

Community Assessment for Public Health Emergency Response (CASPER) – Preparedness Template

HH=Household DK=Don't Know Ref=Refused NA=Not Applicable

Date: ___/___/___ **Cluster Number:** ___ **Interview Number:** ___ Team name: _____

Demographic Information	
Q1. Type of structure <input type="checkbox"/> Single family <input type="checkbox"/> Multiple unit <input type="checkbox"/> Mobile home <input type="checkbox"/> Other _____	Q8. How often in the past 12 months would you say your HH was worried or stressed about having enough money to buy nutritious meals? Would you say your HH was worried or stressed <input type="checkbox"/> Always <input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> DK <input type="checkbox"/> Ref
Q2. Including yourself, <u>how many</u> people live in your HH? ___#___	Q9. Have you or a member of your household ever been told by a healthcare professional that he/she has Asthma/COPD/Emphysema <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref Developmental disability <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref Hypertension/heart disease <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref Immunosuppressed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref Physical disability <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref Psychosocial/mental illness <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref
Q3. Including yourself, <u>how many</u> 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	
Q4. Do any members of your HH identify as Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref	Q10. Do you or does any member of your household need Daily medication (<i>other than vitamins</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref Dialysis <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref Home health care <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref Oxygen supply <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref Wheelchair/cane/walker <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref Other type of special care <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref
Q5. What race does the majority of your HH identify with? <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Ref	
Q6. What is the main language spoken in your household? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ <input type="checkbox"/> DK <input type="checkbox"/> Ref	
Q7. What is the marital status of your head of household? <input type="checkbox"/> Married/unmarried couple <input type="checkbox"/> Separated/Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never married <input type="checkbox"/> DK <input type="checkbox"/> Ref	Q11. In the past 5 years, have you or anybody in your HH taken training in first aid, CPR, or CERT? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref
Q8. How often in the past 12 months would you say your HH was worried or stressed about having enough money to pay your rent/mortgage? Would you say your HH was worried or stressed <input type="checkbox"/> Always <input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> DK <input type="checkbox"/> Ref	
Communications	
Q12. Do you or does anyone in your household have any of the following? (Check all that apply) <input type="checkbox"/> Impaired hearing <input type="checkbox"/> Impaired vision <input type="checkbox"/> Developmental/cognitive disability <input type="checkbox"/> Difficulty understanding English <input type="checkbox"/> Difficulty understanding written material <input type="checkbox"/> None of the above <input type="checkbox"/> DK <input type="checkbox"/> Ref	
Q13. What is your household's <i>main</i> source of information about a disaster or emergency event? (Check ONE) <input type="checkbox"/> Newspaper <input type="checkbox"/> TV <input type="checkbox"/> Radio <input type="checkbox"/> Internet/Online News <input type="checkbox"/> Friends/Family/Word of Mouth <input type="checkbox"/> Social media <input type="checkbox"/> Text message/Cell phone alert <input type="checkbox"/> Church/Place of worship <input type="checkbox"/> Other, _____ <input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Ref	Q14. Is your household aware of the following materials [<i>show materials, mention website/campaign, etc.</i>] to better prepare you and your family for a natural disaster or other significant event? <input type="checkbox"/> Yes (go to 14a) <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref Q14a. If YES , was the information received helpful? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref
Now, I am going to ask some questions about preparedness for [Hurricanes, tornadoes] and other emergency events	
Q15. Does your household have any of the following emergency plans? Emergency communication plan such as a list of numbers and designated out-of-town contact <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref Designated meeting place immediately outside your home or close by in your neighborhood <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref <input type="checkbox"/> NA Designated meeting place outside of your neighborhood in case you cannot return home <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref <input type="checkbox"/> NA Copies of important documents in a safe location (e.g., water proof container) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref Multiple routes away from your home in case evacuation is necessary <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref	
Q16. Has your household prepared an <i>Emergency Supply Kit</i> with supplies like water, food, flashlights, and extra batteries that is kept in a designated place in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref	
Q17. Has your HH prepared a <i>first aid kit</i> with emergency supplies to take if your HH had to leave quickly? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref	Q20. Does each person in your HH who takes prescribed medication currently have a 7-day supply? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No prescriptions <input type="checkbox"/> DK <input type="checkbox"/> Ref
Q18. Does your HH have enough drinking water (besides tap) for the next 3 days? (1 gallon/person/day) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref	
Q19. Does your HH have enough non-perishable food (such as protein bars, nuts) for the next 3 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref	Q21. If public authorities announced a <u>mandatory</u> evacuation from your community due to a large-scale disaster or emergency, would your household evacuate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Ref

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<p>Q22. If your household had to evacuate due to a disaster or emergency, where would your household go?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Friends/family/2nd home outside your area <input type="checkbox"/> Hotel or motel <input type="checkbox"/> American Red Cross, church, or community shelter <input type="checkbox"/> Vehicle/RV <input type="checkbox"/> Other _____ <input type="checkbox"/> Would not evacuate <p style="text-align: right;"><input type="checkbox"/> DK <input type="checkbox"/> Ref</p>	<p>Q23. In an emergency, if your household was asked to evacuate, what would your household do with your pet(s)?</p> <ul style="list-style-type: none"> <input type="checkbox"/> take it/them with you <input type="checkbox"/> Find a safe place for it/them <input type="checkbox"/> leave behind with food and water <input type="checkbox"/> would not evacuate because of pets <input type="checkbox"/> would not evacuate <input type="checkbox"/> Other _____ <input type="checkbox"/> No pets <input type="checkbox"/> DK <input type="checkbox"/> Ref
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Q24. What would be the **main** reason that may prevent your HH from evacuating if asked to do so? (*Check ONE*)

<input type="checkbox"/> Lack of transportation	<input type="checkbox"/> Lack of trust in public officials	<input type="checkbox"/> Concern about leaving property	<input type="checkbox"/> Nowhere to go
<input type="checkbox"/> Concern about personal safety	<input type="checkbox"/> Concern about leaving pets	<input type="checkbox"/> Concern about traffic jams	<input type="checkbox"/> Inconvenient/expensive
<input type="checkbox"/> Health problems	<input type="checkbox"/> Other _____	<input type="checkbox"/> No reason, would evacuate	<input type="checkbox"/> DK <input type="checkbox"/> Ref

Other

Q25. Did you or members of your HH hear about this survey prior to us talking to you today? Yes (**go to 25a**) No DK Ref

Q25a. If yes, how did you or your household member(s) hear about it? (*Check all that apply*)

<input type="checkbox"/> Social media	<input type="checkbox"/> Website	<input type="checkbox"/> Press release	<input type="checkbox"/> E-mail	<input type="checkbox"/> Family/Friend/Neighbor	<input type="checkbox"/> Radio	<input type="checkbox"/> Other _____	<input type="checkbox"/> DK <input type="checkbox"/> Ref
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Q26. What is your household's greatest need at this time?

Thank you