Hello.

There are some questions I need to ask you about damage to your home and property after the disaster.
I have each question written for you. We will give you answer choices for most questions. Please point to the answer or write an answer so we can find out what help you might need. If you are not sure about a question or how to answer the question, please point to “Not sure” on the sheet.
What type of disaster were you involved in?

- Fire
- Gas leak
- Power outage
- Chemical spill
- Storm or tornado
- Biological disaster
- Explosion or bombing
- Other not on this list
- Flood
- Not sure
Did you come here alone?

No | Not sure | Yes
Do you have other family members or friends with you?

No  Not sure  Yes
If yes, can you tell me or write their names and ages?

No   Not sure   Yes
Where are you staying now?

☐ At our home
☐ With a neighbor or friend
☐ Shelter
☐ Hotel
☐ Not sure
Do you have a piece of identification with the disaster address on it?

No  Not sure  Yes

If yes, please show me.
What kind of building do you live in?

- ☐ House
- ☐ Condominium
- ☐ Apartment
- ☐ Mobile home
- ☐ Other
- ☐ Not sure
Tell me about your house.

- All rooms are on 1 floor or 1 level
- There are rooms on 2 levels
- There are rooms on 3 or more levels
- There is a basement
Address

Please tell me or show me something with the address, or write the address on paper.

☐ Not sure
How many people live in your home?

☐ Please tell me or write a number on the paper
☐ Not sure
Have you been able to talk to all the people that live at your home since the disaster?

No  Not sure  Yes
Do you own or rent where you live?

☐ Own
☐ Rent
☐ Rent with furniture
☐ Not sure
Was your home or property damaged?

No  Not sure  Yes
Rate the amount of damage to your home.

- Destroyed
- Major damage
- Minor damage
- No damage
- Not sure
Is there damage to the outside parts of your home?

No  Not sure  Yes
If yes, what parts were damaged?

- Roof
- Chimney
- Siding or outside walls
- Windows
- Other parts not on this list
- Not sure
Was there damage inside the home?

No  Not sure  Yes
Was food destroyed or lost?

No  Not sure  Yes
Were kitchen utensils destroyed or lost?

No        Not sure        Yes
Was living room furniture destroyed?

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<tr>
<td>No</td>
<td>Not sure</td>
<td>Yes</td>
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- [ ] No
- [ ] Not sure
- [ ] Yes
Was bedroom furniture destroyed?

No  Not sure  Yes

[Red] [Yellow] [Green]
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<th>Was clothing destroyed?</th>
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<td>No</td>
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<td>Not sure</td>
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<td>Yes</td>
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Were bed sheets destroyed?

No  Not sure  Yes
Were bathroom towels destroyed?

No  Not sure  Yes
Did you lose any medical equipment?
Examples: special bed; CPAP machine; oxygen tank.

No       Not sure       Yes
Did you lose any medicines?

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<th>No</th>
<th>Not sure</th>
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If yes, for what medical condition(s)?
Do you need any medicines right away?

No    Not sure    Yes
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<tr>
<td>Do you need any medicines soon?</td>
<td>No</td>
<td>Not sure</td>
<td>Yes</td>
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Can you tell me the medicines you take or show me a list of the names?

No  Not sure  Yes
Is anyone in the family a student?

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<td>Not sure</td>
<td>Yes</td>
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If yes, where?
Do you have insurance for your house?

No  Not sure  Yes
Do you have insurance for your furniture and belongings?

- No
- Not sure
- Yes
Do you have your insurance papers with you?

No    Not sure    Yes

If yes, please show them to me.
What is the range of income for your household?

- $0 – $4,999
- $5,000 – $9,999
- $10,000 – $19,999
- $20,000 – $39,999
- $40,000 – $59,999
- $60,000 or more
- Not sure