

Oregon State University Chemical Exposure Disaster Questionnaire

Module 1: Demographics

1. Please fill out your Home Street Address of where you were living when Hurricane [Name] made landfall.
2. Have you since moved?
3. What is your phone number?
4. What is your email? (We will use this to email you study updates and study results. You may opt out at any time) (For children, please provide the email of the parent/legal guardian)
5. What is your gender?
6. What is your date of birth? (mm/dd/yyyy)
7. What is your race?
 - a. White
 - b. Black/African American
 - c. Asian
 - d. Native Hawaiian/Other Pacific Islander
 - e. American Indian/Alaska Native
 - f. More than one race
 - g. Unknown/Other
 - h. Prefer not to answer
8. What is your ethnicity?
 - a. Not Hispanic or Latino
 - b. Hispanic or Latino
 - c. Prefer not to answer
9. Are you employed?
 - a. *If YES:* What is your Job title?
 - b. *If YES:* In what industry do you work?
10. What is the highest level of education you have completed?
 - a. 8th grade
 - b. High School
 - c. Some college
 - d. Associates degree
 - e. Bachelor's degree
 - f. Master's degree
 - g. Doctoral degree
 - h. Prefer not to answer
11. What is the current income level (\$) of your household?
 - a. Under \$9,999
 - b. \$10,000 – 19,999
 - c. \$20,000 – 29,999
 - d. \$30,000 – 39,999
 - e. \$40,000 – 49,999
 - f. \$50,000 – 59,999
 - g. \$60,000 – 69,999
 - h. \$70,000 – 79,999

- i. \$80,000 or more
 - j. Prefer not to answer
22. Were you exposed to this disaster as (Check all that apply)
- k. A resident
 - l. A firefighter
 - m. An EMS responder
 - n. A visitor
 - o. A police officer
 - p. An employee
 - q. A clean-up worker
 - r. A hospital emergency department worker
 - s. I don't know
 - t. Other: *Please specify*
 - u. Prefer not to answer

Module 2: Exposure History

If you previously answered these questions for yourself, and the answers are the same for your child, you may skip this question simply by filling out YOUR name (not that of your child) so we can match up answers. You will have the option to do this with the following three sections of the survey.

- v. Yes, my child had the same answers I listed in my survey.
 - i. *If Yes:* Please write down the name you used to enroll yourself in this study.
 - 1. SKIPTO SECTION 3**
 - ii. *If No:* Please complete Section 2 with your child.
23. Are you currently involved in flood clean-up efforts?
- a. *If YES:* How long do you anticipate working on flood clean-up efforts from this day forward?
 - i. Less than 1 week
 - ii. 1 – 2 weeks
 - iii. 2 weeks – 1 month
 - iv. 1+ months
 - v. As long as the work is available
 - vi. I don't know
 - b. *If YES:* What is your role during the flood clean-up efforts? (Check all that apply)
 - A resident
 - A firefighter
 - An EMS responder
 - A visitor
 - A police officer
 - An employee
 - A clean-up worker
 - A hospital emergency department worker
 - I don't know
 - Other: *Please specify*
 - Prefer not to answer
 - c. *If YES:* Are you using, or expecting to use, personal protective equipment (i.e. goggles, gloves, boots, etc.)?
 - i. *If YES:* Please look at this list and tell us what level of PPE you will be wearing as you work on flood clean-up:

- No PPE
- Firefighter turn-out gear with respiratory protection
- Firefighter turn-out gear without respiratory protection
- Non sterile exam gloves
- Surgical gloves
- Face mask without protective shield
- Face mask with protective shield
- Non-splash resistant disposable gown
- Protective eye glasses/goggles
- Supplied air respirator
- Respirator with cartridge/HEPA filters
 - If selected, please specify the type of cartridge/filter:

24. Did your household evacuate your home at any time during or before Hurricane Harvey made landfall?

- a. If NO, what prevented your household from evacuating?
- i. No need
 - ii. No place to go
 - iii. Lack of transportation
 - iv. Stayed with pet
 - v. Other: _____

->->->**SKIPTO QUESTION 27**

- b. If YES, where did your household evacuate to?
- i. Shelter
 - ii. Hotel
 - iii. Friend/Family home
 - iv. Second home
 - v. Other: _____
- c. *If YES*, what date did your household evacuate?
- d. *If YES*, what date did your household return home to sleep? (Enter 00/00/0000 if you have not returned)
- e. *If YES*, How did you evacuate from your home?
- f. *If Yes*, When you evacuated, how high was the water?
- i. Below or up to your ankles
 - ii. Between your ankles and your knees
 - iii. Higher than your knees
 - iv. Higher than your waist
 - v. Don't know

25. Did you need to be rescued from your house?

- a. *IF YES*:
- i. By a friend/neighbor
 - ii. By emergency workers

26. How long did you wait to be rescued?

- a. Rescue not needed
- b. Less than an hour
- c. 1 – 4 hours
- d. 4 – 24 hours
- e. More than 24 hours

27. How many days did you spend or have you spent away from home since you evacuated?
28. If you had pets, were they also safely evacuated?
- Yes
 - Not applicable, I had no pets
 - No
 - Don't know
29. At any time during the storm, was your house broken into, robbed, or looted?
30. At any time during or after the storm, were you unable to communicate with your family, close friends, or neighbors?
31. How would you describe the damage to your home?
- None, or minimal
 - Damaged, but habitable
 - Damaged, uninhabitable
 - Destroyed
32. What is the condition of your home now?
- Home uninhabitable – not living at home
 - Clean up – not living at home
 - Clean up – living at home
 - Living in the home (no clean up)
 - Home never damaged or finished clean-up
 - Other: _____
33. How much would you estimate to be the total financial cost of damage to your home and/or possessions due to Hurricane [Name]?
- Less than \$5,000
 - \$5,000 – 25,000
 - \$25,000 – 50,000
 - \$50,000 – 100,00
 - More than \$100,000
34. What is the total amount you anticipate receiving and/or have already received from insurance, FEMA and or others?
- Less than \$5,000
 - \$5,000 – 25,000
 - \$25,000 – 50,000
 - \$50,000 – 100,00
 - More than \$100,000
35. Where does your household expect to be living in one month?
- In this residence
 - With family/friends
 - Buy/rent different residence in this state
 - Buy/rent different residence outside of state
 - Shelter
 - Other: _____
36. Did your house flood during Hurricane [Name]?
- IF YES:* Were you in your house at the time it flooded?
 - IF YES:* Are you currently living in your house?
 - IF YES:* Did you own or rent the house that flooded?
 - IF NO:* ->->->**SKIPTO QUESTION 39**

37. How high did the flood waters reach inside your home? Please state if it is inches or feet. If your house did not flood, please write "0"
38. How soon did the water level go down (recede) in your home?
- Did not Flood
 - Don't know
 - Less than one day
 - 1 day
 - 2 days
 - 3 days
 - 4 or more days
39. How many hours per day do you think you will spend in your house that flooded, over the next 7 days?
- 1-3 hours per day
 - 4-6 hours per day
 - 7-12 hours per day
 - More than 12 hours per day
 - Did not flood
 - Don't know
40. Is this the first time your house has been flooded?
41. Did other houses in your neighborhood flood?
- Yes, on my street
 - Yes, not on my street
 - No
42. Which of the following did you personally do at a home or homes damaged by [Hurricane Name], whether it was your home or someone else's home? Check all that apply.
- Remove water
 - Remove mud, debris, or muck
 - Tear out work
 - Major repair
 - None of the above

Module 3: Environmental Health

If you previously answered these questions for yourself, and the answers are the same for your child, you may skip this question simply by filling out YOUR name (not that of your child) so we can match up answers.

- Yes, my child had the same answers I listed in my survey. SKIP TO SECTION 4
 - If No:* Please complete Section 3 with your child.
43. As far as you know, have you been exposed to any of the following due to the hurricane? Check all that apply.
- Sewage
 - Debris
 - Dirty or contaminated water
 - Visible mold
 - Exhaust fumes from generators
 - Diesel fuel or heating oil leaks/spills
 - None of the above

44. Since Hurricane [Name], have you seen signs of mold, or smelled a moldy or musty odor in your home that wasn't there before?
45. Currently, are pesticides or herbicides (bug or weed killers; flea and tick sprays, collars, powders or shampoos) used in your home or garden or on pets?
46. Currently, does your drinking water come from:
- A private well
 - City water supply
 - Grocery store
 - Other: *please specify*
47. Do you smoke at home?
- If YES, please specify:

1. Cigarette	<input type="radio"/> Yes	<input type="radio"/> No
2. Pipe	<input type="radio"/> Yes	<input type="radio"/> No
3. Cigar	<input type="radio"/> Yes	<input type="radio"/> No
4. Vape pen	<input type="radio"/> Yes	<input type="radio"/> No
5. e-cigarette	<input type="radio"/> Yes	<input type="radio"/> No
6. Other: _____	<input type="radio"/> Yes	<input type="radio"/> No

- If YES VAPE, is there typically nicotine in your juice?
48. Presently, does a household member or regular visitor to your home/apartment smoke [cigarettes, e-cigarettes, cigars, or vape] in your home? (may include family, friends, housekeepers, babysitters, roommates)?
49. Can you please tell me the number of smokers (see table above) in your home? Please define home as the place you spend the most time.
- None
 - 1
 - 2
 - 3 – 4
 - 5 or more
50. About how many hours or minutes are you exposed to other people's tobacco smoke in the average day? Include all locations, (home, work, and all other places you spend time where others might smoke).
- None
 - Less than 30 minutes
 - 30-59 minutes
 - 1-2 hours
 - 3-4 hours
 - 5-6 hours
 - 7-8 hours
 - More than 8 hours
51. How stressful would you say your experience with Hurricane [Name] and its aftermath has been on a scale of 0 – 10. 10 being the most stressful thing ever.
52. Do you have asthma?
- If Yes: Has your asthma gotten worse since the hurricane?
53. Have you had the following health issues since the hurricane? Check all that apply.

- a. Shortness of breath
- b. Wheezing
- c. Persistent cough
- d. Sinus problems, nose irritation
- e. Chest pains
- f. Eye irritation
- g. Throat irritation
- h. Skin rash
- i. Frequent or severe headaches
- j. Heartburn or acid reflux

Module 4: Occupational History

If you previously answered these questions for yourself, and the answers are the same for your child, you may skip this question simply by filling out YOUR name (not that of your child) so we can match up answers.

- a. If Yes, my child had the same answers I listed in my survey. **SKIPTO END**
 - a. *If No:* Please complete Section 4 with your child.

54. Was your workplace flooded?

- a. If Yes: How many hours per week do you spend in your workplace?
- b. If Yes: How high did the flood waters reach inside your workplace?
- c. If Yes: What is the status of repair in your workplace?
 - i. Not started
 - ii. Under repair
 - iii. Muck and gut
 - iv. Repairs completed
 - v. Don't know
- d. Don't work
- e. Not applicable

55. Do you smoke at the workplace?

- a. If yes, please specify:

1. Cigarette	<input type="radio"/> Yes	<input type="radio"/> No
2. Pipe	<input type="radio"/> Yes	<input type="radio"/> No
3. Cigar	<input type="radio"/> Yes	<input type="radio"/> No
4. Vape pen	<input type="radio"/> Yes	<input type="radio"/> No
5. e-cigarette	<input type="radio"/> Yes	<input type="radio"/> No
6. Other: _____	<input type="radio"/> Yes	<input type="radio"/> No

- i. *If YES VAPE*, is there typically nicotine in your juice?

Thank you for completing this survey. We will mail you a wristband. Please write down the address we should send the wristband to.

- a. Address to mail the wristband
- b. Name 1:
- c. Name 2 (optional):

Thank you! You will receive a wristband in the mail in the next week. It will include a pre-stamped, pre-addressed envelope for you to return the wristband after having worn it for 7 days.

If you have any questions, please email or call!

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