Community Assessment for Public Health Emergency Response (CASPER) – Hurricane Example

DK=Don't Know Ref=Refused NA=Not Applicable HH=Household

Date: ____/____/____ **Cluster Number: _____** **Interview Number: _____** **Team name: _____**

Demographics

COMPLETE BEFORE BEGINNING SURVEY. Type of structure: □ Single family □ Multiple unit □ Other _____

Q1. Including yourself, how many people live in your HH? ____#____

Q2. Including yourself, how many people living in your HH are
<2 yrs old? __#__ 2-17 yrs? __#__ 18-64 yrs? __#__ 65+ yrs? __#__ □ DK □ Ref

Q3. What is the main language spoken in your HH?
□ English □ Spanish □ Creole □ Other_____
□ DK □ Ref

Now we are going to ask about your household's experience during the recent hurricanes.

Q4. Did your HH evacuate your home at any time before or after the hurricane? □ Before *(Q4a)* □ After *(Q4a)* □ No *(Q4b)* □ DK □ Ref

Q4a. *IF YES*, where did you and members of your HH go? *(Check all)*
□ Friend/family (on island) □ Friend/family (elsewhere) □ Shelter
□ Other _____ □ DK □ Ref

Q4b. *IF NO*, what, if any, were the barriers to evacuating? *(Check all)*
□ No time □ Didn't know where shelters were □ No transportation
□ No need to go □ Stayed with pets/animals □ Fear of theft
□ Caring for person who could not evacuate
□ Other _____ □ DK □ Ref

Q5. Does your household feel your home is safe to live in?
□ Yes □ No □ DK □ Ref

Q6. How would you describe the damage to your home? *(Check ONE)*
□ None/minimal □ Damaged, but repairable □ Destroyed
□ DK □ Ref

Q7. Has your HH seen mold or smelled a moldy/musty odor in your home? □ Yes *(go to Q7a)* □ No □ DK □ Ref

Q7a. *IF YES,* what actions has your HH taken to remove the mold? *(Check ALL)* □ Removed carpets/upholstery □ Cleaned floors/walls
□ Removed appliances □ Threw out clothes/toys
□ Other _____ □ DK □ Ref

Q8. Does your HH currently have the following

Running water	□ Yes □ No □ DK □ Ref
Access to cistern water	□ Yes □ No □ DK □ Ref
Access to functioning toilet	□ Yes □ No □ DK □ Ref
City electricity	□ Yes □ No □ DK □ Ref
Working generator	□ Yes □ No □ DK □ Ref

Q9. Has your HH used a generator at any time since the storm?
□ Yes *(Q9a)* □ No □ DK □ Ref

Q9a. *IF YES*, does your household have a working carbon monoxide detector? □ Yes □ No □ DK □ Ref

Q10. Immediately after the hurricanes, did your HH have enough non-perishable food to last 3 days? □ Yes □ No □ DK □ Ref

Q11. Immediately after the hurricanes, did your HH have enough drinking water to last 3 days? □ Yes □ No □ DK □ Ref

Q12. What is your HHs current source of drinking water? *(Check ALL)*
□ Unfiltered tap □ Filtered tap water □ Bottled □ Cistern
□ Other_____ □ DK □ Ref

Q12a. *IF CISTERN,* how does your HH treat your cistern water?
(Check ALL) □ Bleach □ Mosquito dunk □ Filter □ UV light
□ Boil □ Other, _____ □ Do not treat cistern □ DK □ Ref

Q12b. *IF BOTTLED,* where does your HH get your bottled water? *(ALL)*
□ Purchased □ POD □ Other _____ □ DK □ Ref

Q13. Immediately after the hurricanes, did your HH have a 7 day supply of all the medications needed? □ Yes □ No □ DK □ Ref

Q13a. Did any member of your HH run out of medications at any time after the storms? □ Yes □ No □ None needed □ DK □ Ref

Q14. Currently, do you or any members of your HH need

Food	□ Yes □ No □ DK □ Ref
Water	□ Yes □ No □ DK □ Ref
Medication	□ Yes □ No □ DK □ Ref
Bed nets	□ Yes □ No □ DK □ Ref
Tarps	□ Yes □ No □ DK □ Ref
Other_____	□ Yes □ No □ DK □ Ref

Q15. Did your HH have an emergency supply kit prior to the hurricanes? □ Yes *(go to Q15a)* □ No □ DK □ Ref

Q15a. *IF YES*, Did your HH use supplies from your emergency supply kit following the hurricanes? □ Yes *(go to Q15b)* □ No □ DK □ Ref

Q15b. Did your HH need emergency supplies that were not included in your emergency supply kit? □ Yes *(go to Q15c)* □ No □ DK □ Ref

Q15c. *IF YES*, what did your HH need? □ Food □ Water □ Batteries
□ Medical supplies □ Other_____ □ DK □ Ref

COMMUNICATIONS

Q16. How has your HH received information from the Department of Health? *(Check all)*
□ Newspaper □ Internet news or other website □ Social media
□ TV □ Radio □ Friends/Family/Word of Mouth
□ Church/Place of worship
□ Other, _____ □ None □ DK □ Ref

Q17. What health messages has your HH heard about hurricane recovery? ***(DO NOT READ RESPONSES** – Check all that apply)*
□ Mold/mildew cleanup
□ Cistern treatment
□ Food/water distribution
□ Medical care access
□ Department of Health (DoH) services □ None
□ Other _____ □ DK □ Ref

Q18. Does anyone in your HH have any of the following that could be barriers to effective communication during an emergency? *(Check all that apply)*
□ Impaired hearing □ Impaired vision
□ Developmental/cognitive disability
□ Difficulty understanding English
□ Difficulty understanding written material
□ None of the above □ DK □ Ref

Q19. Since the storm, have you or members of your HH had difficulty accessing the radio, TV, or internet for communication messages? *(Check all that apply)*
□ Yes – Radio
□ Yes - TV
□ Yes - Internet □ No – no difficulty accessing □ DK □ Ref

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VECTORS

Q20. Since the hurricanes, have you or members of your HH noticed an increase in rats/mice? □ Yes □ No □ DK □ Ref

Q21. Since the hurricanes, have you or members of your HH noticed an increase in mosquito biting? □ Yes *(go to Q21a)* □ No □ DK □ Ref

Q21a. *IF YES*, have you or members of your HH changed any daily activities because of the mosquitoes? □ Yes □ No □ DK □ Ref

Q22. Currently, how concerned are you and members of your HH about getting disease mosquitoes may carry?
□ Very concerned *(Q22a)* □ Somewhat concerned *(Q22a)*
□ Not concerned at all □ DK □ Ref

Q22a. *IF VERY* or *SOMEWHAT*, which other disease(s)? ***(DO NOT READ** – Check all that apply)* □ Dengue □ Chikungunya
□ Yellow Fever □ Malaria
□ Other _____ □ DK □ Ref

Q23. Would your HH support any spraying for mosquitoes?
□ Yes *(go to Q23b)* □ No *(go to Q23b)* □ DK □ Ref

Q23a. *IF YES,* which type(s) would you support *(Check all that apply)*
□ By hand □ By truck □ By plane
□ Other _____ □ DK □ Ref

Q23b. *IF NO*, why not? ***(DO NOT READ** – Check all that apply)*
□ Chemicals in the environment
□ Concern of asthma
□ Concern of water contamination
□ Do not want to kill bees/bugs
□ Other _____ □ DK □ Ref

Health/Behavioral Health

Q24. Were you or anyone in your HH injured as a result of the storms or during cleanup activities? *(Check all that apply)*
□ Yes – storm □ Yes – cleanup □ No □ DK □ Ref

Q25. Has every adult in your HH had a tetanus (DTap/Tdap/Td) shot in the past 10 years? □ Yes □ No □ DK □ Ref

Q26. Since the storms, has anybody in your HH experienced

Rash	□ Yes	□ No	□ DK	□ Ref
Nausea/stomachache	□ Yes	□ No	□ DK	□ Ref
Diarrhea	□ Yes	□ No	□ DK	□ Ref
Cough	□ Yes	□ No	□ DK	□ Ref
Fever	□ Yes	□ No	□ DK	□ Ref
Red eyes	□ Yes	□ No	□ DK	□ Ref

Q27. Since the storm, has it been more difficult to get needed prescription medications for anyone in your HH?
□ Yes *(got to Q27a)* □ No – got meds from Red Cross, hospital, etc.
□ No – got meds from usual source □ No – No meds □ DK □ Ref

Q27a. *IF YES*, Why? *(Check all)* □ Usual clinic/physician closed
□ Usual pharmacy closed □ Money/cost □ Insurance problems
□ No transportation □ Other _____ □ DK □ Ref

Q28. Since the storm, have you or any members of your HH experienced worsening of

Asthma/COPD	□ Yes	□ No/NA	□ DK	□ Ref
Allergies	□ Yes	□ No/NA	□ DK	□ Ref
Diabetes	□ Yes	□ No/NA	□ DK	□ Ref
Hypertension	□ Yes	□ No/NA	□ DK	□ Ref
Previous mental health condition	□ Yes	□ No/NA	□ DK	□ Ref
Other _____	□ Yes	□ No/NA	□ DK	□ Ref

Q29. Since the storm, have you or members of your HH had

Difficulty concentrating	□ Yes	□ No	□ DK	□ Ref
Trouble sleeping/nightmares	□ Yes	□ No	□ DK	□ Ref
Loss of appetite	□ Yes	□ No	□ DK	□ Ref
Agitated behavior	□ Yes	□ No	□ DK	□ Ref
Witnessed firsthand violent behavior/threats	□ Yes	□ No	□ DK	□ Ref
Increased alcohol consumption	□ Yes	□ No	□ DK	□ Ref
Increased drug use	□ Yes	□ No	□ DK	□ Ref
Other _____	□ Yes	□ No	□ DK	□ Ref

Q30. What is your HHs greatest need at this time?

Now we are going to ask about YOU as an INDIVIDUAL

Q31. Over the last **2 weeks**, how often have you had little interest or pleasure in doing things? *(Check ONE)*
□ Not at all □ Several days □ More than half the days □ Nearly every day □DK □ Refused

Q32. Over the last **2 weeks**, how often have you felt down, depressed or hopeless? *(Check ONE)*
□ Not at all □ Several days □ More than half the days □ Nearly every day □DK □ Refused

Q33. Over the last **2 weeks**, how often have you felt nervous, anxious, or on edge? *(Check ONE)*
□ Not at all □ Several days □ More than half the days □ Nearly every day □DK □ Refused

Q34. Over the last **2 weeks**, how often have you been unable to stop or control worrying? *(Check ONE)*
□ Not at all □ Several days □ More than half the days □ Nearly every day □DK □ Refused

Q35. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the **past 30 days** was your mental health not good? __#__

Q36. Is there anything else you would like to tell the health department about your household?

Thank you!