

Hurricane Katrina Evacuee Survey

We know that the process of leaving your home, friends and family has been a traumatic episode after hurricane Katrina. We are asking those who have been evacuated to share some of their experiences so that we can help better prepare those who plan for evacuations and those who may be involved with evacuations in the future. Please feel free to refuse to answer any questions at any time. We are collecting no identifying information and no individual information. Only grouped data will be presented in the future.

1. How long have you lived in New Orleans?

- I do not live there—I was just visiting or a tourist
- Less than one year
- 1-4 years
- 5-10 years
- 11-20 years
- More than 20 years

2. Did you own, or rent, your current residence?

- Own
- Rent

3. Which of the following best describes your primary New Orleans residence?

- House
- Apartment/condo
- Mobile home
- Townhouse/duplex
- Other (please specify) _____

4. What is the zip code for your residence in New Orleans?

5. When did you leave your home to go some place safer in response to Hurricane Katrina?

- Friday, August 26th or before
- Saturday, August 27th
- Sunday, August 28th
- Monday, August 29th
- Tuesday, August 30th
- Wednesday, August 31st
- Thursday, September 1st or later

6. If you left Monday or later, why did you stay in your home through the hurricane on Monday? (**Please check all that apply**)

- Wanted to protect my property and residence.
- Did not believe the hurricane posed a danger.
- Did not hear information about the storm being dangerous
- Job required staying in New Orleans
- Tried to leave but too dangerous and too much traffic.
- Had no place to go and no transportation.
- Would not leave until I knew friends and relatives were safe
- Other, specify: _____

7. In the days leading up to the hurricane which of the following sources of news about the hurricane's approach did you rely upon?

	Yes	No
Local Government officials	<input type="checkbox"/>	<input type="checkbox"/>
Phone call from friend/relative	<input type="checkbox"/>	<input type="checkbox"/>
TV	<input type="checkbox"/>	<input type="checkbox"/>
Radio	<input type="checkbox"/>	<input type="checkbox"/>
The Internet	<input type="checkbox"/>	<input type="checkbox"/>
Newspaper	<input type="checkbox"/>	<input type="checkbox"/>

8. Hurricane Katrina hit New Orleans on Monday, August 29th. If your family made any special preparations for the hurricane, when did they make most of their preparations?

- Did not make any special preparations.
 Made preparations after Monday, August 29.
 Made preparations between Friday, August 26 and Monday, August 29.
 Made preparations before Friday, August 26th.

9. Did you take any of the following special steps to prepare for the storm before it arrived?

	Yes	No
Took no special steps (If no, please go to Question 10)	<input type="checkbox"/>	<input type="checkbox"/>
Bought extra food	<input type="checkbox"/>	<input type="checkbox"/>
Made sure I had flashlights and batteries	<input type="checkbox"/>	<input type="checkbox"/>
Applied protection to windows/doors/garage	<input type="checkbox"/>	<input type="checkbox"/>
Secured or removed loose objects from yard	<input type="checkbox"/>	<input type="checkbox"/>
Protected furniture, appliances, and other possessions	<input type="checkbox"/>	<input type="checkbox"/>
Sandbagged property	<input type="checkbox"/>	<input type="checkbox"/>
Purchased supplies for possible repair work	<input type="checkbox"/>	<input type="checkbox"/>
Filled car with gasoline	<input type="checkbox"/>	<input type="checkbox"/>

10. Did you hear of Sunday's mandatory evacuation order from any of the following sources?
(Check as many as you heard from)

	Yes	No
Local Government officials	<input type="checkbox"/>	<input type="checkbox"/>
Phone call from friend/relative	<input type="checkbox"/>	<input type="checkbox"/>
TV	<input type="checkbox"/>	<input type="checkbox"/>
Radio	<input type="checkbox"/>	<input type="checkbox"/>
The Internet	<input type="checkbox"/>	<input type="checkbox"/>
Newspaper	<input type="checkbox"/>	<input type="checkbox"/>

11. When you did evacuate, how many members of your household were able to evacuate along with you at that time? _____

12. Were there other members of your family or friends who were unwilling to evacuate with you when you evacuated?

- Yes
 No

13. Did you or anyone in your household require assistance in order to be able to evacuate?

- Yes
 No

14. When you **FIRST** were evacuated or left your home in New Orleans, where did you go?

- The superdome
 The convention center
 The airport
 A hotel in a safer part of New Orleans
 A hotel outside of new Orleans
 To stay with friends or relatives in New Orleans
 To stay with friends or relatives outside of New Orleans
 Upper story or rooftop of building
 Other (please specify)

15. How many days did you stay in this **FIRST** location?

_____ days

16. How did you get there?

- Drove in my car.
 Drove with friend or family member.
 Drove with someone else.
 Walked.
 Public transportation.
 City worker took me.
 Transported by ambulance or other rescue vehicle.
 Other _____

17. Before you left New Orleans did you stay in more than one shelter?

- Yes
 No

18. < **IF YES** > How many days did you stay in this **SECOND** shelter? _____

19. Did your friends or relatives go with you to the **SECOND** shelter?

- Yes
 No

20. When you went to the **FIRST SHELTER** did you expect the shelter to have the following?

	Yes	No
Sleeping cot and blankets	<input type="checkbox"/>	<input type="checkbox"/>
Food and water	<input type="checkbox"/>	<input type="checkbox"/>
Medicines	<input type="checkbox"/>	<input type="checkbox"/>
Books and magazines	<input type="checkbox"/>	<input type="checkbox"/>
Baby diapers	<input type="checkbox"/>	<input type="checkbox"/>
Change of clothes	<input type="checkbox"/>	<input type="checkbox"/>
Doctors	<input type="checkbox"/>	<input type="checkbox"/>
Bathrooms and showers	<input type="checkbox"/>	<input type="checkbox"/>
Phones	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>

21. Please evaluate the conditions at the **FIRST SHELTER** for each of the following:

	Excellent	Good	Fair	Poor
Medical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. When you left you home in New Orleans, did you bring with you:

A. Your medications

- Yes
 No

B. Your identification papers, driver's license, birth certificate, etc.

- Yes
 No

C. Medications, papers, drivers license, and birth certificates for all family members who evacuated with you.

- Yes
 No

23. When did you leave New Orleans for Houston?

- Thursday, September 1st
 Friday, September 2nd
 Saturday, September 3rd
 Sunday, September 4th
 After September 4th

24. How did you get to Houston? Check all that apply

- Bus
 Car
 Train
 Airplane
 Other _____

25. Where were you initially housed in Houston?

- Astrodome
 Reliant Center
 George R. Brown Convention center
 Church, synagogue
 Other shelter
 Private home
 Other _____

26. How many nights have you spent at the **FIRST HOUSTON SHELTER**?

- Zero
 One
 Two
 Three, four or five
 More than five

27. Did you arrive in Houston with the same family members and friends that were with you in New Orleans?

- Yes
 No

28. Please evaluate conditions at the **FIRST HOUSTON SHELTER** on each of the following:

	Excellent	Good	OK	Poor
Medical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. How would you evaluate the performance of each of the following public officials in responding to the hurricane and the flooding that resulted? Excellent, good, not so good or poor.

	Excellent	Good	OK	Poor
President Bush	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Governor Blanco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mayor Ray Nagin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The National Guard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Orleans Police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Orleans Firemen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. Are there members of your immediate family who you have still not been able to locate?

- Yes
 No

31. Are there members of your family who have been killed by this disaster?

- Yes
- No

32. What were the **three** hardest things to do as part of the evacuation?

- 1) _____
- 2) _____
- 3) _____

33. What would you have done differently if you had to evacuate again?

- 1) _____
- 2) _____
- 3) _____

34. How long do you expect to stay in **FIRST HOUSTON SHELTER**?

- Less than a week
- Less than a month
- Less than two months
- Less than six months
- Longer than six months
- Don't know.

35. How likely is it that you will stay in Houston after you leave the **FIRST HOUSTON SHELTER** ?

- Very Likely
- Somewhat Likely
- Unlikely
- Very unlikely
- Don't Know

36. How likely is it that you will return to New Orleans?

- Very Likely
- Somewhat Likely
- Unlikely
- Very unlikely
- Don't Know

37. How likely is it that you will be able to return to your residence in New Orleans?

- Very Likely
- Somewhat likely
- Unlikely
- Very unlikely
- Don't Know

38. Before the Hurricane, how were you employed, or were you retired or unemployed?

- Working, please describe your job _____
- Retired
- Unemployed

39. Gender:

- Female
- Male

40. Please indicate your highest level of education:

- Less than 9th grade
- Between 9th grade and 12th grade (no diploma)
- High School graduate or GED
- Some college (no diploma)
- Graduated from college (Associate's degree, Bachelor's degree or above)

41. How many cars does your family have that are in running condition:

- None
- One
- Two or More

42. What is your marital status:

- Married
- Unmarried, but living with partner
- Divorced or separated
- Widowed
- Single

43. What is your age? _____

44. Is your resident/house/apartment entirely above the ground floor?

- Yes
- No

45. What is your approximate annual household income before taxes?

- Less than \$15,000
- Between \$15,000 and \$25,000
- Between \$25,000 and \$50,000
- Between \$50,000 and \$75,000
- More than \$75,000

46. What kind of health insurance or health care coverage did you and your household have before Hurricane Katrina? **Check all that apply.**

- Private Health Insurance
- Medicare
- Medicaid
- LaCHIP (Children's Health Insurance Program)
- Military health care (TRICARE/VA/CHAMP-VA)
- Other government program
- No coverage of any type

47. Before the Hurricane, how many people lived in your home in New Orleans? _____

48. How many children did you have living at home? _____

49. How much of the time do you think you can trust the following institutions to do what is right?

	Just about Always	Most of the time	Only some of the time	Almost Never
U.S. Government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Louisiana State Government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Orleans City Government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

50. Please indicate whether you agree or disagree with each of the following statements.

	Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree
Generally speaking most people can be trusted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most people would try to take advantage of you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You cannot be too careful in dealing with people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most people try to be fair.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sometime politics and government seems so complicated that a person like me can't understand what's going on.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often feel that I have little influence over the things that happen to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>