



INDIANA UNIVERSITY
**ENVIRONMENTAL RESILIENCE
INSTITUTE**

Beat the Heat – Community Survey

Section 1 – Household Information

1. What is your current living situation?
 - I rent my home
 - I own my home
 - I am currently unhoused
 - Other (please describe)
2. How many people currently live with you?
 - Open response
3. How many children under the age of 18 live with you?
 - Open response
4. How many adults over the age of 65 live with you?
 - Open response

Section 2 – Awareness and Risk

5. How important do you think high heat is in your community?
 - Extremely important
 - Very important
 - Moderately important
 - Slightly important
 - Not at all important
6. How much of a threat do you think high heat is to your health personally?
 - A severe threat
 - A moderate threat
 - A mild threat
 - A very mild threat
 - No threat

7. How familiar are you with the symptoms and risk factors associated with heat-related illness?
- Extremely familiar
 - Very familiar
 - Moderately familiar
 - Slightly familiar
 - Not at all familiar
8. Do you live with a long-term illness or disability?
- Yes
 - No
 - Prefer not to answer
9. Have you ever experienced any of the following physical health condition(s) due to heat? Please select all that apply.
- Discomfort related to heat
 - Heat cramps (muscle spasms due to a loss of a large amount of salt and water through exercise)
 - Heat exhaustion (can include heavy sweating and a rapid pulse due to overheating)
 - Heat stroke (results in a body temperature greater than 104 °F and confusion)
 - Fainting or dizziness
 - Respiratory distress (such as irritation of the airways, coughing, difficulty breathing, worsened symptoms of asthma or chronic obstructive pulmonary disease, or lower respiratory infections)
 - I have not experienced any of these conditions or illnesses
 - Other (please explain)
10. Have you ever been hospitalized or visited the Emergency Room because of a heat-related health issue?
- Yes
 - No

Section 3 – Exposure to Extreme Heat

11. On very hot days, are you more likely to stay in your home or go somewhere else to stay cool?
- Stay home
 - Go elsewhere
 - I am currently unhoused
12. How do you perceive the amount of trees and greenery in your neighborhood relative to other parts of the city?

- A great deal more trees and greenery
- Moderately more trees and greenery
- The same amount of trees and greenery
- Moderately fewer trees and greenery
- A great deal fewer trees and greenery

13. How do you perceive the level of heat in your neighborhood compared to other parts of the city?

- A great deal hotter
- A moderate amount hotter
- The same level of heat
- A moderate amount cooler
- A great deal cooler

Section 4 – Cooling Down at Home

14. Which cooling system is in your home? (Check all that apply)

- Central air conditioning
- Window unit air conditioning
- Electric fans (ceiling or portable)
- Sunshades, sunscreens, or blinds
- None of these
- Other (please describe)

15. Which cooling system works in your home? (Check all that apply)

- Central air conditioning
- Window unit air conditioning
- Electric fans (ceiling or portable)
- Sunshades, sunscreens, or blinds
- None of these
- Other (please describe)

16. Does anything limit you from using your cooling system when you are hot?

- Yes
- No

17. If yes, then what? (Check all that apply)

- Cost of bills
- Cost of repairs
- Medical and/or mobility limitations
- Confusing technology
- Does not work
- Other (please describe)

Section 5 – Community Amenities

18. If you leave your home to stay cool, where are you most likely to go when it is very hot outside?

- Splash pad
- Pool
- Library
- Church
- Recreation center
- Senior center
- Friend or neighbor's home
- Community organization
- Local business
- Other (please specify)

19. What limitations, if any, prevent you from using cooling opportunities outside your home? Please select all that apply.

- None
- Lack of transportation
- Medical or mobility limitations
- Cost of accessing non-public cool spaces
- Unaware of cooling opportunities
- Other, please specify:

20. Do you have access to a park or green space within walking distance of your home?

- Yes
- No

21. These things can help bring temperatures down in your neighborhood. Which might you like to see more of close to your home? Please select all that apply.

- Tree plantings
- Parks
- Gardens and green space
- Cool roofs (painting many rooftops on one block with a white paint that reflects heat)
- None of the above
- Other, please specify:

22. What community services would you like to see more of in your community to help you manage high temperatures? Please select all that apply.

- Utility bill assistance
- Assistance with cooling system repairs
- Heat illness awareness campaign

- Cell phone alerts on hot days to remind me to stay cool and hydrated
- Splash pads
- Public pools
- Other, please specify:

Section 6 – Cooling Centers

23. If a cooling center (a designated, air conditioned, public space where you can cool down) were available in your neighborhood this summer, would you consider using it?

- Yes
- No

24. If a cooling center were available in Clarksville, what would keep you from using it?

Select all that apply:

- If it were more than a few blocks from your house
- If it was not in your neighborhood
- If it didn't offer any activities
- If transportation to the center was difficult
- If I didn't know anyone there
- Other (please specify).

25. Which of these activities might convince you to leave your home to stay cool when it is very hot outside? Please select all that apply.

- Sports
- Games
- Swimming
- Music
- Food
- Classes
- Movie screenings
- Laptops for public use
- Free wifi
- Other

Section 7 – Peer-to-Peer Community Support

26. Do you consider people in your neighborhood to be vulnerable to heat?

- Yes
- No

27. How often do you talk to your neighbors?

- Often
- Occasionally

- Never

28. Is there a neighbor you would feel comfortable asking for help?

- Yes
- No

29. When the weather is very hot, how likely are you to check on a neighbor who lives alone?

- Extremely likely
- Likely
- Neutral
- Unlikely
- Extremely unlikely

30. When the weather is very hot, do any of your family members, friends, or neighbors who don't live in your home check on you?

- Yes
- No

Section 8 – Information Access

31. What are your main sources of information in your community? Select all that apply.

- Neighbors
- Block Captain or Community Leader
- Social Media
- Community Organization
- Television
- Radio
- Newspaper
- E-mail
- Other, please specify.

32. How did you hear about this survey?

- Email
- Social media
- Beat the Heat Website
- Flyer
- Door hanger
- Door-to-door survey volunteer
- Your Clarksville wastewater bill
- Word of mouth
- Other (please specify)

Section 9 – Demographics

33. How do you currently describe your gender identity?

- Open response

34. How would you describe yourself? Please select all that apply.

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic and/or Latino/a
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- White
- Some other race, ethnicity, or national origin. Please specify:
- Prefer not to answer

35. What is your age?

- Open response

36. What is your current yearly household income?

- \$0 - \$24,999
- \$25,000 - \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 to \$199,999
- \$200,000 or more

37. What types of transportation do you use the most? Please select all that apply.

- Bus
- Car
- Bicycle
- Walking
- Carpool
- Other (Please specify)

Conclusion

38. Please include any of your thoughts or ideas about how the community can best improve your quality of life around heat-related issues.

[open ended]

39. If you would like to participate in a focus group about extreme heat, please enter your name and contact information here.

[open ended]