2013 West Fertilizer plant explosion investigation

Injured Survivor Interview Form

INTERVIEWER INFORMATION

Interviewer Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Interview: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(mm/dd/yyyy)

Beginning time of interview: \_\_\_\_\_\_\_\_\_\_\_\_\_ AM/PM (hh:mm)

End time of interview: \_\_\_\_\_\_\_\_\_\_\_\_\_ AM/PM (hh:mm)

INTRODUCTION

This module includes the relevant inclusion criteria for the study. Estimated time required for this module: 3 minutes

\*3. [INTERVIEWER: If you reach a voicemail/automated message system read TEXT 1, if someone picks up phone read TEXT 2]

[TEXT 1] Hello, my name is [INTERVIEWER: enter your first name]. I am calling for {INSERT NAME OF INTERVIEWEE}, on behalf of the Waco – McLennan County Public Health District. I am calling to see if you would be willing to participate in a survey on the fertilizer plant explosion experienced in April of this year. I will call you back within the next few days to schedule a call. Thank you and good bye.]

[TEXT 2] Hello, my name is [INTERVIEWER: enter your first name], I’m calling on behalf of the Waco - McLennan County Public Health District. I am calling to conduct a survey on the fertilizer plant explosion experienced in April of this year. Can I speak with {INSERT NAME OF INTERVIEWEE}?

[INTERVIEWER: If person is not available ask if there is a better time to call and put that time into the notes].

IF PERSON COMES TO THE PHONE

Is this {INSERT NAME OF INTERVIEWEE}?

Hello, my name is [INTERVIEWER: enter your first name], I’m calling on behalf of the Waco - McLennan County Public Health District. I am calling to conduct a survey on the fertilizer plant explosion experienced in April of this year.

Are you at least 18 years of age?

[INTERVIEWER: IF ANSWER IS "NO", say "Thank you. Because you are under 18 years old you are not eligible for this study, and our interview ends here. Thank you for your participation and time. Have a good day."].

[INTERVIEWER: IF answer is YES say]:

We’re interested in speaking with people that were injured from the explosion about where they were, what they were doing, and how they were affected by the explosion in order to help the public prepare and respond to future explosions. Let me assure you all responses are stored safely and processed confidentially. Your participation is entirely voluntary and you are free to refuse now or at any point during the interview. Some of the questions may touch on sensitive issues and arouse negative thoughts. I can provide you with a contact to get psychological counseling at the end of the interview if you want to. Are you ok with taking part in this interview?

[INTERVIEWER: If answer is "YES", code as CONSENTGIVEN in box below, if NO ­ THANK AND code as NOCONSENT].

"The interview will last approximately XXX minutes. Are you available for XXX minutes now?

[INTERVIEWER: If answer is NO or Don't know , schedule a time for an interview and call back at that time­­take down the time in the notes].

'Before we start, let me explain that you may feel during the interview that you already answered or talked about one or another particular question I am asking. This is because each of these questions is really important to us and I want to make sure that I understand your response fully. Please do not feel confused or distracted by that'.

[INTERVIEWER: If an interviewee at any time, wants to know about where you have his/her contact data from, say: This is a project from the behalf of the Waco – McLennan County Public Health District. We obtained contact information for injured persons from the medical facility where they were treated".

\_\_\_YES consent given

\_\_\_NO consent given

START OF INTERVIEW

Interviewee information

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Telephone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Birth date (mm/dd/yyyy)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (confirm that interviewee is at least 18 years old)

The fertilizer explosion occurred in the evening of April 17th. I will now ask you some questions about where you were at the time of the explosion and how you were injured.

4. Where were you located at the time of the explosion?

\_\_\_Inside a building 🡪 GO TO QUESTION 5

\_\_\_Outside 🡪 GO TO QUESTION 15

\_\_\_In a vehicle 🡪 GO TO QUESTION 18

\_\_\_ In a mobile home or trailer 🡪 GO TO QUESTION 27

\_\_\_Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🡪 GO TO QUESTION 29

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[LOCATED INSIDE A BUILDING]

5. What type of building were you in?

\_\_\_Single family home

\_\_\_Duplex home

\_\_\_Apartment building

\_\_\_Nursing home

\_\_\_School

\_\_\_Community center

\_\_\_ Office building

\_\_\_Don’t know/refused

\_\_\_Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. What is the address of where you were during the explosion? If you don’t know the address, could you provide the name of the building or the cross streets where the building is located? Any information on where you were during the explosion would be helpful.

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7. What material was the main frame of the structure made from?

\_\_\_Brick

\_\_\_Wood

\_\_\_Stone

\_\_\_Cinder block

\_\_\_Stucco

\_\_\_Steel

\_\_\_Don’t know/Refused

\_\_\_Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. What floor of the structure were you on?

\_\_\_Basement

\_\_\_1st floor

\_\_\_2nd floor

\_\_\_3rd floor

\_\_\_Don’t know/refused

\_\_\_Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Did the room or part of the structure you were in have exterior walls?

\_\_\_Yes

\_\_\_No

\_\_\_Don’t know/refused

10. Did this room or part of the structure have no windows, one window, or more than one window?

\_\_\_Yes, one window

\_\_\_Yes, more than one window

\_\_\_No windows

\_\_\_Don’t know

11. How close were you to windows? \_\_\_\_\_\_\_\_\_\_\_\_\_

12. Which room or part of the structure were you in when the explosion occurred?

\_\_\_Basement

\_\_\_Hallway

\_\_\_Bathroom

\_\_\_Closet

\_\_\_Bedroom

\_\_\_Family/living room

\_\_\_Kitchen

\_\_\_Staircase

\_\_\_Elevator

\_\_\_Working room/office

\_\_\_Meeting room

\_\_\_Don’t know/refused

\_\_\_Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Was the structure you were in damaged during the blast?

\_\_\_Yes

\_\_\_No

\_\_\_Don‘t know/refused

14. What was the amount of damage to the structure?

\_\_\_Completely collapsed

\_\_\_Some walls down and some standing

\_\_\_Roof missing, all walls standing

\_\_\_Roof damaged (but all walls standing, may include broken windows)

\_\_\_Only windows broken (may include siding ripped off)

\_\_\_Siding ripped off but no other exterior damage (no windows broken)

\_\_\_No damage

\_\_\_ Don’t know/refused

[GO TO QUESTION 30]

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[LOCATED OUTSIDE]

15. Describe where you were located during the explosion? This may be the address or name of a building you were near, or the cross streets where you were? Any information on where you were during the explosion would be helpful.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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16. Was any structure or barrier between you and the fertilizer plant when the explosion occurred?

\_\_\_Yes

\_\_\_No

\_\_\_Don’t know

17. If yes, what kind of structure or barrier was it?

\_\_\_Single family home

\_\_\_Duplex home

\_\_\_Apartment building

\_\_\_Nursing home

\_\_\_School

\_\_\_Community center

\_\_\_ Office building

\_\_\_ Trees

\_\_\_Fence (describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_ Other (specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_ Don’t know / refused

[GO TO QUESTION 30]

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[IF LOCATED IN A VEHICLE]

18. Describe where you were located during the explosion? This may be the address or name of a building you were near, or the cross streets where you were? Any information on where you were during the explosion would be helpful.

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19. What type of vehicle were you in when the explosion occurred?

\_\_\_Car / sedan (but NOT pickup, van or SUV)

\_\_\_Pickup

\_\_\_Van

\_\_\_SUV

\_\_\_Motor home/travel trailer/RV

\_\_\_Motorcycle or scooter

\_\_\_Tractor-trailer (i.e. semi with >4 wheels)

\_\_\_Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Don’t know/refused

20. What was the make and model of the vehicle:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

21. Was the vehicle parked or in motion when the explosion occurred?

\_\_\_Parked

\_\_\_Not parked/in motion 🡪 GO TO QUESTION 22

\_\_\_Don’t know/refused

22. If the car was in motion, what happened next?

\_\_\_Continued driving

\_\_\_Pulled over to side of road and stopped

\_\_\_Crashed into another vehicle

\_\_\_Crashed into a stationary object

\_\_\_Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Don’t know/refused

23. Where were you sitting in the vehicle?

\_\_\_Driver seat

\_\_\_Front passenger

\_\_\_Backseat passenger

\_\_\_Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Don’t know/refused

24. Were you wearing your seatbelt at the time of the explosion?

\_\_ Yes

\_\_ No

\_\_\_Don’t know/refused

25. Did one or more of the vehicle’s airbags deploy?

\_\_ Yes

\_\_ No

\_\_ Vehicle did not have airbags

\_\_\_Don’t know/refused

26. What was the amount of damage to the vehicle, if any?

\_\_\_No damage

\_\_\_Minimal damage (only scratches, small dents)

\_\_\_Moderate damage (major dents or broken window, etc,)

\_\_\_Severe damage (undrivable)

\_\_\_Don’t know/refused

[GO TO QUESTION 30]

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[LOCATED IN A MOBILE HOME OR TRAILER]

27. Describe where you were located during the explosion? This may be the address of the mobile home or trailer or the cross streets where you were? Any information on where you were during the explosion would be helpful.

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28. What was the amount of damage to the mobile home or trailer, if any?

\_\_\_No damage

\_\_\_Minimal damage (damaged exterior, windows intact)

\_\_\_Moderate damage (damaged exterior, broken windows)

\_\_\_Severe damage (roof or sides no longer intact)

\_\_\_ Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Don’t know/refused

[GO TO QUESTION 30]

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[LOCATED SOMEWHERE ELSE]

29. What is the address of where you were during the explosion? If you don’t know the address, could you provide the name of the building or the cross streets where the building is located? Any information on where you were during the explosion would be helpful.

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GO TO QUESTION 30

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[ALL INTERVIEWS RESUME HERE]

30. After the explosion, did you have difficulties leaving the place where you were because you were trapped?

\_\_\_Yes

\_\_\_No 🡪 GO TO QUESTION 35

\_\_\_Don’t know/refused

31. Where were you trapped?

\_\_\_Inside a building

\_\_\_Inside a vehicle

\_\_\_ Outside under debris

\_\_\_Don’t know/refused

\_\_\_Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

32. Describe, in your own words, how you were trapped: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

33. How did you get out of the trap?

\_\_\_Own hands only

\_\_\_Worked with others who were trapped in same place

\_\_\_Emergency service

\_\_\_Individuals outside who were not trapped (but not emergency service)

\_\_\_Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Don’t know/refused

34. Approximately how long were you trapped? \_\_\_\_\_\_\_\_HOURS \_\_\_\_\_\_\_\_MINUTES

NOW I WILL ASK YOU MORE QUESTIONS ABOUT HOW YOU WERE INJURED

35. Which of the following describes your situation best:

\_\_\_Injured directly by explosion (e.g. ruptured ear drum, concussion)

\_\_\_Hit by flying debris

\_\_\_Hit by collapsing building, room, roof, etc.

\_\_\_Stepped on something or hurt by debris on ground

\_\_\_Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Don’t know/refused

36. Did your injury occur during the explosion or after the explosion (for example, during clean-up)?

\_\_\_ During the explosion

\_\_\_After the explosion

\_\_\_Don’t know/refused

37. Which of the following contributed to your injuries? (Check all that apply.)

\_\_\_Flying glass

\_\_\_ Flying debris other than glass

\_\_\_Something fell on me

\_\_\_Falling onto glass or debris

\_\_\_Being pushed/pulled against something

\_\_\_Loud noise

\_\_\_Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Don’t know/refused

38. Were you facing towards the plant or away from the plant when the explosion occurred?

\_\_\_ Towards

\_\_\_ Away

\_\_\_ Don’t know/remember

39. Did you hear the noise of the explosion?

\_\_\_Yes 🡪 GO TO QUESTION 40

\_\_\_No

\_\_\_Don’t know/remember

40. If yes, how intense was the noise on a scale of 0 (no noise) to 10 (very intense) \_\_\_\_\_\_\_\_

41. Please describe as specifically as possible how your injuries occurred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

42. Did you know about the fire that started at the Fertilizer Plant before the explosion occurred?

\_\_ Yes

\_\_ No

\_\_ Don’t know

1. If yes, how did you first receive information about the fire?

\_\_ Saw the fire

\_\_ Directly from a person in authority (police, firefighter)

\_\_ Directly from a relative, friend, neighbor, or co-worker

\_\_\_SMS/Text message from relative, friend, neighbor, or co-worker

\_\_ TV

\_\_ Radio

\_\_ Internet web site

\_\_ Social media (facebook, twitter)

\_\_ Email

\_\_ Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_ Don’t know

44. If yes, did you take any action regarding the fire?

\_\_ Evacuated/left the area

\_\_ Went toward the area

\_\_ No action

\_\_ Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_ Don’t know

45. How did you find information about the explosion as the incident progressed? Check all that apply.

\_\_\_Saw explosion/fire

\_\_\_Heard on radio

\_\_\_Saw coverage on TV

\_\_\_SMS/Text message from friend/family

\_\_ Social media (facebook, twitter)

\_\_\_Internet news media

\_\_\_Personal from community members, friends, etc.

\_\_\_Police/EMS

\_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

46. What was your address on April 17th at the time of the explosion?

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Town:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ZIP:\_\_\_\_\_\_\_\_\_

47. Was your home damaged by the explosion?

\_\_\_Yes: Describe extent of damage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_No

DEMOGRAPHICS

48. Gender (ask only if necessary): \_\_\_\_\_\_\_Male \_\_\_\_\_\_Female

49. What is your race? (check all that apply)

\_\_\_White

\_\_\_Black or African-American

\_\_\_American Indian or Alaskan Native

\_\_\_Asian

\_\_\_Native Hawaiian or other Pacific Islander

\_\_\_Other

\_\_\_Don’t know/refused

50. Are you Hispanic or Latino?

\_\_\_Yes

\_\_\_No

\_\_\_Don’t know/refused

51. What language do you generally speak in your household?

\_\_\_English only

\_\_\_Spanish only

\_\_\_Both, but more English

\_\_\_Both, but more Spanish

\_\_\_Neither English nor Spanish

\_\_\_Don’t know/refused

52. We may have questions for you again in the future. Could we contact you again about your experience?

\_\_ Yes

\_\_ No

\_\_ Uncertain

Thank you very much for your participation in this survey. That was my last question. As already mentioned earlier­­ If you want to receive some psychological counseling I can provide you with a contact to a couseling service. Would you like to have this information?

[INTERVIEWER: IF YES OR Don't know read Text 1, otherwise jump over this paragraph]

Text 1: "A contact you can reach 24/7 is???????. You can visit their website

under ???????? or call their phone number, which is???????. This

resource is free and available for emotional issues, financial problems, and personal problems following the tornadoes".

Finally, let me assure you one more time that your information will be used anonymously. Do you have any questions at this time? Should any further questions arise related to this study, please direct them to (name/email) or by phone (). Thank you once more for your participation, your help is greatly appreciated. Have a good day / evening.

Please check this box if this is a completed interview. Thank you!

Completed interview.