

Camden County Health and Well-being Assessment

The Camden County Department of Health and Human Services (CCDHHS) is sponsoring the "Health and Well-being Superstorm Sandy Assessment Survey", to assess the impact of Superstorm Sandy on your health and well-being and to assure that if impacted, that you are connected to needed resources.

All your responses are confidential as your name will not appear with your answers.

*1. In what town/municipality do 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?

- White/Caucasian
- Black/African-American
- Hispanic/Latino
- Asian/Pacific Islander

Other (please specify)

5. What is your primary language?

- English
- Spanish
- Vietnamese

Other (please specify)

6. What is your current living arrangement?

- Single-family home
- Attached home
- Apartment/condo
- Mobile home

Other (please specify)

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

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

8. Were you personally affected by Superstorm Sandy?

- Yes
- No

9. If YES, how were you affected? (Mark all that apply)

- Lost power* (If yes, please answer question #10)
- Home was damaged
- Car was damaged
- Had to visit the hospital for medical care

Other (please specify)

10. *If you did lose power, for how long? (please specify)

11. Did you have any loss of income due to the storm?

- Yes
- No

12. If YES, was loss of income:

- Temporary (less than 6 months)
- Permanent (more than 6 months)

13. 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

14. If yes, is this service still provided to you?

- Yes
- No

15. Were you displaced from your home due to Superstorm Sandy?

- Yes
- No

16. If you were displaced, where did you go?

- Friend/family/neighbor's house
- Shelter
- Hotel/motel

Other (please specify)

17. If yes, are you still displaced?

- Yes
- No

18. Are you aware of the following types of resources?

	Yes	No
Case management	<input type="checkbox"/>	<input type="checkbox"/>
Counseling services	<input type="checkbox"/>	<input type="checkbox"/>
Federal Emergency Management Agency (FEMA)	<input type="checkbox"/>	<input type="checkbox"/>
NJ Hope and Healing	<input type="checkbox"/>	<input type="checkbox"/>
NJ 211	<input type="checkbox"/>	<input type="checkbox"/>
NJ Register Ready	<input type="checkbox"/>	<input type="checkbox"/>
Sandy Homeowner and Renter Assistance Program (SHRAP)	<input type="checkbox"/>	<input type="checkbox"/>
United Way/Red Cross/Charity	<input type="checkbox"/>	<input type="checkbox"/>
Other NJ State Programs*	<input type="checkbox"/>	<input type="checkbox"/>
Other Resources*	<input type="checkbox"/>	<input type="checkbox"/>

*Other NJ State Programs and/or *Other Resources (please specify)

19. Are you still in need of this type of resource(s)? (Please mark all that apply)

- Case management
- Counseling services
- Federal Emergency Management Agency (FEMA)
- NJ Hope and Healing
- NJ 211
- NJ Register Ready
- Sandy Homeowner and Renter Assistance Program (SHRAP)
- United Way/Red Cross/Charity
- Other NJ State Programs*
- Other Sources*

*Other NJ Programs and/or *Other Sources (please specify)

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

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

21. As a result of Superstorm Sandy, what are the top five (5) concerns with your health and overall well-being? (Please mark all that apply.)

- Work (jobs/employment)
- Having enough money
- Having good neighborhood/neighbors
- Having a caring family/relationship
- Having a safe place to live (mold asbestos, lead and other contamination from the flood)
- Language barriers in understanding the recovery resources available
- Housing
- Mood
- Transportation
- Having access to affordable healthy food
- Using the recovery resources (internet, phone, filling out paperwork)
- Physical activity
- Affordable health care services

Other (please specify)

22. 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 withdrawn or disconnected
- Having burst 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)
- Drug abuse
- Lack of physical activity
- Experiencing abuse and violence

23. 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"/> Home repair, replacement of household contents |
| <input type="checkbox"/> Money assistance | <input type="checkbox"/> Food assistance |
| <input type="checkbox"/> Assistance with government grants | <input type="checkbox"/> Assistance with translating services |
| <input type="checkbox"/> Counseling for children | <input type="checkbox"/> Mold inspection/removal |
| <input type="checkbox"/> Counseling for depression, anxiety, lack of sleep, or panic attacks | <input type="checkbox"/> Lead inspection |
| <input type="checkbox"/> Treatment for alcohol or drug abuse | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Information, referral, advice |
| <input type="checkbox"/> Domestic violence counseling | |

Other health related needs (please specify)

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

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

25. Do you have any special conditions that are preventing you from recovering?

If you feel that you still need assistance because of how you were impacted by Superstorm Sandy, please contact:

**UOSS: First Call For Help: "Your Link to Community Services"
(856) 663.2255 or 1.800 .331.7272**

If you have any questions regarding the survey, please contact:

Camden County Department of Health and Human Services

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THANK YOU FOR YOUR TIME AND PARTICIPATION!



Making It Better, Together.