Individual/Family Encounter Log

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

Individual/Family Encounter Log

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

Individual/Family Encounter Log

Variable Name	Question/Variable Description	Value Labels/Format
primarylanguage_code	Primary language code	1 = English 2 = Spanish 3 = Other
primarylanguageother	Primary language other	Text
disability_1	Physical (mobility, visual, hearing, medical, etc.)	1 = Yes 0 = No
disability_2	Intellectual/cognitive (learning disability, developmental delay, etc.)	1 = Yes 0 = No
disability_3	Mental health/substance misuse (psychiatric, substance dependence, etc.)	1 = Yes 0 = No
servicelocation_codes	Location of service code	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 17 = Virtual
servicelocationother	Location of service other	Text
risk_01	Family missing/dead	1 = Yes 0 = No
risk_02	Friend missing/dead	1 = Yes 0 = No
risk_03	Pet missing/dead	1 = Yes 0 = No

Individual/Family Encounter Log

Variable Name	Question/Variable Description	Value Labels/Format
risk_04	Home damaged or destroyed	1 = Yes 0 = No
risk_05	Vehicle or major property loss	1 = Yes 0 = No
risk_06	Other financial loss	1 = Yes 0 = No
risk_07	Disaster un- or underemployed(self or household member)	1 = Yes 0 = No
risk_08	Illness, injury, or physical harm(self or household member)	1 = Yes 0 = No
risk_09	Life was threatened (self orhousehold member)	1 = Yes 0 = No
risk_10	Witnessed death/injury (self orhousehold member)	1 = Yes 0 = No
risk_11	Assisted with rescue/recovery(self or household member)	1 = Yes 0 = No
risk_12	Changed schools or learningformat (e.g., virtual)	1 = Yes 0 = No
risk_13	Prolonged separation fromsocial network/family, physical isolation, or social distancing	1 = Yes 0 = No
risk_14	Evacuated quickly with no timeto prepare	1 = Yes 0 = No
risk_15	Displaced from home 1 week ormore	1 = Yes 0 = No
risk_16	Sheltered in place or soughtshelter due to immediate threat of danger	1 = Yes 0 = No
risk_17	Past substance use/mentalhealth problem	1 = Yes 0 = No
risk_18	Preexisting physical disability	1 = Yes 0 = No
risk_19	Past trauma	1 = Yes 0 = No
risk_20	Disaster-caused food insecurity	1 = Yes 0 = No
risk_21	Reduced or no access toreliable information/communication	1 = Yes 0 = No
risk_22	Reduced or no access toreliable transportation	1 = Yes 0 = No

Individual/Family Encounter Log

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

Individual/Family Encounter Log

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

Individual/Family Encounter Log

Variable Name	Question/Variable Description	Value Labels/Format
referral_2	Mental health services (e.g., professional, longer-term counseling, treatment, behavioral, psychiatric services)	1 = Yes 0 = No
referral_3	Substance misuse services (e.g., professional, behavioral, medical treatment, self-help groups such as Alcoholics Anonymous or Narcotics Anonymous)	1 = Yes 0 = No
referral_4	Community services (e.g., FEMA, loans, housing, employment, social services)	1 = Yes 0 = No
referral_5	Resources for those withdisabilities, or other access or functional needs	1 = Yes 0 = No
referral_6	Other	1 = Yes 0 = No
referralother	Referral other	Text
noreferral	No referral provided	1 = Yes 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)
ProjectNumber	Project number	FEMA disaster declaration number (e.g., NJ-4086)
ProviderName	Provider name	Text
ProviderNumber	Provider number	Identifier consisting of numbers and/or letters. The number is system generated.
disaster_ISP	Project phase	1 = ISP 2 = ISP Extension 3 = RSP 4 = RSP Extension
DateOfService	Date of service	MM/DD/YYYY
County	County of service	County name
employee_number1	First employee number	Identifier consisting of numbers and/or letters. The format can vary by project.
employee_number2	Second employee number	Identifier consisting of numbers and/or letters. The format can vary by project.
zipcode	ZIP code	5 digit number
servicetype_code	Type of service code	1 = Group counseling 2 = Public education
groupservicelocation_code	Location of service code	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 12 = Virtual
groupservicelocationother	Location of service other	Text

Group Encounter Log

Variable Name	Question/Variable Description	Value Labels/Format
sessionnumber_code	Session number code	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 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. . .)
duration_code	Duration code	1 = 15–29 minutes 2 = 30–44 minutes 3 = 45–59 minutes 4 = 60 minutes or more
identities_code	Group identities	1 = Children or youth 2 = Adult survivors 3 = Public safety workers and first responders 4 = Other recovery workers 5 = Mixed group, no clear identity
race_1	American Indian/Alaska Native	1 = Yes 0 = No
race_2	Asian	1 = Yes 0 = No
race_3	Black or African American	1 = Yes 0 = No
race_4	Native Hawaiian/Pacific Islander	1 = Yes 0 = No
race_5	White	1 = Yes 0 = No
race_6	Hispanic or Latino	1 = Yes 0 = No
immigrate_yesno_code	Did any of the participants immigrate to the United States in the past 5 years?	1 = Yes 2 = No
disability_1	Physical (mobility, visual, hearing, medical, etc.)	1 = Yes 0 = No
disability_2	Intellectual/cognitive (learning disability, developmental delay, etc.)	1 = Yes 0 = No
disability_3	Mental health/substance misuse (psychiatric, substance dependence, etc.)	1 = Yes 0 = No
informationabout_1	Reactions to disaster	1 = Yes 0 = No
informationabout_2	Community resources	1 = Yes 0 = No

Group Encounter Log

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

Weekly Tally Sheet

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

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. . .)

Weekly Tally Sheet

Variable Name	Question/Variable Description	Value Labels/Format
thursday14	Thursday: Electronic interaction (email, text, chat, direct messages,etc.)	Number (i.e., 1, 2, 3, 4. . .)
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. . .)
wednesday21	Wednesday: Material handed topeople	Number (i.e., 1, 2, 3, 4. . .)
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. . .)

Weekly Tally Sheet

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. . .)

Weekly Tally Sheet

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

Adult Assessment and Referral Tool

Variable Name	Question/Variable Description	Value Labels
id	Participant ID	Sequence ID (e.g., 1, 2, 3. . .)
FormVersion	Form version	YYYY (e.g., 2018)
ProjectNumber	Project number	FEMA disaster declaration number (e.g., NJ-4086)
ProviderName	Provider name	Text
ProviderNumber	Provider number	Identifier consisting of numbers and/or letters. The number is system generated.
disaster_ISP	Project phase	1 = ISP 2 = ISP Extension 3 = RSP 4 = RSP Extension
DateOfService	Date of service	MM/DD/YYYY
County	County of service	County name
employee_number1	First employee number	Identifier consisting of numbers and/or letters. The format can vary by project.
employee_number2	Second employee number	Identifier consisting of numbers and/or letters. The format can vary by project.
zipcode	ZIP code	5 digit number
servicelocation_codes	Location of service code	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 17 = Virtual
servicelocationother	Location of service other	Text

Adult Assessment and Referral Tool

Variable Name	Question/Variable Description	Value Labels
visitnumber_code	Visit number code	1 = First visit 2 = Second visit 3 = Third visit 4 = Fourth visit 5 = Fifth visit or later
duration_code	Duration of visit	1 = 15–29 minutes 2 = 30–44 minutes 3 = 45–59 minutes 4 = 60 minutes or more
leadpresent_yesno_code	Was the team lead or supervisory staff present during administering this tool?	1 = Yes 0 = No
risk_01	Family missing/dead	1 = Yes 0 = No
risk_02	Friend missing/dead	1 = Yes 0 = No
risk_03	Pet missing/dead	1 = Yes 0 = No
risk_04	Home damaged or destroyed	1 = Yes 0 = No
risk_05	Vehicle or major property loss	1 = Yes 0 = No
risk_06	Other financial loss	1 = Yes 0 = No
risk_07	Disaster un- or underemployed (self or household member)	1 = Yes 0 = No
risk_08	Illness, injury, or physical harm (self or household member)	1 = Yes 0 = No
risk_09	Life was threatened (self or household member)	1 = Yes 0 = No
risk_10	Witnessed death/injury (self or household member)	1 = Yes 0 = No
risk_11	Assisted with rescue/recovery (self or household member)	1 = Yes 0 = No
risk_12	Changed schools or learning format (e.g., virtual)	1 = Yes 0 = No
risk_13	Prolonged separation from social network/family physical isolation, or social distancing	1 = Yes 0 = No
risk_14	Evacuated quickly with no time to prepare	1 = Yes 0 = No
risk_15	Displaced from home 1 week or more	1 = Yes 0 = No

Adult Assessment and Referral Tool

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

Adult Assessment and Referral Tool

Variable Name	Question/Variable Description	Value Labels	
race_4	Native Hawaiian/Pacific Islander	1 = Yes 0 = No	
race_5	White	1 = Yes 0 = No	
race_6	Hispanic or Latino	1 = Yes 0 = No	
immigrate_yesno_code	Did you immigrate to the United States in the past 5 years?	1 = Yes	
Q1_howmuch_code	How much have you been bothered by unwanted memories, nightmares, or reminders of what happened?	1 = Not at all 3 = Somewhat 5 = Very much	2 = A little bit 4 = Quite a bit 6 = N/A
Q2_howmuch_code	How much effort have you made to avoid thinking or talking about what happened or doing things that remind you of what happened?	1 = Not at all 3 = Somewhat 5 = Very much	2 = A little bit 4 = Quite a bit 6 = N/A
Q3_howmuch_code	To what extent have you lost enjoyment in things, kept your distance from people, or found it difficult to experience feelings because of what happened?	1 = Not at all 3 = Somewhat 5 = Very much	2 = A little bit 4 = Quite a bit 6 = N/A
Q4_howmuch_code	How much have you been bothered by poor sleep, poor concentration, jumpiness, irritability, or feeling watchful around you because of what happened?	1 = Not at all 3 = Somewhat 5 = Very much	2 = A little bit 4 = Quite a bit 6 = N/A
Q5_howmuch_code	How down or depressed have you been because of what happened?	1 = Not at all 3 = Somewhat 5 = Very much	2 = A little bit 4 = Quite a bit 6 = N/A
Q6_howmuch_code	Has your ability to handle other stressful events or situations been harmed?	1 = Not at all 3 = Somewhat 5 = Very much	2 = A little bit 4 = Quite a bit 6 = N/A
Q7_howmuch_code	Have your reactions interfered with how well you take care of your physical health? For example, are you eating poorly, not getting enough rest, smoking more, or finding that you have increased youruse of alcohol or other substances?	1 = Not at all 3 = Somewhat 5 = Very much	2 = A little bit 4 = Quite a bit 6 = N/A
Q8_howmuch_code	How distressed or bothered are you about your reactions?	1 = Not at all 3 = Somewhat 5 = Very much	2 = A little bit 4 = Quite a bit 6 = N/A

Adult Assessment and Referral Tool

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

Adult Assessment and Referral Tool

Variable Name	Question/Variable Description	Value Labels
referralother	Referral other	Text
accept_yesno_code	Did the participant accept one or more of the referral(s)?	1 = Yes 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

Child/Youth Assessment and Referral Tool

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

Child/Youth Assessment and Referral Tool

Variable Name	Question/Variable Description	Value Labels/Format
servicelocation_codes	Location of service code	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 17 = Virtual
servicelocationother	Location of service other	Text
risk_01	Family missing/dead	1 = Yes 0 = No
risk_02	Friend missing/dead	1 = Yes 0 = No
risk_03	Pet missing/dead	1 = Yes 0 = No
risk_04	Home damaged or destroyed	1 = Yes 0 = No
risk_05	Vehicle or major property loss	1 = Yes 0 = No
risk_06	Other financial loss	1 = Yes 0 = No
risk_07	Disaster unemployed (self or household member)	1 = Yes 0 = No
risk_08	Injured or physically harmed (self or household member)	1 = Yes 0 = No
risk_09	Life was threatened (self or household member)	1 = Yes 0 = No
risk_10	Witnessed death/injury (self or household member)	1 = Yes 0 = No

Child/Youth Assessment and Referral Tool

Variable Name	Question/Variable Description	Value Labels/Format
risk_11	Assisted with rescue/recovery (self or household member)	1 = Yes 0 = No
risk_12	Had to change schools (for children or youth)	1 = Yes 0 = No
risk_13	Prolonged separation from family	1 = Yes 0 = No
risk_14	Evacuated quickly with no time to prepare	1 = Yes 0 = No
risk_15	Displaced from home 1 week or more	1 = Yes 0 = No
risk_16	Sheltered in place or sought shelter due to immediate threat of danger	1 = Yes 0 = No
risk_17	Past substance use/mental health problem	1 = Yes 0 = No
risk_18	Preexisting physical disability	1 = Yes 0 = No
risk_19	Past trauma	1 = Yes 0 = No
risk_20	Disaster-caused food insecurity	1 = Yes 0 = No
risk_21	Reduced or no access to reliable information/communication	1 = Yes 0 = No
risk_22	Reduced or no access to reliable transportation	1 = Yes 0 = No
childage_code	Age	1 = Preschool (0–5 years) 2 = Child (6–11 years) 3 = Adolescent (12–17 years)
gradelevel	Grade level in school	Number (i.e., 1, 2, 3, 4. . .)
disability_1	Physical (mobility, visual, hearing, medical, etc.)	1 = Yes 0 = No
disability_2	Intellectual/cognitive (learning disability, developmental delay, etc.)	1 = Yes 0 = No
disability_3	Mental health/substance misuse (psychiatric, substance dependence, etc.)	1 = Yes 0 = No
sex_1	Male	1 = Yes 0 = No
sex_2	Female	1 = Yes 0 = No
sex_3	Transgender	1 = Yes 0 = No
sex_4	None of these	1 = Yes 0 = No
primarylanguage_code	Primary language code	1 = English 2 = Spanish 3 = Other

Child/Youth Assessment and Referral Tool

Variable Name	Question/Variable Description	Value Labels/Format		
primarylanguageother	Primary language other	Text		
race_1	American Indian/Alaska Native	1 = Yes 0 = No		
race_2	Asian	1 = Yes 0 = No		
race_3	Black or African American	1 = Yes 0 = No		
race_4	Native Hawaiian/Pacific Islander	1 = Yes 0 = No		
race_5	White	1 = Yes 0 = No		
race_6	Hispanic or Latino	1 = Yes 0 = No		
immigrate_yesno_code	Did you immigrate to the United States in the past 5 years?	1 = Yes		
Q1_childhowmuch_code	Do you get upset, afraid, or sad when something makes you think about the disaster?	0 = Not at all 2 = Somewhat 4 = Very much	1 = A little bit 3 = Quite a bit 5= N/A	
Q2_childhowmuch_code	Do you have bad dreams or nightmares about what happened?	0 = Not at all 2 = Somewhat 4 = Very much	1 = A little bit 3 = Quite a bit 5= N/A	
Q3_childhowmuch_code	Do you have upsetting thoughts or pictures that come into your mind about what happened?	0 = Not at all 2 = Somewhat 4 = Very much	1 = A little bit 3 = Quite a bit 5= N/A	
Q4_childhowmuch_code	Do you try not to think about or talk about what happened?	0 = Not at all 2 = Somewhat 4 = Very much	1 = A little bit 3 = Quite a bit 5= N/A	
Q5_childhowmuch_code	Do you stay away from places, people, or things that make you remember the disaster?	0 = Not at all 2 = Somewhat 4 = Very much	1 = A little bit 3 = Quite a bit 5= N/A	
Q6_childhowmuch_code	Do you have difficulty falling asleep or wake up often because of what happened?	0 = Not at all 2 = Somewhat 4 = Very much	1 = A little bit 3 = Quite a bit 5= N/A	
Q7_childhowmuch_code	Do you feel jumpy or nervous?	0 = Not at all 2 = Somewhat 4 = Very much	1 = A little bit 3 = Quite a bit 5= N/A	
Q8_childhowmuch_code	Do you find it harder to concentrate orpay attention to things than you usually do?	0 = Not at all 2 = Somewhat 4 = Very much	1 = A little bit 3 = Quite a bit 5= N/A	
Q9_childhowmuch_code	Do you feel irritable or grouchy?	0 = Not at all 2 = Somewhat 4 = Very much	1 = A little bit 3 = Quite a bit 5= N/A	
Q10_childhowmuch_code	Do you feel sad, down, or depressed?	0 = Not at all 2 = Somewhat 4 = Very much	1 = A little bit 3 = Quite a bit 5= N/A	

Child/Youth Assessment and Referral Tool

Variable Name	Question/Variable Description	Value Labels/Format
Q11_childhowmuch_code	Have you had more aches and pains, such as stomachaches or headaches?	0 = Not at all 1 = A little bit 2 = Somewhat 3 = Quite a bit 4 = Very much 5= N/A
Q12_childhowmuch_code	If in school: Do you find it harder to get your schoolwork done?	0 = Not at all 1 = A little bit 2 = Somewhat 3 = Quite a bit 4 = Very much 5= N/A
Q13_childhowmuch_code	Do you worry about something else bad happening to you/your family/your friends?	0 = Not at all 1 = A little bit 2 = Somewhat 3 = Quite a bit 4 = Very much 5= N/A
Q14_childhowmuch_code	Are you having a harder time getting along with family or your friends?	0 = Not at all 1 = A little bit 2 = Somewhat 3 = Quite a bit 4 = Very much 5= N/A
Q15_childhowmuch_code	Are you finding it harder to do or enjoy activities that you used to enjoy?	0 = Not at all 1 = A little bit 2 = Somewhat 3 = Quite a bit 4 = Very much 5= N/A
Q16_childhowmuch_code	Has your child been more clingy or worried about separation?	0 = Not at all 1 = A little bit 2 = Somewhat 3 = Quite a bit 4 = Very much 5= N/A
Q17_childhowmuch_code	Has your child been more quiet and withdrawn?	0 = Not at all 1 = A little bit 2 = Somewhat 3 = Quite a bit 4 = Very much 5= N/A
Q18_childhowmuch_code	Has your child talked repeatedly or asked questions about the disaster?	0 = Not at all 1 = A little bit 2 = Somewhat 3 = Quite a bit 4 = Very much 5= N/A
Q19_childhowmuch_code	Has your child's play been about the disaster?	0 = Not at all 1 = A little bit 2 = Somewhat 3 = Quite a bit 4 = Very much 5= N/A
Q20_childhowmuch_code	Have you noticed changes in your child's behavior or development (e.g., bed-wetting, baby talk, fighting or risk-taking behavior, decline in school performance)?	0 = Not at all 1 = A little bit 2 = Somewhat 3 = Quite a bit 4 = Very much 5= N/A
QTotal	Total number	Number (i.e., 1, 2, 3, 4. . .)
hurtingself_yesno_code	Have you had any thoughts or plans about either hurting or killing yourself?	1 = Yes 0 = No
Q21_yesno_code_omb2020	In the past few weeks, have you wished you were dead?	1 = Yes 0 = No
Q22_yesno_code_omb2020	In the past few weeks, have you felt that you or your family would be better off if you were dead?	1 = Yes 0 = No
Q23_yesno_code_omb2020	In the past week, have you been having thoughts about killing yourself?	1 = Yes 0 = No
Q24_yesno_code_omb2020	Have you ever tried to kill yourself?	1 = Yes 0 = No
killingyourself_yesno_code_omb2020	Are you having thoughts of killing yourself now?	1 = Yes 0 = No

Child/Youth Assessment and Referral Tool

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

Provider Feedback Survey

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

Provider Feedback Survey

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

Provider Feedback Survey

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

Provider Feedback Survey

Variable Name	Question/Variable Description	Value Labels/Format
Q19_howgood_code_omb2022	The overall quality of services provided by the project	1 = Extremely poor 2 = Poor 3 = Fair 4 = Good 5 = Excellent
Q20_howgood_code_omb2022	How likely you would be to recommend this project to a friend or family member if he or she had the need	1 = Extremely poor 2 = Poor 3 = Fair 4 = Good 5 = Excellent
QMobile1_howgood_code	The CCP mobile app is easily used to complete forms during and/or after encounters	1 = Extremely poor 2 = Poor 3 = Fair 4 = Good 5 = Excellent
QMobile2_howgood_code	The CCP mobile app functioned as intended for collecting data	1 = Extremely poor 2 = Poor 3 = Fair 4 = Good 5 = Excellent
QMobile3_howgood_code	My team leader(s) and program management provided adequate support and training on the CCP mobile app	1 = Extremely poor 2 = Poor 3 = Fair 4 = Good 5 = Excellent
QMobile4_howgood_code	The data from the evaluation was shared with crisis counseling teams and/or was used to inform my work efficiently	1 = Extremely poor 2 = Poor 3 = Fair 4 = Good 5 = Excellent
MobilePrevention_1	Not applicable; I used the mobile form	1 = Yes 0 = No
MobilePrevention_2	No access to the mobile device	1 = Yes 0 = No
MobilePrevention_3	Did not understand how to use	1 = Yes 0 = No
MobilePrevention_4	Not comfortable with technology	1 = Yes 0 = No
MobilePrevention_5	Privacy concerns	1 = Yes 0 = No
MobilePrevention_6	Other	1 = Yes 0 = No
MobilePrevention_other	If other, please specify	Text
UnderstandInstructions_yesno_code	Were you able to understand the instructions for filling out the forms?	1 = Yes 0 = No
UnderstandInstructions_other		Text

Provider Feedback Survey

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?	1 = Not at all 2 = A little bit 3 = Somewhat 4 = Quite a bit 5 = Very much
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)?	1 = Not at all 2 = A little bit 3 = Somewhat 4 = Quite a bit 5 = Very much
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?	1 = Not at all 2 = A little bit 3 = Somewhat 4 = Quite a bit 5 = Very much
Q24_howmuch_code_omb2022	Has your crisis counseling work or your reaction to it affected your relationships with your family or friends or interfered with your social, recreational, or community activities?	1 = Not at all 2 = A little bit 3 = Somewhat 4 = Quite a bit 5 = Very much
Q25_howmuch_code_omb2022	Have you been distressed or bothered about your reactions?	1 = Not at all 2 = A little bit 3 = Somewhat 4 = Quite a bit 5 = Very much
workhour_code	How many hours of crisis counseling program work do you do in a typical week?	1 = Less than 20 hours 2 = 20–29 hours 3 = 30–39 hours 4 = 40 or more hours
workmonth	How many months have you worked with the crisis counseling program?	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
sex_1	Male	1 = Yes 0 = No
sex_2	Female	1 = Yes 0 = No
sex_3	Transgender	1 = Yes 0 = No
sex_4	None of these	1 = Yes 0 = No
birthyear	In what year were you born?	Number (i.e., 1, 2, 3, 4. . .)

Provider Feedback Survey

Variable Name	Question/Variable Description	Value Labels/Format
educationdegree_code	What is the highest level of education you have completed or degree you have received?	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.) 7 = GED or other high school equivalency 8 = Associate's degree
hispanic_yesno_code	Are you Hispanic/Latino?	1 = Yes 0 = No
race5_code	Which of the following best describes your race?	1 = American Indian/Alaska Native 2 = Asian 3 = Black or African American 4 = Native Hawaiian/Other Pacific Islander 5 = White
disasterimpact_yesno_code	Have you been impacted by the current disaster?	1 = Yes 0 = No
income_code	What is your household gross annual income?	1 = < $10,000 2 = $10,000–$25,000 3 = $25,000–$40,000 4 = $40,000–$51,000 5 = > $51,000
QPreDisaster1_yesno_code	Do you live alone, with a spouse or partner, other family (e.g., children/parents), or roommate?	1 = Yes 0 = No
QPreDisaster2_yesno_code	Have employment?	1 = Yes 0 = No
QPreDisaster3_yesno_code	Do you own a working car?	1 = Yes 0 = No
QPostDisaster1_yesno_code	Evacuated quickly with no time to prepare?	1 = Yes 0 = No
QPostDisaster2_yesno_code	Home damage?	1 = Yes 0 = No
QPostDisaster3_yesno_code	Vehicle or major property loss?	1 = Yes 0 = No
QPostDisaster4_yesno_code	Disaster unemployed (self or household member)?	1 = Yes 0 = No
QPostDisaster5_yesno_code	Have a change in cohabitation (e.g., live alone, with spouse/partner, other family, roommate)?	1 = Yes 0 = No
QPostDisaster6_yesno_code	Know someone close to you who was severely injured during the disaster?	1 = Yes 0 = No

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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

Participant Feedback Survey

Variable Name	Question/Variable Description	Value Labels
id	Participant ID	Sequence ID (i.e., 1, 2, 3. . .)
FormVersion	Form version	YYYY (e.g., 2018)
ProjectNumber	Project number	FEMA disaster declaration number (e.g., NJ-4086)
disaster_ISP	Project ISP	1 = ISP 2 = ISP Extension 3 = RSP 4 = RSP Extension
entrydate	Today's date	MM/DD/YYYY
Q1_howgood_code	Treating you with respect?	1 = Extremely poor 2 = Poor 3 = Fair 4 = Good 5 = Excellent
Q2_howgood_code	Respecting your culture, race, ethnicity, or religion?	1 = Extremely poor 2 = Poor 3 = Fair 4 = Good 5 = Excellent
Q3_howgood_code	Making you feel that asking for help is okay?	1 = Extremely poor 2 = Poor 3 = Fair 4 = Good 5 = Excellent
Q4_howgood_code	Making you feel that you can help yourself and your family?	1 = Extremely poor 2 = Poor 3 = Fair 4 = Good 5 = Excellent
Q5_howgood_code	Keeping things you said private?	1 = Extremely poor 2 = Poor 3 = Fair 4 = Good 5 = Excellent
Q6_usedservice_yesno_code	One-to-one interaction (with counselor/outreach worker): Have you used this service?	1 = Yes 0 = No
Q6_servicehelpful_yesno_code	One-to-one interaction (with counselor/outreach worker): Was this service helpful?	1 = Yes 0 = No
Q7_usedservice_yesno_code	Public education presentation: Have you used this service?	1 = Yes 0 = No
Q7_servicehelpful_yesno_code	Public education presentation: Was this service helpful?	1 = Yes 0 = No
Q8_usedservice_yesno_code	Group counseling/support group: Have you used this service?	1 = Yes 0 = No

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Variable Name	Question/Variable Description	Value Labels
Q8_servicehelpful_yesno_code	Group counseling/support group: Was this service helpful?	1 = Yes 0 = No
Q9_usedservice_yesno_code	Handouts/materials: Have you used this service?	1 = Yes 0 = No
Q9_servicehelpful_yesno_code	Handouts/materials: Was this service helpful?	1 = Yes 0 = No
Q10_usedservice_yesno_code	Internet sites (CCP website, Facebook, etc.): Have you used this service?	1 = Yes 0 = No
Q10_servicehelpful_yesno_code	Internet sites (CCP website, Facebook, etc.): Was this service helpful?	1 = Yes 0 = No
Q11_usedservice_yesno_code	Other: Have you used this service?	1 = Yes 0 = No
Q11_servicehelpful_yesno_code	Other: Was this service helpful?	1 = Yes 0 = No
Q11_other	Other (please specify)	1 = Yes 0 = No
Q12_usedservice_yesno_code	Referral resources: Have you used this service?	1 = Yes 0 = No
Q12_servicehelpful_yesno_code	Referral resources: Was this service helpful?	1 = Yes 0 = No
referraltype_1	Substance misuse	1 = Yes 0 = No
referraltype_2	Mental health	1 = Yes 0 = No
referraltype_3	CCP services	1 = Yes 0 = No
referraltype_4	Community services (e.g., FEMA, loans, housing, employment, social services)	1 = Yes 0 = No
referraltype_5	Resources for those with disabilities or other access or functional needs	1 = Yes 0 = No
referraltype_6	Other referral type	1 = Yes 0 = No
referraltypeother	Other referral type (Please specify type)	Text
Q13_howgood_code	Helping you to know that your feelings after the disaster were the same as many other people's feelings?	1 = Extremely poor 2 = Poor 3 = Fair 4 = Good 5 = Excellent
Q14_howgood_code	Helping you to find ways to take care of yourself, like eating right and getting enough sleep?	1 = Extremely poor 2 = Poor 3 = Fair 4 = Good 5 = Excellent

Participant Feedback Survey

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

Participant Feedback Survey

Variable Name	Question/Variable Description	Value Labels
disasterexperience_11	I am or a member of my household is unemployed because of this disaster.	1 = Yes 0 = No
disasterexperience_12	I was evacuated quickly with no time to prepare.	1 = Yes 0 = No
disasterexperience_13	I had prolonged separation from family.	1 = Yes 0 = No
disasterexperience_14	I was displaced from my home for 1 week or longer.	1 = Yes 0 = No
Q20_howmuch_code	Been bothered by bad memories, nightmares, or reminders of what happened?	1 = Not at all 2 = A little bit 3 = Somewhat 4 = Quite a bit 5 = Very much
Q21_howmuch_code	Tried NOT to think or talk about what happened or to do things that remind you of what happened?	1 = Not at all 2 = A little bit 3 = Somewhat 4 = Quite a bit 5 = Very much
Q22_howmuch_code	Been bothered by poor sleep, poor concentration, feeling jumpy or angry, or being scared that something else bad will happen?	1 = Not at all 2 = A little bit 3 = Somewhat 4 = Quite a bit 5 = Very much
Q23_howmuch_code	Been down or depressed?	1 = Not at all 2 = A little bit 3 = Somewhat 4 = Quite a bit 5 = Very much
Q24_howmuch_code	Found other stressful things harder to deal with because of what happened?	1 = Not at all 2 = A little bit 3 = Somewhat 4 = Quite a bit 5 = Very much
Q25_howmuch_code	Had trouble taking care of your health (e.g., eating poorly, not getting enough rest, smoking more, drinking more)?	1 = Not at all 2 = A little bit 3 = Somewhat 4 = Quite a bit 5 = Very much
Q26_howmuch_code	Had difficulty getting along or having fun with family and friends?	1 = Not at all 2 = A little bit 3 = Somewhat 4 = Quite a bit 5 = Very much

Participant Feedback Survey

Variable Name	Question/Variable Description	Value Labels
Q27_howmuch_code	Needed help from a counselor to deal with your reactions to the disaster?	1 = Not at all 2 = A little bit 3 = Somewhat 4 = Quite a bit 5 = Very much
Q28_feeling_code	Comparing your emotional and mental wellbeing before the disaster to now, do you feel better, worse, or about the same?	1 = Feel better now 2 = Feel about the same 3 = Feel worse now
Q29_takecarehealth_code	Comparing how well you take care of your health before the disaster to now, do you take care of your health better, worse, or about the same?	1 = Take care of your health better now 2 = Take care of your health about the same now 3 = Take care of your health worse now
Q30_workingtrouble_code	Comparing how well you work (including a job, schoolwork, and housework) before the disaster to now, do you have less trouble working, more trouble working, or about the same amount?	1 = Have less trouble working now 2 = Have about the same amount of trouble working now 3 = Have more trouble working
Q31_active_code	Comparing how active you were in things like hobbies, sports, church, or volunteer work before the disaster to now, are you more active, less active, or about the same?	1 = More active now 2 = About the same 3 = Less active now
sex_1	Male	1 = Yes 0 = No
sex_2	Female	1 = Yes 0 = No
sex_3	Transgender	1 = Yes 0 = No
sex_4	None of these	1 = Yes 0 = No
birthyear	In what year were you born?	Number (i.e., 1, 2, 3, 4. . .)
educationlevel_code	What is the highest level of education you have completed or degree you have received?	1 = 0–6 years 2 = 7–11 years 3 = 12 years (high school diploma or GED) 4 = Some college 5 = College graduate or more
income_code	What is your annual gross household income?	1 = < $10,000 2 = $10,000–$25,000 3 = $25,000–$40,000 4 = $40,000–$51,000 5 = > $51,000
livecounty	In what county or parish do you currently live?	County name

Participant Feedback Survey

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