

Sussex County Department of Environmental and Public Health Services



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Public Health
Prevent. Promote. Protect.

Sussex County Superstorm Sandy Recovery Survey

The Sussex County Department of Environmental and Public Health Services is sponsoring this survey. All your responses are confidential. (Your name will not appear with your answers) If you prefer to complete the survey online, please visit http://www.sussex.nj.us.

Please use a pen to answer the questions on this form. Please mark your answer choice within the box, like this: [X]

1. What is the name of the town in which you live? _____

2. How old are you?

- 18 to 29 years, 30 to 44 years, 45 to 54 years, 55 to 64 years, 65 to 74 years, 75 years and older

3. Are you male or female?

- Male, Female

4. How would you refer to yourself?

(Please mark all that apply)

- Asian/Asian-American, Black/African-American, White/Caucasian, Hispanic/Latino, Other (SPECIFY): _____

5. Where do you live?

- Single-family home, Attached home, Apartment/Condo, Mobile home, Other (SPECIFY): _____

6. How many people live in your household, including yourself?

- One, Two, Three, Four, Five or more

7. Were you personally affected by Superstorm Sandy? Yes No

7a. If yes, how were you affected? (Mark all that apply)

- Lost power. If so, for how long? _____
Home was damaged
Car was damaged
Had to visit the hospital for Medical Care
Had to stay away from home: If so, where did you go?
Friend/family/neighbor's house
Shelter
Hotel
Other: _____

Other (SPECIFY): _____

Sussex County Superstorm Sandy Recovery Survey

8. Did you have any loss of income due to the storm? Yes No

8a. If yes, was loss of income temporary (less than 6 months) or
 permanent (more than 6 months)?

9. As a result of Superstorm Sandy, did you need service provider assistance, such as a visiting nurse, meal delivery, or other home-based care service? Yes No

9a. If yes, is this service still being provided to you? Yes No

10. Were you displaced from your home due to Superstorm Sandy? Yes No

10a. If yes, are you still displaced? Yes No

11. Are you aware of the following types of resources? Are you still in need of this type of resource(s)? *(Please mark all that apply)*

Type of Resources		Are you still in need of this type of resource?
Case Management	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Counseling Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Federal Emergency Management Agency (FEMA)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
NJ Hope and Healing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
NJ 211	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
NJ Register Ready	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sandy Homeowner and Renter Assistance Program (SHRAP)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
United Way/Red Cross/Charity	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other NJ State Programs (SPECIFY): _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Sources (SPECIFY): _____		<input type="checkbox"/> Yes <input type="checkbox"/> No

12. How would you say your health was, in general, before and after Superstorm Sandy?

	Very Good	Good	Neither good nor poor	Poor	Very Poor
Before Superstorm Sandy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After Superstorm Sandy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sussex County Superstorm Sandy Recovery Survey

13. As a result of Superstorm Sandy, what are your concerns with your health and overall well-being? (Please mark all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Work/Working (jobs/employment) | <input type="checkbox"/> Housing | <input type="checkbox"/> Physical activity |
| <input type="checkbox"/> Having enough money | <input type="checkbox"/> Mood | <input type="checkbox"/> Alcohol drinking |
| <input type="checkbox"/> Having good neighborhood/neighbors | <input type="checkbox"/> Transportation | <input type="checkbox"/> Drug abuse |
| <input type="checkbox"/> Having a caring family/relationship | <input type="checkbox"/> Having access to affordable healthy food | <input type="checkbox"/> Affordable health care services |
| <input type="checkbox"/> Having a safe place to live (mold, asbestos, lead, and other contamination from the flood) | <input type="checkbox"/> Using the recovery resources (internet, phone, filling out the paper work) | <input type="checkbox"/> Experiencing abuse and violence |
| <input type="checkbox"/> Language barriers in understanding the recovery resources available | <input type="checkbox"/> Other (SPECIFY): _____ | |

14. As a result of Superstorm Sandy, have you experienced any of the following: (Please mark all that apply)

- Recurring dreams or nightmares about the storms or floods
- Trouble concentrating or remembering things
- Feeling numb, withdrawn or disconnected
- Having bursts of anger or intense irritability
- Persistent physical symptoms (headaches, digestive problems, muscle tension, etc.)
- Being overprotective of your family's safety
- Avoiding reminders of the storm or flood
- Being tearful or crying for no apparent reason
- Permanent Disability (physical or mental)

Sussex County Superstorm Sandy Recovery Survey

15. As a result of Superstorm Sandy, what types of services do you still need?
(Please mark all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Medical assistance | <input type="checkbox"/> Counseling for children | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Money assistance | <input type="checkbox"/> Counseling for depression, anxiety, lack of sleep, or panic attacks | <input type="checkbox"/> Domestic violence counseling |
| <input type="checkbox"/> Assistance with government grants | <input type="checkbox"/> Treatment for alcohol or drug abuse | <input type="checkbox"/> Home repair, replacement of household contents |
| <input type="checkbox"/> Food assistance | <input type="checkbox"/> Mold inspection/removal | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Assistance with translating services | <input type="checkbox"/> Lead inspection | <input type="checkbox"/> Information, referral, advice |
| <input type="checkbox"/> Other health related needs (SPECIFY): _____ | | |

16. What best describes how you are recovering from Superstorm Sandy?

- Completely recovered
- Mostly recovered
- Recovered about halfway
- Recovered a little
- Not recovered at all

17. Do you have any special conditions that are preventing you from recovering?
(Please specify)

Thank you for your time and cooperation!

If you feel that you still need assistance because of how you were impacted by Superstorm Sandy please contact the Sussex County Department of Environmental and Public Health Services at:

Address: 201 Wheatsworth Road, Hamburg, NJ 07419

Email: BioGurriell@Sussex.nj.us

Telephone: 973-579-0370, ext 1243

Fax: 862-268-8012

Please return completed surveys via mail, fax, or email to the Sussex County Department of Environmental and Public Health Services at the address above by April 25, 2014.

Additional copies of this survey can be downloaded from the internet at:

<http://www.sussex.nj.us/documents/health/superstormsandysurvey.pdf>