Hurricanes Research Project Survivor Data Form

This form must accompany each interview to be included in the database. PLEASE PRINT. Use back for more space.

Name				□Male; □Female
First	Middle	Last	Nickname	
Current Address	treet Address	City	State	ZIP
Displaced: ☐Yes; ☐N	No; If yes, check all that apply Other shelter (type): RV, \(\property \text{Temp. gov't} \)	y: ⊔ Hotel/motel	l, ⊔Rental apt.	/trailer, □State Park,
D 4 4.11				
	ill/Street Address City State ZIP			lo. of years:
Future Address	tate ZIP	Email		
Other Contact/Addres	S			
	Name Relation Mail/Street	A	ddress City	State ZIP
Current phone(s)		Pre-stor	m phone(s)	
irthplace If not US, No. of yrs. in US Birthdate month/day/year				
Father's name/birthpla Length of time family	lace	ons or years)		
☐American Indian/Al	ges), 🗆	🛘 Italian, 🗖 S	lav (specify)
	fication			
	eligious affiliation Languages spoken			
	S (5 years or more)			
	☐Elementary School, ☐Hig J.D., etc. ☐Attending colleg		•	
Family Income 2004	0-19,999, □ 20,000-40,999, □ 4	41,000-60999, □ 6		
Are you currently □E	mployed, \(\simeg\) Unemployed, \(\simeg\)	Retired? Occupa	ation(s) before	storm and dates
Post-storm Occupation	n(s)			
Social groups, club, ci	vic, professional membership	•		
Military experience				
Interviewer:				
	lame Last ded? □Yes, □No (If yes, co ided? □Yes, □No (If yes, co		ograph Log.)	on (if any) heet.) 10/05