



## Interview for Adult Specialized Services

Provider Number      
 Provider Name \_\_\_\_\_  
 Employee Number      
 Employee Name \_\_\_\_\_  
 Recipient Number      
 Name of Hurricane (s): \_\_\_\_\_  
 Date of Service:

LOCATION OF SERVICES: (CHECK ONE)		
<input type="checkbox"/> WORKPLACE/ SCHOOL	<input type="checkbox"/> HOME	<input type="checkbox"/> PLACE OF WORSHIP
<input type="checkbox"/> PROVIDER SITE	<input type="checkbox"/> TRANSITIONAL HOUSING	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> COMMUNITY CENTER	<input type="checkbox"/> HEALTH CLINIC	
SERVICE TYPE: (Check One) <input type="checkbox"/> Crisis Counseling <input type="checkbox"/> SCC Services	VISIT NUMBER: _____	ZIP CODE OF SERVICE LOCATION _____

**Introduction:**

I'd like to ask you a few questions about how you were affected by the disaster and how you are feeling now. May I ask you these questions? My first questions are about various experiences you have had related to the disaster.

*If the person is with someone else, add: Would you prefer to mark your answers on this form rather than saying them out-loud?*

RISK CATEGORIES: (CHECK ALL THAT APPLY)	
<input type="checkbox"/> (1) Injured or physically harmed	<input type="checkbox"/> (10) Witnessed community destruction
<input type="checkbox"/> (2) Life was threatened	<input type="checkbox"/> (11) Disaster unemployed
<input type="checkbox"/> (3) Family missing or dead	<input type="checkbox"/> (12) Other financial loss
<input type="checkbox"/> (4) Friend missing or dead	<input type="checkbox"/> (13) Assisted with rescue / recovery
<input type="checkbox"/> (5) Witnessed death / injury	<input type="checkbox"/> (14) Past substance use / mental health problem
<input type="checkbox"/> (6) Prolonged separation from family	<input type="checkbox"/> (15) Pre-existing physical disability
<input type="checkbox"/> (7) Home had damage	<input type="checkbox"/> (16) Past trauma
<input type="checkbox"/> (8) Displaced from home 1week or more	<input type="checkbox"/> (17) Other _____
<input type="checkbox"/> (9) Evacuated quickly with no time to prepare	<input type="checkbox"/> (18) Other _____

DEMOGRAPHIC INFORMATION			
<b>AGE (Select one)</b> <input type="checkbox"/> Adult (18-39) <input type="checkbox"/> Adult (40-64) <input type="checkbox"/> Adult (65+)	<b>ETHNICITY (Select one)</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<b>RACE (select one or more)</b> <input type="checkbox"/> American Indian/ Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> White	<b>PREFERRED LANGUAGE:</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (specify) _____  <b>LANGUAGE OF CONTACT</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (specify) _____
<b>SEX:</b> <input type="radio"/> MALE <input type="radio"/> FEMALE			

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