Hurricane Wilma Rapid Community Needs Assessment–Florida, October, 2005

Please circle or check appropriate responses.

Cluster *(1-40)*:	**Housing unit** *(1-5)*:
Date: ____/____/2005	Interviewer Initials:

1. **Type of Structure (pre-hurricane):**
   - [1] Mobile home
   - [2] Single family house,non-mobile
   - [3] 2-5 family units
   - [4] ≥6 units
   - [5] Migrant camp
   - [6] Other

2. *If* ***≥2 family units***–
   a. Total floors in building: _____
   b. Floor level of interviewed unit: _____

3a. **Would you describe damage to your home as:**
READ RESPONSES; MARK ONLY ONE
   - [1] None or minimal
   - [2] Damaged/habitable
   - [3] Damaged/uninhabitable

3b. *If* ***damaged***, **Do you need a tarp?**
[1] Yes [2] No

First we would like to ask you some general questions about your household.

4. How many people lived in this home before the hurricane? _____ persons

5a. How many people slept here last night?: _____ persons

b. How many of these are 65 or older?: _____

c. How many are less than 2 years old?: _____ → **d.** *If* ***1 or more***, Do you have access to enough diapers and formula for 3 days? [1] Yes [2] No

Now, we would like to ask about the <u>current</u> status of your household utilities.

6. Do you currently have running water? [1] Yes [2] No [3] DK

7a. Where are you getting your drinking water? [1] Well [2] Public Utility [3] Bottled [4] DK

7b. If ***bottled water***–Do you have enough bottled water for 3 days? [1] Yes [2] No [3] DK

8. Do you have a working toilet? [3] Never Had [1] Yes [2] No [4] DK

9. Do you have a working telephone? [3] Never Had [1] Yes [2] No [3] DK

10a. Do you have electricity from the utility company? [1] Yes [2] No [3] DK

10b. If ***no***–Are you using a generator? [1] Yes [2] No [3] DK

10c. If ***yes***–Where is the generator located? [1] Inside [2] Garage [3] Outside [4] Other [5] DK

11. Do you have a working carbon monoxide monitor? [1] Yes [2] No [3] DK

12. Do you currently have regular garbage pick-up? [1] Yes [2] No [3] DK

Next, we would like to ask about how you and your household are doing since Hurricane Wilma?

13. Has anyone in this residence become ill or been injured since the hurricane? [1] Yes [2] No [3] DK

14. Has anyone in this residence needed and been unable to obtain medical care since the hurricane? [3] None needed [1] Yes [2] No [4] DK

15. Do the people in this residence who normally need prescribed medication every day, have enough for the next 3 days? [3] None needed [1] Yes [2] No [4] DK

16. Do you have access to enough food for everyone in the residence for the next 3 days? [1] Yes [2] No [3] DK

17. In the past week, have you received <u>any</u> disaster relief such as food, water, ice, or shelter? [1] Yes [2] None needed [3] Needed, but could not get it [4] Did not know it was available

18a. In the past week, did you get any information about how to stay safe when cleaning up after the hurricane (e.g, using a chainsaw properly, ladder or roof safety, preventing carbon monoxide poisoning)? [1] Yes [2] No [3] DK

18b. If ***yes***–Did you get this information through: READ RESPONSES; MARK ALL THAT APPLY
[1] Flyer [2] Talking to people [3] Internet [4] Newspaper [5] Radio [6] TV [7] Other, *specify*:

19. Are emotional concerns, thinking, or memory problems preventing you from taking care of yourself or people depending on you? [1] Yes [2] No [3] DK

20. Was your household affected by any hurricanes other than Wilma during the last year (e.g., Rita, Katrina, Dennis, Jeanne, Ivan, Frances, Charley)? [1] Yes [2] No [3] DK

21. Finally, What is your greatest need at the moment?

[1] Food [2] Electricity [3] Water [4] Medical care [5] Medications [6] Transportation [7] Other, *specify:*