

**Community Assessment for Public Health Emergency Response – Drought Example**

DK=Don't Know

Ref=Refused

NA=Not applicable

HH=Household

Date: / / Cluster No.: Interview No.: Team name:

**Demographics**

<p><b>Q1.</b> Type of structure: <input type="checkbox"/> Single family <input type="checkbox"/> Multiple unit <input type="checkbox"/> Mobile home <input type="checkbox"/> Other _____</p> <p><b>Q2.</b> Does your HH own or rent your place of residence? <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other _____ <input type="checkbox"/> DK <input type="checkbox"/> Ref</p>	<p><b>Q3.</b> Including yourself, how many people live in your HH? # _____</p> <p><b>Q4.</b> Including yourself, how many people living in your HH are Less than 2 years old? # _____ 2-17 years? # _____ 18-64 years? # _____ 65+ years? # _____ <input type="checkbox"/> DK <input type="checkbox"/> Ref</p>
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**Communications**

<p><b>Q5.</b> What is your HH's <b>primary</b> source of information about drought? (<i>check ONE</i>) <input type="checkbox"/> Newspaper <input type="checkbox"/> TV <input type="checkbox"/> Friends <input type="checkbox"/> Family members <input type="checkbox"/> AM/FM radio <input type="checkbox"/> Work <input type="checkbox"/> Internet/social media <input type="checkbox"/> Place of worship <input type="checkbox"/> Other, _____ <input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Ref</p> <p><b>Q6.</b> What is your HH's most preferred method for receiving information about an emergency event? (<i>check ONE</i>) <input type="checkbox"/> TV <input type="checkbox"/> Radio <input type="checkbox"/> Text message <input type="checkbox"/> Cell phone call <input type="checkbox"/> Landline <input type="checkbox"/> Internet/social media <input type="checkbox"/> Word of mouth <input type="checkbox"/> Other _____ <input type="checkbox"/> DK <input type="checkbox"/> Ref</p>	<p><b>Q7.</b> What is the main language spoken in your HH? (<i>check ONE</i>) <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ <input type="checkbox"/> DK <input type="checkbox"/> Ref</p> <p><b>Q8.</b> Does anyone in your HH have any of the following that could be barriers to effective communication during an emergency? (<i>Check ALL that apply</i>) <input type="checkbox"/> Impaired hearing <input type="checkbox"/> Impaired vision <input type="checkbox"/> Developmental/cognitive disability <input type="checkbox"/> Difficulty understanding written material <input type="checkbox"/> Difficulty understanding English <input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Ref</p>
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**Water Sources**

<p><b>Q9.</b> Where did your HH water come from before the drought began last summer? (<i>Check ALL that apply</i>) <input type="checkbox"/> Town, city, or county water system <input type="checkbox"/> Bottled water <input type="checkbox"/> Private well (<i>go to Q9a</i>) <input type="checkbox"/> Cistern <input type="checkbox"/> Hauled water <input type="checkbox"/> Surface water (river, lake, spring) <input type="checkbox"/> Other _____ <input type="checkbox"/> DK <input type="checkbox"/> Ref</p> <p><b>Q9a.</b> If well, in the last year, has your HH seen a decrease in water production? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref</p> <p><b>Q10.</b> During the current drought, where does your HH water come from? (<i>Check ALL that apply</i>) <input type="checkbox"/> Town, city, or county water system <input type="checkbox"/> Bottled water <input type="checkbox"/> Private well <input type="checkbox"/> Cistern <input type="checkbox"/> Hauled water <input type="checkbox"/> Surface water (river, lake, spring) <input type="checkbox"/> Other _____ <input type="checkbox"/> DK <input type="checkbox"/> Ref</p>	<p><b>Q11.</b> Does your HH use tap water for drinking and/or cooking? <input type="checkbox"/> Yes, drinking only <input type="checkbox"/> Yes, cooking only <input type="checkbox"/> Yes, drinking and cooking <input type="checkbox"/> No <input type="checkbox"/> NA, currently no running water <input type="checkbox"/> DK <input type="checkbox"/> Ref</p> <p><b>Q12.</b> Is your household aware of any problems with the quality of your tap water? <input type="checkbox"/> Yes (<i>go to Q12a</i>) <input type="checkbox"/> No <input type="checkbox"/> Does not use tap water <input type="checkbox"/> DK <input type="checkbox"/> Ref</p> <p><b>Q12a.</b> If yes, what type of problems? _____ _____ <input type="checkbox"/> DK <input type="checkbox"/> Ref</p> <p><b>Q13.</b> Has your HH noticed a change in the color, clarity, odor, or taste of your water? (<i>Check ALL that apply</i>) <input type="checkbox"/> Color <input type="checkbox"/> Clarity <input type="checkbox"/> Odor <input type="checkbox"/> Taste <input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Ref</p>
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**Drought Mitigation/Assistance Behavior**

<p><b>Q14.</b> In response to water shortages, have you or members of your HH</p> <p>Reduced water usage <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref</p> <p>Created system to capture/reuse water <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref</p> <p>Installed faucet aerators <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref</p> <p>Repaired plumbing leaks <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref</p> <p>Replaced appliances (washing machine) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref</p> <p>Replaced toilet with low-flush toilet <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref</p> <p>Decreased washing HH laundry <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref</p> <p>Reduced how often HH flushes toilet <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref</p> <p>Shortened shower/bathing times <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref</p> <p>Reduced how often shower/bathe <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref</p> <p>Washed hands less or for shorter time <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref</p> <p>Stopped washing hands with water <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref</p> <p>Washed food less or for shorter time <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref</p> <p>Drank less water <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref</p> <p>Spent less time outdoors <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref</p> <p>Reduced outdoor rec. time (skiing,boating) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref</p> <p>Reduced water use for lawn/landscaping <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref</p> <p>Stopped gardening <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref</p> <p>Quit farming or let land go fallow <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref</p> <p>Increased the use of chemical products <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref</p>	<p><b>Q15.</b> Are there other actions your HH has taken to use less water? _____ _____ <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref</p> <p><b>Q16.</b> If the drought continues this summer, would your HH be able to further reduce water consumption? <input type="checkbox"/> Yes (<i>go to 16a</i>) <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref</p> <p><b>Q16a.</b> If yes, how so? _____</p> <p><b>Q17.</b> Has anyone in your HH looked for assistance related to the drought? <input type="checkbox"/> Yes (<i>go to Q17a</i>) <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref</p> <p><b>Q17a.</b> If yes, what type of assistance did your HH need? (<i>Check ALL that apply</i>) <input type="checkbox"/> Well drilling <input type="checkbox"/> Drinking water <input type="checkbox"/> Health services <input type="checkbox"/> Utility or energy assistance <input type="checkbox"/> Financial help <input type="checkbox"/> Food assistance <input type="checkbox"/> Employment services <input type="checkbox"/> Wildfire mitigation <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> DK <input type="checkbox"/> Ref</p> <p><b>Q17b.</b> What were the barriers to getting assistance? _____ _____ <input type="checkbox"/> No barriers <input type="checkbox"/> DK <input type="checkbox"/> Ref</p>
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<b>Q18.</b> Have you or members of your HH planted drought resistant <i>(Check ALL that apply)</i>	
<input type="checkbox"/> Crops <input type="checkbox"/> Edible Garden <input type="checkbox"/> Landscaping plants <input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Ref	
<b>Q19.</b> Does your home have a fire resistant roof (asphalt, metal, or tile)?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref	
<b>Q20.</b> Have you or members of your HH established and maintained a defensible space around your structures by reducing flammable vegetation?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref	
<b>Q21.</b> Do you or members of your HH practice debris management by clearing roofs, eaves, and gutters?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/> Ref	
<b>Q22.</b> Are you or members of your HH aware of any wildfire mitigation assistance programs in the area?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref	

**Drought Knowledge and Beliefs**

*Now, I am going to read you a set of statements about drought. Please tell me whether you or your HH members believe the statement to be TRUE (T) or FALSE (F) (DK = Don't Know, R = Refused)*

<b>Q23.</b> There is an increased demand for water <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> DK <input type="checkbox"/> R	<b>Q29.</b> Some people aren't cutting water use enough <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> DK <input type="checkbox"/> R
<b>Q24.</b> There is poor water mgmt by the govt. <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> DK <input type="checkbox"/> R	<b>Q30.</b> Droughts are caused by lack of rain/snow <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> DK <input type="checkbox"/> R
<b>Q25.</b> There is poor water mgmt by the ag industry <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> DK <input type="checkbox"/> R	<b>Q31.</b> Droughts are caused by climate change <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> DK <input type="checkbox"/> R
<b>Q26.</b> There is overuse of water by cities <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> DK <input type="checkbox"/> R	<b>Q32.</b> Droughts are caused by a "higher power" <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> DK <input type="checkbox"/> R
<b>Q27.</b> Too much water is used to protect wildlife <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> DK <input type="checkbox"/> R	<b>Q33.</b> Droughts increase wildfire risks <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> DK <input type="checkbox"/> R
<b>Q28.</b> Too much water is used to maintain ranches/livestock <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> DK <input type="checkbox"/> R	

**Drought Observations**

*Please tell me whether you or your HH members believe the following to be TRUE (T) or FALSE (F)*

<b>Q34.</b> Observed more wildlife in residential areas (such as deer, rattlesnakes, etc.) <input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> DK <input type="checkbox"/> Ref	<b>Q37.</b> Observed more ticks <input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> DK <input type="checkbox"/> Ref
<b>Q35.</b> Observed more dead wildlife (such as bats, fish, etc.) <input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> DK <input type="checkbox"/> Ref	<b>Q38.</b> Have concerns about swimming in recreational waters (due to "swimmers itch", algae, etc.) <input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> DK <input type="checkbox"/> Ref
<b>Q36.</b> Observed more mosquitoes <input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> DK <input type="checkbox"/> Ref	<b>Q39.</b> Observed changes in the landscape (such as smaller ponds, more aquatic plants, etc.) <input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> DK <input type="checkbox"/> Ref

**Health & Behavioral Health Impact of Drought**

<p><b>Q40.</b> Has the drought negatively affected your HH's... <i>(Check ALL)</i></p> <p><input type="checkbox"/> Property    <input type="checkbox"/> Finances    <input type="checkbox"/> Health    <input type="checkbox"/> Peace of mind</p> <p><input type="checkbox"/> Other, _____    <input type="checkbox"/> None    <input type="checkbox"/> DK    <input type="checkbox"/> Ref</p> <p><b>Q41.</b> What is the general health of you and members of your HH?</p> <p><input type="checkbox"/> Excellent    <input type="checkbox"/> Very Good    <input type="checkbox"/> Good    <input type="checkbox"/> Fair    <input type="checkbox"/> Poor    <input type="checkbox"/> DK    <input type="checkbox"/> Ref</p> <p><b>Q42.</b> Is anyone in your HH medically fragile, or been diagnosed with a chronic medical condition?    <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> DK    <input type="checkbox"/> Ref</p> <p><b>Q43.</b> Has the health of you or someone in your HH worsened because of the drought for the following conditions</p> <p>Asthma    <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> NA    <input type="checkbox"/> DK    <input type="checkbox"/> Ref</p> <p>COPD    <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> NA    <input type="checkbox"/> DK    <input type="checkbox"/> Ref</p> <p>Emphysema    <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> NA    <input type="checkbox"/> DK    <input type="checkbox"/> Ref</p> <p>Hypertension    <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> NA    <input type="checkbox"/> DK    <input type="checkbox"/> Ref</p> <p>Heart disease    <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> NA    <input type="checkbox"/> DK    <input type="checkbox"/> Ref</p> <p>Diabetes    <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> NA    <input type="checkbox"/> DK    <input type="checkbox"/> Ref</p> <p>Mental health condition    <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> NA    <input type="checkbox"/> DK    <input type="checkbox"/> Ref</p> <p>Other _____    <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> NA    <input type="checkbox"/> DK    <input type="checkbox"/> Ref</p>	<p><b>Q44.</b> Has a healthcare professional ever diagnosed you or any members of your HH with depression or any other emotional or mental health condition?    <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> DK    <input type="checkbox"/> Ref</p> <p><b>Q45.</b> Does anyone in your HH need any of the following special medical equipment or supplies? <i>(Check ALL that apply)</i></p> <p><input type="checkbox"/> Oxygen    <input type="checkbox"/> Dialysis    <input type="checkbox"/> Breathing treatment machine</p> <p><input type="checkbox"/> Ventilator    <input type="checkbox"/> Feeding pump    <input type="checkbox"/> Insulin    <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> None    <input type="checkbox"/> DK    <input type="checkbox"/> Ref</p> <p><b>Q45a.</b> <i>If yes to any, since the drought, has anyone in your HH experienced any increase in difficulty using or maintaining their equipment or supplies?</i>    <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> NA    <input type="checkbox"/> DK    <input type="checkbox"/> Ref</p> <p><b>Q46.</b> Have you or a HH member sought additional medical attention outside of normal care because of the drought?    <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> DK    <input type="checkbox"/> Ref</p> <p><b>Q47.</b> Does everyone in your HH currently have health insurance?    <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> DK    <input type="checkbox"/> Ref</p>
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**Other**

<p><b>Q48.</b> Due to the drought, has anyone in your HH</p> <p>Lost employment/reduced work hrs    <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> NA    <input type="checkbox"/> DK    <input type="checkbox"/> Ref</p> <p>Had to change jobs    <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> NA    <input type="checkbox"/> DK    <input type="checkbox"/> Ref</p> <p>Traveled further to find work    <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> NA    <input type="checkbox"/> DK    <input type="checkbox"/> Ref</p> <p>Had decreased income    <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> NA    <input type="checkbox"/> DK    <input type="checkbox"/> Ref</p> <p>Considered moving    <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> NA    <input type="checkbox"/> DK    <input type="checkbox"/> Ref</p> <p>Cut size/skip meals because of cost    <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> NA    <input type="checkbox"/> DK    <input type="checkbox"/> Ref</p> <p>Experienced more stress due to potential future impacts to their job, crops, land, or other    <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> NA    <input type="checkbox"/> DK    <input type="checkbox"/> Ref</p>	<p><b>Q49.</b> Did you or members of your HH hear about this survey prior to us talking to you today?    <input type="checkbox"/> Yes <i>(go to Q49a)</i>    <input type="checkbox"/> No    <input type="checkbox"/> DK    <input type="checkbox"/> Ref</p> <p><b>Q49a.</b> If yes, How did you or your HH members hear about it?</p> <p><input type="checkbox"/> Social media    <input type="checkbox"/> Press release    <input type="checkbox"/> E-mail</p> <p><input type="checkbox"/> Website    <input type="checkbox"/> Family/friends/neighbor</p> <p><input type="checkbox"/> Other, _____    <input type="checkbox"/> DK    <input type="checkbox"/> Ref</p> <p><b>Q50.</b> What is your households greatest need at this time?</p>
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*Thank you*