**Supplemental material S1. Map of assessment areas used in the 2010 and 2011 Community Assessment for Public Health Emergency Response Mobile, AL, Baldwin, AL, Mississippi, 2010 and 2011**

**Supplemental material S2. Questionnaire used in the Community Assessment for Public Health Emergency Response Mobile, AL, Baldwin, AL, Mississippi, 2010 and 2011**

**Gulf Coast Oil Spill CASPER Questionnaire**

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| **To be completed by team BEFORE interview** | | | | |
| **Q1**. **Date**: | **Q2 Survey #:** | **Q3 Cluster #:** | **Q4 Team Number:** | **Q5 County Name:** |

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| **Q6 Team initials \_\_\_** | **Demographic Questions** | |
| **Q7a.** How many adults over the age of 18 live in your household? \_\_\_\_\_\_\_  **7b**. How many children under the age of 18 live in your household? \_\_\_\_\_ □ No Children | | **Q8.** How many people in your household are:  ≤ 2\_\_ 3-5\_\_ 6-9\_\_ 10-17\_\_ 18-25\_\_ 26-40\_\_  41-65\_\_ 66-75\_\_ >75\_\_ □ DK □ Refused |

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| **Q9**. In the past 30 days, have you or any household members experienced any of the following: ***(Please check all that apply.)*** | | | | | |
| **Category** | **You** | **HouseholdMember** | | **Symptoms** | |
| **9A)** Respiratory Conditions | □  □  □  □  □  □  □  □  □  □ | □  □  □  □  □  □  □  □  □  □ | | Sore throat □ DK □ Refused  Nasal congestion  Sinus infection  Shortness of breath  Cough  Wheezing  Difficulty breathing  Worsening of existing asthma symptoms  Worsening of existing chronic obstructive pulmonary disease or emphysema  None | |
| **9B)** Cardiovascular symptoms/conditions | □  □  □  □  □ | □  □  □  □  □ | | Chest pain □ DK □ Refused  Irregular heart beat  Worsening of existing high blood pressure  Worsening of any existing chronic cardiovascular disease  None | |
| **9C)** Other Presentations | □  □  □  □  □  □  □  □ | □  □  □  □  □  □  □  □ | | Skin irritations including rash □ DK □ Refused  Any eye conditions or irritations  Nausea and/or vomiting  Diarrhea  Headache  Heat-related illness such as hyperthermia  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  None | |
| **Q10.** Has anyone in your household experienced any of the following in the last 30 days?  ***PLEASE DIFFERENTIATE BETWEEN ADULTS AND CHILDREN*** | You  □  □  □  □  □  □  □  □  □  □  □ | Adult  □ □  □ □  □ □  □ □  □ □  □ | Child □ □  □ □  □ □  □ □  □ □  □ | Difficulty concentrating □ DK □ Refused  Trouble sleeping/nightmares  Loss of appetite  Racing or pounding heartbeat  Agitated behavior  Witnessed first-hand violent behavior or threats of violence  Thoughts or attempts to harm self  Increased alcohol consumption  Increased drug use  Other (*specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  None | |
| **Q11.** Did you or any member of your household seek help for any of the above physical or mental health conditions at any of the following? Please check all that apply and identify the city: □ Family doctor □ ER □ Free clinic □ Urgent care center □ VA Hospital □ Community health clinic □ Mental health clinic Other:\_\_\_\_\_\_\_\_\_\_\_ **City:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ No □ No conditions □ DK □ Refused | | | | |

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| **Now I am going to ask you questions about yourself only, not about other members in the household.** | |
| **Q12.** What is your age ***AND*** sex?  Age:\_\_\_ □ Refused □ Male □ Female □ Refused | **Q13.** How long have you lived in this community? |
| **Q14.** What is your race/ethnicity?  □ White, Non-Hispanic □ Black, Non-Hispanic □ Hispanic □ Asian □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ □ DK □ Refused | |

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| **Q15.** Now thinking about your physical health, which includes physical illness and injury, for how many days during the **past 30 days** was your physical health not good? Number:\_\_\_\_ □ DK □ Refused | |
| **Q16.** Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the **past 30 days** was your mental health not good? Number:\_\_\_\_ □ DK □ Refused | |
| **Q17.** During the **past 30 days**, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?Number:\_\_\_\_ □ DK □ Refused | |
| **Now, I am going to ask you some questions about your mood. When answering these questions, please think about how many days each of the following has occurred in the past 2 weeks.** | | |
| **Q18.** Over the last **2 weeks**, how often have you had little interest or pleasure in doing things?  □ Not at all □ Several days □ More than half the days □ Nearly every day □DK □ Refused  **Q19.** Over the last **2 weeks**, how often have you felt down, depressed or hopeless?  □ Not at all □ Several days □ More than half the days □ Nearly every day □DK □ Refused | | |
| **Q20.** Over the last **2 weeks**, how often have you felt nervous, anxious, or on edge?  □ Not at all □ Several days □ More than half the days □ Nearly every day □DK □ Refused  **Q21.** Over the last **2 weeks**, how often have you been unable to stop or control worrying?  □ Not at all □ Several days □ More than half the days □ Nearly every day □DK □ Refused | | |
| **Q22**. How often in the **past 5 months** would you say you were worried or stressed about having enough money to pay your rent/mortgage?  □ Always □ Usually □ Sometimes □ Rarely □ Never □ DK □ Refused | | |
| **Q23**. How often in the **past 5 months** would you say you were worried or stressed about having enough money to buy nutritious meals?  □ Always □ Usually □ Sometimes □ Rarely □ Never □ DK □ Refused | | |
| **Q24.** How often do you get the social and emotional support you need?  □ Always □ Usually □ Sometimes □ Rarely □ Never □ DK □ Refused | | |
| **Q 25.** How satisfied are you with your life?  □ Very satisfied □ Satisfied □ Dissatisfied □ Very dissatisfied □ DK □ Refused | | |
| **Q26**. What is your estimated annual household income in 2010?  □ 0-<$15,000 □ $15,000-<$20,000 □ $20,000-<$25,000 □ $25,000-<$35,000  □ $35,000-<$50,000 □ $50,000-<$75,000 □ >$75,000 □ Unknown/refused | | |
| **Q27**. How did the oil spill affect your household income?  □ Decreased □ Increased □ No Change □ DK □ Refused □ Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Q27a**. What is your current employment status? □ Employed □ Under-employed □ Unemployed by choice  □ Unemployed, seeking work □ Disabled □ Retired □ DK □ Refused | | |
| **Q28.** In the past 30 days, have any of the children in your household experienced an increase in any of the following?    **Please check all that apply:** □ Been very sad or depressed □ Felt nervous or afraid □ Problems sleeping  □ Problems getting along with other children  Other (specify) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ No □ No children □ DK □ Refused | **Q29.** Have you or any household members changed any of the following activities at the coast since the oil spill?    Swimming: □ Increased □ Decreased □ No change □ DK  Time outdoors: □ Increased □ Decreased □ No change □ DK  Boating: □ Increased □ Decreased □ No change □ DK  Local seafood consumption: □ Increased □ Decreased □ DK □ Refused □ No change | |
| **Q30.** Have you been exposed to oil from the oil spill?  □ Yes □ No □ DK □ Refused  *if yes,* in which of the following ways:  □ Skin □ Inhalation □ Ingestion □ Other\_\_\_\_\_\_\_\_\_ | **Q31.** Have other household members been exposed to oil from the spill? □ Yes □ No □ DK □ Refused *if yes, i*n which of the following ways:  □ Skin □ Inhalation □ Ingestion □ Other\_\_\_\_\_\_\_\_\_ | |
| **Q32.** Did you work on any of the cleanup activities of the oil spill? □ Yes □ No □ DK □ Refused | **Q33.** Did other household members work on any of the cleanup activities of the oil spill? □ Yes ***How many?***\_\_\_\_\_\_  □ No □ DK □ Refused | |
| **Q34. What is/are your main concern(s) at this time?**  □ None □ DK □Refused | | |