Variable Name	Question/Variable Description	Value Labels/Format
id	Participant ID	Sequence ID (i.e., 1, 2, 3)
FormVersion	OMB form expiration year	YYYY (e.g., 2018)
		FEMA disaster declaration number (e.g., NJ-
ProjectNumber	Project number	4086)
ProviderName	Provider name	Text
		Identifier consisting of numbers and/or
ProviderNumber	Provider number	letters. The number is system generated.
		1 = ISP
		2 = ISP Extension
		3 = RSP
disaster_ISP	Project phase	4 = RSP Extension
DateOfService	Date of service	MM/DD/YYYY
County	County of service	County name
		Identifier consisting of numbers and/or
employee_number1	First employee number	letters. The format can vary by project.
		Identifier consisting of numbers and/or
employee_number2	Second employee number	letters. The format can vary by project.
zipcode	ZIP code	5 digit number
		1 = Individual
		2 = Family or household (2 individuals)
		3 = Family or household (3 individuals)
		4 = Family or household (4 individuals)
		5 = Family or household (5 individuals)
		6 = Family or household (6 or more
visittype_code	Visit type code	individuals)
		1 = First visit
		2 = Second visit
		3 = Third visit
		4 = Fourth visit
visitnumber_code	Visit number code	5 = Fifth visit or later
		1 = 15–29 minutes
		2 = 30–44 minutes
		3 = 45–59 minutes
duration_code	Duration code	4 = 60 minutes or more
	Number of males, preschool(0-	Number (i.e., 1, 2, 3, 4)
male preschool	5 years)	, , , , , , ,
'	Number of males, child (6–	Number (i.e., 1, 2, 3, 4)
male_child	11years)	
	Number of males,	Number (i.e., 1, 2, 3, 4)
male_adolescent	adolescent(12–17 years)	
<u> </u>	Number of males, adult (18–	Number (i.e., 1, 2, 3, 4)
male_adult18	39years)	
	Number of males, adult (40–	Number (i.e., 1, 2, 3, 4)
male_adult40	64years)	

Variable Name	Question/Variable Description	Value Labels/Format
	Number of males, older	Number (i.e., 1, 2, 3, 4)
male_adult65	adult(65 years or older)	
	Number of females,	Number (i.e., 1, 2, 3, 4)
female_preschool	preschool(0–5 years)	
	Number of females, child (6–	Number (i.e., 1, 2, 3, 4)
female_child	11years)	
	Number of females,	Number (i.e., 1, 2, 3, 4)
female_adolescent	adolescent(12–17 years)	
	Number of females, adult(18–	Number (i.e., 1, 2, 3, 4)
female_adult18	39 years)	
	Number of females, adult(40–	Number (i.e., 1, 2, 3, 4)
female_adult40	64 years)	
	Number of females, older	Number (i.e., 1, 2, 3, 4)
female_adult65	adult(65 years or older)	
_	Number of	Number (i.e., 1, 2, 3, 4)
	transgender,preschool (0–5	
transgender_preschool	years)	
	Number of transgender,	Number (i.e., 1, 2, 3, 4)
transgender_child	child(6–11 years)	
0 _	Number of	Number (i.e., 1, 2, 3, 4)
	transgender,adolescent (12–17	
transgender_adolescent	years)	
<u> </u>	Number of transgender,	Number (i.e., 1, 2, 3, 4)
transgender_adult18	adult(18–39 years)	
	Number of transgender,	Number (i.e., 1, 2, 3, 4)
transgender_adult40	adult(40–64 years)	, , , , , , ,
	Number of transgender,	Number (i.e., 1, 2, 3, 4)
transgender_adult65	olderadult (65 years or older)	, , , , , , , , ,
participant_total	Number of total participants	Number (i.e., 1, 2, 3, 4)
	Did any of the	1 = Yes
	participantsimmigrate to the	2 = No
	United States in the past 5	
immigrate_yesno_code	years?	
inningrate_yesho_code	years.	1 = Yes
race_1	American Indian/Alaska Native	0 = No
race_1	American indiany Alaska Native	1 = Yes
raco 2	Asian	0 = No
race_2	Asian	1 = Yes
17200 2	Plack or African American	0 = No
race_3	Black or African American	
J	Native Herraites /Designates	1 = Yes
race_4	Native Hawaiian/PacificIslander	0 = No
5	) A #   - 1   -	1 = Yes
race_5	White	0 = No
		1 = Yes
race_6	Hispanic or Latino	0 = No

Variable Name	Question/Variable Description	Value Labels/Format
		1 = English
		2 = Spanish
primarylanguage_code	Primary language code	3 = Other
primarylanguageother	Primary language other	Text
	Physical (mobility, visual,	1 = Yes
disability_1	hearing, medical, etc.)	0 = No
	Intellectual/cognitive (learning	1 = Yes
	disability, developmental delay,	0 = No
disability_2	etc.)	
.=	Mental health/substance misuse	1 = Yes
	(psychiatric, substance	0 = No
disability_3	dependence, etc.)	
<i>'-</i>		1= School or childcare (all ages through
		college)
		2 = Community center
		3 = Provider site/mental health agency
		(agency involved with the CCP)
		4 = Workplace
		5 = Disaster recovery center
		6 = Place of worship
		7 = Retail
		8 = Public place/event (e.g., street,
		sidewalk, town square, fair, festival, sports)
		9 = Temporary home
		10 = Temporary home, any children < age
		18 live in the home
		11 = Permanent home
		12 = Permanent home, any children < age
		18 live in the home
		13 = Phone counseling (outbound call to
		participants)
		14 = Hotline, helpline, crisis line (inbound
		calls to staff)
		15 = Medical center
		16 = Other
servicelocation_codes	Location of service code	17 = Virtual
servicelocationother	Location of service other	Text
		1 = Yes
risk_01	Family missing/dead	0 = No
		1 = Yes
risk_02	Friend missing/dead	0 = No
		1 = Yes
risk_03	Pet missing/dead	0 = No

Variable Name	Question/Variable Description	Value Labels/Format
		1 = Yes
risk_04	Home damaged or destroyed	0 = No
		1 = Yes
risk_05	Vehicle or major property loss	0 = No
		1 = Yes
risk_06	Other financial loss	0 = No
	Disaster un- or	1 = Yes
	underemployed(self or	0 = No
risk_07	household member)	
	Illness, injury, or physical	1 = Yes
	harm(self or household	0 = No
risk_08	member)	
	Life was threatened (self	1 = Yes
risk_09	orhousehold member)	0 = No
	Witnessed death/injury (self	1 = Yes
risk_10	orhousehold member)	0 = No
	Assisted with	1 = Yes
	rescue/recovery(self or	0 = No
risk_11	household member)	
	Changed schools or	1 = Yes
risk_12	learningformat (e.g., virtual)	0 = No
	Prolonged separation fromsocial	1 = Yes
	network/family, physical	0 = No
risk_13	isolation, or social distancing	
_	Evacuated quickly with no	1 = Yes
risk 14	timeto prepare	0 = No
_	Displaced from home 1 week	1 = Yes
risk_15	ormore	0 = No
	Sheltered in place or	1 = Yes
	soughtshelter due to	0 = No
risk_16	immediate threat of danger	
11311_10	Past substance	1 = Yes
risk_17	use/mentalhealth problem	0 = No
1131/_17	use/mentamearth problem	1 = Yes
rick 10	Preexisting physical disability	0 = No
risk_18	Preexisting physical disability	1 = Yes
rick 10	Pact trauma	0 = No
risk_19	Past trauma	
wiel. 20	Disastan assess of first discuss of	1 = Yes
risk_20	Disaster-caused food insecurity	0 = No
	But with the second	1 = Yes
	Reduced or no access toreliable	0 = No
risk_21	information/communication	
	Reduced or no access toreliable	1 = Yes
risk_22	transportation	0 = No

Variable Name	Question/Variable Description	Value Labels/Format
		1 = 1
		2 = 2
		3 = 3
		4 = 4
		5 = 5
eventparticipant_code	Event reaction code	6 = 6 or more
		1 = Yes
behavioral_1	Extreme change in activity level	
		1 = Yes
behavioral_2	Excessive drug or alcohol use	0 = No
		1 = Yes
behavioral_3	Isolation/withdrawal	0 = No
		1 = Yes
behavioral_4	On guard/hypervigilant	0 = No
		1 = Yes
behavioral_5	Agitated/jittery/shaky	0 = No
		1 = Yes
behavioral_6	Violent or dangerous behavior	0 = No
	Acts younger than age (children	1 = Yes
behavioral_7	or youth)	0 = No
		1 = Yes
emotional_1	Sadness, tearful	0 = No
amatianal 2	Imitable enem	1 = Yes 0 = No
emotional_2	Irritable, angry	1 = Yes
ameticael 2	Applique foorful	0 = No
emotional_3	Anxious, fearful	1 = Yes
ometional 1	Dosnair handless	0 = No
emotional_4	Despair, hopeless	1 = Yes
emotional 5	Feelings of guilt/shame	0 = No
emotional_5	reemings of guilty sharife	1 = Yes
emotional_6	Numb, disconnected	0 = No
emotional_o	Name, disconnected	1 = Yes
physical_1	Headaches	0 = No
priysicai_1	ricadactics	1 = Yes
physical_2	Stomach problems	0 = No
priysical_2	Difficulty falling or staying	1 = Yes
physical_3	asleep	0 = No
<u></u>		1 = Yes
physical_4	Eating problems	0 = No
11		1 = Yes
physical_5	Worsening of health problems	0 = No
<u> </u>		1 = Yes
physical_6	Fatigue, exhaustion	0 = No

Variable Name	Question/Variable Description	Value Labels/Format
		1 = Yes
cognitive_1	Distressing dreams, nightmares	0 = No
		1 = Yes
cognitive_2	Intrusive thoughts, images	0 = No
		1 = Yes
cognitive_3	Difficulty concentrating	0 = No
		1 = Yes
cognitive_4	Difficulty remembering things	0 = No
		1 = Yes
cognitive_5	Difficulty making decisions	0 = No
	Preoccupied	1 = Yes
cognitive_6	withdeath/destruction	0 = No
		1 = Yes
copingwell	Coping well	0 = No
		1 = Yes
informationabout_1	Reactions to disaster	0 = No
		1 = Yes
informationabout_2	Community resources	0 = No
		1 = Yes
informationabout_3	This crisis counseling program	0 = No
		1 = Yes
tipsfor_1	Reducing negative thoughts	0 = No
	Managing physical	1 = Yes
	andemotional reactions (e.g.,	0 = No
tipsfor_2	breathing techniques)	
		1 = Yes
tipsfor_3	Doing positive things	0 = No
		1 = Yes
tipsfor_4	Problem solving	0 = No
	Mutual support/building	1 = Yes
healthyconnection_1	socialnetwork(s)	0 = No
	Participating in	1 = Yes
healthyconnection_2	communityaction	0 = No
		1 = Yes
focusother	Focus of encounter other	0 = No
materialprovided_yesno_c	Materials provided for	1 = Yes
ode	thisencounter	2 = No
	Crisis counseling	1 = Yes
	programservices (e.g., group	0 = No
	counseling, referral to team	
referral_1	leader, follow- up visit)	

Variable Name	Question/Variable Description	Value Labels/Format
	Mental health services (e.g.,	1 = Yes
	professional, longer-term	0 = No
	counseling, treatment,	
referral_2	behavioral, psychiatric services)	
	Substance misuse services (e.g.,	1 = Yes
	professional, behavioral,	0 = No
	medical treatment, self-help	
	groups such as Alcoholics	
	Anonymous or Narcotics	
referral_3	Anonymous)	
	Community services (e.g.,	1 = Yes
	FEMA, loans, housing,	0 = No
referral_4	employment, social services)	
	Resources for those	1 = Yes
	withdisabilities, or other access	0 = No
referral_5	or functional needs	
		1 = Yes
referral_6	Other	0 = No
referralother	Referral other	Text
		1 = Yes
noreferral	No referral provided	0 = No
createdby	Person who created the record	Text
createdon	Date the record was created	Date
updatedby	Person who updated the record	Text
updatedon	Date the record was updated	Date

# **Group Encounter Log**

Variable Name	Question/Variable Description	Value Labels/Format
id	Participant ID	Sequence ID (i.e., 1, 2, 3)
FormVersion	Form version	YYYY (e.g., 2018)
		FEMA disaster declaration number
ProjectNumber	Project number	(e.g., NJ-4086)
ProviderName	Provider name	Text
		Identifier consisting of numbers
		and/or letters. The number is system
ProviderNumber	Provider number	generated.
		1 = ISP
		2 = ISP Extension
		3 = RSP
disaster_ISP	Project phase	4 = RSP Extension
DateOfService	Date of service	MM/DD/YYYY
County	County of service	County name
		Identifier consisting of numbers
		and/or letters. The format can vary
employee_number1	First employee number	by project.
		Identifier consisting of numbers
		and/or letters. The format can vary
employee_number2	Second employee number	by project.
zipcode	ZIP code	5 digit number
		1 = Group counseling
servicetype_code	Type of service code	2 = Public education
		1 = School or childcare (all ages
		through college)
		2 = Community center (e.g.,
		recreation club)
		3 = Provider site/mental health
		agency (agency involved with the CCP)
		4 = Workplace (workplace of the
		disaster survivor or first responder)
		5 = Disaster recovery center (e.g.,
		FEMA, American Red Cross)
		6 = Place of worship (e.g., church,
		synagogue, mosque)
		7 = Home (temporary or permanent)
		8 = Retail (e.g., restaurant, mall,
		shopping center, store)
		9 = Medical center
		10 = Public place/event (e.g., street,
		sidewalk, town square, fair, festival,
		sports)
		11 = Other
groupservicelocation_code	Location of service code	12 = Virtual
groupservicelocationother	Location of service other	Text

## **Group Encounter Log**

Variable Name	Question/Variable Description	Value Labels/Format
		1 = First session of group expected to
		meet once
		2 = First session of group expected to
		meet more than once
		3 = Second or greater session of
sessionnumber_code	Session number code	ongoing group
participant18	Number under age 18	Number (i.e., 1, 2, 3, 4)
participant64	Number ages 18–64	Number (i.e., 1, 2, 3, 4)
participant65	Number ages 65 and older	Number (i.e., 1, 2, 3, 4)
participanttotal	Number of participants total	Number (i.e., 1, 2, 3, 4)
		1 = 15–29 minutes
		2 = 30–44 minutes
		3 = 45–59 minutes
duration_code	Duration code	4 = 60 minutes or more
		1 = Children or youth
		2 = Adult survivors
		3 = Public safety workers and first
		responders
		4 = Other recovery workers
identities_code	Group identities	5 = Mixed group, no clear identity
	·	1 = Yes
race_1	American Indian/Alaska Native	0 = No
_	·	1 = Yes
race 2	Asian	0 = No
_		1 = Yes
race 3	Black or African American	0 = No
_		1 = Yes
race_4	Native Hawaiian/Pacific Islander	0 = No
		1 = Yes
race_5	White	0 = No
		1 = Yes
race_6	Hispanic or Latino	0 = No
	Did any of the participants	1 = Yes
	immigrate to the United States in	2 = No
immigrate_yesno_code	the past 5 years?	
	Physical (mobility, visual, hearing,	1 = Yes
disability_1	medical, etc.)	0 = No
/ <b>-</b>	Intellectual/cognitive (learning	1 = Yes
disability_2	disability, developmental delay, etc.)	
, <u> </u>	Mental health/substance misuse	1 = Yes
	(psychiatric, substance dependence,	0 = No
disability_3	etc.)	
<u> </u>		1 = Yes
informationabout 1	Reactions to disaster	0 = No
	neddions to disaster	1 = Yes
informationabout_2	Community resources	0 = No
แแบบและเบและเบนเ_2	Community resources	10 140

## **Group Encounter Log**

Variable Name	Question/Variable Description	Value Labels/Format
		1 = Yes
informationabout_3	This crisis counseling program	0 = No
		1 = Yes
tipsfor_1	Reducing negative thoughts	0 = No
	Managing physical and emotional	1 = Yes
	reactions (e.g., breathing	0 = No
tipsfor_2	techniques)	
		1 = Yes
tipsfor_3	Doing positive things	0 = No
		1 = Yes
tipsfor_4	Problem solving	0 = No
	Mutual support/building social	1 = Yes
healthyconnection_1	network(s)	0 = No
		1 = Yes
healthyconnection_2	Participating in community action	0 = No
focusother	Focus of group session other	Text
	Were flyers, brochures, handouts, or	1 = Yes
	other materials provided to	2 = No
materialprovided_yesno_code	participants?	
createdby	Person who created the record	Text
createdon	Date the record was created	Date
updatedby	Person who updated the record	Text
updatedon	Date the record was updated	Date

Variable Name	Question/Variable Description	Value Labels/Format
id	Participant ID	Sequence ID (i.e., 1, 2, 3)
FormVersion	Form version	YYYY (e.g., 2018)
		FEMA disaster declaration number
ProjectNumber	Project number	(e.g., NJ-4086)
ProviderName	Provider name	Text
		Identifier consisting of numbers
		and/or letters. The number is
ProviderNumber	Provider number	system generated.
		1 = ISP
		2 = ISP Extension
		3 = RSP
disaster_ISP	Project ISP	4 = RSP Extension
DateOfService	Date of service	MM/DD/YYYY
County	County of service	County name
		Identifier consisting of numbers
		and/or letters. The format can vary
employee_number1	First employee number	by project.
	Sunday: In-person or virtual	Number (i.e., 1, 2, 3, 4)
sunday11	briefeducational or supportive contact	
	Monday: In-person or virtual	Number (i.e., 1, 2, 3, 4)
monday11	briefeducational or supportive contact	
	Tuesday: In-person or virtual	Number (i.e., 1, 2, 3, 4)
tuesday11	briefeducational or supportive contact	
	Wednesday: In-person or virtual	Number (i.e., 1, 2, 3, 4)
wednesday11	briefeducational or supportive contact	
	Thursday: In-person or virtual	Number (i.e., 1, 2, 3, 4)
thursday11	briefeducational or supportive contact	
	Friday: In-person or virtual	Number (i.e., 1, 2, 3, 4)
friday11	briefeducational or supportive contact	
	Saturday: In-person or virtual	Number (i.e., 1, 2, 3, 4)
saturday11	briefeducational or supportive contact	
	Total: In-person or virtual	Number (i.e., 1, 2, 3, 4)
total11	briefeducational or supportive contact	
	Sunday: Telephone contact by crisis	Number (i.e., 1, 2, 3, 4)
	counselor (outbound calls	
sunday12	toparticipants)	
	Monday: Telephone contact by crisis	Number (i.e., 1, 2, 3, 4)
	counselor (outbound calls	
monday12	toparticipants)	
	Tuesday: Telephone contact by crisis	Number (i.e., 1, 2, 3, 4)
	counselor (outbound calls	
tuesday12	toparticipants)	
	Wednesday: Telephone contact	Number (i.e., 1, 2, 3, 4)
	bycrisis counselor (outbound calls to	
wednesday12	participants)	

Variable Name	Question/Variable Description	Value Labels/Format
thursday12	Thursday: Telephone contact by crisis counselor (outbound calls to participants)	Number (i.e., 1, 2, 3, 4)
friday12	Friday: Telephone contact by crisis counselor (outbound calls to participants)	Number (i.e., 1, 2, 3, 4)
saturday12	Saturday: Telephone contact by crisis counselor (outbound calls to participants)	Number (i.e., 1, 2, 3, 4)
total12	Total: Telephone contact by crisis counselor (outbound calls to participants)	Number (i.e., 1, 2, 3, 4)
sunday13	Sunday: Hotline/helpline/lifeline contact (inbound calls from participants)	Number (i.e., 1, 2, 3, 4)
monday13	Monday: Hotline/helpline/lifeline contact (inbound calls from participants)	Number (i.e., 1, 2, 3, 4)
tuesday13	Tuesday: Hotline/helpline/lifeline contact (inbound calls from participants)	Number (i.e., 1, 2, 3, 4)
wednesday13	Wednesday: Hotline/helpline/lifeline contact (inbound calls from participants)	Number (i.e., 1, 2, 3, 4)
thursday13	Thursday: Hotline/helpline/lifeline contact (inbound calls from participants)	Number (i.e., 1, 2, 3, 4)
friday13	Friday: Hotline/helpline/lifeline contact (inbound calls from participants)	Number (i.e., 1, 2, 3, 4)
saturday13	Saturday: Hotline/helpline/lifeline contact (inbound calls from participants)	Number (i.e., 1, 2, 3, 4)
total13	Total: Hotline/helpline/lifeline contact (inbound calls from participants)	Number (i.e., 1, 2, 3, 4)
sunday14	Sunday: Electronic interaction (email,text, chat, direct messages, etc.)	Number (i.e., 1, 2, 3, 4)
monday14	Monday: Electronic interaction (email, text, chat, direct messages, etc.)	Number (i.e., 1, 2, 3, 4)
tuesday14	Tuesday: Electronic interaction (email, text, chat, direct messages, etc.)	Number (i.e., 1, 2, 3, 4)
wednesday14	Wednesday: Electronic interaction (email, text, chat, direct messages, etc.)	Number (i.e., 1, 2, 3, 4)

Variable Name	Question/Variable Description	Value Labels/Format
		Number (i.e., 1, 2, 3, 4)
thursday14	Thursday: Electronic interaction (email, text, chat, direct messages,etc.)	
friday14	Friday: Electronic interaction (email,text, chat, direct messages, etc.)	Number (i.e., 1, 2, 3, 4)
saturday14	Saturday: Electronic interaction(email, text, chat, direct messages,	Number (i.e., 1, 2, 3, 4)
total14	Total: Electronic interaction (email,text, chat, direct messages, etc.)	Number (i.e., 1, 2, 3, 4)
sunday15	Sunday: Community networking andcoalition building	Number (i.e., 1, 2, 3, 4)
monday15	Monday: Community networking andcoalition building	Number (i.e., 1, 2, 3, 4)
tuesday15	Tuesday: Community networking andcoalition building	Number (i.e., 1, 2, 3, 4)
wednesday15	Wednesday: Community networkingand coalition building	Number (i.e., 1, 2, 3, 4)
thursday15	Thursday: Community networking andcoalition building	Number (i.e., 1, 2, 3, 4)
friday15	Friday: Community networking andcoalition building	Number (i.e., 1, 2, 3, 4)
saturday15	Saturday: Community networking andcoalition building	Number (i.e., 1, 2, 3, 4)
total15	Total: Community networking andcoalition building	Number (i.e., 1, 2, 3, 4)
sunday21	Sunday: Material handed to people	Number (i.e., 1, 2, 3, 4)
monday21	Monday: Material handed to people	Number (i.e., 1, 2, 3, 4)
tuesday21	Tuesday: Material handed to people	Number (i.e., 1, 2, 3, 4)
		Number (i.e., 1, 2, 3, 4)
wednesday21	Wednesday: Material handed topeople	
thursday21	Thursday: Material handed to people	Number (i.e., 1, 2, 3, 4)
friday21	Friday: Material handed to people	Number (i.e., 1, 2, 3, 4)
saturday21	Saturday: Material handed to people	Number (i.e., 1, 2, 3, 4)
total21	Total: Material handed to people	Number (i.e., 1, 2, 3, 4)
sunday22	Sunday: Material emailed, mailed, and/or left at a person's unattendedhome	Number (i.e., 1, 2, 3, 4)
monday22	Monday: Material emailed, mailed, and/or left at a person's unattendedhome	Number (i.e., 1, 2, 3, 4)
tuesday22	Tuesday: Material emailed, mailed, and/or left at a person's unattendedhome	Number (i.e., 1, 2, 3, 4)

Variable Name	Question/Variable Description	Value Labels/Format
wednesday22	Wednesday: Material emailed, mailed, and/or left at a person's unattended home	Number (i.e., 1, 2, 3, 4)
thursday22	Thursday: Material emailed, mailed, and/or left at a person's unattended home	Number (i.e., 1, 2, 3, 4)
friday22	Friday: Material emailed, mailed, and/or left at a person's unattended home	Number (i.e., 1, 2, 3, 4)
saturday22	Saturday: Material emailed, mailed, and/or left at a person's unattended home	Number (i.e., 1, 2, 3, 4)
total22	Total: Material emailed, mailed, and/or left at a person's unattended home	Number (i.e., 1, 2, 3, 4)
sunday23	Sunday: Material left in public places	Number (i.e., 1, 2, 3, 4)
monday23	Monday: Material left in public places	Number (i.e., 1, 2, 3, 4)
tuesday23	Tuesday: Material left in public places	Number (i.e., 1, 2, 3, 4)
wednesday23	Wednesday: Material left in public places	Number (i.e., 1, 2, 3, 4)
thursday23	Thursday: Material left in public	Number (i.e., 1, 2, 3, 4)
friday23	Friday: Material left in public places	Number (i.e., 1, 2, 3, 4)
saturday23	Saturday: Material left in public places	Number (i.e., 1, 2, 3, 4)
total23	Total: Material left in public places	Number (i.e., 1, 2, 3, 4)
sunday24	Sunday: Mass media	Number (i.e., 1, 2, 3, 4)
monday24	Monday: Mass media	Number (i.e., 1, 2, 3, 4)
tuesday24	Tuesday: Mass media	Number (i.e., 1, 2, 3, 4)
wednesday24	Wednesday: Mass media	Number (i.e., 1, 2, 3, 4)
thursday24	Thursday: Mass media	Number (i.e., 1, 2, 3, 4)
friday24	Friday: Mass media	Number (i.e., 1, 2, 3, 4)
saturday24	Saturday: Mass media	Number (i.e., 1, 2, 3, 4)
total24	Total: Mass media	Number (i.e., 1, 2, 3, 4)
sunday25	Sunday: Social media posts	Number (i.e., 1, 2, 3, 4)
monday25	Monday: Social media posts	Number (i.e., 1, 2, 3, 4)
tuesday25	Tuesday: Social media posts	Number (i.e., 1, 2, 3, 4)
wednesday25	Wednesday: Social media posts	Number (i.e., 1, 2, 3, 4)
thursday25	Thursday: Social media posts	Number (i.e., 1, 2, 3, 4)
friday25	Friday: Social media posts	Number (i.e., 1, 2, 3, 4)
saturday25	Saturday: Social media posts	Number (i.e., 1, 2, 3, 4)
total25	Total: Social media posts	Number (i.e., 1, 2, 3, 4)
sunday26	Sunday: Social mediaimpressions/reach	Number (i.e., 1, 2, 3, 4)
monday26	Monday: Social mediaimpressions/reach	Number (i.e., 1, 2, 3, 4)

Variable Name	Question/Variable Description	Value Labels/Format
tuesday26	Tuesday: Social media impressions/reach	Number (i.e., 1, 2, 3, 4)
wednesday26	Wednesday: Social media impressions/reach	Number (i.e., 1, 2, 3, 4)
thursday26	Thursday: Social media impressions/reach	Number (i.e., 1, 2, 3, 4)
friday26	Friday: Social media	Number (i.e., 1, 2, 3, 4)
saturday26	Saturday: Social media impressions/reach	Number (i.e., 1, 2, 3, 4)
total26	Total: Social media impressions/reach	Number (i.e., 1, 2, 3, 4)
sunday27	Sunday: Social media engagement	Number (i.e., 1, 2, 3, 4)
monday27	Monday: Social media engagement	Number (i.e., 1, 2, 3, 4)
tuesday27	Tuesday: Social media engagement	Number (i.e., 1, 2, 3, 4)
wednesday27	Wednesday: Social media	Number (i.e., 1, 2, 3, 4)
thursday27	Thursday: Social media engagement	Number (i.e., 1, 2, 3, 4)
friday27	Friday: Social media engagement	Number (i.e., 1, 2, 3, 4)
saturday27	Saturday: Social media engagement	Number (i.e., 1, 2, 3, 4)
total27	Total: Social media engagement	Number (i.e., 1, 2, 3, 4)
createdby	Person who created the record	Text
createdon	Date the record was created	Date
updatedby	Person who updated the record	Text
updatedon	Date the record was updated	Date

Variable Name	Question/Variable Description	Value Labels
id	Participant ID	Sequence ID (e.g., 1, 2, 3)
FormVersion	Form version	YYYY (e.g., 2018)
		FEMA disaster declaration number (e.g., NJ-
ProjectNumber	Project number	4086)
ProviderName	Provider name	Text
		Identifier consisting of numbers and/or letters.
ProviderNumber	Provider number	The number is system generated.
		1 = ISP
		2 = ISP Extension
		3 = RSP
disaster_ISP	Project phase	4 = RSP Extension
DateOfService	Date of service	MM/DD/YYYY
County	County of service	County name
		Identifier consisting of numbers and/or letters.
employee_number1	First employee number	The format can vary by project.
		Identifier consisting of numbers and/or letters.
employee_number2	Second employee number	The format can vary by project.
zipcode	ZIP code	5 digit number
		1 = School or childcare (all ages through
		college)
		2 = Community center (e.g., recreation club)
		3 = Provider site/mental health agency (agency
		involved with the CCP)
		4 = Workplace
		5 = Disaster recovery center
		6 = Place of worship (e.g., church, synagogue,
		mosque)
		7 = Retail
		8 = Public place/event
		9 = Temporary home
		10 = Temporary home, any children < age 18
		live in the home
		11 = Permanent home
		12 = Permanent home, any children < age 18
		live in the home
		13 = Phone counseling (outbound call to
		participants)
		14 = Hotline, helpline, crisis line (inbound calls
		to staff)
		15 = Medical center
		16 = Other
servicelocation_codes	Location of service code	17 = Virtual
servicelocationother	Location of service other	Text

1 = First visit 2 = Second visit 3 = Third visit 4 = Fourth visit 4 = Fourth visit 5 = Fifth visit or later 1 = 15-29 minutes 2 = 30-44 minutes 3 = 45-59 minutes 4 = 60 minutes or more Was the team lead or supervisory staff present during administering this tool?	
3 = Third visit 4 = Fourth visit 5 = Fifth visit or later  1 = 15-29 minutes 2 = 30-44 minutes 3 = 45-59 minutes 4 = 60 minutes or more  Was the team lead or supervisory staff present during administering eadpresent_yesno_code this tool?  1 = Yes 0 = No  1 = Yes 0 = No 1 = Yes 0 = No 1 = Yes 0 = No 1 = Yes 0 = No 1 = Yes 0 = No 1 = Yes 0 = No 1 = Yes 0 = No	
4 = Fourth visit  5 = Fifth visit or later  1 = 15-29 minutes 2 = 30-44 minutes 3 = 45-59 minutes 4 = 60 minutes or more  Was the team lead or supervisory staff present during administering this tool?  1 = Yes	
visitnumber_code     5 = Fifth visit or later       1 = 15-29 minutes       2 = 30-44 minutes       3 = 45-59 minutes       duration_code     Duration of visit       Was the team lead or supervisory staff present during administering     1 = Yes       eadpresent_yesno_code     1 = Yes       risk_01     Family missing/dead     0 = No       risk_02     Friend missing/dead     0 = No       risk_03     Pet missing/dead     0 = No       risk_04     Home damaged or destroyed     0 = No       1 = Yes       1 = Yes	
1 = 15–29 minutes 2 = 30–44 minutes 3 = 45–59 minutes 4 = 60 minutes or more  Was the team lead or supervisory staff present during administering this tool?  1 = Yes 0 = No  eadpresent_yesno_code this tool?  1 = Yes	
2 = 30–44 minutes 3 = 45–59 minutes 4 = 60 minutes or more  Was the team lead or supervisory staff present during administering this tool?  1 = Yes 0 = No  eadpresent_yesno_code this tool?  1 = Yes risk_01	
duration_code  Duration of visit  Was the team lead or supervisory staff present during administering eadpresent_yesno_code this tool?  1 = Yes cisk_01 Family missing/dead 0 = No  1 = Yes cisk_02 Friend missing/dead 0 = No  1 = Yes cisk_03 Pet missing/dead 0 = No  1 = Yes cisk_04 Home damaged or destroyed 0 = No  1 = Yes 0 = No  1 = Yes 0 = No  1 = Yes 0 = No	
duration_code  Duration of visit  Was the team lead or supervisory staff present during administering this tool?  1 = Yes 0 = No  eadpresent_yesno_code  this tool?  1 = Yes 0 = No  1 = Yes 0 = No 1 = Yes 0 = No 1 = Yes 0 = No 1 = Yes 0 = No 1 = Yes	
Was the team lead or supervisory staff present during administering this tool?  1 = Yes	
staff present during administering this tool?  1 = Yes risk_01	
this tool?  1 = Yes  risk_01 Family missing/dead 0 = No  1 = Yes  risk_02 Friend missing/dead 0 = No  1 = Yes  risk_03 Pet missing/dead 0 = No  1 = Yes  risk_04 Home damaged or destroyed 0 = No  1 = Yes	
1 = Yes   0 = No   1 = Yes   1 = Y	
risk_01         Family missing/dead         0 = No           1 = Yes         0 = No           risk_02         Friend missing/dead         0 = No           1 = Yes         0 = No           risk_03         Pet missing/dead         0 = No           1 = Yes         0 = No           risk_04         Home damaged or destroyed         0 = No           1 = Yes         1 = Yes	
1 = Yes     0 = No     1 = Yes     0 = No     1 = Yes     1 = Ye	
risk_02         Friend missing/dead         0 = No           1 = Yes         0 = No           risk_03         Pet missing/dead         0 = No           1 = Yes         1 = Yes           risk_04         Home damaged or destroyed         0 = No           1 = Yes         1 = Yes	
1 = Yes	
risk_03         Pet missing/dead         0 = No           risk_04         Home damaged or destroyed         0 = No           1 = Yes         1 = Yes	
1 = Yes  risk_04 Home damaged or destroyed 0 = No  1 = Yes  1 = Yes	
risk_04 Home damaged or destroyed 0 = No 1 = Yes	
1 = Yes	
isk 05 Vehicle or major property loss 0 = No	
1 = Yes	
risk_06 Other financial loss 0 = No	
Disaster un- or underemployed (self   1 = Yes	
risk_07 or household member) 0 = No	
Illness, injury, or physical harm (self   1 = Yes	
risk_08 or household member) 0 = No	
Life was threatened (self or 1 = Yes	
risk_09 household member) 0 = No	
Witnessed death/injury (self or 1 = Yes	
risk_10 household member) 0 = No	
Assisted with rescue/recovery (self   1 = Yes	
risk_11 or household member) 0 = No	
Changed schools or learning format 1 = Yes	
risk_12 (e.g., virtual) 0 = No	
Prolonged separation from social 1 = Yes	
network/family physical isolation, or 0 = No	
risk_13 social distancing	
Evacuated quickly with no time to 1 = Yes	
risk_14 prepare 0 = No	
Displaced from home 1 week or 1 = Yes	
risk_15 more 0 = No	

Variable Name	Question/Variable Description	Value Labels
	Sheltered in place or sought shelter	1 = Yes
risk_16	due to immediate threat of danger	0 = No
	Past substance use/mental health	1 = Yes
risk_17	problem	0 = No
		1 = Yes
risk_18	Preexisting physical disability	0 = No
		1 = Yes
risk_19	Past trauma	0 = No
		1 = Yes
risk_20	Disaster-caused food insecurity	0 = No
	Reduced or no access to reliable	1 = Yes
risk_21	information/communication	0 = No
	Reduced or no access to reliable	1 = Yes
risk_22	transportation	0 = No
		1 = Young adult (18–39 years)
		2 = Adult (40–64 years)
adultage_code	Age	3 = Older adult (65 years or older)
	Physical (mobility, visual, hearing,	1 = Yes
disability_1	medical, etc.)	0 = No
	Intellectual/cognitive (learning	1 = Yes
	disability, developmental delay,	0 = No
disability_2	etc.)	
, <u>-</u>	Mental health/substance misuse	1 = Yes
	(psychiatric, substance use disorder,	0 = No
disability_3	etc.)	
, _		1 = Yes
sex_1	Male	0 = No
_		1 = Yes
sex_2	Female	0 = No
_		1 = Yes
sex_3	Transgender	0 = No
		1 = Yes
sex_4	None of these	0 = No
		1 = English
		2 = Spanish
primarylanguage_code	Primary language code	3 = Other
primarylanguageother	Primary language other	Text
		1 = Yes
race_1	American Indian/Alaska Native	0 = No
_		1 = Yes
race_2	Asian	0 = No
		1 = Yes
race_3	Black or African American	0 = No
	•	

Variable Name	Question/Variable Description		Value Labels
		1 = Yes	
race_4	Native Hawaiian/Pacific Islander	0 = No	
		1 = Yes	
race_5	White	0 = No	
_		1 = Yes	
race_6	Hispanic or Latino	0 = No	
_	Did you immigrate to the United	1 = Yes	
immigrate_yesno_code	States in the past 5 years?		
	How much have you been	1 = Not at all	2 = A little bit
	bothered by unwanted memories,	3 = Somewhat	4 = Quite a bit
	nightmares, or reminders of what	5 = Very much	6 = N/A
Q1 howmuch code	happened?		
	How much effort have you made to	1 = Not at all	2 = A little bit
	avoid thinking or talking about what	3 = Somewhat	4 = Quite a bit
	happened or doing things that	5 = Very much	6 = N/A
Q2_howmuch_code	remind you of what happened?	,	·
	To what extent have you lost	1 = Not at all	2 = A little bit
	enjoyment in things, kept your	3 = Somewhat	4 = Quite a bit
	distance from people, or found it	5 = Very much	6 = N/A
	difficult to experience feelings		.,
Q3_howmuch_code	because of what happened?		
Q3_nowmacn_code	i i	1 = Not at all	2 = A little bit
	How much have you been bothered	3 = Somewhat	4 = Quite a bit
	by poor sleep, poor concentration,	5 = Very much	6 = N/A
	jumpiness, irritability, or feeling watchful around you because of	S very mach	0 14,71
Q4 howmuch code	what happened?		
Q+_nowmach_code	what happened:	1 = Not at all	2 = A little bit
	How down or depressed have you	3 = Somewhat	4 = Quite a bit
Q5_howmuch_code	been because of what happened?	5 = Very much	6 = N/A
Q3_nowmach_code	Has your ability to handle other	1 = Not at all	2 = A little bit
	stressful events or situations been	3 = Somewhat	4 = Quite a bit
Q6_howmuch_code	harmed?	5 = Very much	6 = N/A
Qo_nowmacn_code	Have your reactions interfered with	1 = Not at all	2 = A little bit
	how well you take care of your	3 = Somewhat	4 = Quite a bit
	physical health? For example, are	5 = Very much	6 = N/A
	you eating poorly, not getting	5 - very much	0 - N/A
	enough rest, smoking more, or		
	finding that you have increased		
	youruse of alcohol or other		
Q7_howmuch_code	substances?		
		1 = Not at all	2 = A little bit
	How distressed or bothered are you	3 = Somewhat	4 = Quite a bit
Q8_howmuch_code	about your reactions?	5 = Very much	6 = N/A

Variable Name	Question/Variable Description	Value	Labels
	How much have your reactions	1 = Not at all	2 = A little bit
	interfered with your ability to work	3 = Somewhat	4 = Quite a bit
	or carry out your daily activities,	5 = Very much	6 = N/A
Q9_howmuch_code	such as housework or homework?		
	How much have your reactions	1 = Not at all	2 = A little bit
	affected your relationships with	3 = Somewhat	4 = Quite a bit
	your family or friends or interfered	5 = Very much	6 = N/A
	with your social, recreational, or		
Q10_howmuch_code	community activities?		
	How concerned have you been	1 = Not at all	2 = A little bit
	about your ability to overcome	3 = Somewhat	4 = Quite a bit
	problems you may face without	5 = Very much	6 = N/A
Q11_howmuch_code	further assistance?		
	Number of responses that were 4 or	Number (i.e., 1, 2, 3, 4	.)
QTotal	5		
	I also need to ask: Is there any	1 = Yes	
	possibility that you might hurt or kill	0 = No	
Q12_yesno_code	yourself?		
	In the past month, have you had	1 = Yes	
Q12_yesno_code_omb202	thoughts of suicide?	0 = No	
	Have you ever made a suicide	1 = Yes	
Q13_yesno_code_omb202	attempt?	0 = No	
	If yes to #12 or #13, are you having	1 = Yes	
Q14_yesno_code_omb202	thoughts of suicide right now?	0 = No	
	Other crisis counseling program	1 = Yes	
	services (e.g., group counseling,	0 = No	
	referral to team leader, follow-up		
referral_1	visit)		
	Mental health services (e.g.,	1 = Yes	
	professional, longer-term	0 = No	
	counseling, treatment, behavioral,		
referral_2	psychiatric services)		
	Substance misuse services (e.g.,	1 = Yes	
	professional, behavioral, medical	0 = No	
	treatment or self-help groups such		
	as Alcoholics Anonymous or		
referral_3	Narcotics Anonymous)		
	Community services (e.g., FEMA,	1 = Yes	
	loans, housing, employment, social	0 = No	
referral_4	services)		
	Resources for those with disabilities,	1 = Yes	
referral_5	or other access or functional needs	0 = No	
		1 = Yes	
referral_6	Other	0 = No	

Variable Name	Question/Variable Description	Value Labels
referralother	Referral other	Text
	Did the participant accept one or	1 = Yes
accept_yesno_code	more of the referral(s)?	0 = No
createdby	Person who created the record	Text
createdon	Date the record was created	Date
updatedby	Person who updated the record	Text
updatedon	Date the record was updated	Date

Variable Name	Question/Variable Description	Value Labels/Format
id	Participant ID	Sequence ID (i.e., 1, 2, 3)
FormVersion	Form version	YYYY (e.g., 2018)
		FEMA disaster declaration number
ProjectNumber	Project number	(e.g., NJ-4086)
ProviderName	Provider name	Text
		Identifier consisting of numbers
		and/or letters. The number is system
ProviderNumber	Provider number	generated.
		1 = ISP
		2 = ISP Extension
		3 = RSP
disaster_ISP	Project phase	4 = RSP Extension
DateOfService	Date of service	MM/DD/YYYY
County	County of service	County name
		Identifier consisting of numbers
		and/or letters. The format can vary by
employee_number1	First employee number	project.
		Identifier consisting of numbers
		and/or letters. The format can vary by
employee_number2	Second employee number	project.
zipcode	ZIP code	5 digit number
		1 = First visit
		2 = Second visit
		3 = Third visit
		4 = Fourth visit
visitnumber_code	Visit number code	5 = Fifth visit or later
		1 = 15–29 minutes
		2 = 30–44 minutes
		3 = 45–59 minutes
duration_code	Duration of visit	4 = 60 minutes or more
	Was a parent or caregiver present during	1 = Yes
parentpresent_yesno_code	the visit?	0 = No
	Was the team lead or supervisory staff	1 = Yes
leadpresent_yesno_code	present during administering this tool?	0 = No

Variable Name	Question/Variable Description	Value Labels/Format
		1 = School or childcare (all ages
		through college)
		2 = Community center (e.g.,
		recreation club)
		3 = Provider site/mental health
		agency (agency involved with the CCP)
		4 = Workplace
		5 = Disaster recovery center
		6 = Place of worship (e.g., church,
		synagogue, mosque)
		7 = Retail
		8 = Public place/event
		9 = Temporary home
		10 = Temporary home, any children <
		age 18 live in the home
		11 = Permanent home
		12 = Permanent home, any children <
		age 18 live in the home
		13 = Phone counseling (outbound call
		to participants)
		14 = Hotline, helpline, crisis line
		(inbound calls to staff)
		15 = Medical center
		16 = Other
servicelocation_codes	Location of service code	17 = Virtual
servicelocationother	Location of service other	Text
		1 = Yes
risk_01	Family missing/dead	0 = No
		1 = Yes
risk_02	Friend missing/dead	0 = No
		1 = Yes
risk_03	Pet missing/dead	0 = No
		1 = Yes
risk_04	Home damaged or destroyed	0 = No
		1 = Yes
risk_05	Vehicle or major property loss	0 = No
		1 = Yes
risk_06	Other financial loss	0 = No
	Disaster unemployed (self or household	1 = Yes
risk_07	member)	0 = No
	Injured or physically harmed (self or	1 = Yes
risk_08	household member)	0 = No
	Life was threatened (self or household	1 = Yes
risk_09	member)	0 = No
	Witnessed death/injury (self or	1 = Yes
risk_10	household member)	0 = No

Variable Name	Question/Variable Description	Value Labels/Format
	Assisted with rescue/recovery (self or	1 = Yes
risk_11	household member)	0 = No
	Had to change schools (for children or	1 = Yes
risk_12	youth)	0 = No
		1 = Yes
risk_13	Prolonged separation from family	0 = No
	Evacuated quickly with no time to	1 = Yes
risk_14	prepare	0 = No
	Disabased from house 4 words on more	1 = Yes 0 = No
risk_15	Displaced from home 1 week or more	1 = Yes
risk 16	Sheltered in place or sought shelter due to immediate threat of danger	0 = No
1131/_10	Past substance use/mental health	1 = Yes
risk 17	problem	0 = No
1101(_17	problem:	1 = Yes
risk 18	Preexisting physical disability	0 = No
_	31 , ,	1 = Yes
risk_19	Past trauma	0 = No
		1 = Yes
risk_20	Disaster-caused food insecurity	0 = No
	Reduced or no access to reliable	1 = Yes
risk_21	information/communication	0 = No
	Reduced or no access to reliable	1 = Yes
risk_22	transportation	0 = No
		1 = Preschool (0–5 years)
al-data a series	<b>A</b>	2 = Child (6–11 years)
childage_code	Age Grade level in school	3 = Adolescent (12–17 years) Number (i.e., 1, 2, 3, 4)
gradelevel		1 = Yes
disability_1	Physical (mobility, visual, hearing, medical, etc.)	0 = No
disability_1	Intellectual/cognitive (learning disability,	1 = Yes
disability_2	developmental delay, etc.)	0 = No
	Mental health/substance misuse	1 = Yes
	(psychiatric, substance dependence,	0 = No
disability_3	etc.)	
		1 = Yes
sex_1	Male	0 = No
		1 = Yes
sex_2	Female	0 = No
		1 = Yes
sex_3	Transgender	0 = No
	ļ.,	1 = Yes
sex_4	None of these	0 = No
		1 = English
muina amula sassas as a sasta	Drimonnulongueses	2 = Spanish
primarylanguage_code	Primary language code	3 = Other

Variable Name	Question/Variable Description	Value Lab	els/Format
primarylanguageother	Primary language other	Text	
		1 = Yes	
race_1	American Indian/Alaska Native	0 = No	
		1 = Yes	
race_2	Asian	0 = No	
		1 = Yes	
race_3	Black or African American	0 = No	
		1 = Yes	
race_4	Native Hawaiian/Pacific Islander	0 = No	
	reactive maximum, reactive islander	1 = Yes	
race_5	White	0 = No	
Tacc_5	Willie	1 = Yes	
race_6	Hispanic or Latino	0 = No	
race_0	<u> </u>	1 = Yes	
immigrate_yesno_code	Did you immigrate to the United States in the past 5 years?	1 - 162	
ngrate_yesno_code	Do you get upset, afraid, or sad when	0 = Not at all	1 = A little bit
	something makes you think about the	2 = Somewhat	3 = Quite a bit
O1 shildhawmush sada	disaster?	4 = Very much	5 = Quite a bit 5= N/A
Q1_childhowmuch_code	uisaster r	, , , , , , , , , , , , , , , , , , ,	1 = A little bit
	De very have had discours as sight-server	0 = Not at all	
	Do you have bad dreams or nightmares	2 = Somewhat	3 = Quite a bit
Q2_childhowmuch_code	about what happened?	4 = Very much	5= N/A
	Do you have upsetting thoughts or	0 = Not at all	1 = A little bit
	pictures that come into your mind	2 = Somewhat	3 = Quite a bit
Q3_childhowmuch_code	about what happened?	4 = Very much	5= N/A
		0 = Not at all	1 = A little bit
	Do you try not to think about or talk	2 = Somewhat	3 = Quite a bit
Q4_childhowmuch_code	about what happened?	4 = Very much	5= N/A
	Do you stay away from places, people,	0 = Not at all	1 = A little bit
	or things that make you remember the	2 = Somewhat	3 = Quite a bit
Q5_childhowmuch_code	disaster?	4 = Very much	5= N/A
	Do you have difficulty falling asleep or	0 = Not at all	1 = A little bit
	wake up often because of what	2 = Somewhat	3 = Quite a bit
Q6 childhowmuch code	happened?	4 = Very much	5= N/A
		0 = Not at all	1 = A little bit
		2 = Somewhat	3 = Quite a bit
Q7_childhowmuch_code	Do you feel jumpy or nervous?	4 = Very much	5= N/A
	Do you find it harder to concentrate	0 = Not at all	1 = A little bit
	orpay attention to things than you	2 = Somewhat	3 = Quite a bit
Q8_childhowmuch_code	usually do?	4 = Very much	5 = Quite a bit 5= N/A
Co_crinariowifiacri_code	usually uo:	0 = Not at all	1 = A little bit
		2 = Somewhat	3 = Quite a bit
Q9_childhowmuch_code	Do you feel irritable or grouchy?	4 = Very much	5 = Quite a bit 5= N/A
ασ_crinanowinacii_code	bo you reel illitable of grouchly:	0 = Not at all	1 = A little bit
		2 = Somewhat	
010 abildle	De veu feel eed de vee ee de vee 12		3 = Quite a bit
Q10_childhowmuch_code	Do you feel sad, down, or depressed?	4 = Very much	5= N/A

Variable Name	Question/Variable Description	Value Label	s/Format
		0 = Not at all	1 = A little bit
	Have you had more aches and pains,	2 = Somewhat	3 = Quite a bit
Q11_childhowmuch_code	such as stomachaches or headaches?	4 = Very much	5= N/A
		0 = Not at all	1 = A little bit
	If in school: Do you find it harder to get	2 = Somewhat	3 = Quite a bit
Q12_childhowmuch_code	your schoolwork done?	4 = Very much	5= N/A
	Do you worry about something else bad	0 = Not at all	1 = A little bit
	happening to you/your family/your	2 = Somewhat	3 = Quite a bit
Q13_childhowmuch_code	friends?	4 = Very much	5= N/A
		0 = Not at all	1 = A little bit
	Are you having a harder time getting	2 = Somewhat	3 = Quite a bit
Q14_childhowmuch_code	along with family or your friends?	4 = Very much	5= N/A
		0 = Not at all	1 = A little bit
	Are you finding it harder to do or enjoy	2 = Somewhat	3 = Quite a bit
Q15_childhowmuch_code	activities that you used to enjoy?	4 = Very much	5= N/A
		0 = Not at all	1 = A little bit
	Has your child been more clingy or	2 = Somewhat	3 = Quite a bit
Q16_childhowmuch_code	worried about separation?	4 = Very much	5= N/A
		0 = Not at all	1 = A little bit
	Has your child been more quiet and	2 = Somewhat	3 = Quite a bit
Q17_childhowmuch_code	withdrawn?	4 = Very much	5= N/A
		0 = Not at all	1 = A little bit
	Has your child talked repeatedly or	2 = Somewhat	3 = Quite a bit
Q18_childhowmuch_code	asked questions about the disaster?	4 = Very much	5= N/A
		0 = Not at all	1 = A little bit
	Has your child's play been about the	2 = Somewhat	3 = Quite a bit
Q19_childhowmuch_code	disaster?	4 = Very much	5= N/A
	Have you noticed changes in your child's		
	behavior or development (e.g., bed-		
	wetting, baby talk, fighting or risk-taking	0 = Not at all	1 = A little bit
	behavior, decline in school	2 = Somewhat	3 = Quite a bit
Q20_childhowmuch_code	performance)?	4 = Very much	5= N/A
QTotal	Total number	Number (i.e., 1, 2, 3,	4)
	Have you had any thoughts or plans	1 = Yes	
hurtingself_yesno_code	about either hurting or killing yourself?	0 = No	
	In the past few weeks, have you wished	1 = Yes	
Q21_yesno_code_omb2020	you were dead?	0 = No	
	In the past few weeks, have you felt that		
	you or your family would be better off if	1 = Yes	
Q22_yesno_code_omb2020	you were dead?	0 = No	
	In the past week, have you been having	1 = Yes	
Q23_yesno_code_omb2020	thoughts about killing yourself?	0 = No	
		1 = Yes	
Q24_yesno_code_omb2020	Have you ever tried to kill yourself?	0 = No	
killingyourself_yesno_code_o	Are you having thoughts of killing	1 = Yes	
mb2020	yourself now?	0 = No	

Variable Name	Question/Variable Description	Value Labels/Format
	Crisis counseling program services (e.g.,	1 = Yes
	group counseling, referral to team	0 = No
referral_1	leader, follow-up visit)	
	Mental health services (e.g.,	1 = Yes
	professional, longer-term counseling,	0 = No
	treatment, behavioral, psychiatric	
referral_2	services)	
	Substance misuse services (e.g.,	1 = Yes
	professional, behavioral, medical	0 = No
	treatment or self-help groups such as	
	Alcoholics Anonymous or Narcotics	
referral_3	Anonymous)	
	Community services (e.g., FEMA, loans,	1 = Yes
referral_4	housing, employment, social services)	0 = No
	Resources for those with disabilities, or	1 = Yes
referral_5	other access or functional needs	0 = No
		1 = Yes
referral_6	Other	0 = No
referralother	Referral other	Text
	Did the participant accept one or more	1 = Yes
accept_yesno_code	of the referral(s)?	0 = No
createdby	Person who created the record	Text
createdon	Date the record was created	Date
updatedby	Person who updated the record	Text
updatedon	Date the record was updated	Date

Variable Name	Question/Variable Description	Value Labels/Format
id	Participant ID	Sequence ID (i.e., 1, 2, 3)
FormVersion	Form version	YYYY (e.g., 2018)
		FEMA disaster declaration number
ProjectNumber	Project number	(e.g., NJ-4086)
		1 = ISP
		2 = ISP Extension
		3 = RSP
disaster_ISP	Project ISP	4 = RSP Extension
		1 = Less than 1 month
		2 = 1–3 months
	How long have you been working for	3 = 4–8 months
period	the project?	4 = 9 months or longer
ProviderName	Provider name	Text
		Identifier consisting of numbers
		and/or letters. The number is system
ProviderNumber	Provider number	generated.
entrydate	Today's date	MM/DD/YYYY
	Practical skills to engage survivors (e.g.,	1 = Yes
	hands-on activities, role-play): Have you	0 = No
Q1_yesno_code_omb2020	had this training?	
		1 = Not at all useful
		2 = Slightly useful
	Practical skills to engage survivors (e.g.,	3 = Moderately useful
	hands-on activities, role-play): Rate the	4 = Very useful
Q1_useful_code_omb2020	usefulness of this training.	5 = Extremely useful
	Explaining the normal or expected	1 = Yes
	reactions to disaster: Have you had this	0 = No
Q2_yesno_code_omb2020	training?	
		1 = Not at all useful
		2 = Slightly useful
	Explaining the normal or expected	3 = Moderately useful
	reactions to disaster: Rate the	4 = Very useful
Q2_useful_code_omb2020	usefulness of this training.	5 = Extremely useful
	Understanding the CCP outreach to	1 = Yes
Q3_yesno_code_omb2020	survivors: Have you had this training?	0 = No
		1 = Not at all useful
		2 = Slightly useful
	Understanding the CCP outreach to	3 = Moderately useful
	survivors: Rate the usefulness of this	4 = Very useful
Q3_useful_code_omb2020	training.	5 = Extremely useful
	Promoting resilience: Have you had this	1 = Yes
Q4_yesno_code_omb2020	training?	0 = No

Variable Name	Question/Variable Description	Value Labels/Format
		1 = Not at all useful
		2 = Slightly useful
		3 = Moderately useful
	Promoting resilience: Rate the	4 = Very useful
Q4_useful_code_omb2020	usefulness of this training.	5 = Extremely useful
	Psychoeducational activities: Have you	1 = Yes
Q5_yesno_code_omb2020	had this training?	0 = No
		1 = Not at all useful
		2 = Slightly useful
		3 = Moderately useful
	Psychoeducational activities: Rate the	4 = Very useful
Q5_useful_code_omb2020	usefulness of this training.	5 = Extremely useful
	Resources linkage and identification of	1 = Yes
	local resources for referral purposes:	0 = No
Q6_yesno_code_omb2020	Have you had this training?	
		1 = Not at all useful
		2 = Slightly useful
	Resources linkage and identification of	3 = Moderately useful
	local resources for referral purposes:	4 = Very useful
Q6_useful_code_omb2020	Rate the usefulness of this training.	5 = Extremely useful
	Training on how to use the CCP mobile	1 = Yes
	app for data collection: Have you had	0 = No
Q7_yesno_code_omb2020	this training?	
	-	1 = Not at all useful
		2 = Slightly useful
	Training on how to use the CCP mobile	3 = Moderately useful
	app for data collection: Rate the	4 = Very useful
Q7_useful_code_omb2020	usefulness of this training.	5 = Extremely useful
	Training on how to complete the CCP	1 = Yes
	data collection tools (e.g., encounter	0 = No
	logs, Weekly Tally Sheet): Have you had	
Q8_yesno_code_omb2020	this training?	
	<u> </u>	1 = Not at all useful
	Training on how to complete the CCP	2 = Slightly useful
	data collection tools (e.g., encounter	3 = Moderately useful
	logs, Weekly Tally Sheet): Rate the	4 = Very useful
Q8_useful_code_omb2020	usefulness of this training.	5 = Extremely useful
	Other crisis counseling trainings offered	1 = Yes
	by the state or your agency (e.g., self-	0 = No
	care, Skills for Psychological Recovery):	
Q9_yesno_code_omb2020	Have you had this training?	
	, 3	1 = Not at all useful
	Other crisis counseling trainings offered	2 = Slightly useful
	by the state or your agency (e.g., self-	3 = Moderately useful
	care, Skills for Psychological Recovery):	4 = Very useful
Q9_useful_code_omb2020	Rate the usefulness of this training.	5 = Extremely useful
~5_455.41_5546_511152525	1	

Variable Name	Question/Variable Description	Value Labels/Format
		1 = Extremely poor
		2 = Poor
		3 = Fair
	Quality of the supervision provided to	4 = Good
Q10_howgood_code_omb2022	you	5 = Excellent
		1 = Extremely poor
		2 = Poor
		3 = Fair
	Opportunities to interact with other	4 = Good
Q11_howgood_code_omb2022	staff in supportive ways	5 = Excellent
		1 = Extremely poor
	Support and training provided to help	2 = Poor
	you avoid compassion fatigue or to	3 = Fair
	cope with the stress of listening to and	4 = Good
Q12_howgood_code_omb2022	helping others	5 = Excellent
Q12_nowgood_codc_omb2022	inciping others	1 = Extremely poor
		2 = Poor
		3 = Fair
	Opportunities for professional and	4 = Good
Q13_howgood_code_omb2022	personal growth	5 = Excellent
Q15_nowgood_code_omb2022	personal growth	1 = Extremely poor
		2 = Poor
		3 = Fair
	Appropriateness of the workload (e.g.,	4 = Good
Q14_howgood_code_omb2022	neither too much nor too little)	5 = Excellent
Q14_nowgood_code_onnb2022	literation macrifier too intrej	1 = Extremely poor
		2 = Poor
		3 = Fair
	Adequacy of the resources and tools	4 = Good
Q15_howgood_code_omb2020	you had available to do your job	5 = Excellent
Q13_nowgood_code_onib2020		1 = Extremely poor
		2 = Poor
	How well you understood how your job	3 = Fair
	fit into the bigger picture of your	4 = Good
O16 howgood code emb2022	community's response to the disaster	5 = Excellent
Q16_howgood_code_omb2022	community's response to the disaster	
		1 = Extremely poor
	How wall data from the conduction	2 = Poor
	How well data from the evaluation	3 = Fair
017 hourged and amb2022	were shared with crisis counseling	4 = Good
Q17_howgood_code_omb2022	teams or used to inform their work	5 = Excellent
	Hannah nan kalian atkata atau	1 = Extremely poor
	How well you believe the types of	2 = Poor
	services provided by the project	3 = Fair
	matched the types of need present in	4 = Good
Q18_howgood_code_omb2022	the community	5 = Excellent

Variable Name	Question/Variable Description	Value Labels/Format
		1 = Extremely poor
		2 = Poor
		3 = Fair
	The overall quality of services provided	4 = Good
Q19_howgood_code_omb2022	by the project	5 = Excellent
		1 = Extremely poor
		2 = Poor
	How likely you would be to recommend	3 = Fair
	this project to a friend or family	4 = Good
Q20_howgood_code_omb2022	member if he or she had the need	5 = Excellent
		1 = Extremely poor
		2 = Poor
	The CCP mobile app is easily used to	3 = Fair
	complete forms during and/or after	4 = Good
QMobile1_howgood_code	encounters	5 = Excellent
		1 = Extremely poor
		2 = Poor
		3 = Fair
	The CCP mobile app functioned as	4 = Good
QMobile2_howgood_code	intended for collecting data	5 = Excellent
QWODNEZ_NOWGOOU_code	interface for concetting data	1 = Extremely poor
	My team leader(s) and program	2 = Poor
	management provided adequate	3 = Fair
	support and training on the CCP mobile	4 = Good
QMobile3_howgood_code	app	5 = Excellent
QWODIICS_NOWGOOU_code	арр	1 = Extremely poor
	The data from the evaluation was	2 = Poor
	shared with crisis counseling teams	3 = Fair
	and/or was used to inform my work	4 = Good
QMobile4_howgood_code	efficiently	5 = Excellent
QWODNE4_NOWgOOd_code	emcientry	1 = Yes
MobilePrevention 1	Not applicable; I used the mobile form	0 = No
Wobilet revention_1	Not applicable, I used the mobile form	1 = Yes
MobilePrevention_2	No access to the mobile device	0 = No
WODIEFTEVEITION_2	No access to the mobile device	1 = Yes
Mobile Provention 2	Did not understand how to use	0 = No
MobilePrevention_3	Did not understand how to use	1 = Yes
MobilePrevention 4	Not comfortable with tachnology	1 = Yes 0 = No
iviobileri evention_4	Not comfortable with technology	1 = Yes
MobileDrovention	Drive av concerns	1 = Yes 0 = No
MobilePrevention_5	Privacy concerns	
MahilaDraysatian	Othor	1 = Yes
MobilePrevention_6	Other	0 = No
MobilePrevention_other	If other, please specify	Text
UnderstandInstructions_yesno_co	*	1 = Yes
de	instructions for filling out the forms?	0 = No
UnderstandInstructions_other		Text

Variable Name	Question/Variable Description	Value Labels/	Format
Q21_howmuch_code_omb2022	Have you had difficulty handling other stressful events or situations due to your crisis counseling work or your reactions to it?		2 = A little bit = Quite a bit
Q22_howmuch_code_omb2022	Has the crisis counseling work or your reaction to it interfered with how well you take care of your physical health (e.g., eating poorly, not getting enough rest, smoking more, drinking more)?		? = A little bit = Quite a bit
Q23_howmuch_code_omb2022	Has the crisis counseling work or your reaction to it interfered with your ability to work or carry out your other daily activities, such as housework or schoolwork?		? = A little bit = Quite a bit
O24 howmuch code emb2022	Has your crisis counseling work or your reaction to it affected your relationships with your family or friends or interfered with your social,		? = A little bit = Quite a bit
Q24_howmuch_code_omb2022  Q25_howmuch_code_omb2022	recreational, or community activities?  Have you been distressed or bothered about your reactions?		2 = A little bit = Quite a bit
	How many hours of crisis counseling program work do you do in a typical	1 = Less than 20 hours 2 = 20–29 hours 3 = 30–39 hours	
workhour_code workmonth	week? How many months have you worked with the crisis counseling program?	4 = 40 or more hours Number (i.e., 1, 2, 3, 4	)
supervisework_yesno_code	Do you supervise the work of other crisis counselors?	1 = Yes 0 = No	
workcounty	In what county or parish do you commonly work?	Text 1 = Yes	
sex_1	Male	0 = No 1 = Yes	
sex_2	Female	0 = No 1 = Yes	
sex_3	Transgender	0 = No 1 = Yes	
sex_4 birthyear	None of these In what year were you born?	0 = No Number (i.e., 1, 2, 3, 4	)

Variable Name	Question/Variable Description	Value Labels/Format
		1 = No high school
		2 = High school diploma
		3 = Bachelor's degree
		4 = High school, but no diploma or
		GED
		5 = Some college, but no degree
		6 = Graduate or professional degree
		(e.g., M.A., Ph.D., M.D., J.D.)
	What is the highest level of education	7 = GED or other high school
	you have completed or degree you	equivalency
educationdegree_code	have received?	8 = Associate's degree
		1 = Yes
hispanic_yesno_code	Are you Hispanic/Latino?	0 = No
	, , ,	1 = American Indian/Alaska Native
		2 = Asian
		3 = Black or African American
		4 = Native Hawaiian/Other Pacific
	Which of the following best describes	Islander
race5 code	your race?	5 = White
	Have you been impacted by the current	1 = Yes
disasterimpact_yesno_code	disaster?	0 = No
		1 = < \$10,000
		2 = \$10,000-\$25,000
		3 = \$25,000–\$40,000
	What is your household gross annual	4 = \$40,000–\$51,000
income_code	income?	5 = > \$51,000
	Do you live alone, with a spouse or	1 = Yes
	partner, other family (e.g.,	0 = No
QPreDisaster1_yesno_code	children/parents), or roommate?	
	7,7	1 = Yes
QPreDisaster2_yesno_code	Have employment?	0 = No
		1 = Yes
QPreDisaster3 yesno code	Do you own a working car?	0 = No
=, =	Evacuated quickly with no time to	1 = Yes
QPostDisaster1_yesno_code	prepare?	0 = No
		1 = Yes
QPostDisaster2_yesno_code	Home damage?	0 = No
: <u>=</u>		1 = Yes
QPostDisaster3_yesno_code	Vehicle or major property loss?	0 = No
	Disaster unemployed (self or household	1 = Yes
QPostDisaster4_yesno_code	member)?	0 = No
	Have a change in cohabitation (e.g., live	1 = Yes
	alone, with spouse/partner, other	0 = No
QPostDisaster5_yesno_code	family, roommate)?	
: <u>=</u>	Know someone close to you who was	1 = Yes
QPostDisaster6_yesno_code	severely injured during the disaster?	0 = No
	1 3. 5.7ja. 5a darnig tile disaster i	

Variable Name	Question/Variable Description	Value Labels/Format
QPostDisaster7_yesno_code	Witnessed death/injury (self or household member)?	1 = Yes 0 = No
QPostDisaster8_yesno_code	Know someone who was severely injured as a result of the disaster?	1 = Yes 0 = No
QDisplacement_code	Been displaced from your primary residence?	1 = Yes 0 = No
comments	Do you have any comments you would like to share?	Text
createdon	Date the record was created	Date
updatedon	Date the record was updated	Date

Variable Name	Question/Variable Description	Value Labels
id	Participant ID	Sequence ID (i.e., 1, 2, 3)
FormVersion	Form version	YYYY (e.g., 2018)
		FEMA disaster declaration
ProjectNumber	Project number	number (e.g., NJ-4086)
.,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 = ISP
		2 = ISP Extension
		3 = RSP
disaster_ISP	Project ISP	4 = RSP Extension
entrydate	Today's date	MM/DD/YYYY
enti yuate	Today's date	
		1 = Extremely poor
		2 = Poor
		3 = Fair
		4 = Good
Q1_howgood_code	Treating you with respect?	5 = Excellent
		1 = Extremely poor
		2 = Poor
		3 = Fair
	Respecting your culture, race, ethnicity, or	4 = Good
Q2_howgood_code	religion?	5 = Excellent
		1 = Extremely poor
		2 = Poor
		3 = Fair
		4 = Good
Q3_howgood_code	Making you feel that asking for help is okay?	5 = Excellent
		1 = Extremely poor
		2 = Poor
		3 = Fair
	Making you feel that you can help yourself	4 = Good
Q4_howgood_code	and your family?	5 = Excellent
Q+_nowgood_codc	and your farmiy:	
		1 = Extremely poor
		2 = Poor
		3 = Fair
OF the second and	W	4 = Good
Q5_howgood_code	Keeping things you said private?	5 = Excellent
	One-to-one interaction (with	
Q6_usedservice_yesno_co		1 = Yes
de	this service?	0 = No
	One-to-one interaction (with	
Q6_servicehelpful_yesno_	counselor/outreach worker): Was this service	1 = Yes
code	helpful?	0 = No
Q7_usedservice_yesno_co	Public education presentation: Have you used	1 = Yes
de	this service?	0 = No
Q7_servicehelpful_yesno_	Public education presentation: Was this	1 = Yes
code	service helpful?	0 = No
Q8_usedservice_yesno_co		1 = Yes
de de la	used this service?	0 = No
40	asca tins service:	0 140

Variable Name	Question/Variable Description	Value Labels
Q8_servicehelpful_yesno_	Group counseling/support group: Was this	1 = Yes
code	service helpful?	0 = No
Q9_usedservice_yesno_co	Handouts/materials: Have you used this	1 = Yes
de	service?	0 = No
Q9_servicehelpful_yesno_		1 = Yes
code	Handouts/materials: Was this service helpful?	0 = No
Q10_usedservice_yesno_c	Internet sites (CCP website, Facebook, etc.):	1 = Yes
ode	Have you used this service?	0 = No
Q10_servicehelpful_yesno	Internet sites (CCP website, Facebook, etc.):	1 = Yes
_code	Was this service helpful?	0 = No
Q11_usedservice_yesno_c		1 = Yes
ode	Other: Have you used this service?	0 = No
Q11_servicehelpful_yesno		1 = Yes
_code	Other: Was this service helpful?	0 = No
_		1 = Yes
Q11_other	Other (please specify)	0 = No
Q12_usedservice_yesno_c	Referral resources: Have you used this	1 = Yes
ode	service?	0 = No
Q12_servicehelpful_yesno		1 = Yes
code	Referral resources: Was this service helpful?	0 = No
_	·	1 = Yes
referraltype_1	Substance misuse	0 = No
· -		1 = Yes
referraltype_2	Mental health	0 = No
,, <u>=</u>		1 = Yes
referraltype_3	CCP services	0 = No
	Community services (e.g., FEMA, loans,	1 = Yes
referraltype_4	housing, employment, social services)	0 = No
	Resources for those with disabilities or other	1 = Yes
referraltype_5	access or functional needs	0 = No
		1 = Yes
referraltype_6	Other referral type	0 = No
referraltypeother	Other referral type (Please specify type)	Text
		1 = Extremely poor
		2 = Poor
	Helping you to know that your feelings after	3 = Fair
	the disaster were the same as many other	4 = Good
Q13_howgood_code	people's feelings?	5 = Excellent
		1 = Extremely poor
		2 = Poor
	Helping you to find ways to take care of	3 = Fair
	yourself, like eating right and getting enough	4 = Good
Q14_howgood_code	sleep?	5 = Excellent

Variable Name	Question/Variable Description	Value Labels
		1 = Extremely poor
		2 = Poor
		3 = Fair
	Helping you to stay active in things like	4 = Good
Q15_howgood_code	hobbies, sports, church, or volunteer work?	5 = Excellent
		1 = Extremely poor
		2 = Poor
		3 = Fair
	How good was the information you got on	4 = Good
Q16_howgood_code	how people feel after disasters?	5 = Excellent
<u> </u>		1 = Extremely poor
		2 = Poor
	How good of an idea is it to tell a friend who	3 = Fair
	was upset by the disaster to see this	4 = Good
Q17_howgood_code	counselor or outreach worker?	5 = Excellent
Q17_NOWBOOK_code	Counselor of outreach worker:	1 = Not at all useful
		2 = Slightly useful
	How useful was this program in helping	3 = Moderately useful
	return things in your life back to the way they	4 = Very useful
O19 howmuch codo	were before the disaster?	5 = Extremely useful
Q18_howmuch_code	were before the disaster:	1 = Not at all useful
		2 = Slightly useful
		3 = Moderately useful
O10 havvesvah aada	Overall beautypeful was this mas are as to usu?	4 = Very useful
Q19_howmuch_code	Overall, how useful was this program to you?	5 = Extremely useful
 	M. family as and a mission and and	1 = Yes 0 = No
disasterexperience_01	My family member is missing or dead.	
diameter and a company	M. Crade attacks and add	1 = Yes
disasterexperience_02	My friend is missing or dead.	0 = No
	l.,	1 = Yes
disasterexperience_03	My pet is missing or dead.	0 = No
	l.,	1 = Yes
disasterexperience_04	My home is damaged or destroyed.	0 = No
	I had major property loss, such as car/vehicle	1 = Yes
disasterexperience_05	loss.	0 = No
		1 = Yes
disasterexperience_06	I had other financial loss.	0 = No
	I or a member of my household was injured or	
disasterexperience_07	physically harmed.	0 = No
	My life or that of someone in my household	1 = Yes
disasterexperience_08	was threatened.	0 = No
	I or a member of my household witnessed	1 = Yes
disasterexperience_09	death/injury.	0 = No
	I or a member of my household assisted with	1 = Yes
disasterexperience_10	rescue/recovery.	0 = No

Variable Name	Question/Variable Description	Value Labels
	I am or a member of my household is	1 = Yes
disasterexperience_11	unemployed because of this disaster.	0 = No
	I was evacuated quickly with no time to	1 = Yes
disasterexperience_12	prepare.	0 = No
· <u> </u>		1 = Yes
disasterexperience_13	I had prolonged separation from family.	0 = No
· <u>=</u>	I was displaced from my home for 1 week or	1 = Yes
disasterexperience_14	longer.	0 = No
· <u> </u>		1 = Not at all
		2 = A little bit
		3 = Somewhat
	Been bothered by bad memories, nightmares,	4 = Quite a bit
Q20_howmuch_code	or reminders of what happened?	5 = Very much
		1 = Not at all
		2 = A little bit
	Tried NOT to think or talk about what	3 = Somewhat
	happened or to do things that remind you of	4 = Quite a bit
Q21 howmuch code	what happened?	5 = Very much
		1 = Not at all
	Been bothered by poor sleep, poor	2 = A little bit
	concentration, feeling jumpy or angry, or	3 = Somewhat
	being scared that something else bad will	4 = Quite a bit
Q22_howmuch_code	happen?	5 = Very much
Q22_nownaan_code	nappen.	1 = Not at all
		2 = A little bit
		3 = Somewhat
		4 = Quite a bit
Q23_howmuch_code	Been down or depressed?	5 = Very much
Q25_nowmacn_code	been down or depressed.	1 = Not at all
		2 = A little bit
		3 = Somewhat
	Found other stressful things harder to deal	4 = Quite a bit
Q24_howmuch_code	with because of what happened?	5 = Very much
Q24_HOWHIGHT_code	with because of what happened:	1 = Not at all
		2 = A little bit
	Had trouble taking care of your health (e.g.,	3 = Somewhat
	eating poorly, not getting enough rest,	4 = Quite a bit
Q25_howmuch_code	smoking more, drinking more)?	5 = Very much
Q23_NOWINGCII_COGE	Smoking more, utiliking more):	1 = Not at all
		2 = A little bit
		3 = Somewhat
	Had difficulty gotting along or having fun with	
026 havenerele eede	,	4 = Quite a bit
Q26_howmuch_code	family and friends?	5 = Very much

Variable Name	Question/Variable Description	Value Labels
		1 = Not at all
		2 = A little bit
		3 = Somewhat
	Needed help from a counselor to deal with	4 = Quite a bit
Q27_howmuch_code	your reactions to the disaster?	5 = Very much
	Comparing your emotional and mental	1 = Feel better now
	wellbeing before the disaster to now, do you	2 = Feel about the same
Q28_feeling_code	feel better, worse, or about the same?	3 = Feel worse now
	,	1 = Take care of your health
		better now
	Comparing how well you take care of your	2 = Take care of your health
	health before the disaster to now, do you	about the same now
	take care of your health better, worse, or	3 = Take care of your health
Q29_takecarehealth_code	about the same?	worse now
		1 = Have less trouble working
	Comparing how well you work (including a job, schoolwork, and housework) before the	now
	disaster to now, do you have less trouble	2 = Have about the same amount
	working, more trouble working, or about the	of trouble working now
Q30_workingtrouble_code	same amount?	3 = Have more trouble working
	Comparing how active you were in things like	1 = More active now
	hobbies, sports, church, or volunteer work	2 = About the same
	before the disaster to now, are you more	3 = Less active now
Q31_active_code	active, less active, or about the same?	
Q31_active_code	detive, less detive, or about the same:	1 = Yes
sex_1	Male	0 = No
JCA_1	TVICE	1 = Yes
sex_2	   Female	0 = No
36A_Z	Terriale	1 = Yes
sex_3	Transgender	0 = No
3CA_3	Transgender	1 = Yes
sex 4	None of these	0 = No
birthyear	In what year were you born?	Number (i.e., 1, 2, 3, 4)
birtifyear	m what year were you bom:	1 = 0–6 years
		2 = 7–11 years
		3 = 12 years (high school diploma
	What is the highest level of education you	or GED)
	have completed or degree you have	4 = Some college
educationlevel_code	received?	5 = College graduate or more
eddcationievei_code	received:	1 = < \$10,000
		2 = \$10,000–\$25,000
		3 = \$25,000–\$23,000
		4 = \$40,000–\$51,000
incomo codo	What is your appual gross household income?	5 = > \$51,000
income_code	What is your annual gross household income?	·
live as web.	In what as well as a second to the second to	County name
livecounty	In what county or parish do you currently live?	

Variable Name	Question/Variable Description	Value Labels
		1 = Yes
hispanic_yesno_code	Are you Hispanic/Latino?	0 = No
		1 = American Indian/Alaska
		Native
		2 = Asian
		3 = Black or African American
		4 = Native Hawaiian/Other Pacific
	Which of the following best describes your	Islander
race2_code	race?	5 = White
		1 = English
		2 = Spanish
primarylanguage_code	What is your preferred language?	3 = Other
primarylanguageother	Other language	Text
	Physical (mobility, visual, hearing, medical,	1 = Yes
disability_1	etc.)	0 = No
	Intellectual/cognitive (learning disability,	1 = Yes
disability_2	mental retardation, etc.)	0 = No
	Mental health/substance misuse (psychiatric,	1 = Yes
disability_3	substance dependence, etc.)	0 = No
createdby	Person who created the record	Text
createdon	Date the record was created	Date
updatedby	Person who updated the record	Text
updatedon	Date the record was updated	Date