

Date:	Cluster:	# of Housing Units in Cluster:	Survey #:	Interviewer initials:
Address:			Key: Y = Yes N = No D/K = Don't Know N/H = Never Had	
1. Type of Structure: <input type="checkbox"/> Single family house <input type="checkbox"/> Multiple unit (e.g., duplex, apartment) <input type="checkbox"/> Mobile home <input type="checkbox"/> Other _____			11. Is there anyone in this house who has trouble getting the medical care that they need? Y N D/K <i>If yes, why?</i> _____	
2. Since the hurricane, do you feel your home is safe to live in? <i>If no, why?</i> _____ Y N D/K			12. Is there anyone in the house who has trouble getting the following items that they need? <input type="checkbox"/> oxygen <input type="checkbox"/> dialysis <input type="checkbox"/> home health care <input type="checkbox"/> other type of care _____ <i>If yes, why?</i> _____	
3. Since the hurricane, do you feel safe? Y N D/K			13a. Does your household have a 3-day supply of water for everyone who lives here? Y N D/K	
4. How many people lived in this house before the hurricane?			13b. What is your present source of drinking water? <input type="checkbox"/> Well <input type="checkbox"/> Tap <input type="checkbox"/> Bottled <input type="checkbox"/> No Drinking Water <input type="checkbox"/> D/K	
5a. How many people slept in this house last night? _____			13c. If using well or tap water are you treating the water? <input type="checkbox"/> No <input type="checkbox"/> Yes-Boiling <input type="checkbox"/> Yes-Chemical <input type="checkbox"/> D/K	
5b. How many were: 0-2 years _____ 3-17 years _____ 18-64 years _____ 65+ _____			14. Do you have adequate food for everyone in the house for the next three days? Y N D/K N/H	
6. Was anyone in this house injured due to or since the hurricane? Y N D/K <i>If "yes" what was the injury?</i>			15. Do you have a working toilet? Y N D/K N/H	
6a. Strain/sprain Y N D/K			16. What is your current source of electricity? <input type="checkbox"/> no electricity <input type="checkbox"/> power company <input type="checkbox"/> generator <input type="checkbox"/> N/H { } other	
6b. Broken Bones Y N D/K			16a. <i>If yes to generator, where and how do you use it?</i> <input type="checkbox"/> Indoors <input type="checkbox"/> in the garage <input type="checkbox"/> Outside: ___ feet away from home If outside, near an open door/window? Y N D/K N/H	
6c. Cuts, abrasions, or puncture wound? Y N D/K			16b. Are you still using a generator ? Y N D/K N/H	
6d. Animal bites Y N D/K			17a. Since the hurricane, have you cooked on a charcoal/ gas grill or camp stove? Y N D/K N/H <i>If yes, where and how do you use it?</i> <input type="checkbox"/> Indoors with door/window open <input type="checkbox"/> Indoor with door/window closed <input type="checkbox"/> Outside: ___ feet away from home If outside, near an open door/window? Y N D/K N/H	
6e. Other: Y N D/K			17b. Are you still using a charcoal/ gas grill/camp stove? Y N D/K N/H	
7. Has every adult in the house had a tetanus shot within the last 10 years? Y N D/K			18. Is your garbage pickup currently disrupted? Y N D/K N/H	
8. Since the hurricane, has there been any increase in insect bites/stings from any of the following? a) Mosquitos Y N D/K b) Ants Y N D/K c) Bees or wasps Y N D/K d) Other: _____			19. Do you have a working telephone? Y N D/K	
9. Has anyone in this house become ill due to or since the hurricane? Y N D/K <i>If yes, what did they have:</i> a) Nausea/stomach ache/diarrhea Y N D/K b) Sore throat/cough with fever Y N D/K c) Worsened chronic illness Y N D/K d) Other: _____			20. How are you getting information after the hurricane? (check all that apply) <input type="checkbox"/> TV <input type="checkbox"/> Neighbor, word of mouth <input type="checkbox"/> Radio <input type="checkbox"/> Internet <input type="checkbox"/> Newspaper <input type="checkbox"/> Other: _____	
10. Since the hurricane, does your household have at least a 3-day supply of prescription medication for each person who takes prescribed medicines? Y N D/K <i>If no, why?</i> _____			21. Finally, what is your greatest need right now? (select one) <input type="checkbox"/> No current needs <input type="checkbox"/> Food <input type="checkbox"/> Electricity <input type="checkbox"/> Water <input type="checkbox"/> Medical care <input type="checkbox"/> Medications <input type="checkbox"/> Transportation <input type="checkbox"/> Physical help with cleanup & repairs <input type="checkbox"/> Financial help with cleanup & repairs <input type="checkbox"/> Trash removal <input type="checkbox"/> Shelter <input type="checkbox"/> Mental health needs <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> DK	

Community Assessment for Public Health Emergency Response (CASPER) Questionnaire, Texas

Survey Instructions by Question Number

1. This question pertains to the type of structure as defined by the choices given. If further explanation is necessary include it under the “other” category and specify.
2. The key words in this question are “feel” and “safe”. This question refers to the subjective perception of physical safety within the structure. This question specifically refers to the perception of the integrity of the structure and any damage that may cause a safety risk by remaining in the structure.
3. The term “safe” in this question refers to the subjective perception of safety within their current environment. This question is assessing the subject’s feelings of safety within their neighborhood with regards to security, theft, crime, down power lines, and other hazards, etc. etc.
4. This question is asking how many residents lived in this particular house before the hurricane.
5. This question is asking how many people slept in this house last night. There is no overlap in the age groups for ages less than a full year. Round down to the nearest year for half years. For example, 2 ½ would be documented as 2.
6. This question is asking about any injury due to or since the hurricane. This includes preparing for the hurricane as well as any efforts to clean up. These injuries may or may not have required medical attention. Please describe how the injury occurred. For animal bites (6d), please include the type of animal.
7. This question pertains to tetanus vaccination. Adult refers to persons 18 years and older.
8. This question pertains to any increase in insect bites/stings. If “other”, please explain.
9. This question is asking about any illness due to or since the hurricane. It refers to symptoms and not diagnosis. “Worsening chronic illness” refers to worsening symptoms of preexisting medical conditions such as asthma, chronic heart failure, diabetes, etc. If “other,” please specify.
10. This question identifies difficulties in getting medications, including over-the-counter medications. If no, please specify.
11. This question identifies difficulties in getting the medical care they need. If yes, please specify.
12. This question identifies difficulties in getting potential specific needs in the house. Please check all that may apply. If yes for any item, please specify.
13. This question pertains to an adequate supply of drinking water for everyone in the household for 3 days. A 3 day supply of water is 1 gallon of water per person per day for drinking and sanitation.
14. This question pertains to an adequate supply of food for everyone in the household for 3 days; that is a 3-day supply of nonperishable food that needs no cooking.
15. This question is self-explanatory.
- 16, 16a, and 16b. This question pertains to current source of electricity. If a “generator” is the current source of electricity, ask 16a. Carbon monoxide (CO) poisoning during power disruption is a public health issue. This question focuses on possible generator use and generator placement. Regardless of their answers please discuss the proper use of generators and risks of improper use and the risk of fire/explosion from having fuel around a flame..
- 17a and 17b. This question focuses on possible charcoal/gas grill or camp stove use and placement (these are sources of CO exposure). Regardless of their answers please discuss the risks of CO poisoning with improper use of charcoal/gas grills and camp stoves.
18. This question is self-explanatory.
19. This question includes land lines as well as cell phones.
20. This question offers multiple choices; check all that may apply. CIRCLE the primary source of information.
21. This question asks their greatest need at the moment. Select one. Please use the back of the paper if necessary to write any responses. (*Any other questions you feel require further explanation can also be explained on the back of the page.*) Please indicate on the front of paper that there is info on the back (e.g. “see back”)