**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 □ RefSafe drinking water □ Yes □ No □ NH □ DK □ RefGarbage collection □ Yes □ No □ NH □ DK □ RefAccess to functioning toilet □ Yes □ No □ NH □ DK □ RefWorking CO detector □ Yes □ No □ NH □ DK □ RefCellular phone service □ Yes □ No □ NH □ DK □ Ref Landline phone service □ Yes □ No □ NH □ DK □ RefInternet 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 □ RefNon-perishable food □ Yes □ No □ DK □ RefPrescription 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 ofAsthma □ Yes □ No/NA □ DK □ RefAllergies □ Yes □ No/NA □ DK □ RefCOPD □ Yes □ No/NA □ DK □ RefDiabetes □ Yes □ No/NA □ DK □ RefHypertension/High blood pressure □ Yes □ No/NA □ DK □ RefHeart disease □ Yes □ No/NA □ DK □ RefPrevious 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 □ RBehavioral health concerns □ Yes □ No Need □ Cldnt Get □ DK □ RSubstance abuse treatment □ Yes □ No Need □ Cldnt Get □ DK □ RSuicidal thoughts/Self-harm □ Yes □ No Need □ Cldnt Get □ DK □ ROther\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ 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 hadDifficulty concentrating □ Yes □ No □ DK □ RefTrouble sleeping/nightmares □ Yes □ No □ DK □ RefLoss of appetite □ Yes □ No □ DK □ RefAgitated behavior □ Yes □ No □ DK □ RefWitnessed firsthand violent behavior/threats □ Yes □ No □ DK □ RefIncreased alcohol/drug use □ Yes □ No □ DK □ RefSuicidal 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]***