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Macomb County Flood Questionnaire

The August 11, 2014 flood caused a significant amount of damage and stress for residents of Macomb County which many people were unprepared for. *We need your help* to decide how to utilize resources so that any future extreme climatic events can be managed in an efficient manner to benefit you more effectively. *Please* help us to understand potential future needs of our community by completing this confidential questionnaire. Your responses will not be shared with sources outside of Macomb County Health Department.

1. Please enter your current address
2. Did you live at this address August 2014? *YES/NO* If *NO*, please enter the address where you resided August 2014
3. What is the estimate of sustained tangible damages during this flood event?
 - *Not Affected*
 - *Affected-mostly cosmetic-less than 3 inches of water*
 - *Minor damage-less than 50% affected-3-18 inches of water*
 - *Major damage-more than 50%-involves structural damage-more than 18 inches of water*
4. How satisfied were you with the compensation for your damages? Did not make claim?
 - *Highly Satisfied*
 - *Satisfied*
 - *Indifferent*
 - *Dissatisfied*
 - *Highly dissatisfied*
5. How many of your personal irreplaceable items were damaged during the flood event?
 - *None*
 - *Few*
 - *Most*
 - *All*
6. Had you experienced a flood event prior to August 2014? *YES/NO*

Questions about YOU

7. How would you rate your current overall health status?
 - *Very Healthy*
 - *Healthy*
 - *Somewhat Healthy*
 - *Unhealthy*
8. How has your current overall health status changed since the flood event?
 - *Greatly Improved*
 - *Improved*
 - *About the same*
 - *Declined*
 - *Greatly Declined*
9. How would you rate your current overall mental health status?
 - *Very Healthy*
 - *Healthy*
 - *Somewhat Healthy*
 - *Unhealthy*

10. How has your current overall mental health status changed since the flood event?

- Greatly Improved
- Improved
- About the same
- Declined
- Greatly Declined

11. What is your age?

- 18-26
- 27-35
- 36-45
- 46-55
- 56-64
- 65+

12. What is your gender?

- Male
- Female
- Prefer not to disclose

13. Race/Ethnicity you most identify with

- African American/Black
- Arab American/Chaldean
- Asian/Pacific Islander
- Hispanic/Latino
- Native American
- Caucasian/White
- Multiracial
- Other _____
- Prefer not to disclose

14. Education Level

- (Some elementary)
- (Some High School) Less than High School
- High School Diploma/GED
- (Some college)
- College Degree
- Post Graduate Degree
- Other
- (Prefer not to disclose)

15. Are you currently employed? YES/NO

16. If not working, what is the main reason?

- Ill or disabled
- Seeking work
- Taking care of family
- Need training/education
- In school
- Retired
- Other _____

Questions about YOUR household

17. Besides yourself, please indicate the ages of each additional household member

- Less than 2 years old #
- 2-17 years old #
- 18-64 years old #
- 65+ years old #

18. Annual household income

- Less Than \$12,000
- \$12,000-\$24,000
- \$24,000-\$49,000
- \$50,000-\$79,000
- \$80,000-\$129,000
- \$130,000+

19. Did you or anyone in your household experience the following as a consequence of the flood (please check all that apply)

- Minor daily routine disruption for more than one week
- Major daily routine disruption for more than one week
- Loss of employment
- Frustration with insurance

- Frustration with authorities
- Post-traumatic Stress Disorder
- Anxiety
- Depression
- Suicidal thoughts
- Increased drug usage (prescribed or non-prescribed)
- Increased alcohol usage
- Decreased psychological well-being

20. Including yourself, do any household members currently experience any of the following? Check all that apply

- Recurring dreams or nightmares about the flood
- Trouble concentrating/remembering
- Having bursts of anger/intense irritability
- Persistent physical problems (i.e. headaches, muscle tension, digestive problems, etc.)
- Being overprotective of family's safety
- Avoiding reminders of the flood
- Tearful or crying for no apparent reason

21. Which languages are spoken in your household? Please check all that apply.

- English
- Albanian
- Arabic
- Bengali
- Chaldean
- French
- German
- Hmong
- Spanish
- Ukrainian
- Other _____

22. Does any household member attend religious/community events outside the home? YES/NO

If YES, please list the locations

23. Is there someone outside of your home who would be dependent on your help during an emergency (for example, an elderly neighbor)? YES/NO

24. If YES, would your household be responsible for (check all)

- Transportation
- Food and shelter
- Medical care
- Other

25. How many household members have a mental/physical disability requiring assistance during emergency events? Enter #

The next questions ask about your household's plan for being prepared for an emergency event which negatively affects the health and safety of your community for more than 24 hours (such as floods, winter storms, major chemical spills, tornadoes, extreme heat events).

26. In the past five years, have you or anyone in your household taken training in (check all that apply)

- | | | | |
|--|------------------------------|-----------------------------|-------------------------------------|
| FIRST AID | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| CPR | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| CERT (Community Emergency Response Team) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |

27. Does your household have any of the following emergency plans?

- | | | | |
|---|------------------------------|-----------------------------|-------------------------------------|
| Emergency communication plan such as a list of numbers and designated out-of-town contact | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Designated meeting place in case you cannot return home | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Copies of important documents in a safe location (e.g. waterproof container) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Multiple routes away from your home in case evacuation is necessary | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |

28. Does your household currently contain?

- | | | | |
|--|------------------------------|-----------------------------|-------------------------------------|
| Adequate drinking water (besides tap) for the next 3 days? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Adequate non-perishable foods (protein bars) for the next 3 days? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| A way to cook food (gas/charcoal grill) if you had no utilities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| A 7-day supply of medication for each person taking prescription meds? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |

Adequate food and water for pet(s) for next 3 days?

Yes No Don't know

29. Has your household prepared a first aid kit with medical supplies kept in a designated place?

YES/NO

30. Has your household prepared an Emergency Supply Kit with supplies such as flashlights, radio and extra batteries that is kept in a designated place? YES/NO

31. Does your household currently have the following items?

A working generator? Yes No Don't know

If YES, do you have 3-day supply of fuel for generator? Yes No Don't know

A working smoke detector? Yes No Don't know

A working carbon monoxide detector? Yes No Don't know

A working fire extinguisher? Yes No Don't know

A backup heat source (e.g. kerosene heater or fireplace) Yes No Don't know

Final questions

32. How confident are you that authorities can provide the services your household requires for climatic emergency events?

Highly confident Somewhat confident Indifferent Somewhat non-confident Highly unconfident

33. If officials told you and your household to evacuate, would your household do so? YES/NO

34. If NO, what would be the reason why your household would choose not evacuate?

- Lack of transportation
- Lack of trust in public officials
- Concern about leaving property
- Concern about personal safety
- Concern about traffic jams
- Concern about leaving pets
- Nowhere to go
- Inconvenient/expensive
- Health problems
- Other _____

35. In your opinion, how will these climatic weather events affecting your household change in frequency and/or severity in the future?

- | | | | | |
|---|-----------------------------------|------------------------------------|-----------------------------------|-----------------------------------|
| <input type="radio"/> Flood | <input type="checkbox"/> Increase | <input type="checkbox"/> No change | <input type="checkbox"/> Decrease | <input type="checkbox"/> Not Sure |
| <input type="radio"/> Tornado | <input type="checkbox"/> Increase | <input type="checkbox"/> No change | <input type="checkbox"/> Decrease | <input type="checkbox"/> Not Sure |
| <input type="radio"/> High winds | <input type="checkbox"/> Increase | <input type="checkbox"/> No change | <input type="checkbox"/> Decrease | <input type="checkbox"/> Not Sure |
| <input type="radio"/> Earthquake | <input type="checkbox"/> Increase | <input type="checkbox"/> No change | <input type="checkbox"/> Decrease | <input type="checkbox"/> Not Sure |
| <input type="radio"/> Ice/snow storms | <input type="checkbox"/> Increase | <input type="checkbox"/> No change | <input type="checkbox"/> Decrease | <input type="checkbox"/> Not Sure |
| <input type="radio"/> Rain/thunderstorm/lightning fires | <input type="checkbox"/> Increase | <input type="checkbox"/> No change | <input type="checkbox"/> Decrease | <input type="checkbox"/> Not Sure |
| <input type="radio"/> Forest/brush fires | <input type="checkbox"/> Increase | <input type="checkbox"/> No change | <input type="checkbox"/> Decrease | <input type="checkbox"/> Not Sure |
| <input type="radio"/> Extreme heat events | <input type="checkbox"/> Increase | <input type="checkbox"/> No change | <input type="checkbox"/> Decrease | <input type="checkbox"/> Not Sure |
| <input type="radio"/> Extreme cold events | <input type="checkbox"/> Increase | <input type="checkbox"/> No change | <input type="checkbox"/> Decrease | <input type="checkbox"/> Not Sure |
| <input type="radio"/> Disease outbreaks | <input type="checkbox"/> Increase | <input type="checkbox"/> No change | <input type="checkbox"/> Decrease | <input type="checkbox"/> Not Sure |
| <input type="radio"/> Other _____ | <input type="checkbox"/> Increase | <input type="checkbox"/> No change | <input type="checkbox"/> Decrease | <input type="checkbox"/> Not Sure |

36. Overall, do you believe that we are experiencing Climate Change? YES/NO

37. Have you or anyone in your household visited the Macomb County Health Division website at:

<http://health.macombgov.org/Health-Home> ? (which site do you prefer to link)

38. During which of the following incidents are you or members of your household likely to seek information from Macomb County Health Division?

- Flood
- Prolonged power outage
- Snow/Ice storm
- Tornado
- Chemical spill
- Disease outbreak
- Act of terrorism
- Radioactive material release into the community
- Other _____
- I would not seek information from Macomb County Health Department

39. How likely are you to volunteer to assist your community?

Highly likely *Likely* *Not sure* *Not likely* *Will not volunteer*

40. How would you most likely seek information in the event of a future emergency?

- Contact health department*
- Contact local authorities*
- Contact family members*
- Contact neighbors/community leaders*
- Search online for local websites*
- Search online for general information*
- Watch television NEWS programs*
- Listen to radio for broadcasted information*

41. How could we better serve you and your household before, during and after an extreme climatic event like the August 11, 2014 flood?