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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. You will be paid \$10.00 for filling out this questionnaire.

1. How long have you lived in New Orleans?

- ₁ I do not live there—I was just visiting or a tourist
- ₂ Less than one year
- ₃ 1-4 years
- ₄ 5-10 years
- ₅ 11-20 years
- ₆ More than 20 years

2. Did you own, or rent, your residence in Louisiana?

- ₁ Own
- ₂ Rent

3. Which of the following best describes your primary residence in Louisiana?

- ₁ House
- ₂ Apartment/condo
- ₃ Mobile home
- ₄ Townhouse/duplex
- ₅ Other (please specify) _____

4. What is the zip code for your residence in Louisiana? _____

5. How many different places have you stayed since you first arrived in Houston?

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6. What kind of places have you stayed in? **(Please check all that apply)**

- _a A friend's house.
- _b George R. Brown Convention Center
- _c Astrodome/Reliant Center
- _d Red Cross small shelter
- _e Church shelter
- _f In my car
- _g Hotel
- _h An apartment I'm renting
- _i A house I rented/purchased

7. What is your zip code in Houston? _____

8. Compared to other people your age, would you describe your current health status as:

- ₁ Excellent
- ₂ Very good
- ₃ Good
- ₄ Fair
- ₅ Poor

9. Do you have any of the following medical conditions? **(Please check all that apply)**

- _a High blood pressure
- _b Diabetes
- _c Allergies
- _d Asthma
- _e Arthritis
- _f Heart Disease (for example, angina, or heart attack survivor)
- _g Cancer survivor
- _h Stroke survivor
- _i Anxiety or depression

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10. Compared to the day before Hurricane Katrina, would you describe your health status today as:

- ₁ Worse
- ₂ About the Same
- ₃ Better

11. Did you suffer from illness or injury due to Hurricane Katrina? **(Please check all that apply)**

- _a Cut or other wound requiring stitches
- _b Skin rash or other skin problem
- _c Diarrhea, vomiting, or nausea
- _d Sprain or broken bone
- _e Worsening of existing medical condition
- _f Other _____

12. How many times have you been to see a doctor or nurse for medical care since Hurricane Katrina? _____

13. Where have you received medical care since Hurricane Katrina? **(Please check all that apply)**

- _a Temporary Shelter for Evacuees (for example, the Astrodome)
- _b Doctor's Office
- _c Emergency Room
- _d Clinic or other health center
- _e Other place _____

14. During or since Hurricane Katrina, was anyone in the family unable to get medical help they or a doctor believed necessary? **(Please check all that apply)**

- _a Being able to see a doctor
- _b Medical tests
- _c Medical treatments
- _d Prescription medicines

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15. What kind of health insurance or health care coverage did you and your household have BEFORE Hurricane Katrina? **(Please check all that apply)**

- _a Private Health Insurance
- _b Medicare
- _c Medicaid
- _d CHIP (LACHIP/Children’s Health Insurance Program)
- _e Military health care (TRICARE/VA/CHAMP-VA)
- _f Other government program
- _g No coverage of any type

16. What kind of health insurance or health care coverage do you and your household have NOW? **(Please check all that apply)**

- _a Private Health Insurance
- _b Medicare
- _c Medicaid
- _d CHIP (LACHIP/Children’s Health Insurance Program)
- _e Military health care (TRICARE/VA/CHAMP-VA)
- _f Other government program
- _g No coverage of any type

17. Since Hurricane Katrina have you been distressed or bothered by:

	YES ₁	NO ₂	Don't Know ₃
Feelings of nervousness or shakiness inside?	<input type="checkbox"/> _a	<input type="checkbox"/> _a	<input type="checkbox"/> _a
Suddenly scared for no good reason?	<input type="checkbox"/> _b	<input type="checkbox"/> _b	<input type="checkbox"/> _b
Feeling fearful?	<input type="checkbox"/> _c	<input type="checkbox"/> _c	<input type="checkbox"/> _c
Feeling tense or keyed up?	<input type="checkbox"/> _d	<input type="checkbox"/> _d	<input type="checkbox"/> _d
Spells of terror or panic?	<input type="checkbox"/> _e	<input type="checkbox"/> _e	<input type="checkbox"/> _e
Feeling so restless you couldn't sit still?	<input type="checkbox"/> _f	<input type="checkbox"/> _f	<input type="checkbox"/> _f

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18. Since Hurricane Katrina how often have you:

	FREQUENTLY ₁	SOMETIMES ₂	NEVER ₃	Don't Know ₄
Had thoughts of taking your life?	<input type="checkbox"/> _a	<input type="checkbox"/> _a	<input type="checkbox"/> _a	<input type="checkbox"/> _a
Felt lonely?	<input type="checkbox"/> _b	<input type="checkbox"/> _b	<input type="checkbox"/> _b	<input type="checkbox"/> _b
Felt blue?	<input type="checkbox"/> _c	<input type="checkbox"/> _c	<input type="checkbox"/> _c	<input type="checkbox"/> _c
Had difficulty making decisions?	<input type="checkbox"/> _d	<input type="checkbox"/> _d	<input type="checkbox"/> _d	<input type="checkbox"/> _d
Felt hopeless about the future?	<input type="checkbox"/> _e	<input type="checkbox"/> _e	<input type="checkbox"/> _e	<input type="checkbox"/> _e
Felt worthlessness?	<input type="checkbox"/> _f	<input type="checkbox"/> _f	<input type="checkbox"/> _f	<input type="checkbox"/> _f

19. Are you having these reactions at least a few times a week?

- ₁ Yes
- ₂ No
- ₃ Don't know
- ₄ Not applicable

20. Have you discussed these reactions with a doctor, nurse, psychologist, or other health professional?

- ₁ Yes
- ₂ No
- ₃ Not applicable

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21. Please indicate how each word describes your feelings at this moment.

	Very slightly or not at all ₁	A little ₂	Moderately ₃	Quite a bit ₄	Extremely ₅
Interested	<input type="checkbox"/> _a	<input type="checkbox"/> _a	<input type="checkbox"/> _a	<input type="checkbox"/> _a	<input type="checkbox"/> _a
Excited	<input type="checkbox"/> _b	<input type="checkbox"/> _b	<input type="checkbox"/> _b	<input type="checkbox"/> _b	<input type="checkbox"/> _b
Upset	<input type="checkbox"/> _c	<input type="checkbox"/> _c	<input type="checkbox"/> _c	<input type="checkbox"/> _c	<input type="checkbox"/> _c
Scared	<input type="checkbox"/> _d	<input type="checkbox"/> _d	<input type="checkbox"/> _d	<input type="checkbox"/> _d	<input type="checkbox"/> _d
Enthusiastic	<input type="checkbox"/> _e	<input type="checkbox"/> _e	<input type="checkbox"/> _e	<input type="checkbox"/> _e	<input type="checkbox"/> _e
Alert	<input type="checkbox"/> _f	<input type="checkbox"/> _f	<input type="checkbox"/> _f	<input type="checkbox"/> _f	<input type="checkbox"/> _f
Inspired	<input type="checkbox"/> _g	<input type="checkbox"/> _g	<input type="checkbox"/> _g	<input type="checkbox"/> _g	<input type="checkbox"/> _g
Jittery	<input type="checkbox"/> _h	<input type="checkbox"/> _h	<input type="checkbox"/> _h	<input type="checkbox"/> _h	<input type="checkbox"/> _h
Nervous	<input type="checkbox"/> _i	<input type="checkbox"/> _i	<input type="checkbox"/> _i	<input type="checkbox"/> _i	<input type="checkbox"/> _i
Determined	<input type="checkbox"/> _j	<input type="checkbox"/> _j	<input type="checkbox"/> _j	<input type="checkbox"/> _j	<input type="checkbox"/> _j
Afraid	<input type="checkbox"/> _k	<input type="checkbox"/> _k	<input type="checkbox"/> _k	<input type="checkbox"/> _k	<input type="checkbox"/> _k

22. The following statements concern the kind of help you have gotten for services following the evacuation. Please check how much you agree or disagree with each statement.

	Strongly Agree ₁	Somewhat Agree ₂	Somewhat Disagree ₃	Strongly Disagree ₄
I have a lot of people in Houston who can help me.	<input type="checkbox"/> _a	<input type="checkbox"/> _a	<input type="checkbox"/> _a	<input type="checkbox"/> _a
I have made a lot of new friends since arriving in Houston who help me.	<input type="checkbox"/> _b	<input type="checkbox"/> _b	<input type="checkbox"/> _b	<input type="checkbox"/> _b
I rely on people living around me to keep me informed about how to get help.	<input type="checkbox"/> _c	<input type="checkbox"/> _c	<input type="checkbox"/> _c	<input type="checkbox"/> _c
I have helped a lot of people like me figure out what to do.	<input type="checkbox"/> _d	<input type="checkbox"/> _d	<input type="checkbox"/> _d	<input type="checkbox"/> _d

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	Strongly Agree ₁	Somewhat Agree ₂	Somewhat Disagree ₃	Strongly Disagree ₄
I have a lot of people from Louisiana who are evacuees who help me.	<input type="checkbox"/> _e	<input type="checkbox"/> _e	<input type="checkbox"/> _e	<input type="checkbox"/> _e
I have no idea whom I can ask to get help.	<input type="checkbox"/> _f	<input type="checkbox"/> _f	<input type="checkbox"/> _f	<input type="checkbox"/> _f

23. The following questions compare your life before the evacuation and your life now. Please check how much you agree or disagree with each statement.

	Strongly Agree ₁	Somewhat Agree ₂	Somewhat Disagree ₃	Strongly Disagree ₄
I belonged to a lot of neighborhood organizations in Louisiana.	<input type="checkbox"/> _a	<input type="checkbox"/> _a	<input type="checkbox"/> _a	<input type="checkbox"/> _a
I talk to people more now than I did before I came to Houston.	<input type="checkbox"/> _b	<input type="checkbox"/> _b	<input type="checkbox"/> _b	<input type="checkbox"/> _b
I spent a lot of time by myself before I came to Houston.	<input type="checkbox"/> _c	<input type="checkbox"/> _c	<input type="checkbox"/> _c	<input type="checkbox"/> _c
I was closer to my family before I came to Houston.	<input type="checkbox"/> _d	<input type="checkbox"/> _d	<input type="checkbox"/> _d	<input type="checkbox"/> _d
I had a much larger group of friends to talk to before I came to Houston.	<input type="checkbox"/> _e	<input type="checkbox"/> _e	<input type="checkbox"/> _e	<input type="checkbox"/> _e

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24. When you think about your future are you:

- ₁ Very optimistic
- ₂ Pretty optimistic
- ₃ Pretty pessimistic
- ₄ Very pessimistic
- ₅ Don't Know

25. When you think about your future can you count on:

	YES ₁	NO ₂	Don't Know ₃
Having a full-time job	<input type="checkbox"/> _a	<input type="checkbox"/> _a	<input type="checkbox"/> _a
Support from your family	<input type="checkbox"/> _b	<input type="checkbox"/> _b	<input type="checkbox"/> _b
Support from friends	<input type="checkbox"/> _c	<input type="checkbox"/> _c	<input type="checkbox"/> _c
Support from the government	<input type="checkbox"/> _d	<input type="checkbox"/> _d	<input type="checkbox"/> _d

26. How many close friends do you have? _____

27. How many of those friends have you spoken with in the last week? _____

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

- ₁ Yes
- ₂ No
- ₃ Not applicable

29. In talking to people about elections, we find that they are sometimes not able to vote because they don't have time, or they have difficulty getting to the polls. In the past would you say that you vote in all elections, most of them, sometimes vote, or rarely vote?

- ₁ All
- ₂ Most
- ₃ Rarely
- ₄ Never
- ₅ Don't Know

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30. How would you evaluate the performance of each of the following public officials in responding to Katrina since you arrived in Houston?

	Excellent ₁	Good ₂	Not so Good ₃	Poor ₄
President Bush	<input type="checkbox"/> _a	<input type="checkbox"/> _a	<input type="checkbox"/> _a	<input type="checkbox"/> _a
Mayor Ray Nagin	<input type="checkbox"/> _b	<input type="checkbox"/> _b	<input type="checkbox"/> _b	<input type="checkbox"/> _b
Governor Blanco	<input type="checkbox"/> _c	<input type="checkbox"/> _c	<input type="checkbox"/> _c	<input type="checkbox"/> _c
Mayor of Houston	<input type="checkbox"/> _d	<input type="checkbox"/> _d	<input type="checkbox"/> _d	<input type="checkbox"/> _d
FEMA Officials	<input type="checkbox"/> _e	<input type="checkbox"/> _e	<input type="checkbox"/> _e	<input type="checkbox"/> _e
Red Cross	<input type="checkbox"/> _f	<input type="checkbox"/> _f	<input type="checkbox"/> _f	<input type="checkbox"/> _f

31. What are the **three** hardest things about living in Houston?

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

32. How long do you expect to stay in Houston?

- ₁ Less than a month
- ₂ Until Thanksgiving
- ₃ Until Christmas
- ₄ Six months
- ₅ A year
- ₆ More than a year

33. How likely is it that you will permanently stay in Houston?

- ₁ Very Likely
- ₂ Somewhat Likely
- ₃ Unlikely
- ₄ Very unlikely
- ₅ Don't Know

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34. How likely is it that you will return to Louisiana?

- ₁ Very Likely
- ₂ Somewhat Likely
- ₃ Unlikely
- ₄ Very unlikely
- ₅ Don't Know

35. How likely is it that you will be able to return to your residence in Louisiana?

- ₁ Very Likely
- ₂ Somewhat Likely
- ₃ Unlikely
- ₄ Very unlikely
- ₅ Don't Know

36. Have you returned to see your residence in Louisiana?

- ₁ Yes
- ₂ No

37. Before the Hurricane, how were you employed?

- ₁ Working, please describe your job _____
- ₂ Retired
- ₃ Going to school
- ₄ Unemployed

38. Please indicate your highest level of education:

- ₁ Less than 9th grade
- ₂ Between 9th grade and 12th grade (no diploma)
- ₃ High School graduate or GED
- ₄ Some college (no diploma)
- ₅ Graduated from college (Associate's degree, Bachelor's degree or above)

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

- ₁ None
- ₂ One
- ₃ Two or More

40. What is your marital status:

- ₁ Married
- ₂ Unmarried, but living with partner
- ₃ Divorced or separated
- ₄ Widowed
- ₅ Single

41. What is your age? _____

42. What is your gender?

- ₁ Male
- ₂ Female

43. What is your race/ethnicity:

- ₁ African-American
- ₂ Asian-American
- ₃ Caucasian
- ₄ Hispanic
- ₅ Other (please write out) _____

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

- ₁ Less than \$15,000
- ₂ Between \$15,000 and \$25,000
- ₃ Between \$25,000 and \$50,000
- ₄ Between \$50,000 and \$75,000
- ₅ More than \$75,000

45. How many children do you have? _____

46. How many people live with you in Houston? _____

47. How many children (under the age of 18) are living with you? _____

48. What is the age of your youngest child? _____

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

	Just about Always ₁	Most of the time ₂	Only some of the time ₃	Almost Never ₄
U.S. Government	<input type="checkbox"/> _a	<input type="checkbox"/> _a	<input type="checkbox"/> _a	<input type="checkbox"/> _a
Louisiana State Government	<input type="checkbox"/> _b	<input type="checkbox"/> _b	<input type="checkbox"/> _b	<input type="checkbox"/> _b
New Orleans City Government	<input type="checkbox"/> _c	<input type="checkbox"/> _c	<input type="checkbox"/> _c	<input type="checkbox"/> _c
Houston City Government	<input type="checkbox"/> _d	<input type="checkbox"/> _d	<input type="checkbox"/> _d	<input type="checkbox"/> _d

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

	Strongly Agree ₁	Somewhat Agree ₂	Neither Agree nor Disagree ₃	Somewhat Disagree ₄	Strongly Disagree ₅
Generally speaking most people can be trusted.	<input type="checkbox"/> _a	<input type="checkbox"/> _a	<input type="checkbox"/> _a	<input type="checkbox"/> _a	<input type="checkbox"/> _a
Most people try to take advantage of you.	<input type="checkbox"/> _b	<input type="checkbox"/> _b	<input type="checkbox"/> _b	<input type="checkbox"/> _b	<input type="checkbox"/> _b
You cannot be too careful in dealing with people.	<input type="checkbox"/> _c	<input type="checkbox"/> _c	<input type="checkbox"/> _c	<input type="checkbox"/> _c	<input type="checkbox"/> _c
Most people try to be fair.	<input type="checkbox"/> _d	<input type="checkbox"/> _d	<input type="checkbox"/> _d	<input type="checkbox"/> _d	<input type="checkbox"/> _d
Sometime politics and government seems so complicated that a person like me can't understand what's going on.	<input type="checkbox"/> _e	<input type="checkbox"/> _e	<input type="checkbox"/> _e	<input type="checkbox"/> _e	<input type="checkbox"/> _e
I often feel that I have little influence over the things that happen to me.	<input type="checkbox"/> _f	<input type="checkbox"/> _f	<input type="checkbox"/> _f	<input type="checkbox"/> _f	<input type="checkbox"/> _f