

Introduction and consent script

Community Assessment for Public Health Emergency Response

Hello, we are _____ and _____ with the Florida Department of Health in Bay/Gulf County. We have some information that we would like to leave with you concerning health issues following Hurricane Michael.

Have you heard in the local media or read anywhere that the Florida Department of Health was going to be conducting interviews on Bay and Gulf County residents' experiences with Hurricane Michael? [*allow respondent to answer question*] We are here today to take some time to talk to you about the impact of Michael on your life and health.

The purpose of this conversation is to get a better idea of what kind of help people still need in the impacted Counties after Hurricane Michael. The Health Department has randomly selected 210 households in Bay/Gulf County to interview about Michael's impact. Your home is one of 210 that have been chosen. This interview should take no more than 15 minutes to complete. If you agree to participate, we will ask you some general questions about your home the health issues of the people who live here, and questions about your experience with Michael.

This interview is completely confidential. We will not ask for your last name, or any other information that can identify you. Your address is not recorded with your answers. You do not have to answer any question if you do not want to, and you can end the interview at any time. Also, nothing will happen to you or your household if you choose not to take part in the survey.

If you would like to confirm that we were sent by the Florida Department of health, you can call the Florida Department of Health in Bay/Gulf County at (Bay: 850-872-4455) (Gulf: 850-227-1276). Do you have any questions about the interview?

Are you willing to participate in this interview?

[wait for respondent to clearly answer yes or no].

Thank you very much for your time.

Community Assessment for Public Health Emergency Response (CASPER)— Michael 2019

Date: 10 / ___ / 2019 Cluster number: _____ Interview number: _____ Interviewer initials: _____

For the next questions, when we use to the word “household” we are referring to you, your domestic or marriage partner, and your dependents, not your tenants or roommates if you have them. For all questions asking about your household, please respond based on this definition.

- 1. Type of structure: *(select one)*
 - a. Single family
 - b. Multiple Unit (apartment, duplex, etc.)
 - c. Mobile home
 - d. Other _____

- 2. Including yourself, how many people live in your household? _____

- 3. Including yourself, how many people living in your household are:
Under 18 yrs old? _____ 18 yrs old or older? _____

- 4. Does anyone in your household own or rent where you currently reside? *(select one)*
 - a. Own
 - b. Rent
 - c. Both
 - d. Don't know
 - e. Refused

- 5. Is this where your household lived at the time of Hurricane Michael?
 - a. Yes
 - b. No
 - c. Don't know
 - d. Refused

- 6. Did your household evacuate your home at any time before or after the hurricane?
 - a. Before
 - b. After
 - c. No
 - d. Don't know
 - e. Refused

- 7. If you evacuated where did you and your household go? *(check all)*
 - a. Friend/family (nearby)
 - b. Friends/family (elsewhere)
 - c. Shelter
 - d. Other _____
 - e. N/A
 - f. Don't know
 - g. Refused

8. If you did not evacuate were there any barriers to evacuating? (*check all*)
- a. No time
 - b. Didn't know where shelters were
 - c. No transportation
 - d. No need to go
 - e. Stayed with pets/animals
 - f. Fear of theft
 - g. Caring for person who could not evacuate
 - h. Other _____
 - i. N/A
 - j. Don't know
 - k. Refused
9. Did your household have an emergency supply kit prior to the hurricane?
- a. Yes
 - b. No
 - c. Don't know
 - d. Refused
10. Did your household use supplies from your emergency supply kit following the hurricane?
- a. Yes
 - b. No
 - c. N/A
 - d. Don't know
 - e. Refused
11. Did your household need emergency supplies that were not included in your emergency supply kit?
- a. Yes
 - b. No
 - c. N/A
 - d. Don't know
 - e. Refused
12. What additional supplies did your household need?
- a. Medical supplies
 - b. Food
 - c. Water
 - d. Batteries
 - e. Other _____
 - f. N/A
 - g. Don't know
 - h. Refused
13. Immediately after the hurricane, did your household have enough non-perishable food to last 3 days?
- a. Yes
 - b. No
 - c. N/A
 - d. Don't know
 - e. Refused
14. Immediately after the hurricane, did your household have enough drinking water to last 3 days?
- a. Yes
 - b. No
 - c. N/A
 - d. Don't know
 - e. Refused

- 15.** Immediately after the hurricane, did your household have a 7 day supply of all the medications needed?
- a. Yes
 - b. No
 - c. N/A
 - d. Don't know
 - e. Refused
- 16.** Did any member of your household run out of medications at any time after the storm?
- a. Yes
 - b. No
 - c. No medications needed
 - d. N/A
 - e. Don't know
 - f. Refused
- 17.** How would you describe the damage to your home? (*select one*)
- a. None/minimal
 - b. Damaged, but repairable
 - c. Destroyed (structure is beyond repaired)
- 18.** What is the estimated dollar amount of damage to your home? \$_____
- 19.** Does your household feel your home is safe to live in?
- a. Yes
 - b. No
 - c. N/A
 - d. Don't know
 - e. Refused
- 20.** How close is your home to being how it was prior to the hurricane?
- a. Completely repaired
 - b. Somewhat repaired
 - c. Not repaired at all
 - d. N/A, home destroyed
 - e. Don't know
 - f. Refused
- 21.** What, if any, are barrier to your home repair? (*check all that apply*)
- a. None, no barriers
 - b. Time
 - c. Materials/supplies
 - d. No money (denied FEMA assistance, underinsured, uninsured)
 - e. Slow money (waiting on insurance, loan, FEMA funds, mortgage)
 - f. Other _____
 - g. N/A
 - h. Don't know
 - i. Refused
- 22.** Does your household currently have the following:
- a. Running water: Yes No Don't know Refused
 - b. Access to a functioning toilet: Yes No Don't know Refused
 - c. City electricity: Yes No Don't know Refused
 - d. Working generator: Yes No Don't know Refused
- 23.** Has your household used a generator at any time since the storm?
- a. Yes
 - b. No
 - c. Don't know
 - d. Refused

24. Does your household have a working carbon monoxide (CO) detector?
- a. Yes
 - b. No
 - c. Don't know
 - d. Refused
25. Is anyone in your household struggling to complete their duties at work because of emotional issues?
- a. Yes
 - b. No
 - c. Don't know
 - d. Refused
26. Did anyone in your HOUSEHOLD (select all that apply)
- a. Lost jobs *after Hurricane Michael* and still have not found work
 - b. Gain jobs *after Hurricane Michael*
 - c. Lost jobs initially but found jobs later *after Hurricane Michael*
 - d. Neither lost or gained jobs after Hurricane Michael (skip to question 20)
 - e. Don't Know
 - f. Refused
27. Why have individuals in your household not found work since Michael? (*select all that apply*)
- a. No job available
 - b. No job that they want to do available
 - c. Emotional concerns
 - d. Transportation issues
 - e. Physical health/disability
 - f. Other _____
 - g. N/A
 - h. Don't know
 - i. Refused

Next, we are going to ask you some questions about how Michael may have affected the animal/insect activity in your community.

28. Since the hurricane, have you or members of your household noticed an increase in: (*select all that apply*)
- a. Rats/mice
 - b. Raccoons
 - c. Foxes
29. Currently, how concerned are you and members of your household about getting disease mosquitoes may carry?
- a. Very concerned
 - b. Not concerned at all
 - c. Somewhat concerned
 - d. N/A
 - e. Don't know
 - f. Refused
30. Would your household support any spraying for mosquitos?
- a. Yes
 - b. No
 - c. Don't know
 - d. Refused
31. If yes, which type(s) would you support
- a. By hand
 - b. By truck
 - c. By plane
 - d. Other _____
 - e. N/A
 - f. Don't know
 - g. Refused

32. If no, why not?

- | | |
|--|---------------|
| a. Concerns about chemicals in the environment | f. N/A |
| b. Asthma concerns | g. Don't know |
| c. Concern about water contamination | h. Refused |
| d. Concern over killing bees/bugs | |
| e. Other _____ | |

Next, we are going to ask you some questions about how Michael may have affected the health of your household.

33. Was anyone in your household injured as a result of Hurricane Michael or during cleanup activities? (*select one*)

- | | |
|----------------|---------------|
| a. Yes—storm | d. No |
| b. Yes—cleanup | e. Don't know |
| c. Yes— both | f. Refused |

34. Were the storm or cleanup injuries related to any of the following? (check all that apply)

- | | |
|---|------------------------|
| a. Walking or standing in flooded water | d. Slips, trips, falls |
| b. Carbon monoxide poisoning or bad air | e. Bacterial infection |
| c. Unsafe/improper equipment use
(chainsaw, hammer, knife) | f. Animal bite |
| | g. Insect Sting |

35. Since the storm, has anybody in your household experienced:

- | | | | | |
|---|------------------------------|-----------------------------|-------------------------------------|----------------------------------|
| a. Rash | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Refused |
| b. Nausea/stomachache | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Refused |
| c. Diarrhea | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Refused |
| d. Cough | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Refused |
| e. Fever | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Refused |
| f. Red eyes | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Refused |
| g. Allergies | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Refused |
| h. Asthma/COPD/Respiratory Difficulties | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Refused |
| i. Anxiety | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Refused |
| j. Depression | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Refused |

36. Since Hurricane Michael, have you or any members of your household experienced worsening of: (*select all that apply*)

- | | | | | |
|--|------------------------------|-----------------------------|-------------------------------------|----------------------------------|
| a. Asthma/COPD/Respiratory complications | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Refused |
| b. Allergies | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Refused |
| c. Diabetes | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Refused |
| d. Hypertension | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Refused |
| e. Anxiety | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Refused |
| f. Insomnia | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Refused |
| g. Poor Appetite | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Refused |
| h. Fatigue | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Refused |
| i. Depression | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Refused |
| j. Other (specify) _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Refused |

37. Since the storm, have you or members of your household had:

- | | | | | |
|--|------------------------------|-----------------------------|-------------------------------------|----------------------------------|
| a. Difficulty concentrating | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Refused |
| b. Trouble sleeping/nightmares | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Refused |
| c. Loss of appetite | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Refused |
| d. Agitated behavior | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Refused |
| e. Personally, witness violent behaviors/threats | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Refused |
| f. Increased alcohol consumption | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Refused |
| g. Increased drug use | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Refused |
| h. Other _____ | | | | |

38. Did you or anyone in your household need to take prescription medication to treat pain or help with sleep?

- | | | | | |
|------------------------|------------------------------|-----------------------------|-------------------------------------|----------------------------------|
| a. RX pain medication | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Refused |
| b. RX sleep medication | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Refused |

Next, we are going to ask you some questions about how Michael may have affected your ability to access health care.

39. Since the storm, has it been more difficult to get needed prescription medications for anyone in your household?

- | | |
|---|---------------|
| a. Yes | e. N/A |
| b. No – got meds from Red Cross, hospital, etc. | f. Don't know |
| c. No- got meds from usual source | g. Refused |
| d. No- No meds needed | |

40. If you or your household has had difficulty accessing medications, why?

- | | |
|----------------------------------|---------------|
| a. Usual clinic/physician closed | g. N/A |
| b. Usual pharmacy closed | h. Don't know |
| c. Money/cost | i. Refused |
| d. Insurance problems | |
| e. No transportation | |
| f. Other _____ | |

41. During the past year, has anyone in your household needed primary care or pediatrician?

- | | |
|-------------------|---------------|
| a. Yes | c. Don't know |
| b. No care needed | d. Refused |

42. Was the household able to receive the required care?

- | | |
|--------|---------------|
| a. Yes | d. Don't know |
| b. No | e. Refused |
| c. N/A | |

43. If the required care was not received, why not?
- Cost – uninsured
 - Cost - insured
 - Concerned about what others in the community or my family would think
 - Shame/guilt
 - My culture does not approve (cultural disapproval)
 - Transportation
 - Proximity (No available doctor near me)
 - Other _____
 - N/A
 - Don't know
 - Refused
44. During the past year, did anyone in your household need a therapist, psychologist, psychiatrist, social worker, or counselor for mental health care? (*select one*)
- Yes
 - No
 - Don't know
 - Refused
45. Was anyone in your household able to receive the services they needed? (*select one*)
- Yes
 - No
 - N/A
 - Don't know
 - Refused
46. If your family was not able to receive care, why not? (*select all that apply*)
- Cost – uninsured
 - Cost – insured
 - Shame/guilt
 - My culture does not approve (cultural disapproval)
 - Other _____
 - Transportation
 - Proximity
 - Long waits
47. Is this statement true or false, “people should generally sort out their own mental health problems?” (*select one*)
- True
 - False
 - Don't Know
 - Refused

The next following two questions are regarding your household income. We are trying to understand how Hurricane Michael impacted residents financially so that we can provide better services. We understand this can be sensitive and want to emphasize that all your answers will remain confidential. For your privacy we can allow you to answer this question independently or if you wish we can also read the question to you. Which would you prefer?

48. Did your combined household income: (*select one*)
- Increase
 - Decrease
 - No change
 - Don't know
 - Refused

Now we are going to ask you some questions about YOU as an INDIVIDUAL, not your household. We need to understand how many people in our county are at risk for suicide so that we can bring more help into the county. We know that this is a very sensitive topic and we want to assure you again that the answers to these questions are completely confidential. The next four questions ask about possible suicide risk. We ask that you answer the following questions to the best of your ability. For your privacy, we are going to hand the form to you and allow you to enter your own answers privately. However, if you wish we can also read questions to you. Which would you prefer?

49. Have you ever thought about or attempted to kill yourself? *(select one)*
- Never
 - It was just a brief passing thought
 - I have had a plan at least once to kill myself but did not try to do it
 - I have had a plan at least once to kill myself and really wanted to die
 - I have attempted to kill myself, but did not want to die
 - I have attempted to kill myself, and really hoped to die
 - Don't Know
 - Refused
50. How often have you thought about killing yourself in the past year? *(select one)*
- Never
 - Rarely (1 time)
 - Sometimes (2 times)
 - Often (3-4 times)
 - Very Often (5 times or more)
 - Don't know
 - Refused
51. Have you ever told someone that you were going to attempt suicide, or that you might do it? *(select one)*
- No
 - Yes, at one time, but did not really want to die
 - Yes, at one time, and really wanted to die
 - Yes, more than once, but did not want to do it
 - Yes, more than once, and really wanted to do it
 - Don't Know
 - Refused
52. How likely is that you will attempt suicide someday? *(select one)*
- Never
 - No chance at all
 - Rather unlikely
 - Unlikely
 - Likely
 - Rather likely
 - Very likely
 - Don't Know
 - Refused

Thank you for taking the time to complete our interview. Before we leave, do you have any questions for us?

Again, thank you for your participation.