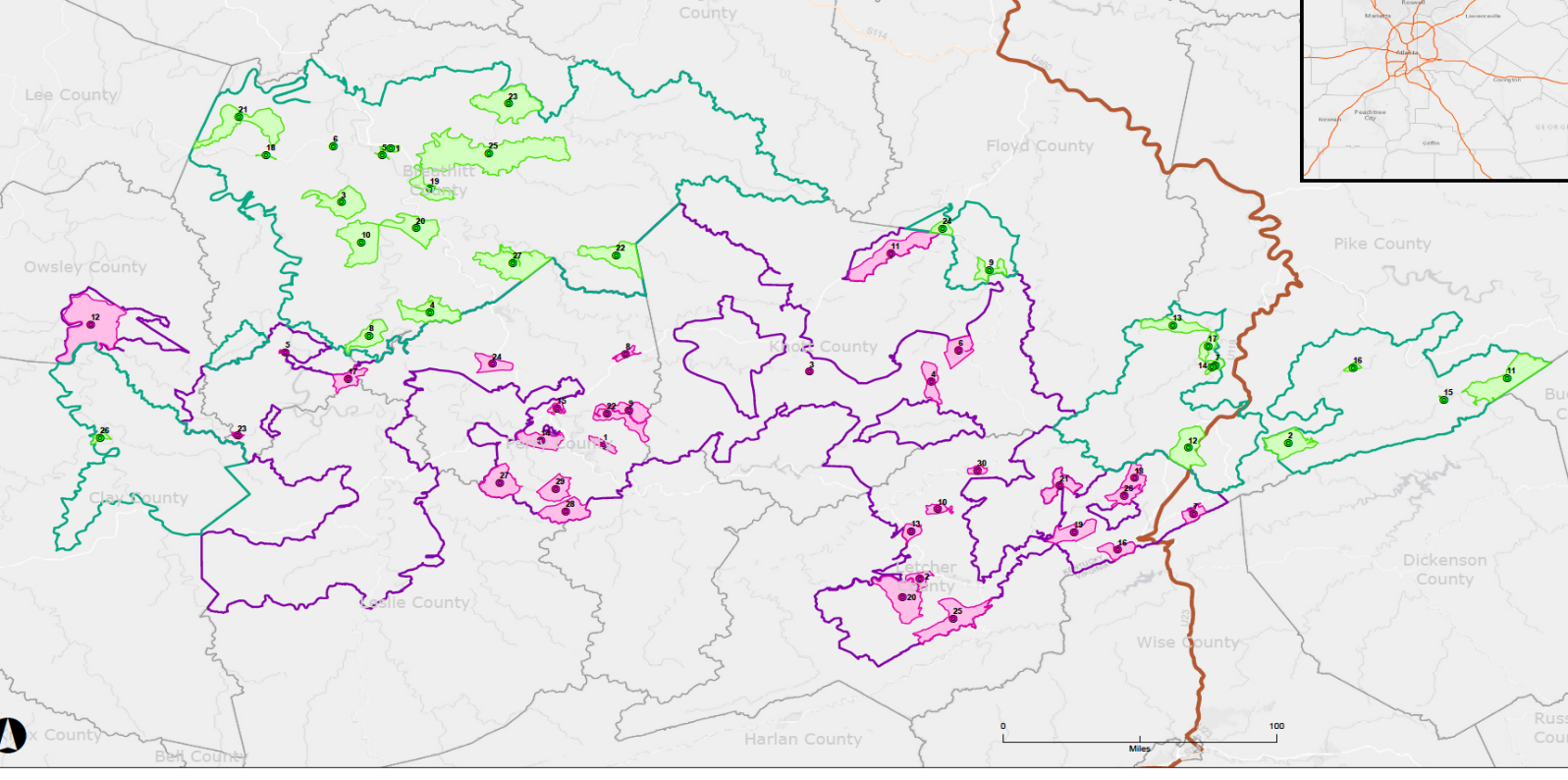
**Appendix A.** Community Assessment for Public Health Emergency Response (CASPER) – Flood Recovery, Eastern KY Region 2022

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

**Date: 09/\_\_\_\_/2022** **CASPER:** \_\_\_\_\_\_\_\_\_\_\_ **Cluster Number: \_\_\_\_\_ Interview Number: \_\_\_\_\_\_\_** **Team name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Demographics** | | | |
| **COMPLETE BEFORE BEGINNING SURVEY.** Type of structure:□ Single family home □ Multiple unit □ Mobile home □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Q1**. Including yourself, how many people live in your HH? \_\_\_\_#\_\_\_\_ | | | **Q4.** Did anyone displaced from the floods stay in your home at any time? □ Yes *(Q4a)* □ No □ DK □ Ref  **Q4a.** *IF YES,* is anybody still staying in your home?  □ Yes □ No □ DK □ Ref |
| **Q2.**  Including yourself, how many people living in your HH are  <2 yrs old? \_\_#\_\_ 2-17 yrs? \_\_#\_\_ 18-64 yrs? \_\_#\_\_ 65+ yrs? \_\_#\_\_ | | |
| **Q3**. Does your HH own or rent your home?  □ Own □ Rent □ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ DK □ Ref | | |
| **Now we are going to ask about your household’s experience during the recent flood.** | | | |
| **Q5.** Did your HH evacuate your home at any time before or after the flood? *(ONE)* □ Before *(Q5a)* □ During (e.g., rescued, on own) *(Q5a)*  □ After *(Q5a)* □ No *(Q5b)* □ DK □ Ref  **Q5a.** *IF YES*, where did you and members of your HH go? *(Check all)*  □ Friend/family (in County) □ Friend/family (elsewhere) □ Shelter  □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ DK □ Ref  **Q5b.** *IF NO*, why didn’t your HH evacuate*? (Check all)*  □ No time □ Didn’t know where shelters were □ Nowhere to go  □ Road/Bridge blocked □ No need to go □ Fear of theft  □ Stayed with pets/animals □ No transportation/car  □ Caring for person who could not evacuate  □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ DK □ Ref | | **Q9.** What is the current source of your drinking water? *(Check ALL)*  □ Well □ Municipal/tap □ Cistern □ Bottle □ Spring water  □ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ DK □ Ref | |
| **Q10.** How close is your home (excluding landscape) to being how it was prior to the floods? *(Check ONE)*  □ Completely repaired □ Somewhat repaired  □ Not repaired at all □ Never damaged □ DK □ Ref | |
| **Q11.** What, if any, are barriers to your home repair? *(Check ALL)*  □ Time □ Health of HH members □ Finding materials/supplies  □ Availability of contractors/skilled labor  □ Availability of PPE (e.g., mask, gloves) □ Working on paperwork  □ Money/Cost – Waiting on insurance claim  □ Money/Cost – Waiting on a loan  □ Money/Cost – Waiting on FEMA/Federal funds  □ Money/Cost – FEMA/Insurance funds insufficient to rebuild  □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ None – no barriers □ None – no repairs needed □ DK □ Ref | |
| **Q6.** Did you or any of your regular HH members stay in temporary housing (e.g., hotel, apartment, trailer, friend/family home, shelter) at any point because of the flood? □ Yes □ No □ DK □ Ref | |
| **Q7.** Does your household feel your home is safe to live in?  □ Yes □ No □ DK □ Ref | |
| **Q12.** If your HH had an offer to sell your home at preflood value to move outside of the flood plane, would your HH be willing to relocate? *(Check ONE)* □ Yes □ Maybe □ No □ DK □ Ref | |
| **Q8.** Does your HH currently have the following *(NH – never had)*  Access to transportation □ Yes □ No □ NH □ DK □ Ref  Safe drinking water □ Yes □ No □ NH □ DK □ Ref  Garbage collection □ Yes □ No □ NH □ DK □ Ref  Access to functioning toilet □ Yes □ No □ NH □ DK □ Ref  Working CO detector □ Yes □ No □ NH □ DK □ Ref  Cellular phone service □ Yes □ No □ NH □ DK □ Ref  Landline phone service □ Yes □ No □ NH □ DK □ Ref  Internet service □ Yes □ No □ NH □ DK □ Ref  Air conditioning □ Yes □ No □ NH □ DK □ Ref  Working generator □ Yes □ No □ NH □ DK □ Ref | |
| **Q13**. Has debris and waste been removed from your property? *(ONE)*  □ All □ Some □ None □ No need □ DK □ Ref | |
| **Q14.** Since the flood, are the roads to your home drivable with a standard car? □ Yes – All □ Yes – Some □ None □ DK □ Ref | |
| **Q15.** Does your HH currently have a 7 day supply of….  Drinking water □ Yes □ No □ DK □ Ref  Non-perishable food □ Yes □ No □ DK □ Ref  Prescription medications □ Yes □ No □ No – no meds □ DK □ Ref | |
| **COMMUNICATIONS** | | | |
| **Q16.** How did your HH hear warning about the flood/rising water? *(Check ALL).* □ Saw water rising □ TV □ Radio  □ Internet news □ Phone weather alert □ Social media  □ Friend/Family/Neighbor/Word of Mouth  □ Emergency Management □ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ No warning □ DK □ Ref | **Q18.** Since the flood, what, if any, health and clean-up messages has your HH heard? ***(DO NOT READ RESPONSES*** *– Check ALL)*  □ Clean-up/mold □ Mental health □ Disaster Recovery Centers □ Drinking water safety □ Well water safety □ Vaccination (tetanus, hep)  □ Mosquito safety □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ None □ DK □ Ref | | |
| **Q17.** Do you or members of your HH currently have difficulty accessing the radio, TV, internet, or cell for communication messages? *(Check ALL)*  □ Yes – Radio □ Yes - TV □ Yes - Internet  □ Yes – Cell  □ Yes – Other \_\_\_\_\_\_\_\_\_\_\_□ No – no difficulty □ DK □ Ref |
| **Q19.** How did your HH hear messages about health and/or clean-up? *(Check ALL)* □ TV □ Radio □ Church/Place of worship □ School  □ Friends/Family/Neighbor/Word of Mouth □ Public Health Department  □ Internet news □ Social media □ Flyer/Poster  □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Didn’t hear messages □ DK □ Ref | | |
| **Recovery** | | | |
| **Q20.** Since the flood, has your HH seen mold or smelled a moldy/musty odor in your home? □ Yes *(Q20a)* □ No □ DK □ Ref  **Q20a.** *IF YES,* does your HH currently have mold or smell moldy/musty odor? □ Yes □ No □ DK □ Ref  **Q20b.** What, if any, are barriers to mold cleanup? *(Check ALL)* □ Money/Cost □ Don’t know how □ Time  □ No cleaning supplies □ Do not have PPE (boots, gloves, masks). □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ DK □ Ref | | | |
| **Q21.** What stage of home cleanup is your HH in now? *(Check ONE)*  □ Destroyed, can’t live here again □ Cleaning up, not living here yet. □ Cleaning up, living here now. □ Clean-up finished, living here now  □ Not affected by the flood □ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ DK □ Ref | | | |
| **Q22.** Has anyone in your HH attempted to receive assistance related to the floods from… *(NA = N/A because not needed)*   |  |  |  |  | | --- | --- | --- | --- | | Family/Friends | □ Received □ Attempted □ NA □ DK □ Ref | Church group | □ Received □ Attempted □ NA □ DK □ Ref | | Local Government | □ Received □ Attempted □ NA □ DK □ Ref | Nonprofit Org | □ Received □ Attempted □ NA □ DK □ Ref | | FEMA | □ Received □ Attempted □ NA □ DK □ Ref | Other \_\_\_\_\_\_\_ | □ Received □ Attempted □ NA □ DK □ Ref | | Red Cross | □ Received □ Attempted □ NA □ DK □ Ref | Other \_\_\_\_\_\_\_ □ Received □ Attempted □ NA □ DK □ Ref | |   **Q22a.** *If RECIEVED*, Overall, how difficult was it to get assistance? □ Very difficult □ Difficult □ Easy □ Very Easy □ DK □ Ref  **Q22b.** *If RECIEVED,* Did the assistance your HH receive cover the financial loss? □ Yes □ No □ DK □ Ref  **Q22c.** *If RECIEVED,* What, if any, were the barriers to getting assistance? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ No barriers □ DK □ Ref | | | |
| **Physical Health** | | | |
| **Q23.** Since the flood, has it been more difficult to get needed professional medical care for any member of your HH? *(ONE)*  □ Yes *(Q23a)* □ No – received from Red Cross, mobile clinic, etc,  □ No – received from usual source. □ DK □ Ref  **Q23a.** *IF YES,* why? *(Check ALL)* □ Usual clinic/physician closed  □ Home health service disrupted □ Money/cost  □ Insurance problems □ No transportation □ Road blocked  □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ DK □ Ref | | **Q25.** Since the flood, has it been more difficult to get needed medical supplies (e.g., oxygen tanks, hearing aids, ambulator assistance) for anyone in your HH? *(Check ONE)*  □ Yes *(Q25a)* □ No □ No – No needed supplies □ DK □ Ref  **Q25a.** *IF YES*, Why? *(Check ALL)* □ Usual clinic/physician closed  □ Usual supplier closed □ Money/cost □ Insurance problems  □ No transportation □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ DK □ Ref | |
| **Q26.** Since the flood, have you or any members of your HH experienced worsening of  Asthma □ Yes □ No/NA □ DK □ Ref  Allergies □ Yes □ No/NA □ DK □ Ref  COPD □ Yes □ No/NA □ DK □ Ref  Diabetes □ Yes □ No/NA □ DK □ Ref  Hypertension/High blood pressure □ Yes □ No/NA □ DK □ Ref  Heart disease □ Yes □ No/NA □ DK □ Ref  Previous mental health condition □ Yes □ No/NA □ DK □ Ref | |
| **Q24.** Since the flood, has it been more difficult to get needed prescription medications for anyone in your HH? *(Check ONE)*  □ Yes *(Q24a)* □ No – got meds from mobile pharmacy, Red Cross, hospital etc. □ No – got meds from usual source  □ No – No meds □ DK □ Ref  **Q24a.** *IF YES*, Why? *(Check ALL)* □ Usual clinic/physician closed  □ Usual pharmacy closed □ Money/cost □ Insurance problems  □ No transportation □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ DK □ Ref | |
| **Social Wellbeing & Behavioral/Mental Health** | | | |
| **Q27.** Since the flood, is your HHs overall health…. *(Check ONE)*  □ Better □ Same □ Worse □ DK □ Ref | | **Q30**. Since the flood, what barriers has any HH member had in seeking services for behavioral health concerns? *(Check ALL)*  □ Not aware of resources □ No telehealth  □ Hard time trusting healthcare system or providers  □ Goes against beliefs □ Disabled/homebound □ No childcare  □ No health insurance □ Money/cost □ No transportation  □ Worried what others will think □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ No need for services □ No difficulties □ DK □ Ref | |
| **Q28.** Since the flood, how often would you say your HH was worried or stressed about having enough money to …  buy nutritious meals? □ Never□ Rarely □ Some □ Usually □ Always  pay rent/mortgage □ Never□ Rarely □ Some □ Usually □ Always pay bills? □ Never□ Rarely □ Some □ Usually □ Always  □ DK □ Ref | |
| **Q29.** Since the flood**,** have you or members of your HH received services from a counselor, pastor/clergy member, therapist, case worker, or social worker for…  Grief counseling □ Yes □ No Need □ Cldnt Get □ DK □ R  Behavioral health concerns □ Yes □ No Need □ Cldnt Get □ DK □ R  Substance abuse treatment □ Yes □ No Need □ Cldnt Get □ DK □ R  Suicidal thoughts/Self-harm □ Yes □ No Need □ Cldnt Get □ DK □ R  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Yes □ No Need □ Cldnt Get □ DK □ R  **Q29a.** *If YES*, who provided the counseling? *(Check ALL)*  □ Pastor/clergy member □ Social worker □ Case worker  □ Licensed therapist □ Counselor  □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ DK □ Ref | | **Q31.** How would your HH most like to receive any behavioral or mental health assistance, if ever needed? *(Check ALL)*  □ In person – Local □ In person – Out of town □ In a group  □ Telehealth (online, phone) □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_ □ DK □ Ref | |
| **Q32.** Since the flood, have you or members of your HH had  Difficulty concentrating □ Yes □ No □ DK □ Ref  Trouble sleeping/nightmares □ Yes □ No □ DK □ Ref  Loss of appetite □ Yes □ No □ DK □ Ref  Agitated behavior □ Yes □ No □ DK □ Ref  Witnessed firsthand violent behavior/threats □ Yes □ No □ DK □ Ref  Increased alcohol/drug use □ Yes □ No □ DK □ Ref  Suicidal ideation □ Yes □ No □ DK □ Ref | |
| **Now we are going to ask about YOU as an INDIVIDUAL** | | | |
| **Q33.** Over the last **2 weeks**, how often have you…  Had little interest or pleasure in doing things? □ Not at all □ Several days □ More than half the days □ Nearly every day □DK □ Ref  Felt down, depressed or hopeless? □ Not at all □ Several days □ More than half the days. □ Nearly every day □DK □ Ref | | | |
| **Q34.** Over the last **2 weeks**, how often have you…  Felt nervous, anxious, or on edge? □ Not at all □ Several days □ More than half the days □ Nearly every day □DK □ Ref  Been unable to stop or control worrying? □ Not at all □ Several days □ More than half the days □ Nearly every day □DK □ Ref | | | |
| **Q35.** Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the **past 30 days** was your mental health not good? \_\_#\_\_ | | | |
| **Q36. Last question,** what is your HHs greatest need at this time? | | | |

**Appendix B.** Sampling frames and selected clusters



PINK = CASPER 1 (15,848 HHs)

**GREEN** = CASPER 2 (10,841 HHs)

**Appendix C.** CASPER Consent form to participate in interviews



**Community Assessment for Public Health Emergency Response in Response to Recent July 2022 Flooding in Eastern Kentucky**

Hello, my name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and this is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. We are with the Kentucky River District Health Department. We are talking to randomly selected households about the recent flooding in Eastern Kentucky.

* We are talking to residents about their experience during and after the floods.
* We want to get an idea of how we can better serve your community.
* Your house is one of the 210 that has been randomly chosen to be in this survey.
* The questions are about your *entire* household, which includes yourself and all family members living within your home before the floods began.
* If you agree to participate, your answers will be kept *private* and the survey is *voluntary* and *anonymous.* You can choose not to answer any question you do not feel comfortable answering and can stop participating in the interview at any time.
* The survey should take approximately 20 minutes to complete.
* We also have some information we would like to leave with you that may be helpful to you and your household. ***[Hand them public health material]***

If you have any questions about this survey, you may call the Kentucky Department for Public Health at [(502) 564-3418 Ext 4490]

***[Surveyor: Wait for respondent to clearly answer YES or NO after each question below]***

1. Would you be willing to participate in this survey?
2. Did you live in this home before the flooding?
3. If ‘no’: Is there someone else who lived in this home before the flooding that we can speak to?
4. Are you at least 18 years or older?
5. If ‘no’: Is there someone else 18 years or older who lives in this home that we can speak to?

***[IF NO TO ANY ABOVE, THANK THEM FOR THEIR TIME]***