## Appendix B: Sample Data Collection Form

### Hurricane Ike Community Assessment for Public Health Emergency Response Questionnaire—Galveston, County, Texas, September 2008

<table>
<thead>
<tr>
<th>Date: 09/30/2008</th>
<th>Cluster:</th>
<th>No of HUs in cluster:</th>
<th>Survey no:</th>
<th>Interviewer initials:</th>
</tr>
</thead>
</table>

### Key:
- **Y** = Yes
- **N** = No
- **D/K** = Don’t Know
- **N/H** = Never Had

#### 1. Type of Structure:
- [ ] Single-family house
- [ ] Multiple unit (e.g., duplex, apartment)
- [ ] Mobile home
- [ ] Other

#### 10. Since the hurricane, is everybody in this house getting the medication they need?  
Y N D/K

#### 2. Since the hurricane, do you feel your home is safe to live in?  
Y N D/K

#### 11. Is there anyone in the home who needs special care (e.g., oxygen supply, dialysis, or home healthcare)?  
Y N D/K

#### 3. Since the hurricane, do you feel secure in your area?  
Y N D/K

#### 12. Does anyone in the home currently require medical care?  
Y N D/K

#### 4. How many people lived in this house before the hurricane?  
________

#### 13. Do you have running water?  
Y N D/K N/H

#### 5. How many people slept here last night?  
________

#### 14. Do you have safe drinking water?  
Y N D/K N/H

| a. How many are 2 years of age or younger?  
| b. How many are 3–17 years of age?  
| c. How many are 18–64 years of age?  
| d. How many are 65 years or older?  

#### 15. Do you have access to enough 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

| a. Cuts, abrasion, puncture wounds requiring medical attention?  
| b. Strain/sprain  
| c. Broken bones  
| d. Head injury  
| e. Animal bites  
| f. Other:  

#### 16. Do you have a working toilet?  
Y N D/K N/H

#### 7. Has every adult in the house had a tetanus shot in the last 10 years?  
Y N D/K

#### 8. Since the hurricane, has there been any increase in insect bites/stings from any of the following?  
- a. Mosquitoes  
- b. Ants  
- c. Bees or wasps  
- d. Other:  

#### 17. Do you currently have electric power from the utility company?  
Y N D/K N/H

#### 9. Have any house members become ill due to/since the hurricane?  
Y N D/K

| a. Nausea/stomach ache/diarrhea  
| b. Sore throat/cold  
| c. Worsened chronic illness  
| d. Other:  

#### 18. Are you using a generator?  
Y N D/K N/H

| a. Nausea/stomach ache/diarrhea  
| b. Sore throat/cold  
| c. Worsened chronic illness  

#### 19. Are you cooking on a charcoal or gas grill/camp stove?  
Y N D/K N/H

| a. Nausea/stomach ache/diarrhea  
| b. Sore throat/cold  
| c. Worsened chronic illness  

#### 20. Do you have a working telephone?  
Y N D/K N/H

#### 21. Do you currently have regular garbage pick-up?  
Y N D/K N/H

#### 22. How did you get warning or other information before the hurricane?  
[ ] TV  
[ ] Radio  
[ ] Internet  
[ ] Newspaper  
[ ] Other:

#### 23. How did you get health advice or information after the hurricane?  
[ ] TV  
[ ] Radio  
[ ] Internet  
[ ] Newspaper  
[ ] Other:

#### 24. Finally, what is your greatest need at this moment?