
Hello.

There are some questions I need to ask you about damage to your home and property after the disaster.

Language

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.

Language

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
- Power outage
- Storm or tornado
- Explosion or bombing
- Flood
- Gas leak
- Chemical spill
- Biological disaster
- Other not on this list
- Not sure

Language

What type of disaster were you involved in?

- Fire
- Power outage
- Storm or tornado
- Explosion or bombing
- Flood
- Gas leak
- Chemical spill
- Biological disaster
- Other not on this list
- Not sure

Did you come here alone?

No

Not sure

Yes



Language

Did you come here alone?

No Not sure Yes

**Do you have other family member or friends
with you?**

No

Not sure

Yes



Language

Do you have other family member or friends with you?

No Not sure Yes

**If yes, can you tell me or write their names
and ages?**

No

Not sure

Yes



Language

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

Language

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.

Language

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

Language

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

Language

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

Language

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

Language

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



Language

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

Language

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



Language

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

Language

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



Language

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

Language

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



Language

Was there damage inside the home?

No Not sure Yes

Was food destroyed or lost?

No

Not sure

Yes



Language

Was food destroyed or lost?

No Not sure Yes

Were kitchen utensils destroyed or lost?

No

Not sure

Yes



Language

Were kitchen utensils destroyed or lost?

No Not sure Yes

Was living room furniture destroyed?

No

Not sure

Yes



Language

Was living room furniture destroyed?

No Not sure Yes

Was bedroom furniture destroyed?

No

Not sure

Yes



Language

Was bedroom furniture destroyed?

No Not sure Yes

Was clothing destroyed?

No

Not sure

Yes



Language

Was clothing destroyed?

No Not sure Yes

Were bed sheets destroyed?

No

Not sure

Yes



Language

Were bed sheets destroyed?

No Not sure Yes

Were bathroom towels destroyed?

No

Not sure

Yes



Language

Were bathroom towels destroyed?

No Not sure Yes

Did you lose any medicines?

No

Not sure

Yes



Language

Did you lose any medicines?

No Not sure Yes

Do you need any medicines right away?

No

Not sure

Yes



Language

Do you need any medicines right away?

No Not sure Yes

Do you need any medicines soon?

No

Not sure

Yes



Language

Do you need any medicines soon?

No Not sure Yes

Can you tell me the medicines you take or show me a list of the names?

No

Not sure

Yes



Language

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?

No

Not sure

Yes



If yes, where?

Language

Is anyone in the family a student?

No Not sure Yes

If yes, where?

Do you have insurance for your house?

No

Not sure

Yes



Language

Do you have insurance for your house?

No Not sure Yes

Do you have insurance for your furniture and belongings?

No

Not sure

Yes



Language

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.

Language

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?

- | | |
|--|--|
| <input type="checkbox"/> \$0 – \$4,999 | <input type="checkbox"/> \$40,000 – \$59,999 |
| <input type="checkbox"/> \$5,000 – \$9,999 | <input type="checkbox"/> \$60,000 or more |
| <input type="checkbox"/> \$10,000 – \$19,999 | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> \$20,000 – \$39,999 | |

Language

What is the range of income for your household?

- | | |
|--|--|
| <input type="checkbox"/> \$0 – \$4,999 | <input type="checkbox"/> \$40,000 – \$59,999 |
| <input type="checkbox"/> \$5,000 – \$9,999 | <input type="checkbox"/> \$60,000 or more |
| <input type="checkbox"/> \$10,000 – \$19,999 | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> \$20,000 – \$39,999 | |