWER IS 4 OR 5]		Q44a. [IFQ44 IS 4 OR 5] Since Katrina, were you generally able to [ITEM]?	
		Yes (1)	No (0) Other
a.	Providing for your family's basic needs needs_imp __	needs_able	__ __ __
b.	Taking care of an aging or sick family member care_imp __	care_able	__ __ __
c.	Having a romantic relationship/s romance_imp __	romance_able	__ __ __
d.	Taking care of your own health and wellbeing health_imp __	health_able	__ __ __
e.	Living in a nice home home_imp __	home_able	__ __ __
f.	Living in a good, safe neighborhood safe_imp __	safe_able	__ __ __
g.	Living in a neighborhood where you feel like you belong, or fit in belong_imp __	belong_able	__ __ __
h.	Living near your family and friends family_imp __	family_able	__ __ __

CODE: REF= 777 DK = 888 NA = 999

<p>Q44. [CARD 13] To what extent has [READ EACH ITEM] been important to you since Hurricane Katrina? Would you say not important (1), somewhat important (2), important (3), very important (4), or extremely important (5)?[GO DOWN COLUMN FIRST AND THEN ACROSS ROW IF ANSWER IS 4 OR 5]</p>		<p>Q44a. [IFQ44 IS 4 OR 5] Since Katrina, were you generally able to [ITEM]?</p>	
i.	<p>Living near resources like parks, buses or trolley lines, grocery stores, and other amenities</p>	<p>resource_imp</p>	<p>resource_able</p>
j.	<p>Putting your child(ren) in a good school district</p>	<p>school_imp</p>	<p>school_able</p>
k.	<p>Pursuing your own education</p>	<p>educ_imp</p>	<p>educ_able</p>
l.	<p>Having a good job</p>	<p>job_imp</p>	<p>job_able</p>
m.	<p>Saving money or building wealth</p>	<p>money_imp</p>	<p>money_able</p>

CODE: REF= 777 DK = 888 NA = 999

MODULE VIII. CHILDREN

[RESPONDENTS WITHOUT CHILDREN WILL AUTOMATICALLY SKIP THIS MODULE ON THE TABLET. INTERVIEWERS WHO ARE USING A PAPER SURVEY SHOULD CONFIRM WITH THE RESPONDENT WHETHER THERE ARE ANY CHILDREN BETWEEN THE AGES OF 10-17 LIVING IN THE HOME BY REFERENCING THE HOUSEHOLD COMPOSITION CHART]

[GQ9 FOR GCAFH ONLY; RISK AND KATIVA RESPONDENTS SKIP TO Q45]

You may recall when we last spoke, we asked you some questions about [PREVIOUSLY SELECTED CHILD'S NAME].

GQ9.

Is [PREVIOUSLY SELECTED CHILD'S NAME] over 18?

- Yes (1) [GO TO Q45]
- No (0) [GO TO Q46]

pastkish

Note: pastkish and kishkid variables hold identifiable information and are not in the main data set.

The next section will be about one randomly selected child in your household between the ages of 10 and 17.

Q45.

Which child in your household between the ages of 10 and 17 had the most recent birthday?
[CHILD NAME]: _____

kishkid

The next few questions are about [CHILD NAME]

Q46. [CARD 5]

In general, how would you describe [CHILD]'s current health? Would you say it is...

- Excellent (1)
- Very good (2)
- Good (3)
- Fair (4)
- Poor? (5)
- |__|__|__|

ch_health

CODE: REF= 777 DK = 888 NA = 999

[FIRST READ ACROSS ROWS, THEN DOWN THE COLUMN]

Q47. Did a doctor or health professional ever tell you that [CHILD] had... [IF YES, GO TO Q47a AND Q47b]	Q47a. Did a doctor or other provider first tell you that [CHILD] had [CONDITION] before or after the hurricane?		Q47b. Has [CHILD] had symptoms for or problems with [CONDITION] in the past year	
[CONDITION]	YES (1) NO (0)	BEFORE(1) AFTER (2)	YES (1) NO (0)	YES (1) NO (0)
A. Asthma	ch_asth_ever	ch_asth_diag	ch_asth_now	
B. Diabetes	ch_diab_ever	ch_diab_diag	ch_diab_now	
C. Depression or anxiety problems	ch_mh_ever	ch_mh_diag	ch_mh_now	
D. Behavioral or conduct problems like ADHD	ch_adhd_ever	ch_adhd_diag	ch_adhd_now	
E. Any developmental delay	ch_dev_ever	ch_dev_diag	ch_dev_now	
F. Physical impairment?	ch_phys_ever	ch_phys_diag	ch_phys_now	

Q48.

What kind of medical or health insurance does [CHILD] have, if any... [CHECK ALL THAT APPLY]

- None ch_notinsure
- CHIP/Medicaid ch_medicaid
- Private insurance ch_privinsur
- ACA Coverage/Obamacare ch_aca
- VA/Benefits? ch_va
- Other (specify): ch_insure_oth ch_insure_sp
- |__|__|__| ch_insure_ref ch_insure_dk

Q49.

A personal doctor or nurse is a health professional who knows [CHILD] well and is familiar with [CHILD]'s health history. This can be a general doctor, a pediatrician, a specialist doctor, a nurse practitioner, or a physician's assistant. Right now, do you have one or more persons you think of as [CHILD]'s personal doctor or nurse?

- Yes (1) ch_doc
- No (0)
- |__|__|__|

CODE: REF= 777 DK = 888 NA = 999

Q50.

Would you say that since Hurricane Katrina, your child’s access to healthcare has...

- Stayed the same (1)
- Gotten better (2)
- Gotten worse? (3)
- |__|__|__|

ch_access

Q51.

How would you describe the condition of [CHILD]’s teeth?

- Excellent (1)
- Very Good (2)
- Good (3)
- Fair (4)
- Poor (5)
- No natural teeth? (6)
- |__|__|__|

ch_teeth

Now we’re going to ask a few questions about other problems your child may have experienced after Katrina. Please let me know if [CHILD] has experienced this, and if it is an ongoing problem...

[FIRST READ ACROSS ROWS, THEN DOWN THE COLUMN]

Q52. Did [CHILD]... [CONDITION] after Hurricane Katrina? <i>[IF YES, GO TO Q52a AND Q52b]</i>	Q52a. Has [CHILD] had this problem in the past month?	Q52b. Was this a problem for [CHILD] before Hurricane Katrina?
[CONDITION] YES (1) NO (0)	YES (1) NO (0)	YES (1) NO (0)
A. Feel sad or depressed <input type="checkbox"/> ch_dep_kat __ __	<input type="checkbox"/> ch_dep_mo __ __	<input type="checkbox"/> ch_dep_bkat __ __
B. Have problems sleeping <input type="checkbox"/> ch_slp_kat __ __	<input type="checkbox"/> ch_slp_mo __ __	<input type="checkbox"/> ch_slp_bkat __ __
C. Feel nervous or afraid <input type="checkbox"/> ch_nerv_kat __	<input type="checkbox"/> ch_nerv_mo __	<input type="checkbox"/> ch_nerv_bkat __
D. Have problems getting along with other children <input type="checkbox"/> ch_soc_kat __	<input type="checkbox"/> ch_soc_mo __	<input type="checkbox"/> ch_soc_bkat __

Q53.

Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical social workers. During the past 12 months, has [CHILD] received any treatment or counseling from a mental health professional?

- Yes (1)
- No (0)
- |__|__|__|

ch_treat_mh

CODE: REF= 777 DK = 888 NA = 999

Q54.

During the past 12 months, has [CHILD] taken any medication because of difficulties with [his/her] emotions, concentration, or behavior?

- Yes (1)
- No (0)
- |__|__|__|

ch_meds

Q55.

During the past week, on how many nights did [CHILD] get enough sleep for a child [his/her] age?

- |__|__|__|

ch_sleep

Q56.

During the past week, on how many days did [CHILD] exercise, play a sport, or participate in physical activity for at least 20 minutes that made [him/her] sweat and breathe hard?

- |__|__|__|

ch_exercise

We'd like to ask some questions about [CHILD]'s behavior. We ask these questions of everyone. They may or may not apply to your child.

Q57. I'm going to read a series of statements. Please tell me if any of the following events have occurred during the past year.	YES (1)	NO (0)	OTHER
a. Your child has been drinking alcohol.	<input type="checkbox"/> ch_alc	<input type="checkbox"/> __ __ __	<input type="checkbox"/> __ __ __
b. Your child has been smoking cigarettes.	<input type="checkbox"/> ch_cig	<input type="checkbox"/> __ __ __	<input type="checkbox"/> __ __ __
c. Your child has been using illegal drugs or medications not prescribed for him or her.	<input type="checkbox"/> ch_drugs	<input type="checkbox"/> __ __ __	<input type="checkbox"/> __ __ __
d. Your child had an in-school suspension.	<input type="checkbox"/> ch_insuspend	<input type="checkbox"/> __ __ __	<input type="checkbox"/> __ __ __
e. Your child had an out-of-school suspension.	<input type="checkbox"/> ch_outsuspen	<input type="checkbox"/> __ __ __	<input type="checkbox"/> __ __ __
f. Your child has been expelled from school.	<input type="checkbox"/> ch_expel	<input type="checkbox"/> __ __ __	<input type="checkbox"/> __ __ __
g. Your child dropped out of school.	<input type="checkbox"/> ch_drop	<input type="checkbox"/> __ __ __	<input type="checkbox"/> __ __ __

CODE: REF= 777 DK = 888 NA = 999

I am going to read a list of items about [CHILD]'s behavior in the last six months. For each item, please let me know if it is Not True, Somewhat True, or Certainly True. Please answer all items as best you can even if you are not absolutely certain.

Q58. [CARD 14] In the last six months [CHILD]... [AREA]					
[AREA]		Not true (1)	Somewhat true (2)	Certainly true? (3)	Other
a.	Has been considerate of other people's feelings	sdq1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _
b.	Has been restless, overactive, or cannot stay still for long	sdq2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _
c.	Often complains of headaches, stomach-aches, or sickness	sdq3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _
d.	Shares readily with other youth, for example books, games, food	sdq4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _
e.	Often loses temper	sdq5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _
f.	Would rather be alone than with other youth	sdq6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _
g.	Has been generally well behaved, usually does what adults request	sdq7 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _
h.	Has had many worries or often seems worried	sdq8 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _
i.	Has been helpful if someone is hurt, upset, or feeling ill	sdq9 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _
j.	Has been constantly fidgeting or squirming	sdq10 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _
k.	Has at least one good friend	sdq11 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _
l.	Often fights with other youth or bullies them	sdq12 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _
m.	Has often been unhappy, depressed, or tearful	sdq13 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _
n.	Has been generally liked by other youth	sdq14 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _
o.	Has been easily distracted, concentration wanders	sdq15 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _
p.	Has been nervous in new situations, easily loses confidence	sdq16 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _
q.	Has been kind to younger children	sdq17 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _
r.	Often lies or cheats	sdq18 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _
s.	Has been picked on or bullied by other youth	sdq19 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _
t.	Often offers to help others (parents, teachers, other children)	sdq20 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _
u.	Thinks things out before acting	sdq21 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _
v.	Steals from home, school, or elsewhere	sdq22 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _
w.	Gets along better with adults than with other youth	sdq23 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _
x.	Has had many fears, easily scared	sdq24 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _

CODE: REF= 777 DK = 888 NA = 999

Q58. [CARD 14] In the last six months [CHILD]... [AREA]					
[AREA]		Not true (1)	Somewhat true (2)	Certainly true? (3)	Other
y. Has had a good attention span, sees work through to the end	sdq25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _

Q59.

In general how well do you feel you are coping with the day-to-day demands of parenting and raising children? Would you say that you are coping...

- Very well (1)
- Somewhat well (2)
- Not very well (3)
- Not well at all? (4)
- |_|_|_|

p_cope

Now we'd like to ask some questions about your child's recovery after Katrina.

Q60.

Generally speaking, how would you characterize your child's recovery since Hurricane Katrina. Would you say that...

- Your child's situation is better than it was before the hurricane (1)
- Your child's situation is back to where it was before the hurricane (2)
- Your child's situation is worse than before the hurricane? (3)
- You are unsure, things are still changing for your child (4)
- Other (5) (specify): ch_recovery_sp
- |_|_|_|

ch_recovery

The next few questions are about how [CHILD] is doing in school.

Q61.

Did [CHILD] attend school or receive formal schooling at any point during the past school year?

- Yes (1)
- No (0)

school

CODE: REF= 777 DK = 888 NA = 999

Q62.

school_type

Where does/did [CHILD] attend school? Is it...

- A local charter school whether public or private (1)
- A local public school (2)
- A local parochial or religious school (3)
- Other local private school (4)
- Home schooling? (5)
- Other school (6) (specify): school_type_sp
- Not in school (7) [GO TO Q62A]

Q62a.

noschool

Why not? Was s/he...

- Not enrolled (1)
- Dropped out (2)
- Expelled (3)
- Sick (4)
- Graduated? (5)
- Don't know where child will go yet (6)
- Other school (7) (specify): noschool_sp

Q63.

Does [CHILD] have a health problem, condition, or disability for which he/she has a written intervention plan called an Individualized Education Program or IEP?

[IF NEED MORE INFORMATION] Some children have difficulty in school because of a health problem and require Special Education. These children generally have a written intervention plan called an Individualized Education Program or IEP. Services on an IEP might include things such as special instruction; speech language therapy; vision and hearing services; psychological services; health services; social work services; family counseling and support; transportation; or other services needed to support the child's educational performance.

- Yes (1)
- No (0)
- |__|__|__|

iep

Q64. [CARD 15]

How often do you feel [CHILD] is safe in your community or neighborhood? Would you say....

- Very Often (1)
- Somewhat Often (2)
- Often (3)
- Rarely (4)
- Never? (5)
- |__|__|__|

ch_safecomm

CODE: REF= 777 DK = 888 NA = 999

Q65. [CARD 15]

How often do you feel [he/she] is safe at school? Would you say...

- Very Often (1)
- Somewhat Often (2)
- Often (3)
- Rarely (4)
- Never? (5)
- |__|__|__|

ch_safesch

CODE: REF= 777 DK = 888 NA = 999

MODULE IX: RECOVERY AND OUTLOOK

These next few questions are about your outlook on life.

Q66. [CARD 16]

For each of the following statements, please indicate whether it is NOT AT ALL TRUE, HARDLY TRUE, MODERATELY TRUE, or EXACTLY TRUE.

		Not at all true (1)	Hardly true (2)	Moderately true (3)	Exactly true (4)
a. I can always manage to solve difficult problems if I try hard enough.	gse1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If someone opposes me, I can find the means and ways to get what I want.	gse2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. It is easy for me to stick to my aims and accomplish my goals.	gse3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I am confident that I can deal efficiently with unexpected events.	gse4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Thanks to my resourcefulness, I know how to handle unforeseen situations.	gse5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I can solve most problems if I invest the necessary effort.	gse6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I can remain calm when facing difficulties because I can rely on my coping abilities.	gse7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. When I am confronted with a problem, I can usually find several solutions.	gse8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. If I am in trouble, I can usually think of a solution.	gse9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I can usually handle whatever comes my way.	gse10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RQ12.

I'm now going to read some statements about how people feel about their life circumstances. Please indicate how you feel in terms of each statement. Do you Strongly disagree, Somewhat disagree, Somewhat agree, or Strongly agree that: [REPEAT CATEGORIES AS NECESSARY].

		Strongly disagree (1)	Somewhat disagree (2)	Somewhat Agree (3)	Strongly Agree (4)	Other
a. Your goals in life are becoming clearer.	rq12a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. People know they can count on you to "be there" for them.	rq12b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CODE: REF= 777 DK = 888 NA = 999

c. You have a clear sense of your beliefs and values.	rq12c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _
d. There is at least one person who knows the “the real you.”	rq12d	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _
e. You have a good deal of freedom to explore things in life that interest you.	rq12e	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _
f. You feel respected by others as an adult.	rq12f	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _
g. There is at least one person with whom you can talk about anything.	rq12g	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _
h. You feel that you are important, that you “matter” to other people.	rq12h	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _
i. You have a pretty good sense of the path you want to take in life and the steps to take to get there.	rq12i	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _
j. You can envision the kind of person you’d like to become.	rq12j	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _
k. You feel your life is filled with meaning, a sense of purpose.	rq12k	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _
l. It is easy for you to make close friends.	rq12l	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _
m. People often seek your advice and support.	rq12m	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _

Q67.

How often do you attend church, synagogue, or other religious services? Would you say...

- Never (1)
- Several times a year (2)
- Once or twice per month (3)
- Once a week (4)
- Several times per week? (5)
- |_|_|_|_|

relig_attend

Q68.

How important is religion in your life? Would you say...

relig_imp

- Not at all important (1)
- Not too important (2)
- Somewhat important (3)
- Pretty important (4)
- Very important? (5)
- |_|_|_|_|

CODE: REF= 777 DK = 888 NA = 999

Q69. [CARD 17]

For the next set of statements, please tell me how much you agree or disagree with them.

[STATEMENT] Do you...	Strongly Disagree (1)	Disagree (2)	Slightly Disagree (3)	Neither agree nor disagree (4)	Slightly Agree (5)	Agree (6)	Strongly Agree? (7)
a. I lead a purposeful and meaningful life	<input type="checkbox"/> flourish1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My social relationships are supportive and rewarding	<input type="checkbox"/> flourish2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I am engaged and interested in my daily activities	<input type="checkbox"/> flourish3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I actively contribute to the happiness and well-being of others	<input type="checkbox"/> flourish4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I am competent and capable in the activities that are important to me	<input type="checkbox"/> flourish5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I am a good person and live a good life	<input type="checkbox"/> flourish6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I am optimistic about my future	<input type="checkbox"/> flourish7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. People respect me	<input type="checkbox"/> flourish8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q70. [CARD 7]

Now I'd like to ask you some questions about how the experience of Hurricane Katrina may have changed how you think about your life. For each item, please indicate whether you experienced this change not at all, a little bit, moderately, quite a bit or extremely.

Since Katrina... [STATEMENT]. Would you say...	Not at all (1)	A little (2)	Moderately (3)	Quite a bit (4)	Extremely? (5)
a. I changed my priorities about what is important in life.	<input type="checkbox"/> ptgi1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I have a greater appreciation for the value of my own life.	<input type="checkbox"/> ptgi2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I developed new	<input type="checkbox"/> ptgi3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CODE: REF= 777 DK = 888 NA = 999

Since Katrina... [STATEMENT]. Would you say...	Not at all (1)	A little (2)	Moderately (3)	Quite a bit (4)	Extremely? (5)
interests.					
d. I have a greater feeling of self-reliance.	ptgi4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I have a better understanding of spiritual matters.	ptgi5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I more clearly see that I can count on people in times of trouble.	ptgi6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I established a new path for my life.	ptgi7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I have a greater sense of closeness with others.	ptgi8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I am more willing to express my emotions.	ptgi9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I know better that I can handle difficulties.	ptgi10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I am able to do better things with my life.	ptgi11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I am better able to accept the way things work out.	ptgi12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. I can better appreciate each day.	ptgi13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. New opportunities are available which wouldn't have been otherwise.	ptgi14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. I have more compassion for others.	ptgi15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. I put more effort into my relationships.	ptgi16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. I am more likely to try to change things which need changing.	ptgi17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. I have a stronger religious faith.	ptgi18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. I discovered that I'm stronger than I thought I was.	ptgi19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. I learned a great deal about how wonderful people are.	ptgi20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. I better accept needing others.	ptgi21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CODE: REF= 777 DK = 888 NA = 999

Q71.

Generally speaking, how would you characterize your recovery since Hurricane Katrina?
Would you say that...

- Your situation is better than it was before the hurricane (1)
- Your situation is back to where it was before the hurricane (2)
- Your situation is worse than before the hurricane? (3)
- You are unsure, things are still changing (4)
- Other (5)
- |__|__|__|

rfp2

Q72.

In thinking about Hurricane Katrina, please tell me which of the following statements is closest to how you think about yourself...

- I still think of myself as a disaster victim (1)
- I used to think of myself as a disaster victim, but not anymore (2)
- I never thought of myself as a disaster victim? (3)
- |__|__|__|

rfp6

We are aware that some people we are speaking to may have had experience with recent flooding in the Gulf Coast. We would like to know about any experience you may have had with the flooding that occurred in August 2016 in Louisiana or the spring 2016 flooding in Mississippi.

Q73.

Were you or your community affected by the flooding that occurred during that summer or spring?

- Yes (1)
- No (0) [GO TO Q79]
- |__|__|__|

floods

Q73a.

Which flood event did you experience?

- The Mississippi spring 2016 floods (1)
- The Louisiana summer 2016 floods (2)
- |__|__|__|

which_flood

Q74.

Were you forced to leave your home due to the flooding?

- Yes
- No [GO TO Q75]
- |__|__|__|

flood_evac

CODE: REF= 777 DK = 888 NA = 999

Q74a.

How long were you out of your home due to the flooding?

flood_disp

- _____ [days / weeks / months]

Q74b.

Have you returned to your home since you had to leave?

flood_return

- Yes (1)
- No (0)
- |__|__|__|

Q75.

Did your home experience flooding?

home_flood

- Yes (1)
- No (0) [GO TO Q79]
- |__|__|__|

Q75a.

How high was the flooding in your home? Was it...

flood_height

- **Less than 1 foot** (1)
- **1 to 3 feet** (2)
- **Greater than 3 feet?** (3)
- |__|__|__|

[FIRST READ ACROSS ROWS, THEN DOWN THE COLUMN. FOR EXAMPLE BEGIN WITH ROW A. IF ANSWER IS YES TO Q76 THEN PROCEED TO COLUMN Q76a. HOWEVER, IF ANSWER IS NO OR NEVER HAD THEN PROCEED TO THE NEXT ROW.]

[UTILITY]	Q76. Because of the flooding, did your home experience the loss of [UTILITY]?	Q76a. IF YES TO Q76 → How long was your home without [UTILITY]? [Please indicate whether this is days, weeks, months, or years.]
	YES (1) NO (0) Never Had (2)	
A. Air conditioning or Heat	<input type="checkbox"/> acheat __ __ __	_____ D/W/M/Yr time_acheat
B. Hot water	<input type="checkbox"/> hotwater __ __ __	_____ D/W/M/Yr time_hotwater
C. Electricity	<input type="checkbox"/> electric __ __ __	_____ D/W/M/Yr time_electric

CODE: REF= 777 DK = 888 NA = 999

Q77. I am going to read some descriptions that reflect the federal definitions of damage and I am interested in finding out as a result of the flooding, was your residence...?

fema_flood

[INTERVIEWER: PLEASE READ THE CATEGORIES FIRST AND THEN THE FEMA DEFINITIONS- PLEASE REFER TO EXPLANATORY GUIDANCE IN BRACKETS IF THE RESPONDENT IS HAVING TROUBLE SELECTING A CATEGORY]

- Destroyed** – This means total loss of structure, structure is not economically feasible to repair , or complete failure to major structural components (e.g., collapse of basement walls/foundation, walls or roof) [meaning the home was completely gone, or it was not able to be repaired, or major parts of the structure were lost]; (1)
- Major Damage** – This means substantial failure to structural elements of residence (e.g., walls, floors, foundation), or damage that will take more than 30 days to repair and the home could not be lived in during this time [meaning the home could not be lived in for over 30 days due to substantial damage to major parts of the home]; (2)
- Minor Damage** – This means home is damaged and uninhabitable, but may be made habitable in a short period of time with repairs [meaning the home was damaged and unlivable for under 30 days]; or (3)
- Affected** – This means some damage to the structure and contents, but still habitable [meaning there was damage to the home but not enough damage that the home was not livable]. (4)
- Not damaged at all?** (5)
- |__|__|__|

Next we would like to know about losses some people suffered in connection with the flooding.

Q78. As a result of the flooding did.... [ITEM]

[ITEM]	YES (1)	NO (0)	
A. Anyone in your household lose their life	<input type="checkbox"/> flood_death		__ __ __
B. Any pets in your household lose their life	<input type="checkbox"/> flood_pet		__ __ __
C. You experience an injury or become ill	<input type="checkbox"/> flood_ill		__ __ __
D. Anyone else in your household experience an injury or become ill	<input type="checkbox"/> flood_ill2		__ __ __
E. You or anyone in your household lose a vehicle?	<input type="checkbox"/> flood_car		__ __ __

The questions below regarding Hurricane Harvey, Hurricane Irma and related Indirect Effects were added to the the Katrina@10 survey partway through the data collection effort in January 2018, and were therefore not asked of all respondents.

H1.

Was your community affected by the winds and/or flooding that occurred during or directly after Hurricane Harvey?

- Yes (1)
- No (0)
- |__|__|__|

h1

H2.

Were you directly affected by the winds and/or flooding from Hurricane Harvey?

h2

- Yes (1)
- No (0) [GO TO Irma1]
- |__|__|__|

H2a.

What town or city were you in when you were directly affected?

- _____
- |__|__|__|

h2a

H3.

Were you forced to leave your home due to the winds and/or flooding?

h3

- Yes (1)
- No (0) [GO TO H4]
- |__|__|__|

H3a.

How long were you out of your home due to the winds and/or flooding?

- ____ [days / weeks / months]

h3a

H3b.

Have you returned to your home since you had to leave?

- Yes (1)
- No (0)
- |__|__|__|

h3b

H4.

Did your home experience flooding?

h4

- Yes (1)
- No (0) [GO TO H5]
- |__|__|__|

CODE: REF= 777 DK = 888 NA = 999

H4a.

How high was the flooding in your home? Was it...

h4a

- Less than 1 foot (1)
- 1 to 3 feet (2)
- Greater than 3 feet? (3)
- |__|__|__|

H5.

This question is about damages to your home. I am going to read some descriptions that reflect the federal definitions of damage and I am interested in finding out as a result of Hurricane Harvey, was your residence...

h5

- DESTROYED** – This means total loss of structure, structure is not economically feasible to repair, or complete failure to major structural components (e.g., collapse of basement walls/foundation, walls or roof) [meaning the home was completely gone, or it was not able to be repaired, or major parts of the structure were lost] (1)
- MAJOR DAMAGE** – This means substantial failure to structural elements of residence (e.g., walls, floors, foundation), or damage that will take more than 30 days to repair and the home could not be lived in during this time [meaning the home could not be lived in for over 30 days due to substantial damage to major parts of the home] (2)
- MINOR DAMAGE** – This means home is damaged and uninhabitable, but may be made habitable in a short period of time with repairs [meaning the home was damaged and unlivable for under 30 days]; (3)
- AFFECTED** – This means some damage to the structure and contents, but still habitable [meaning there was damage to the home but not enough damage that the home was not livable]. (4)
- Not damaged at all?** (5)
- |__|__|__|

For the next set of questions, please answer with yes or no.

In the week after Hurricane Harvey hit, was there a time when you:

	Yes (1)	No (0)	_ _ _
H6... didn't have enough fresh water to drink?	h_water		
H7... didn't have enough food to eat?	h_food		
H8... felt your life was in danger?	h_danger		
H9... didn't have prescription drugs or medicines you needed?	h_meds		

CODE: REF= 777 DK = 888 NA = 999

H10... needed medical care and couldn't get it?	h_medcare	
H11... were with a family member or close friend who needed medical care and couldn't get it?	h_medfam	
H12... did not know if your child or children were safe?	h_childsafe	
H13... did not know whether other immediate family members were safe?	h_safefam	

H14.

I am going to read you a series of statements. Please tell me if they are true or false.

	True (1)	False (0)	_ _ _
a. Living through Hurricane Katrina made me feel more prepared to face Hurricane Harvey	kat_harvey1		
b. Living through Hurricane Katrina made me feel more nervous or fearful of Hurricane Harvey	kat_harvey2		
c. Hurricane Harvey triggered traumatic memories of Hurricane Katrina that I hadn't thought of in a long time	kat_harvey3		
d. Living through Hurricane Katrina made me feel prepared to help my friends and neighbors prepare for or survive Hurricane Harvey	kat_harvey4		
e. Figuring out how to recover from Hurricane Harvey will be easier for me because I survived Katrina	kat_harvey5		

CODE: REF= 777 DK = 888 NA = 999

Irma1.

Was your community affected by the winds and/or flooding that occurred during or directly after Hurricane Irma?

- Yes (1)
- No (0)
- |__|__|__|

irma1

Irma2.

Were you directly affected by the winds and/or flooding from Hurricane Irma?

- Yes (1)
- No (0) [GO TO Indirect Impacts]
- |__|__|__|

irma2

Irma2a.

What town or city were you in when you were directly affected?

- _____
- |__|__|__|

irma2a

Irma3.

Were you forced to leave your home due to the winds and/or flooding?

- Yes (1)
- No (0) [GO TO Irma4]
- |__|__|__|

irma3

Irma3a.

How long were you out of your home due to the winds and/or flooding?

- _____ [days / weeks / months]

irma3a

Irma3b.

Have you returned to your home since you had to leave?

- Yes (1)
- No (0)
- |__|__|__|

irma3b

CODE: REF= 777 DK = 888 NA = 999

Irma4.

irma4

Did your home experience flooding?

- Yes (1)
- No (0) [GO TO Irma5]
- |__|__|__|

Irma4a.

irma4a

How high was the flooding in your home? Was it...

- Less than 1 foot (1)
- 1 to 3 feet (2)
- Greater than 3 feet? (3)
- |__|__|__|

Irma5.

irma5

This question is about damages to your home. I am going to read some descriptions that reflect the federal definitions of damage and I am interested in finding out as a result of Hurricane Irma, was your residence...

- DESTROYED** – This means total loss of structure, structure is not economically feasible to repair, or complete failure to major structural components (e.g., collapse of basement walls/foundation, walls or roof) [meaning the home was completely gone, or it was not able to be repaired, or major parts of the structure were lost] (1)
- MAJOR DAMAGE** – This means substantial failure to structural elements of residence (e.g., walls, floors, foundation), or damage that will take more than 30 days to repair and the home could not be lived in during this time [meaning the home could not be lived in for over 30 days due to substantial damage to major parts of the home] (2)
- MINOR DAMAGE** – This means home is damaged and uninhabitable, but may be made habitable in a short period of time with repairs [meaning the home was damaged and unlivable for under 30 days]; (3)
- AFFECTED** – This means some damage to the structure and contents, but still habitable [meaning there was damage to the home but not enough damage that the home was not livable]. (4)
- Not damaged at all?** (5)
- |__|__|__|

CODE: REF= 777 DK = 888 NA = 999

For the next set of questions, please answer with yes or no.

In the week after Hurricane Irma hit, was there a time when you:

	Yes (1)	No (0)	_ _ _
Irma6... didn't have enough fresh water to drink?	i_water		
Irma 7... didn't have enough food to eat?	i_food		
Irma 8... felt your life was in danger?	i_danger		
Irma 9... didn't have prescription drugs or medicines you needed?	i_meds		
Irma 10... needed medical care and couldn't get it?	i_medcare		
Irma 11... were with a family member or close friend who needed medical care and couldn't get it?	i_medfam		
Irma 12... did not know if your child or children were safe?	i_childsafe		
Irma 13... did not know whether other immediate family members were safe?	i_safefam		

Irma14.

I am going to read you a series of statements. Please tell me if they are true or false.

	True (1)	False (0)	_ _ _
a. Living through Hurricane Katrina made me feel more prepared to face Hurricane Irma	kat_irma1		
b. Living through Hurricane Katrina made me feel more nervous or fearful of Hurricane Irma	kat_irma2		
c. Hurricane Irma triggered traumatic memories of Hurricane Katrina that I hadn't thought of in a long time	kat_irma3		
d. Living through Hurricane Katrina made me feel prepared to help my friends and neighbors prepare for or survive Hurricane Irma	kat_irma4		
e. Figuring out how to recover from Hurricane Irma will be easier for me because I survived Katrina	kat_irma5		

CODE: REF= 777 DK = 888 NA = 999

Indirect Impacts (II)

II1. Did any of your relatives or close friends sustain injuries or die because of Hurricane Harvey or Irma?

- Yes (1)
- No (0)
- |__|__|__|

ii_injure

II2. How closely did you follow news about major hurricanes that affected the United States this hurricane season (for example, Harvey in Texas, Irma in Florida)?

- Very closely** (1)
- Quite close** (2)
- Moderately closely** (3)
- Somewhat closely** (4)
- Not at all?** (5) [GO TO II6]
- |__|__|__|

newsfollow

The following statements are about how closely you followed news about major hurricanes that affected the United States this hurricane season (for example, Harvey in Texas, Irma in Florida). Please respond with true or false.

II3. I happened to see news/other media about major hurricanes such as Harvey and/or Irma, but did not seek out information about the storms.

- True (1)
- False (0)
- |__|__|__|

newspassive

II4. I followed news/other media about major hurricanes such as Harvey and/or Irma closely (i.e., I made sure to find a news update once to several times a day).

- True (1)
- False (0)
- |__|__|__|

newsclose

CODE: REF= 777 DK = 888 NA = 999

II5. I followed news/other media about major hurricanes such as Harvey and/or Irma extremely closely (i.e., I made sure to find a news update many times a day, and/or sometimes more than once an hour).

newsexclose

- True (1)
- False (0)
- |__|__|__|

Please tell me if the following statements are true or false.

II6.

I plan to get involved in relief efforts (donate time/supplies/money or volunteer) because of my Katrina experiences

plan_relief

- True (1)
- False (0)
- |__|__|__|

II7.

I have already gotten involved in relief efforts (donated time/supplies/money or volunteered because of my Katrina experiences

act_relief

- True (1)
- False (0)
- |__|__|__|

II8. Do you think where you live is at risk of flooding from future hurricanes and storms?

- Yes (1)
- Maybe (2)
- No (0) [GO TO II9]
- |__|__|__|

floodrisk

II8a. Are you planning to move from the area because of the flooding risk within the next five years?

m_floodrisk

- Yes (1)
- No (0)
- |__|__|__|

CODE: REF= 777 DK = 888 NA = 999

II9. How convinced are you that climate change is happening?

cchange

- Completely convinced (1)
- Mostly convinced (2)
- Not very convinced (3)
- Not convinced at all? (4) [GO TO Demographics Module]
- |__|__|__|

II9a. Which of the following helped convince you that climate change is happening?

Please tell us all that may apply.

- Hurricane Katrina cchange_kat
- Other flooding events that happened before Katrina cchange_fld1
- Recent flooding events and hurricanes cchange_fld2
- News and science reports cchange_sci
- Friends and family cchange_fam
- Other ? [specify] cchange_oth cchange_sp
- |__|__|__|

cchange_ref

cchange_dk

MODULE X. Demographics

We are almost done! Next are a few background questions. This lets us know something about the people who did the survey.

Q79.

What is your current legal marital status? Are you...

- Married (1) [GO TO Q80]
- Divorced (2)
- Widowed (3)
- Single, never married (4)
- Separated? (5)
- |__|__|__|

marital

Q79a.

Are you currently living with someone as though married?

- Yes (1)
- No (0)
- |__|__|__|

partner

CODE: REF= 777 DK = 888 NA = 999

Q81. [CARD 18]

Thinking about all sources of income including earnings, child support, gifts from family, government programs, etc., do you have a good idea of what your household's income will be next year? Would you say that you...

- Have a very good idea (1)
- Have some idea (2)
- Are not very sure (3)
- Are very unsure? (4)
- |__|__|__|

income_next

Q82. [CARD 18]

Thinking about your monthly costs, including housing, transportation, food, health care, childcare, travel gifts, etc., do you have a good idea of what your expenses will be next month? Would you say that you...

- Have a very good idea (1)
- I have some idea (2)
- Are not very sure (3)
- Are very unsure? (4)
- |__|__|__|

expenses

Q83.

In the last year, has anyone in the household lost his or her job?

- Yes (1) [GO TO Q83a]
- No (0) [GO TO Q84]
- |__|__|__|

lostjob

Q83a.

Has he/she found another job that is equal or better?

- Yes (1)
- No (0)
- |__|__|__|

betterjob

Q84. [CARD 3]

Are you currently employed... [CHECK ALL THAT APPLY]

- Full-time
- Part-time
- Occasionally
- Retired [GO TO RQ13b]
- Homemaker [GO TO RQ13b]
- Unemployed [GO TO RQ13b]
- Disabled [GO TO RQ13b]
- Student? [GO TO RQ13b]

fulltime

parttime

occasional

retired

homemaker

unemployed

disability

student

employ_dk

employ_ref

CODE: REF= 777 DK = 888 NA = 999

○ |__|__|__|

RQ13.What kind of work do you do? That is, what is your job called?

job_name

RQ13a.

Through your employer, are you eligible for any of the following benefits? By eligible, we mean the benefit is available for you now, even if you have decided to not receive it or have not needed it.

		YES	NO	OTHER
a. Health insurance	work_hltin	<input type="checkbox"/>	<input type="checkbox"/>	__ __ __
b. Sick leave	sickleave	<input type="checkbox"/>	<input type="checkbox"/>	__ __ __
c. Paid vacation	paidvac	<input type="checkbox"/>	<input type="checkbox"/>	__ __ __

RQ13b.

Do you currently want a job, either full-time or part-time? [ASK ONLY OF THOSE WHO ARE NOT CURRENTLY EMPLOYED FULL-TIME OR PART-TIME]

rq13b

- Yes or maybe, it depends (1)
- No (0)
- |__|__|__|

RQ13c. Have you been doing anything to find work during the past four weeks? [ASK ONLY OF THOSE WHO ARE NOT CURRENTLY EMPLOYED FULL-TIME OR PART-TIME]

rq13c

- Yes (1)
- No (0) [GO TO Q85]
- Retired (2) [GO TO Q85]
- Disabled (3) [GO TO Q85]
- Unable to work (4) [GO TO Q85]
- |__|__|__|

RQ13d. During the past four weeks, about how many hours in total did you spend looking for work? [ASK ONLY OF THOSE WHO ARE NOT CURRENTLY EMPLOYED FULL-TIME OR PART-TIME]

rq13d

- Number of hours: _____
- |__|__|__|

CODE: REF= 777 DK = 888 NA = 999

RQ13e.

With how many different employers have you made direct contact, either by phone, mail, or in person, during the past four weeks? [ASK ONLY OF THOSE WHO ARE NOT CURRENTLY EMPLOYED FULL-TIME OR PART-TIME]

- Number of employers: _____
- |__|__|__|

rq13e

RQ13f.

Last week, could you have started a job if one had been offered? [ASK ONLY OF THOSE WHO ARE NOT CURRENTLY EMPLOYED FULL-TIME OR PART-TIME]

- Yes (1) [GO TO Q85]
- No (0)
- |__|__|__|

rq13f

RQ13g.

Why is that? [ASK ONLY OF THOSE WHO ARE NOT CURRENTLY EMPLOYED FULL-TIME OR PART-TIME]

- Waiting for new job to begin (1)
- Own temporary illness (2)
- Going to school (3)
- Other (4) (specify): _____
- |__|__|__|

rq13g

Q85.

Have you ever been regularly employed for at least one year?

- Yes (1) [GO TO Q85a]
- No (0) [GO TO Q86]
- |__|__|__|

employ_ever

Q85a.

In thinking about the primary job you have or had, what kind of work do/did you do? That is, what is/was your job called?

job

Q85b.

What are/were some of your activities?

job_activities

CODE: REF= 777 DK = 888 NA = 999

Q85c.

Do/Did you supervise others?

supervise

- Yes (1)
- No (0)
- |__|__|__|

Q86. Do you or other members of your household currently receive benefits from any of the following programs... [CHECK ALL THAT APPLY]

- Unemployment/Dislocated Worker Benefits
- Supplemental Security Income (SSI) or Disability
- Cash assistance or welfare (TANF)
- Food Stamps?
- None of the above
-

unemploy

ssi_ssdi

welfare

foodstamp

no_benefits

benefits_ref

benefits_dk

Q87. Do you live in public housing or receive Section 8 vouchers?

section8

- Yes (1)
- No (0)
- |__|__|__|

Q88. Do you own/have access to a working car?

car

- Yes (1)
- No (0)
- |__|__|__|

Q89. Is there a working personal computer or tablet/iPad in your home?

computer

- Yes (1)
- No (0)
- |__|__|__|

Q90. Do you have internet access in your home?

internet

- Yes (1)
- No (0)
- |__|__|__|

Q91. Which of the following diplomas/degrees have you earned... [CHECK ALL THAT APPLY]

- High school diploma
- GED
- Occupational/Technical certificate
- Associate's degree
- Four-year (or more) degree?
- None of the above

hsdiploma

ged

tech_cert

collplus

assoc_deg

nodegree

Highest Education Level

Variable name: edulevel

- No HS degree (1)
- HS/GED (2)
- Assoc Deg/Tech Cert (3)
- 4-year College (4)

CODE: REF= 777 DK = 888 NA = 999

-

RQ14. Are you currently enrolled in college or training?

- Yes (1) [GO TO RQ14a-c]
- No (0) [GO TO RQ15]
- |__|__|__|

RQ14a. Where?_(Write in Institution Name)

- Institution name: _____

RQ14b. Is this program all or mainly online?

- Yes (1)
- No (0)
- |__|__|__|

RQ14c. What was your main reason for entering this program?

- To complete a certificate program (1)
- To earn an Associate’s degree (2)
- To earn a Bachelor’s degree (3)
- To earn a Master’s or Professional Degree (MA, MBA, JD, MD, PhD) (4)
- To obtain/update job skills (5)
- |__|__|__|

RQ15. Have you started any college degrees or technical certification programs that you did not complete?

- Yes (1)
- No (0)
- |__|__|__|

RQ16. In total, how many *different* colleges or career training institutes have you attended since finishing high school?

- Number: _____
- |__|__|__|

Q92. Do you usually speak a language other than English at home?

- Yes (1) [GO TO Q92a]
- No (0)

Q92a. What is the language? _____

CODE: REF= 777 DK = 888 NA = 999

Q93.

Is there anything else you would like to add about your experiences after Katrina that we did not discuss?

comments

You have now completed the survey. Thank you for your time. In order for me to finalize the survey and make sure you get your gift card, let me confirm your contact information.

[CONTINUE TO COMPLETE PERSONAL INFORMATION FORM (PIF)]

Note: Respondent race was not collected in this survey. Race, as collected in previous rounds of data collection, was merged into this data set.

Survey Mode:

Phone survey (1)

In-person survey (2)

Qualtrics (web-based) (3)

survey_mode

Personal Information Form

HID #: Start Date/Time: End Date/Time:

The Katrina@10 Study
Confidential Personal Information Form (PIF)

[PLEASE COMPLETE THIS FORM IN ITS ENTIRETY. WRITE IN ALL CONTACT INFORMATION, EVEN IF THE INFORMATION IS CORRECT ON THE CONTACT INFORMATION SHEET. IF THERE IS NO INFORMATION, MARK WITH A DASH.]

Respondent Name

Q1. *[RESPONDENT NAME AUTOFILLS; EDIT FIELD IF NAME HAS CHANGED]*

We have your name listed as:

First	Middle	Last	Suffix
Is that correct? <input type="text" value="name correct"/>			
<input type="radio"/> Yes			
<input type="radio"/> No <i>[IF NOT, ADD CORRECTED NAMES]</i>			
<input type="text" value="fname_correct"/>	<input type="text" value="mname_correct"/>	<input type="text" value="lname_correct"/>	<input type="text" value="suffix_correct"/>
First	Middle	Last	Suffix

Q1a.

Is there any other name that you sometimes use like your maiden name or even a nickname?

- Yes *[List Any Other Name(s)]*

<input type="text" value="nickname"/>	<input type="text" value="maiden"/>	<input type="text" value="alias"/>	<input type="text" value="former"/>
<i>[CIRCLE ONE]</i> Nickname	Maiden	Alias	Former

- No

Respondent Date of Birth

Q2. *[RESPONDENT DOB AUTOFILLS; EDIT FIELD IF DIFFERENT]*

CHECK BOX IF DOB IS EDITED

Can you please confirm your date of birth?

_ _ _ _ _ _ _ _ _	<input type="text" value="birth_month"/>	<input type="text" value="birth_date"/>	<input type="text" value="birth_year"/>
[MM/DD/YYYY]			

Social Security Number *[FOR G-CAFH AND KATIVA RESPONDENTS ONLY; RISK GO TO Q4]*

Q3.

In order to help locate you in the event that you move, it would be helpful to have your social security number. This will be for research purposes only. What is your social security number?

- _____ - _____ - _____
- |_|_|_|_|_| *[IF RESPONDENT REFUSES GO TO Q3A]*

Q3a.

Would you be willing to share the last four digits of your social security number?

- _____
- |__|__|__| [IF RESPONDENT REFUSES CONTINUE WITH PIF]

Respondent Phone Numbers/Email

Q4.

What is the best phone number to reach you?

phone

- _____ - _____ - _____
- |__|__|__|

Q4a.

Is that number your [CIRCLE ONE]...

phone_type

Home (1) Cell (2) Work (3)
 Other (SPECIFY WHOSE PHONE)(4): _____

Q4b. [IF CELL IF PROVIDED]

Can we also use text message to reach you?

text

phone_sp

- Yes (1)
- No (0)
- |__|__|__|

Q5.

Do you have an email address we can use to reach you?

email

- Yes [ENTER EMAIL ADDRESS]: _____
- No
- |__|__|__|

Respondent Current Home Address

NOTE: This information was obtained in the Main Survey, however the data is kept in the PIF data set as it is confidential personal information.

Street:

City:

State:

Zip Code:

As you might remember, in previous surveys we asked you about your children who were under the age of 18. Unfortunately, we are not allowed to ask you about any of your children that are over the age of 18 because they are now legal adults. In order to find out how young adults who experienced Katrina as children are doing now, we are conducting focus groups and hope to interview any children you have that are over the age of 18.

adult_ch

Q6.

Do you have any children over the age of 18 who were living with you at the time of Hurricane Katrina?

- Yes. I have children currently over the age of 18 who lived with me at the time of Katrina. This means that they were between the ages of 6 and 17 at the time that Katrina struck. (1)
- No, I do not have any children currently over the age of 18 who lived with me at the time of Katrina. [GO TO Q15] (0)
- |_|_|_|

Q7.

How many children over the age of 18 do you have? _____ [ENTER NUMBER]

adultch_num

Q8.

Would you be willing to share their contact information with us so that we may contact them regarding participation in our focus groups?

- Yes, I will share their contact information for research purposes only. (1)
- No, I will not share their contact information with you. [GO TO Q15] (0)
- |_|_|_|

adultch_con

QUESTIONS 9-14 ARE ASKED IN A LOOP FOR EACH ADULT CHILD INDICATED IN QUESTION 7

Q9.

Would you please provide the first, middle and last name of your adult child? [PLEASE PRINT NAME CLEARLY]

adch_fname

adch_mname

adch_lname

First

Middle

Last

Q9a.

Is there any other name that your child sometimes uses like a nickname?

Any Other Name(s)
[CIRCLE ONE]

adch_nickname

adch_maiden

adch_alias

adch_former

Nickname

Maiden

Alias

Former

Q10.

How old is [NAME]?

adch_age

- |_|_|
- |_|_|_|

Q11.

What is [NAME]'s current address?

[PROBE FOR EXACT ADDRESS INCLUDING APARTMENT OR ROOM NUMBER. ENTER 'SELF' IF PLACE BELONGS TO CHILD, OR NAME AND RELATIONSHIP OF PERSON, OR NAME OF COLLEGE/UNIVERSITY]

CHECK BOX IF ADULT CHILD ADDRESS IS SAME AS RESPONDENT

adch_street

adch_unit

Street

Lot / Apt. / Room

adch_city	adch_state	adch_zip
City	State	Zip Code

Q12.

What is the best phone number to reach [NAME]?

- _____ - _____ - _____
- |__|__|__|

adch_phone

Q12a.

Is that number a [CIRCLE ONE]...

- Home (1)
- Cell (2)
- Work? (3)
- Other [SPECIFY WHOSE PHONE] (4): _____

adch_phtype

adch_photh

Q13.

Does [NAME] have an email address we can use to contact him/her?

- _____
- |__|__|__|

adch_email

Q14.

Would you be willing to help us get in contact with your child should we be unsuccessful in locating him/her?

- Yes, I am willing to help. (1)
- No, I do not want to help. (0)
- |__|__|__|

adch_reach

[COMPLETE Q9 – Q14 FOR EACH CHILD OVER THE AGE OF 18]

Respondent Contacts

It is very important to stay in touch with you so that we can share with you some of the results of the survey and to contact you in the future. Just to make sure we can stay in touch, could you give me the address and phone number of a relative or friend of yours who is not likely to move in the next few years? This way we will be able to contact you even if we have somehow lost direct touch with you. [PROBE FOR EXACT ADDRESS INCLUDING APARTMENT OR ROOM NUMBER]

Q15. [ENTER INFORMATION FOR CONTACT]

contact_fname	contact_lname	contact_rel
First	Last	Relationship
contact_street	contact_unit	
Street	Apt. / Room	
contact_city	contact_state	contact_zip
City	State	Zip Code
contact_phone	contact_phtype	

Phone - Is that number their [CIRCLE ONE]... Home Cell Work Other: _____

Q16.

Do you have any special instructions for us when we are trying to contact you?

contact_phone

Incentive

[GO TO Q17 FOR IN-PERSON INTERVIEWS; SKIP TO Q18 FOR PHONE INTERVIEWS]

Q17. [FOR IN-PERSON INTERVIEWS: PLEASE PROVIDE RESPONDENT WITH INCENTIVE CARD] Thank you for taking the time to complete our survey. As a thank you, we would like to give you a gift card. Please sign here to confirm receipt of your gift card.

CHECK BOX IF RESPONDENT DECLINED GIFT CARD

Q17b. Proxy code: **giftcard_id1** **giftcard_id2**

Q17c. Date incentive is received **end_datetime**

Q17d. Respondent signature having received incentive: _____

NOTE: not in data base

Q18. [FOR PHONE INTERVIEWS] Thank you for taking the time to complete our survey. As a thank you, we would like to email you a gift card.

Q18a.

Could you please confirm that your email address is _____? **email_conf**

NOTE: corrected email address is listed here, if applicable, and replaced email address given earlier in PIF.

- Email address is correct (1) **email_corrected**
- Email address is incorrect (2): _____
- Respondent does not have email address. (3) *[GO TO Q18b]*

Q18aa.

Whose email address is this? **email_who**

- My personal email address (1)
- Someone else's email address (2): **email_whosp**
- Refuse

Q18b. [ONLY IF PHONE RESPONDENT DOES NOT HAVE EMAIL ADDRESS]

What is your current mailing address so that we can mail you your gift card?

CHECK BOX IF MAILING ADDRESS IS SAME AS CURRENT ADDRESS **mail_ask**

mail_street **mail_unit**

Street Lot / Apt. / Room

mail_city **mail_state** **mail_zip**

City State Zip Code

[FOR EMAIL RECIPIENTS] Thank you for providing your email address. You will receive your gift card within two weeks.

[FOR MAIL RECIPIENTS] Thank you for providing your mailing address. You will receive your gift card

within three weeks.

Thank you for your participation!

Scales and Measures

Contents

Adults

General Self Efficacy Scale 82

Flourishing Scale 83

Impact of Events Scale – Revised 84

Kessler-6 85

Life Events Checklist 86

Perceived Social Support 87

Physical Neighborhood Disorder 88

Post-Traumatic Growth Inventory 89

Sense of Community Index 90

Short Form Health Survey 91

Social Neighborhood Disorder 93

Children (Adult-reported)

Strengths and Difficulties Questionnaire 94

Adults

General Self-Efficacy (GSE) Scale

Construct: Self-efficacy

Questions

1. I can always manage to solve difficult problems if I try hard enough.
2. If someone opposes me, I can find the means and ways to get what I want.
3. It is easy for me to stick to my aims and accomplish my goals.
4. I am confident that I can deal efficiently with unexpected events.
5. Thanks to my resourcefulness, I know how to handle unforeseen situations.
6. I can solve most problems if I invest the necessary effort.
7. I can remain calm when facing difficulties because I can rely on my coping abilities.
8. When I am confronted with a problem, I can usually find several solutions.
9. If I am in trouble, I can usually think of a solution.
10. I can usually handle whatever comes my way.

Answer options: (1) Not at all true; (2) Hardly true; (3) Moderately true; (4) Exactly true

Scale Validity: High construct validity (2)

Scale Reliability: Cronbach's $\alpha = 0.79$ (On a sample of American students) (2)

Scoring: Sum scores were calculated, with a range of 10 – 40, as long as no more than three items were missing (3).

Variable Names in Data Set: *gse_score*

References

- (1) Bosscher, R. J., & Smit, J. H. (1998). Confirmatory factor analysis of the general self-efficacy scale. *Behaviour research and therapy*, 36(3), 339-343.
- (2) Leganger, A., Kraft, P., & Rysamb, E. (2000). Perceived self-efficacy in health behaviour research: Conceptualisation, measurement and correlates. *Psychology and Health*, 15(1), 51-69.
- (3) Schwarzer, R. (2014, May 30). *Everything you wanted to know about the General Self-Efficacy Scale but were too afraid to ask*. Retrieved from http://userpage.fu-berlin.de/health/faq_gse.pdf

Flourishing Scale

Construct: Psychosocial resources and strengths

Questions:

1. I lead a purposeful and meaningful life
2. My social relationships are supportive and rewarding
3. I am engaged and interested in my daily activities
4. I actively contribute to the happiness and well-being of others
5. I am competent and capable in the activities that are important to me
6. I am a good person and live a good life
7. I am optimistic about my future
8. People respect me

Answer options: (1) Strongly disagree; (2) Disagree; (3) Slightly disagree; (4) Neither agree nor disagree; (5) Slightly agree; (6) Agree; (7) Strongly agree

Scale Validity: Construct Validity: Correlations with Satisfaction with Life Scale (.62); LOT scale (-.59); UCLA loneliness (-.28); Cantril's ladder (.57); $p < .001$ for all tests. (1)

Scale Reliability: Cronbach's $\alpha = 0.87$ (1)

Scoring: Sum score: 8-56. High score represents person with many psychological resources and strengths. No validated cut points. Scores were not calculated for observations with missing data on any of the 8 items.

Variable Name in Data Set: *flourish_score*

References

- (1) Diener, E., Wirtz, D., Tov, W., Kim-Prieto, C., Choi, D. W., Oishi, S., & Biswas-Diener, R. (2010). New well-being measures: Short scales to assess flourishing and positive and negative feelings. *Social Indicators Research*, 97(2), 143-156.

Impact of Events Scale – Revised (IES-R)

Construct: Posttraumatic stress

Questions

In the past 7 days, how distressing has Katrina been that...

1. Any reminder brought back feelings about it.
2. I had trouble staying asleep.
3. Other things kept making me think about it.
4. I felt irritable and angry.
5. I avoided letting myself get upset when I thought about it or was reminded of it.
6. I thought about it when I didn't mean to.
7. I felt as if it hadn't happened or wasn't real.
8. I stayed away from reminders of it.
9. Pictures about it popped into my mind.
10. I was jumpy and easily startled.
11. I tried not to think about it.
12. I was aware that I still had a lot of feelings about it, but I didn't deal with them.
13. My feelings about it were kind of numb.
14. I found myself acting or feeling like I was back at that time.
15. I had trouble falling asleep.
16. I had waves of strong feelings about it.
17. I tried to remove it from my memory.
18. I had trouble concentrating.
19. Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart.
20. I had dreams about it.
21. I felt watchful and on-guard.
22. I tried not to talk about it.

Answer options: (0) Not at all; (1) A little; (2) Moderately; (3) Quite a bit; (4) Extremely

Scale Validity: Compared to scores of PTSD Checklist (PCL); total scores highly correlated in community sample (.84, $p < .001$) Correlation was lower when used with sample diagnosed with PTSD. (1)

Scale Reliability: Total scale: Cronbach = 0.96; intrusion: .94; avoidance: .87; hyperarousal: .91 (1)

Scoring:

Avoidance Subscale: Mean of non-missing scores for items 5, 7, 8, 11, 12, 13, 17 and 22.

Intrusion Subscale: Mean of non-missing scores for items 1, 2, 3, 6, 9, 14, 16 and 20.

Hyperarousal Subscale: Mean of non-missing scores for items 4, 10, 15, 18, 19 and 21.

Total IES-R score: summation score of all questions (0-88); 33 or greater indicates PTSD [cut-off provides best diagnostic accuracy, but IES-R was not designed to make a categorical diagnosis]. Scores were not calculated for observations with missing data on any of the 22 items.

Variable Names in Data Set: *avoid_ies, intrus_ies, hyper_ies, ies_score, ies_cat*

References

- (1) Creamer, M., Bell, R., & Failla, S. (2003). Psychometric properties of the impact of event scale—revised. *Behaviour research and therapy*, 41(12), 1489-1496.

Kessler-6 (K6)

Construct: Psychological distress

Questions

During the past 30 days, how often did you feel...

1. nervous?
2. hopeless?
3. restless or fidgety?
4. so sad or depressed that nothing could cheer you up?
5. that everything was an effort?
6. worthless?

Answer options for coding: (4) All of the time; (3) Most of the time; (2) Some of the time; (1) A little of the time; (0) None of the time

Scale Validity: Well validated (construct, criterion, content) (1)

Scale Reliability: Cronbach = 0.89 (1)

Scoring: Summation score with a range of 0-24, where a higher score is indicative of greater risk of psychological distress. Validated cut points of sum score, where ≥ 5 is indicative of mild/moderate distress and ≥ 13 is indicative of severe distress. Scores were not calculated for observations with missing data on any of the 6 items.

Variable Names in Data Set: *k6_score, k6_cat*

References

- (1) Prochaska J et al. (2012). Validity Study of the K6 Scale as a Measure of Moderate Mental Distress based on Mental Health Treatment Need and Utilization. *Int J Methods Psych Res* 21(2): 88-97.

Life Events Checklist

Domain: Traumatic life event experiences. Amended version of the Life Events Checklist as created by the National Center for Posttraumatic Stress Disorder (1).

Questions:

In your lifetime, have you...

1. Experienced a natural disaster other than Hurricane Katrina – for example, a flood or hurricane in which you or someone close to you was hurt or your property was damaged?
 - What was this event?
 - i. Hurricane Rita in 2005
 - ii. Hurricane Gustav in 2008
 - iii. Hurricane Ike in 2008
 - iv. Hurricane Irene in 2011
 - v. Hurricane Isaac in 2012
 - vi. Hurricane Sandy in 2012
 - vii. Hurricane Harvey in 2017
 - viii. Hurricane Irma in 2017
 - ix. Hurricane Maria in 2017
 - x. Other (Please specify)
2. Experienced a technological disaster like the BP Oil Spill in which you or someone close to you was hurt or your property was damaged?
3. Experienced an act of mass violence – for example a terrorist attack or a school shooting in which you or someone close to you was hurt or your property was damaged?
4. Experienced combat or exposure to a war zone in the military or as a civilian?
5. Had someone close to you experience a life-threatening physical illness or injury?
6. Had someone close to you experience a serious mental illness?
7. Had a parent who had a problem with drugs or alcohol?
8. Had a parent who had serious legal problems such as being arrested, going to jail, or being sued?
9. Experienced the sudden unexpected death of someone close to you?

10. Experienced the sudden unexpected death of your child?
11. Witnessed a situation in which someone was seriously injured, assaulted or killed?
12. Had something taken from you by force or threat of force such as in a robbery or mugging?
13. Been physically punished by a parent or primary caregiver so hard that it left bruises, marks or injuries?
14. Been physically hurt for example, shoved, hit, kicked, or beaten up, by a spouse or partner?
15. Been physically injured, for example, hit, kicked, beaten up, by another person: other than by your parents or spouse/significant other?
16. The next question is about sexual assault, specifically rape. We define this as someone either having sexual intercourse with you or penetrating your body with a finger or object when you did not want them to. Did this ever happen to you?
17. Been arrested?
18. Been charged with a crime?
19. Been sued or sued someone else?
20. Experienced serious financial problems, such as going bankrupt, being unable to pay your mortgage or rent, or having your home foreclosed on?
21. Been in any other situation in which you were seriously injured or feared you would be seriously injured or killed?
22. Experienced a life threatening illness?

Answer options: Yes/No; If Yes: whether it occurred before Katrina, after Katrina, or both before and after.

Scoring: Count of events experienced, possible range of 0-22. All observations included, regardless of missingness.

Variable Name in Data Set: *lec_count*

Reference

- (1) Gray, M. J., Litz, B. T., Hsu, J. L., & Lombardo, T. W. (2004). Psychometric properties of the life events checklist. *Assessment*, 11(4), 330-341.

Perceived Social Support

Eight items from the Social Provisions Scale (SPS) (1) (2)

Construct: Perceived social support

Questions:

1. There are people I know will help me if I really need it.
2. There is no one I feel comfortable talking about problems with.
3. I am with a group of people who think the same way I do about things.
4. If something went wrong, no one would help me.
5. I have a trustworthy person to turn to if I have problems.
6. I do not think that other people respect what I do.
7. There is no one who likes to do the things I do.
8. There are people who value my skills and abilities.

Answer options: (1) Strongly disagree; (2) Disagree; (3) Agree; (4) Strongly agree

Scoring: Reverse-coded negatively worded items [2, 4, 6, 7], and then computed a total score by summing the items, ranging from 8-32. Higher scores indicate greater perceived social support. Scores were not calculated for observations with missing data on any of the 8 items.

Variable Name in Data Set: *pss_score*

Reference

- (1) Russell, D., & Cutrona, C. E. (1987). The Social Provisions Scale: A multidimensional measure of perceived social support.
- (2) Lowe, S. R., Chan, C. S., & Rhodes, J. E. (2010). Pre-hurricane perceived social support protects against psychological distress: A longitudinal analysis of low-income mothers. *Journal of consulting and clinical psychology, 78*(4), 551.

Physical Neighborhood Disorder

Construct: Physical neighborhood disorder

Questions:

How often is the following a problem:

1. Litter or trash on the sidewalks or streets
2. Graffiti on buildings and walls
3. Abandoned cars
4. Vacant, abandoned, or boarded up buildings
5. Houses and yards not kept up
6. Drinking in public
7. Gang activity

Answer options: (1) Frequently, (2) Sometimes; (3) Rarely; (4) Never

Scale Validity: Well validated (convergent, divergent) (1)

Scale Reliability: High average reliability among multiple measures (1)

Scoring: Summation score from 7-28, with lower scores associated with perception of greater physical disorder. Scores were not calculated for observations with missing data on any of the 7 items.

Variable Name in Data Set: *physdis_score*

Reference:

- (1) Raudenbush, S. W., & Sampson, R. J. (1999). Ecometrics: toward a science of assessing ecological settings, with application to the systematic social observation of neighborhoods. *Sociological methodology*, 29(1), 1-41.

Post-Traumatic Growth Inventory (PTGI)

Construct: Post-traumatic growth

Questions

Since Katrina...

1. I changed my priorities about what is important in life.
2. I have a greater appreciation for the value of my own life.
3. I developed new interests.
4. I have a greater feeling of self-reliance.
5. I have a better understanding of spiritual matters.
6. I more clearly see that I can count on people in times of trouble.
7. I established a new path for my life.
8. I have a greater sense of closeness with others.
9. I am more willing to express my emotions.
10. I know better that I can handle difficulties.
11. I am able to do better things with my life.
12. I am better able to accept the way things work out.
13. I can better appreciate each day.
14. New opportunities are available which wouldn't have been otherwise.

15. I have more compassion for others.
16. I put more effort into my relationships.
17. I am more likely to try to change things which need changing.
18. I have a stronger religious faith.
19. I discovered that I'm stronger than I thought I was.
20. I learned a great deal about how wonderful people are.
21. I better accept needing others.

Answer options: (1) Not at all; (2) A little; (3) Moderately; (4) Quite a bit; (5) Extremely

Scale Validity: Well validated (construct, concurrent and discriminant) (1)

Scale Reliability: $\alpha = 0.90$ (1)

Scoring: Summation score, ranging from 21 – 105, where higher scores are indicative of greater post-traumatic growth. Answer options in survey used a 5-point Likert scale, while answer options were originally on a 6-point Likert scale. Scores were not calculated for observations with missing data on any of the 21 items.

Variable Name in Data Set: *ptgi_score*

References

- (1) Tedeschi, R. G., & Calhoun, L. G. (1996). The Posttraumatic Growth Inventory: Measuring the positive legacy of trauma. *Journal of traumatic stress*, 9(3), 455-471.

Sense of Community Index

Construct: Sense of community

Questions

1. I think my neighborhood is a good place for me to live.
2. People in this neighborhood do not share the same values.
3. My neighbors and I want the same things from the neighborhood.
4. I can recognize most of the people who live in my neighborhood.
5. I feel at home in this neighborhood.
6. Very few of my neighbors know me.
7. I care about what my neighbors think of my actions.
8. I have no influence over what this neighborhood is like.
9. If there is a problem in the neighborhood people who live here can get it solved.

10. It is very important to me to live in this particular neighborhood.
11. People in this neighborhood generally don't get along with each other.
12. I expect to live in this neighborhood for a long time.

Answer options: (1)True; (0) False

Scale Validity: Well validated (construct, criterion, content) (1)

Scale Reliability: physical: $\alpha = 0.89$; mental: $\alpha = 0.76$ (2 week test-retest) (1)

Scoring: Summation score after reverse-coding items 2, 6, 8 and 11, for a range of 0-12. Higher scores indicate a greater sense of community. Scores were not calculated for observations with missing data on any of the 12 items.

Variable Name in Data Set: *soc_score*

Reference:

- (1) Chipuer, H. M., & Pretty, G. M. (1999). A review of the sense of community index: Current uses, factor structure, reliability, and further development. *Journal of Community psychology*, 27(6), 643-658.

Short Form Health Survey (SF-12v2)

The version of SF-12 used is an amended version, as the bodily pain question answer options differ from those of the original questionnaire.

Constructs: Physical functioning, role-physical, bodily pain, general health, vitality, social functioning, role-emotional and mental health. The bodily pain domain is not available for this survey.

Questions:

1. In general, would you say your health is: (1) Excellent, (2) Very good, (3) Good, (4) Fair, (5) Poor [*general health*]
2. In the past month, has your health limited you in moderate activities such as moving a table, pushing a vacuum cleaner, bowling, or playing golf? [*physical functioning*]
3. In the past month, has your health limited you in climbing several flights of stairs? [*physical functioning*]
4. In the past 4 weeks, how much of the time have you accomplished less than you would like as a result of your physical health? [*role-physical*]
5. In the past 4 weeks, how much of the time have you were you limited in the kind of work or other activities you could do as a result of your physical health? [*role-physical*]

6. During the past 4 weeks, how much of the time have you accomplished less than you would like as a result of any emotional problems, such as feeling depressed or anxious? [*role-emotional*]
7. During the past 4 weeks, how much of the time did you do work or other activities less carefully than usual as a result of any emotional problems, such as feeling depressed or anxious? [*role-emotional*]
8. During the past 4 weeks, how much did pain interfere with your normal work, including work outside the home and housework? [*bodily pain*]
9. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities, like visiting friends or relatives [*social functioning*]
10. How much time over the past four weeks have you felt calm and peaceful? [*mental health*]
11. How much time over the past four weeks did you have a lot of energy? [*vitality*]
12. How much time over the past four weeks have you felt downhearted and depressed? [*mental health*]

Answer options for Q2, Q3: (1) Yes, limited a lot; (2) Yes, limited a little; (3) No, not limited at all

Answer options for Q4-Q12: (1) All of the time; (2) Most of the time; (3) Some of the time; (4) A little of the time; (5) None of the time

Scale Validity: Well validated (1)

Scale Reliability: Test-retest reliability in the United States of PCS was 0.86 and of the MCS was 0.76. (1)

Scoring: Each domain, except for bodily pain, has its own norm-based score. There are two summary scores: the mental component score (MCS), which is composed of the vitality, social functioning, role-emotional and mental health domains and the physical component score (PCS), which is composed of physical functioning, role-physical, bodily pain and general health domains. The SF-12 is proprietary, and scores are calculated on software purchased from Optum, Inc using norm-based scoring (3). Scores were not calculated for observations with more than one missing response to the role-physical, role-emotional, mental health, or physical functioning questions.

Variables in Data Set: (1) Seven domains with norm-based scores: *pf_nbs*, *rp_nbs*, *gh_nbs*, *vt_nbs*, *sf_nbs*, *re_nbs*, *mh_nbs*; (2) Summary scores: *pcs*, *mcs*; (3) PCS and MCS scores categorized in relation to scores from the general population: *genpop_mcs*, *genpop_pcs*

References

- (1) Ware J, Kosinski M, Keller S. (1996). A 12-Item Short-Form Health Survey: Construction of Scales and Preliminary Tests of Reliability and Validity. *Med Care* 34(3): 220-33.
- (2) Ware J, Kosinski M, Keller S. (1995). SF-12: How to Score the SF-12 Physical and Mental Health Summary scales. Boston MA: The Health Institute, New England Medical Center, Second Edition.
- (3) Advantages of Norm-Based Scoring, Appendix

Notes: In publications and presentation, please reference the SF-12 used as “a modified version of SF-12 version 2.”

Social Neighborhood Disorder

Construct: Social neighborhood disorder

Questions:

How worried are you about...

1. Drug dealers or users hanging around
2. Having property stolen
3. Walking alone during the day
4. Letting children go outside during the day
5. Letting children go outside during the night
6. Being robbed
7. Being murdered

Answer Options: 1-10; from not worried to very worried

Scale Validity: Well validated (convergent, divergent) (1)

Scale Reliability: Cronbach = 0.89 (1)

Scoring: Summation score from 7 to 70. Greater scores are associated with greater perceived social neighborhood disorder. Scores were not calculated for observations with missing data on any of the 7 items.

Variable Name in Data Set: *socdis_score*

Reference:

- (1) Raudenbush, S. W., & Sampson, R. J. (1999). Ecometrics: toward a science of assessing ecological settings, with application to the systematic social observation of neighborhoods. *Sociological methodology*, 29(1), 1-41.

Children (Adult-reported)

Strengths and Difficulties Questionnaire

Constructs: emotional problems, conduct problems, hyperactivity, peer problems and prosocial behavior.

Questions

In the last six months [CHILD]...

1. Has been considerate of other people's feelings
2. Has been restless, overactive, or cannot stay still for long
3. Often complains of headaches, stomach-aches, or sickness
4. Shares readily with other youth, for example books, games, food
5. Often loses temper
6. Would rather be alone than with other youth
7. Has been generally well behaved, usually does what adults request
8. Has had many worries or often seems worried
9. Has been helpful if someone is hurt, upset, or feeling ill
10. Has been constantly fidgeting or squirming
11. Has at least one good friend
12. Often fights with other youth or bullies them
13. Has often been unhappy, depressed, or tearful
14. Has been generally liked by other youth
15. Has been easily distracted, concentration wanders
16. Has been nervous in new situations, easily loses confidence
17. Has been kind to younger children
18. Often lies or cheats
19. Has been picked on or bullied by other youth
20. Often offers to help others (parents, teachers, other children)
21. Thinks things out before acting
22. Steals from home, school, or elsewhere
23. Gets along better with adults than with other youth
24. Has had many fears, easily scared
25. Has had a good attention span, sees work through to the end

Answer options for coding: (0) Not true; (1) Somewhat true; (2) Certainly true

Scale Validity: Well validated (1)

Scale Reliability: High internal consistency (3)

Scoring: Summation and categorical scoring details are outlined below. Validated cut-points are based off of a UK population survey (1) and amended to U.S. norms (3). Mean scores are multiplied by five to enable subtype scoring for those with at least 3 of the 5 questions per subtype answered (2).

Emotional problems: summation score of items 3, 8, 13, 16 and 24, which ranges from 0-10, and validated cut-points at 0-3 for normal, 4 for borderline, and 5-10 for abnormal.

Conduct problems: summation score of items 5, 7 (reverse coded), 12, 18 and 22, which ranges from 0-10, and validated cut-points at 0-2 for normal, 3 for borderline, and 4-10 for abnormal.

Hyperactivity: summation score of items 2, 10, 15, 21 (reverse coded) and 25 (reverse coded), which ranges from 0-10, and validated cut-points at 0-5 for normal, 6 for borderline, and 7-10 for abnormal.

Peer problems: summation score of items 6, 11 (reverse coded), 14 (reverse coded), 19 and 23, which ranges from 0-10, and validated cut-points at 0-2 for normal, 3 for borderline, and 4-10 for abnormal.

Prosocial: summation score of items 1, 4, 9, 17 and 20, which ranges from 0-10, and validated cut-points at 8-10 for normal, 6-7 for borderline, and 0-5 for abnormal.

Total difficulties: summation of emotional, conduct, hyperactivity and peer problems scales, for a score which ranges from 0-40, and validated cut-points at 0-11 for normal, 12-15 for borderline, and 16-40 for abnormal.

Variable Names in Data Set: *pemotion, sdqemot_cat, pconduct, sdqcond_cat, phyper, sdqhyp_cat, ppeer, sdqpeer_cat, pprosoc, sdqpro_cat, pebtot, sdqtot_cat*

References

- (1) Goodman, R. (2001). Psychometric properties of the strengths and difficulties questionnaire. *Journal of the American Academy of Child & Adolescent Psychiatry, 40*(11), 1337-1345.
- (2) (2016, June 20) *Scoring the Strengths & Difficulties Questionnaire for age 4-17 or 18+*. Retrieved from <https://www.sdqinfo.org>
- (3) Bourdon, K. H., Goodman, R., Rae, D. S., Simpson, G., & Koretz, D. S. (2005). The Strengths and Difficulties Questionnaire: US normative data and psychometric properties. *Journal of the American Academy of Child & Adolescent Psychiatry, 44*(6), 557-564.

Notes: There is a new 4-band categorization that is also available for use; here we use the 3-band option.

Appendix

Advantages of Norm-Based Scoring

The interpretation of SF-36v2™ Health Survey results has been greatly simplified with the norm-based scoring of its health domain scales and component summary measures. It is recommended that users base their interpretations on norm-based scores (Mean = 50, *SD* = 10) rather than 0–100 scores. The advantage of norm-based scoring can be illustrated by comparing the SF-36v2™ Health Survey profile scored using the original 0–100 algorithms with the profile based on the norm-based scoring algorithms for the same sample. For purposes of this comparison, the survey was scored both ways for a sample of asthmatic patients who participated in a clinical trial (Okamoto, Noonan, Boisblanc, & Kellerman, 1996).

The original 0–100 scoring produced the profile shown in Figure 7.2. The shape of this profile—the peaks and valleys due to higher and lower scores, respectively, across scales—reflect both the impact of asthma on health domains, as well as arbitrary differences in the ceilings and floors of the scales. Three scales, namely GH, VT, and MH, measure relatively wide score ranges and set the ceiling relatively high by measuring very favorable levels of those health domains (Ware et al., 1993). Other scales, such as PF and RP, assess a narrower range based on a lower ceiling. For these scales the most favorable levels (scored 100 using the original SF-36® Health Survey algorithms) represent the absence of limitations and do not extend the range into well-being. Thus, when using the original 0–100 scoring, the average score for each scale differs substantially across the profile for reasons that have nothing to do with asthma (see *Norm* in Figure 7.2). Ignoring these norms, a reasonable inference from the profile in Figure 7.2 is that asthma has a greater impact on the Vitality (VT) scale than on the Physical Functioning (PF) scale; however, this inference is incorrect.

General population norms provide a basis for meaningful comparisons across scales (see Figure 7.2). For example, the PF scale general population norm is between 80 and 90 while the VT norm is around 60 on the 100-point scale. In relation to these norms, the impact of asthma is actually much larger on the PF scale than on the VT scale, although both are statistically significant. Using the original 0–100 scoring, these differences in norms must be kept in mind when interpreting a profile. Differences in

standard deviations (which are also substantial across some scales) must also be considered for purposes of comparing results across scales.

In NBS, each scale is scored to have the same average (50) and the same standard deviation (10), meaning each point equals one-tenth of a standard deviation. Without referring to tables of norms, this method makes it clear that whenever an individual respondent's scale score is below 45, or a group mean scale score is below 47, health status is below the average range. As shown in Figure 7.3, with norm-based scoring, differences in scale scores much more clearly reflect the impact of the disease—in this example, the impact of asthma. Using NBS, clinicians can more quickly and appropriately interpret the effect of asthma on an SF-36v2™ Health Survey profile.

Other advantages of norm-based scoring are shown in Figures 7.3 and 7.4. First, results for the PCS and MCS measures, which have always been transformed to norm-based scores, can be compared directly with results for the eight health domain scales when all are standardized on a common metric in relation to population norms. Because the PCS and MCS measures take into account the correlations among the eight health domain scales, it is clear from the example in Figure 7.3 that asthma has a very broad impact on the physical component of health.

Second, the application of norm-based scoring to a clinical trial of treatment effects is also illustrated in Figure 7.4. Patients treated using an inhaler showed statistically significant improvements (represented by the shaded portions of the bars in Figure 7.4) on the PCS measure and on the PF, RP and GH scales (i.e., three of the four scales most closely associated with physical functioning) relative to baseline after 16 weeks of treatment.

To summarize, the main advantage of NBS is simplified interpretation. When interpreting norm-based scores, one no longer has to remember the norms for eight health domain scales; the general population norm is built into the scoring algorithm. For all scales and summary measures, individual respondent scores below 45 and group mean scores below 47 can be interpreted as being below the average range for the general population. And because the standard deviations for each scale are equalized at 10, it is easier to see exactly how far

An excerpt from the User's Manual for the SF-36v2 Health Survey, Second Edition, Chapter 7, pages

below or above the general population mean a score is in standard deviation units, and comparisons of health domain scale and component summary measure scores across the SF-36v2™ Health Survey can be made directly.

Another very important advantage of NBS is that it provides a basis for direct comparisons between scores from the SF-36® Health Survey and SF-36v2™ Health Survey. To facilitate such comparisons, the QualityMetric Health Outcomes™ Scoring Software 2.0 (Saris-Baglana et al., 2007) is available for scoring health domain scales and component summary measures using the 1998 norms (see Chapter 5). In addition to providing much more up-to-date norms for use in interpreting SF-36® Health Survey scales and measures, this software assures the comparability of results from both versions of the SF-36® Health Survey.

Finally, for those conducting research, it is important to *not* “mix” or combine NBS and 0–100 scores for the purpose of analyzing or reporting data. Mixed scores have been reported in the published literature and have resulted in erroneous conclusions about the hypotheses being tested. If a data set includes both NBS and 0–100-based scores, one can use the algorithms presented in Chapter 5 or the QualityMetric Health Outcomes™ Scoring Software 2.0 to convert all scores to a single metric (in most cases, NBS is the recommended metric). It is also important to clearly document the norms and scoring algorithms used in reports of “Study Methods” accompanying results based on the SF-36v2™ Health Survey 1998 U.S. general population norms. Further, because tables and figures are sometimes distributed separately, it is also important to include explicit references to *SF-36v2™ Health Survey 1998 U.S. general population norms* and to *norm-based scoring (NBS)* in tables and figures presenting results based on the more current 1998 U.S. general population norms.