

## University of Iowa Student Flood Experience Survey

The University of Iowa Injury Prevention Research Center is conducting a study to understand the health impact of our recent storms. This information will help plan for future emergencies and disasters. We are asking your help by completing this survey, whether or not you were affected by the flood. Your participation is voluntary. There are no right or wrong answers, and you may choose not to answer any question in this survey.

### DEMOGRAPHIC INFORMATION (CHECK ONLY ONE FOR EACH CATEGORY)

<p>1. AGE (in years): _____</p> <p>2. SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>3. YEAR IN SCHOOL: <input type="checkbox"/> Fr <input type="checkbox"/> Soph <input type="checkbox"/> Jr <input type="checkbox"/> Sr  <input type="checkbox"/> Graduated <input type="checkbox"/> Grad Student <input type="checkbox"/> Other: _____</p>	<p>6. ETHNICITY</p> <p><input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/ Alaskan Native</p> <p><input type="checkbox"/> Black <input type="checkbox"/> Middle Eastern</p>												
<p>4. INTERNATIONAL STUDENT <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. ATTENDING UNIVERSITY OF IOWA FALL'08? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>7. ARE YOU EMPLOYED? <input type="checkbox"/> Yes, with the university  <input type="checkbox"/> Yes, not with the university  <input type="checkbox"/> No, I am not employed</p>												
<p>8. Using the scale below, describe your physical and mental health <u>before the flood</u>.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 20%;"></td> <td style="width: 20%; text-align: center;">Poor</td> <td style="width: 40%;"></td> <td style="width: 20%; text-align: center;">Excellent</td> </tr> <tr> <td>Physical health</td> <td style="text-align: center;">1 --- 2 --- 3 --- 4 --- 5</td> <td></td> <td></td> </tr> <tr> <td>Mental health</td> <td style="text-align: center;">1 --- 2 --- 3 --- 4 --- 5</td> <td></td> <td></td> </tr> </table>			Poor		Excellent	Physical health	1 --- 2 --- 3 --- 4 --- 5			Mental health	1 --- 2 --- 3 --- 4 --- 5		
	Poor		Excellent										
Physical health	1 --- 2 --- 3 --- 4 --- 5												
Mental health	1 --- 2 --- 3 --- 4 --- 5												

### RESIDENCE AND DISASTER EXPERIENCE

<p>9. Where did you live immediately <u>prior to the floods</u>?</p> <p><input type="checkbox"/> Student / University housing: _____  What floor did you live on? _____</p> <p><input type="checkbox"/> Single Family House</p> <p><input type="checkbox"/> Apartment / Condominium / Duplex  What floor did you live on? _____</p> <p><input type="checkbox"/> Other: _____</p>	<p>10. Who did you live with <u>prior to the floods</u>? (Check all that apply)</p> <p><input type="checkbox"/> Alone</p> <p><input type="checkbox"/> With parents, siblings, other extended family</p> <p><input type="checkbox"/> With spouse / partner</p> <p><input type="checkbox"/> With children, specify how many children: _____</p> <p><input type="checkbox"/> With friends / roommate</p>
<p>11. Were any of the following destroyed or damaged (either in Iowa City or elsewhere in Iowa) by floods or tornadoes these past 3 months?</p> <p><input type="checkbox"/> Your current residence <input type="checkbox"/> Residence of family or friends <input type="checkbox"/> Your hometown</p> <p><input type="checkbox"/> Your neighborhood in Iowa City <input type="checkbox"/> Your workplace <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> University buildings that you frequent <input type="checkbox"/> Restaurants/businesses that you frequent</p>	
<p>12. Were you evacuated during the floods? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12a. If yes, when did you evacuate? ____ / ____ / 08</p> <p>12b. How much time did you have to prepare?</p> <p><input type="checkbox"/> no time <input type="checkbox"/> some time, but not sufficient <input type="checkbox"/> adequate time</p> <p>12c. How much of your belongings were you able to take?</p> <p><input type="checkbox"/> none or very few <input type="checkbox"/> some <input type="checkbox"/> most or all</p>	<p>13. Were your personal belongings (e.g., furniture, books, equipment, clothing) destroyed or damaged? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p> <p>14. Have you lost your job because of the flood? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> N/A</p> <p>15. Did you suffer any physical injuries during the flood? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>When? <input type="checkbox"/> Before flood (e.g., evacuating, sandbagging)  <input type="checkbox"/> During flood (e.g., contact w/ flood water)  <input type="checkbox"/> After flood (e.g., clean-up)</p>
<p>16. Did you move, either temporarily or permanently, because of flooding? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, to where did you move?</p> <p><input type="checkbox"/> Student/University housing: _____</p> <p><input type="checkbox"/> With friend in the area</p> <p><input type="checkbox"/> With family (specify: <input type="checkbox"/> in Iowa <input type="checkbox"/> outside Iowa)</p> <p><input type="checkbox"/> Hotel/Motel</p> <p><input type="checkbox"/> Shelter (specify # days: _____)</p> <p><input type="checkbox"/> Other: _____</p>	<p>17. During the flood, did you...</p> <p>have access to enough food? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>have safe drinking water? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>lose electricity <input type="checkbox"/> Yes <input type="checkbox"/> No how many days? _____</p> <p>lose phone service <input type="checkbox"/> Yes <input type="checkbox"/> No how many days? _____</p> <p>lose internet access <input type="checkbox"/> Yes <input type="checkbox"/> No how many days? _____</p> <p>help with rescue/recovery <input type="checkbox"/> Yes <input type="checkbox"/> No how many days? _____</p>
<p>18. In the past week, how many hours did you spend inside a building affected by flood water?</p> <p>_____ non-work hours (eating, sleeping)</p> <p>_____ work hours (paid and non-paid work activity)</p>	<p>19. In the past week, how many hours have you spent in direct contact with flood-water (standing water at least one inch in depth)?</p> <p>_____ hours</p>

<p>20. Using the scale below, describe your physical and mental health <u>since the flood</u></p> <p style="text-align: center;">Poor <span style="float: right;">Excellent</span></p> <p>Physical health      1 --- 2 --- 3 --- 4 --- 5</p> <p>Mental health        1 --- 2 --- 3 --- 4 --- 5</p>	<p>21. Has your alcohol and/or drug use increased <u>since the flood</u>?  <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
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**We'd like to ask you about your feelings and thoughts about the flooding, and how much they are causing problems now. Think about your thoughts, feelings and behaviors during the last 2 weeks since the flood. For each question choose one of the following responses.**

	Not at all	Once in a while	Half the time	Almost always
Having upsetting thoughts or images about the flood that came into your head when you didn't want them to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having bad dreams or nightmares about the flood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliving the flood, acting or feeling as if it were happening again?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling EMOTIONALLY upset when you were reminded of the flood (for example, feeling scared, angry, sad, guilty, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experiencing PHYSICAL reactions when you think about the event (for example, breaking out in a sweat, heart beating fast)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trying not to think about, talk about, or have feelings about the flood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trying to avoid activities, people, or places that remind you of the flood (for example, not wanting to go outside or go to school)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not being able to remember an important part of the flood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having much less interest or not wanting to do things you used to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling distant or cut off from people around you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling emotionally numb (for example, being unable to cry or unable to have loving feelings)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling as if your future plans or hopes will not come true (for example, you will not have a career, marriage, children or long life)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having trouble falling or staying asleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling irritable or having fits of anger?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having trouble concentrating (for example, drifting in and out of conversations, losing track of a story on television, forgetting what you read)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being overly alert (for example, checking to see who is around you, being uncomfortable with your back to the door, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being jumpy or easily startled (for example, when someone walks up behind you)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**We'd like to know about people who you currently talk to or count on. Indicate how much you agree or disagree with the following:**

THERE IS SOMEONE AVAILABLE WHO WOULD...	Disagree strongly	Disagree somewhat	Neither agree nor disagree	Agree somewhat	Strongly agree
Help you feel better when you are under stress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accept you totally, including both your worst and best points.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care about you regardless of what is happening to you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help you feel better when you are feeling down in the dumps.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Console you when you are upset.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**In the past year, how often have you participated in each of the following social group activities?**

	I do not participate	I participate less than once a month	I participate about once a	I participate more than once a

			month	month
Faith-based organizations (e.g., church, mosque, synagogue)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic or work-based clubs (e.g., sports teams, math/science club, honors club)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social groups or special interest clubs (e.g., student cultural group, sorority, fraternity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other social group activities: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Tell us more about how you face change and hardships. Tell us how true these statements are about you at this moment.**

	<b>0</b> Not true at all	<b>1</b> Rarely true	<b>2</b> Sometimes true	<b>3</b> Often true	<b>4</b> True nearly all the time
I am able to adapt to change.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I tend to bounce back after illness or hardship.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**We would like know about the information and instructions you received during this disaster. Please let us know if you received the following information, from where you received the information, and how helpful the information was.**

Did you receive information about the following?	Where did you get this information? (Check all that apply.)	How helpful was this information?				
		Very unhelpful	Somewhat unhelpful	Neither helpful nor unhelpful	Somewhat helpful	Very helpful
Flood status (e.g., water levels, areas in danger, curfews) <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Mass email or emergency communications from University	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Personal communication with university staff or faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Television / radio / internet / newspaper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Student Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staying safe <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Mass email or emergency communications from University	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Personal communication with university staff or faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Television / radio / internet / newspaper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Student Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation (e.g. alternative routes, buses, road closures) <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Mass email or emergency communications from University	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Personal communication with university staff or faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Television / radio / internet / newspaper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Student Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
University	<input type="checkbox"/> Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

operations and procedures (i.e., suspension of classes)  <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Mass email or emergency communications from University	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Personal communication with university staff or faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Television / radio / internet / newspaper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Student Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to get assistance  <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Mass email or emergency communications from University	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/> Television / radio / internet / newspaper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Student Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did you seek help (e.g., financial, clothing, housing, physical assistance, professional services/counseling) from any of the following? (Check all that apply.)	Was it a university service or university-affiliated?	How helpful was this source?				
		Very unhelpful	Somewhat unhelpful	Neither helpful nor unhelpful	Somewhat helpful	Very helpful
<input type="checkbox"/> Academic or work-based clubs (e.g., sports teams, math/science club, honors club)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Counselor	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Faith-based organizations (e.g., church, mosque, synagogue)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Health care provider	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Law enforcement	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Red Cross	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Social groups or special interest clubs (e.g., student cultural group, sorority, fraternity)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Student Housing	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**We would like to contact you later to learn more about long-term experiences with the flood.**

**Can we contact you?**

Name		
Email		<input type="checkbox"/> Check if best way to reach you
Phone		<input type="checkbox"/> Check if best way to reach you