

Rapid Needs Assessment

Area	Census Tract	Interviewer
Address:		

Type of Structure? : <input type="checkbox"/> Single Family <input type="checkbox"/> Apartment (≥ 6 units) <input type="checkbox"/> Duplex <input type="checkbox"/> Mobile Home <input type="checkbox"/> Fourplex <input type="checkbox"/> Other: _____	Damage to the Structure? : <input type="checkbox"/> None <input type="checkbox"/> Damaged / habitable <input type="checkbox"/> Damaged / uninhabitable / repairable <input type="checkbox"/> Damaged / uninhabitable / destroyed
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How many people living in the house? _____
 How many under 2 yrs? _____ Over 60? _____
 How many pregnant females? _____
 Are you sheltering people from other homes here? Y___ N___ How many? _____

Have household members had injuries? Y__ N__ How many people had: Cuts needing stitches? Puncture wounds? Animal bites? Crush injury? Broken bone? Blunt head injury? Deaths? Other? Describe:	Have household members had illness? Y__ N__ How many people had: Stomach / diarrhea? Respiratory / cold? Chronic illness worse? Severe headache? Dizziness? Sleep Disturbance? Nightmares? Other? Describe:
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Other Services / Utilities	
Do you have running water?	Y ___ N ___
Do you have drinking water?	Y ___ N ___
<i>Source: City ___ Well ___ Bottled ___ Other ___</i>	
Do you have electricity?	Y ___ N ___
<i>Current source: Utility _____ Generator _____</i>	
<i>If generator, where is it located? _____</i>	
Do you have natural gas supply?	Y ___ N ___
<i>Current Source: Utility _____ Bottled _____</i>	
Are you cooking inside on a charcoal grill or camp stove?	Y ___ N ___
Do you have functional toilets?	Y ___ N ___
Do you have transportation?	Y ___ N ___
<i># of household vehicles?</i>	
<i># damaged vehicles?</i>	
Do you have garbage pickup?	Y ___ N ___
Functioning telephone	Y ___ N ___

Other Needs	(please check)
Prescription Meds.	
Pharmacy Access	
Medical Care Access	
ER	
Regular Doctor	
Shelter	
Temp. Health Post	
Other _____	
Home Health Care	

Other Needs / Concerns Now	
<input type="checkbox"/> Food	<input type="checkbox"/> Medical Asst.
<input type="checkbox"/> Shelter	<input type="checkbox"/> Transportation
<input type="checkbox"/> Clothing	<input type="checkbox"/> Disaster
Other: _____	

How did you get warning or information?				
<input type="checkbox"/> TV	<input type="checkbox"/> Radio	<input type="checkbox"/> Internet	<input type="checkbox"/> Neighbor	<input type="checkbox"/> Newspaper

Used during the Tropical Storm Allison (June 2001); prepared by CDC and Houston health officials.