

Community Health & Needs Assessment. Hurricane Charley–Florida (August , 2004)

Please circle or check appropriate responses.

Date:	County:	Cluster:	Blocks:
Interviewer Team:			Lat/Long:
Questionnaire conducted in: English		Spanish	Language barrier, not conducted

Type of Structure (pre-hurricane): <input type="checkbox"/> Mobile home <input type="checkbox"/> Single family house, non-mobile <input type="checkbox"/> 2-5 family unit <input type="checkbox"/> ≥6 units <input type="checkbox"/> Migrant camp

Damage to Structure: <input type="checkbox"/> None <input type="checkbox"/> Damaged/habitable <input type="checkbox"/> Damaged/uninhabitable/repairable <input type="checkbox"/> Damaged/uninhabitable/destroyed

Household Services/Utilities			
Do you have running water?.....	YES	NO	DK
What is your primary source of drinking water?.....	<input type="checkbox"/> Well <input type="checkbox"/> Bottled	<input type="checkbox"/> Public <input type="checkbox"/> None	
Do you have electricity?	YES	NO	DK
Have you used a generator at any time since the hurricane?	YES	NO	DK
<i>If yes, where is it located?</i>	<input type="checkbox"/> Indoor <input type="checkbox"/> Outside <input type="checkbox"/> Other	<input type="checkbox"/> Garage/Shed <input type="checkbox"/> Carport	
Do you have functional CO detector or alarm?.....	YES	NO	DK
Does the indoor toilet work?	YES	NO	DK
<i>If no, do you have access to a functioning toilet?</i>	YES	NO	DK
Do you have a working telephone (cell or regular)?.....	YES	NO	DK
Do you have you access to working motorized transportation (e.g., car, bus, scooter, bike pedal, golf cart)?.....	YES	NO	DK
Do you have a functioning radio?.....	YES	NO	DK
Do you have regular garbage pick-up now?.....	YES	NO	DK

How many people lived in this house before the hurricane?: _____	
How many people slept here last night?: _____ →	<i>If none, Where did you stay?</i> <input type="checkbox"/> Shelter <input type="checkbox"/> Special Needs Shelter <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Neighbor's home <input type="checkbox"/> Other _____
	<i>If 1 or more,...</i> How many pregnant females: _____ How many <2 years old: _____ How many ≥65: _____ _____ <div style="text-align: center;"><i>Women Men</i></div>

If >0 Go to back

If at least 1 person ≥65 continue with survey questions on back of form.

If none ≥65 then STOP.

Continue with the questions below only if at least 1 person is ≥65

The rest of the questions I'm going to ask you are about those people in the home who are 65 or older...

Are you/they a year-round resident?	YES	NO	DK
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Health Services			
Was anyone in your household injured because of the hurricane?.....	YES	NO	DK
<i>If yes, were they able to get the medical care they needed?.....</i>	<i>YES</i>	<i>NO</i>	<i>DK</i>
Has anyone been ill (other than injury) since the hurricane?.....	YES	NO	DK
<i>If yes, were they able to get the medical care they needed?.....</i>	<i>YES</i>	<i>NO</i>	<i>DK</i>
Does anyone in the home now require medical care because of the hurricane?.....	YES	NO	DK
<i>If yes, do they have access to the medical care they need?.....</i>	<i>YES</i>	<i>NO</i>	<i>DK</i>
Is anyone in the home taking any prescription medication(s)?.....	YES	NO	DK
<i>If yes, do they have access to their prescription medications?.....</i>	<i>YES</i>	<i>NO</i>	<i>DK</i>

Hurricane impact on Pre-existing Health Conditions			
Are there any health care services you normally have that have been interrupted by the hurricane such as meals-on-wheels; home-based care; dressing changes; or delivery of supplies such as oxygen?.....	YES	NO	DK
Are any of the social support networks (e.g., group memberships, church activities, regular social activities) that you had before the hurricane been interrupted by the hurricane?.....	YES	NO	DK
Do you have access to enough food for everyone in the residence for the next 3 days?	YES	NO	DK
Do you have access to money for immediately daily needs (e.g., groceries, medicine or doctors visits).....	YES	NO	DK
In the past 48 hours have you received disaster relief such as food, water, ice, or shelter from disaster relief stations (e.g., FEMA, ARC, etc.)?.....	YES	NO	DK
<i>If no, why?</i>	<input type="checkbox"/> <i>Didn't need relief</i> <input type="checkbox"/> <i>Couldn't get there</i> <input type="checkbox"/> <i>Didn't know about them</i> <input type="checkbox"/> <i>Other _____</i>		

Has a doctor ever told you that you have:			
Physical disability	YES	NO	DK
Hearing impairment	YES	NO	DK
Visual impairment/legally blind	YES	NO	DK
GI illness	YES	NO	DK
Heart/Cardiac/HBP	YES	NO	DK
Respiratory	YES	NO	DK
Renal	YES	NO	DK
Neuro: Stroke, Seizures, TIAs	YES	NO	DK
Dementia/Alzheimers	YES	NO	DK
Arthropathy (arthritis, any joint pain)	YES	NO	DK
Diabetes	YES	NO	DK
Cancer	YES	NO	DK
Anemia	YES	NO	DK
Psychiatric	YES	NO	DK
Other _____	YES	NO	DK
<i>If yes, did the hurricane make any of these worse?.....</i>	<i>YES</i>	<i>NO</i>	<i>DK</i>
<i>If yes, has the hurricane prevented you from getting the care you would normally receive for these conditions (e.g., missing doctors appointments or treatments)?.....</i>	<i>YES</i>	<i>NO</i>	<i>DK</i>

What is your greatest need at the moment?