

Project # OMB NO. 0930-0270
Expiration Date mm/dd/yyyy**Participant Feedback Survey****Today's Date** (mm/dd/yyyy)

This anonymous form will help community leaders learn about needs in our community, and about how well the crisis counselors/outreach workers are meeting these needs. If you filled out a form like this in the past week, please do not fill in this one.

Please do not put your name on this form. The filling out of this form is voluntary, and you may skip questions if you so desire. We thank you very much for your time!

How good of a job did the counselor or outreach worker do...	Extremely poor	Poor	Fair	Good	Excellent	Prefer NOT to answer
	1	2	3	4	5	6
Treating you with respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respecting your culture, race, ethnicity, or religion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making you feel that asking for help is okay?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making you feel that you can help yourself and your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeping things you said private?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate below which program services you have used. If you have used the service, please indicate whether or not it was helpful to you.	Have you used this service?	Was this service helpful?	Prefer NOT to answer
	Yes	No	6
One-to-one interaction (with counselor/outreach worker)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public education presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group counseling/support group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handouts/materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet sites (Crisis Counseling Assistance and Training Program [CCP] website, Facebook, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify): <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referral resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE ALSO ANSWER QUESTIONS ON THE BACK.

If you have used referral resources, which type(s) did you utilize?

<input type="checkbox"/> Substance use	<input type="checkbox"/> FEMA-funded programs
<input type="checkbox"/> Mental health	<input type="checkbox"/> Community services (e.g., loans, housing, employment, social services)
<input type="checkbox"/> CCP services	<input type="checkbox"/> Resources for those with disabilities or other access or functional needs
<input type="checkbox"/> Other referral type (Please specify type):	<input type="text"/>

How good of a job did this program do with...	Extremely poor	Poor	Fair	Good	Excellent	Prefer NOT to answer
Helping you to know that your feelings after the disaster were the same as many other people's feelings?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Helping you to find ways to take care of yourself, like eating right and getting enough sleep?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Helping you stay active in things like hobbies, sports, church, or volunteer work?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

In general...	Extremely poor	Poor	Fair	Good	Excellent	Prefer NOT to answer
How good was the information you got on how people feel after disasters?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
How good of an idea is it to tell a friend who was upset by the disaster to see this counselor or outreach worker?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

	Not at all useful	Slightly useful	Moderately useful	Very useful	Extremely useful	Prefer NOT to answer
How useful was this program in helping return things in your life back to the way they were before the disaster?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Overall, how useful was this program to you?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

People experience disasters in a variety of ways. Below is a list of experiences you may have had. Please select all that apply to you. If you were not impacted by the disaster, please skip to the next section on reactions about the disaster.

<input type="checkbox"/> My family member is missing or dead.	<input type="checkbox"/> My life or that of someone in my household was threatened.
<input type="checkbox"/> My friend is missing or dead.	<input type="checkbox"/> I or a member of my household witnessed death/injury.
<input type="checkbox"/> My pet is missing or dead.	<input type="checkbox"/> I or a member of my household assisted with rescue/recovery.
<input type="checkbox"/> My home is damaged or destroyed.	<input type="checkbox"/> I am or a member of my household is un- or underemployed because of this disaster.
<input type="checkbox"/> I had major property loss, such as car/vehicle loss.	<input type="checkbox"/> I was evacuated quickly with no time to prepare.
<input type="checkbox"/> I had other financial loss.	<input type="checkbox"/> I had prolonged separation from social network/family, physical isolation, or social distancing.
<input type="checkbox"/> I or a member of my household had an illness or was injured or physically harmed.	<input type="checkbox"/> I was displaced from my home for 1 week or longer.
<input type="checkbox"/> I or a member of my household changed schools or learning format (e.g., virtual)	<input type="checkbox"/> I had disaster-caused food insecurity
<input type="checkbox"/> I sheltered in place or sought shelter due to immediate threat of danger	<input type="checkbox"/> I had reduced or no access to reliable information/communication
	<input type="checkbox"/> I had reduced or no access to reliable transportation

PLEASE CONTINUE ON THE SECOND PAGE.

For the questions below, please share your reactions (feelings, emotions, and thoughts) about the disaster, considering your reactions in THE PAST MONTH. Using a scale of 1 to 5, where 1 is not at all, 2 is a little bit, 3 is somewhat, 4 is quite a bit, and 5 is very much, in the past month to what extent have you...

	Not at all	A little bit	Somewhat	Quite a bit	Very much	Prefer NOT to answer
Been bothered by bad memories, nightmares, or reminders of what happened?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Tried NOT to think or talk about what happened or to do things that remind you of what happened?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Been bothered by poor sleep, poor concentration, feeling jumpy or angry, or being scared that something else bad will happen?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Been down or depressed?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Found other stressful things harder to deal with because of what happened?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Had trouble taking care of your health (e.g., eating poorly, not getting enough rest, smoking/drinking/taking other substances more)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Had difficulty getting along or having fun with family and friends?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Needed help from a counselor to deal with your reactions to the disaster?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

If you would like to speak with a counselor about your reactions or if you have concerns about your answers to these questions, please call

Comparing your emotional and mental well-being before the disaster to now, do you feel better, worse, or about the same?

- ☐ Feel better now
 ☐ Feel about the same
 ☐ Feel worse now

☐ Prefer NOT to answer

Comparing how well you take care of your health before the disaster to now, do you take care of your health better, worse, or about the same?

- ☐ Take care of your health better now
 ☐ Take care of your health about the same now
 ☐ Take care of your health worse now

☐ Prefer NOT to answer

Comparing how well you work (including a job, schoolwork, and housework) before the disaster to now, do you have less trouble working, more trouble working, or about the same amount?

- ☐ Having less trouble working now
 ☐ Have about the same amount of trouble working now
 ☐ Have more trouble working now

☐ Prefer NOT to answer

Comparing how active you were in things like hobbies, sports, church, or volunteer work before the disaster to now, are you more active, less active, or about the same?

- ☐ More active now
 ☐ About the same
 ☐ Less active now

☐ Prefer NOT to answer

PLEASE ALSO ANSWER QUESTIONS ON THE BACK.

The final questions will help us to describe the total group of people who completed the form.

Are you? (select one) ☐ Male ☐ Female

What is your age? (select one) ☐ Young adult (18–29 years) ☐ Adult (30–64 years) ☐ Older adult (65 years or older)

What is the highest level of education you have completed or degree you have received? (select one)

- | | |
|---|---|
| <input type="checkbox"/> No high school | <input type="checkbox"/> Some college |
| <input type="checkbox"/> Some high school | <input type="checkbox"/> College graduate (e.g., Associates, Bachelors) |
| <input type="checkbox"/> High school diploma or GED | <input type="checkbox"/> Graduate degree (e.g., M.S.W., Ph.D.) |

What is your annual gross household income? (select one)

- ☐ Less than \$27,000 ☐ \$27,000 - \$37,000 ☐ \$37,000 - \$47,000 ☐ More than \$47,000

In what county or parish do you currently live?

What is your race and/or ethnicity? (select all that apply)

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Middle Eastern or North African | <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> White | |

What is your preferred language? (select one)

- ☐ English ☐ Spanish ☐ Other (Please specify):

If you have a disability, or other access or functional need, please indicate the type (select all that apply).

- ☐ Physical (mobility, visual, hearing, etc.)
- ☐ Intellectual/Cognitive (learning disability, developmental delay, etc.)
- ☐ Mental Health/Substance use (psychiatric issue, substance dependence, etc.)

Thank you for taking the time to complete this form accurately and fully!

Paperwork Reduction Act Statement This information is being collected to assist the Substance Abuse and Mental Health Services Administration (SAMHSA) with program monitoring of FEMA's Crisis Counseling Assistance and Training Program. Crisis counselors are required to complete this form following the delivery of crisis counseling services to disaster survivors (44 CFR 206.171 [F][3]). Information collected through this form will be used at an aggregate level to determine the reach, consistency, and quality of the Crisis Counseling Assistance and Training Program. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0270. Public reporting burden for this collection of information is estimated to average 15-25 minutes per form, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 5600 Fishers Ln, Room 15E57B, Rockville, MD 20857.