

Interview date: \_\_\_\_\_ Interview time: \_\_\_\_\_ Name of interviewer: \_\_\_\_\_

***Hello. My name is [name]. I'm conducting a survey on behalf of the Harris County health department regarding the health of people in the NRG shelter. Would you mind answering a few questions regarding your health and the health of your family? Are you the head of your household?***

**1. Including yourself, how many people are with you here in this shelter?**

1	2	3	4	5	6	7	8	9	10	_____
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**2. How many nights have you and your family already stayed in the NRG shelter?**

0	1	2	3	4	5	6	7	8	9	_____
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**3. Has anyone in your family been to any of the NRG clinics in the last 24 hours?    No    Yes    Reason: \_\_\_\_\_**

**4. During the last 24 hours, how many people in your family, including yourself, have experienced...**

Animal bites	0	1	2	3	4	5	6	7	8	_____
Skin rash	0	1	2	3	4	5	6	7	8	_____
Fever	0	1	2	3	4	5	6	7	8	_____
Head lice	0	1	2	3	4	5	6	7	8	_____
Nausea and/or vomiting	0	1	2	3	4	5	6	7	8	_____
Diarrhea	0	1	2	3	4	5	6	7	8	_____
Cough	0	1	2	3	4	5	6	7	8	_____
Sore throat	0	1	2	3	4	5	6	7	8	_____
Runny Nose/Congestion	0	1	2	3	4	5	6	7	8	_____
Hard time breathing	0	1	2	3	4	5	6	7	8	_____
Eye irritation/Pink Eye	0	1	2	3	4	5	6	7	8	_____
Joint/muscle pain	0	1	2	3	4	5	6	7	8	_____
Mosquito/bug bites	0	1	2	3	4	5	6	7	8	_____
Wounds/injuries	0	1	2	3	4	5	6	7	8	_____
Anxiety	0	1	2	3	4	5	6	7	8	_____
Sadness/Depression	0	1	2	3	4	5	6	7	8	_____

\*If anyone has any of the shaded symptoms, please contact your section lead immediately for consult.

**5. Interviewee NRG Residence**

Single Women                       Single Men                       Families                       Other \_\_\_\_\_

**6. Room quadrant \_\_\_\_\_**

**7. Interviewee phone number (ONLY if Consult Requested) \_\_\_\_\_**

**Interviewer Comments**