“Pardon me. I am (Name) from the Disaster Medicine and Management graduate program (Penna). Would you be willing to give me at least 20 minutes of your time to answer some questions about your perception of disaster and any preparation you have made?”

(No)- “Thank you anyway. You may take this list of websites if you would like to find information about this in the future.”

(Yes)-Thank you. Before we begin, has anyone asked you about disaster and preparation in the last month?

(Yes)- OK. Are there any questions you would like to ask me? Thank you for your time.

(No)- Great. This is an educational study for us to learn Applied Research methods. I have some questions to discuss with you. I will not record any information that can identify you, but rather some descriptions of your current life, some of your opinions or perceptions, and some limited facts about what you might have done to prepare for a possible disaster. None of this information will be shared outside of our class, and nothing will be reported outside of our class. I cannot offer you anything for answering these questions, other than to answer some of your questions and provide a list of websites dealing with the subject.

Some of the questions may seem uncomfortable to think about. You may decline to answer any question, and may stop the interview at any time.

Do I have your permission to continue?

Start Time:

1. What is your birth year? (If after 2002, loop back to the yellow highlighted line.) \_\_\_\_\_\_\_\_\_\_

(For the following lines, check boxes are for the interviewer to code the response for later recall. They may be used for prompts after the interviewee has given their response to amplify or clarify that response.)

1. Please tell me a little about where you are currently living (the place you reside at night).

o Dormitory oApartment o Hi Rise oRow Home oTwin oSingle o Farm oOther\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Who else lives in the same unit? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

o Alone oFellow student/roommate oPartner oFamily oChildren o Infants

1. What medical or special needs for communication, care, or movement do any of these home-mates have?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What pets live with you now (today)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Tell me a little about how you obtain your daily needs (food, clothing, energy).

o Scholarship funded o Parents oLoans oJob Other\_\_\_\_\_\_\_\_\_\_

1. Just a little about your education

oHigh school oTrade school o First year undergraduate oundergraduate ograduate ocontinuing education ofaculty oother staff oOther\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is/was your course of study?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How do you define your community?
3. What community organizations do you consider yourself a member of?
4. What kind of an area do you feel you are currently living in? Please name the area.

oFarm oCountry oSmall town oCity oBig City
oWilderness oFrontier oRural oSuburban oUrban

1. Please define a Disaster or Major Emergency in your own terms.
2. What do you believe are the disasters or major emergencies that could affect your life where you are living?
3. Who do you believe is responsible to provide for your survival in these events?
4. What have you done to make yourself feel safe against these events?
5. What have you saved or set aside to make your survival more likely if this (these) disasters were to occur while you were in this living situation?
6. What do you believe you would need to prevail (be successful) if these events would occur while you were here?
7. What, if anything, has prevented you from obtaining those items you have identified?
8. What disaster or major emergency have you experienced? (None)\_\_\_\_\_\_\_\_\_\_\_\_
9. Please tell me how you dealt with that:
10. How did that change your preparedness for disaster? What have you done?
11. What, if any, training in disaster or emergency preparedness or response have you had?
12. How long do you think you would be comfortable without a safe space (room or building) to be in?
13. What actions have you taken when confronted with a medical emergency?
14. How would you act/ what would you do if a stranger was seriously injured in front of you?
15. How long do you think you could be comfortable without heat or air conditioning?
16. How long do you think your body could function in the cold without a source of warmth if the outside was at freezing temperature? (32 degree F/ 0 degree C)
17. What would you do to survive in that case (outside in the freezing cold/in a building with no heat)?
18. How would that change if the temperature was only at refrigerator temperature (40 degree F/4 degree C)?
19. How do you get your information on the upcoming major weather conditions?
20. How long do you feel you could live without a drink of water?
21. How long do you feel you could live without cleaning your hands or body?
22. How long do you feel you could live without bathroom facilities for stool?
23. How long do you feel you could live without medicine if all of your community was in a gymnasium?
24. What would you do if you had a cut that got infected, with pus, red streaks up your limb, throbbing, and fever? If there was no medicine available?
25. What do you feel would happen to you without cellphone, telephone, TV, or internet?
26. What do you feel would happen you if there were no electricity, and no travel away, for one week?
27. For one month?
28. What have you considered doing to protect yourself from COVID-19 (the Corona Virus from Wuhan) if there was an outbreak around where you live?

Thank you so much for helping me. Do you have any questions I could help you with?

This is a list of some resources you might like to check about our study topic.

Interviewer:

Time ended\_\_\_\_\_\_\_\_\_\_

Last question completed\_\_\_\_\_

Questions declined (#’s)\_\_\_\_\_\_\_

Personal Observations: