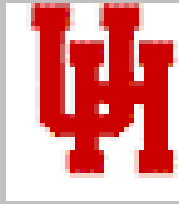




Hurricane IKE Assessment

Conducted by THC-IT, University of Houston
Houston, Texas 77204-4003



Date(mm-dd-yyyy)_____

Home Zip Code _____

Please check or answer appropriate responses.

1. Location of Home

1(a) County

- | | | |
|--|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Austin | <input type="checkbox"/> Brazoria | <input type="checkbox"/> Chambers |
| <input type="checkbox"/> Fort Bend | <input type="checkbox"/> Galveston | <input type="checkbox"/> Harris |
| <input type="checkbox"/> Liberty | <input type="checkbox"/> Matagorda | <input type="checkbox"/> Montgomery |
| <input type="checkbox"/> San Jacinto | <input type="checkbox"/> Walker | <input type="checkbox"/> Waller |
| <input type="checkbox"/> Other(Specify)_____ | | |

1(b) City

- | | | |
|--------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Baytown | <input type="checkbox"/> Galveston | <input type="checkbox"/> Houston |
| <input type="checkbox"/> League City | <input type="checkbox"/> Pasadena | <input type="checkbox"/> Pearland |
| <input type="checkbox"/> Sugar Land | <input type="checkbox"/> Other(Specify)_____ | |

1 (c) For how long have you been living at this location? _____

2(a) Type of Home

- | | |
|---|--|
| <input type="checkbox"/> Owned by Self/Family | <input type="checkbox"/> Rented |
| <input type="checkbox"/> Living in facility | <input type="checkbox"/> Other(Specify)_____ |

2 (b) Type of Structure

- | | | | |
|--|--------------------------------|---------------------------------|------------------------------------|
| <input type="checkbox"/> Single Floor..... | <input type="checkbox"/> Wood? | <input type="checkbox"/> Brick? | <input type="checkbox"/> Concrete? |
| <input type="checkbox"/> Two Floors..... | <input type="checkbox"/> Wood? | <input type="checkbox"/> Brick? | <input type="checkbox"/> Concrete? |
| <input type="checkbox"/> Apartment..... | How many stories? _____ | | |
| <input type="checkbox"/> Mobile Home | | | |
| <input type="checkbox"/> Other(Specify)_____ | | | |

2(c) Types of Insurance

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Homeowners | <input type="checkbox"/> Flood |
| <input type="checkbox"/> Wind | <input type="checkbox"/> Others (Specify) _____ |

Total Amount (\$/year) _____

3. Preparation before hurricane (mark all relevant items)

- | | |
|--|--|
| <input type="checkbox"/> Pet Shelter | <input type="checkbox"/> Food and Water in Storage |
| <input type="checkbox"/> Gas (full tank) | <input type="checkbox"/> Window Protection |
| <input type="checkbox"/> Trimming Trees | <input type="checkbox"/> Candles and Oil/Gas Lamps |
| <input type="checkbox"/> Other(Specify)_____ | <input type="checkbox"/> All of the above |

4. Evacuated?

- Yes No

If Yes.....

4(a) Number of People

- | | | | |
|----------------------------|-----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> 5 | <input type="checkbox"/> ≥6 | | |

4(b) Number of Pets

- | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
|----------------------------|----------------------------|----------------------------|----------------------------|

4(c) Number of Vehicles

- | | | | |
|----------------------------|----------------------------|----------------------------|-----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> ≥3 |
|----------------------------|----------------------------|----------------------------|-----------------------------|

4(d) Which city did you go to? _____

4(e) For how long? _____ (days)

4(f) Any government Assistance?

- | | | | |
|--|---------------------------------|--------------------------------|----------------------------------|
| <input type="checkbox"/> City | <input type="checkbox"/> County | <input type="checkbox"/> State | <input type="checkbox"/> Federal |
| <input type="checkbox"/> Other(Specify)_____ | <input type="checkbox"/> None | | |

5(a) Damage to House and Property

- | | | |
|--|--|--|
| <input type="checkbox"/> No Cable | <input type="checkbox"/> No Cell Phone | <input type="checkbox"/> No Land Line |
| <input type="checkbox"/> Damaged Windows | <input type="checkbox"/> No Power | <input type="checkbox"/> No Water supply |
| <input type="checkbox"/> Fallen trees | <input type="checkbox"/> Fallen Branches | <input type="checkbox"/> No Sewer |
| <input type="checkbox"/> Others _____ | | |

5(b) Estimated Cost of Damage

- | | |
|---|--|
| <input type="checkbox"/> ≤\$1,000 | <input type="checkbox"/> \$1,000-\$5,000 |
| <input type="checkbox"/> \$5,000-\$10,000 | <input type="checkbox"/> ≥\$10,000 |

5(c) Approximate Value of Property \$ _____ K

6. Recovery (Rank all the items)

1. None or minimal loss 2. Partly damaged/habitable/usable/problem
3. Totally damaged/uninhabitable/unusable/major problem

6(a) House

- | | |
|--|---|
| <input type="checkbox"/> Drinking Water <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> Garbage Pick-up <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| <input type="checkbox"/> Power <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> Structural Damage <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| <input type="checkbox"/> Roof Damage <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> Water Damage <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| <input type="checkbox"/> Other(Specify)_____ | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |

6(b) Transportation(Major Issues)

- | | |
|--|---|
| <input type="checkbox"/> Traffic Light Failures <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> Fallen Debris <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| <input type="checkbox"/> Street Flooding <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> Other(Specify)_____ <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| <input type="checkbox"/> No Gas <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | |

6(c) Work Place/Educational Institution

- | | |
|--|---|
| <input type="checkbox"/> Drinking Water <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> Garbage Pick-up <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| <input type="checkbox"/> Power <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> Structural Damage <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| <input type="checkbox"/> Roof Damage <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> Water Damage <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| <input type="checkbox"/> Other(Specify)_____ | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |

Zip Code _____

7. Debris removal from neighborhood

- 1 day 7 days > 7 days
 Other(Specify)_____

Any Other Comment/ Lessons Learned

1. Preparedness _____

2. Recovery _____

3. Others _____

Mail Your Response to ; Director THC-IT
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