

Data Collection Questionnaire

Event Name Village Wide Flooding Village of Maywood Illinois and Date 7/23/10

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Day: \_\_\_\_\_  
Evening: \_\_\_\_\_  
Length of residence at this address: \_\_\_\_\_  
Email: \_\_\_\_\_

Did you have water in your house (Date): Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If so, was it: Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Sewer backup from basement floor drain: Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Ground water from sump pump pit: Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If so: Did your sump pump fail: Yes: \_\_\_\_\_ No: \_\_\_\_\_  
OR Was your sump pump able to keep up with the flow: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Did you get surface water from flooding in yard: Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If yes:  
How did it get in the house:  
Window Well \_\_\_\_\_  
Basement Door \_\_\_\_\_  
1st Floor Door \_\_\_\_\_  
Garage Door \_\_\_\_\_  
Patio Door \_\_\_\_\_  
Other - please specify \_\_\_\_\_

Was your yard flooded: North \_\_\_\_\_ South \_\_\_\_\_ East \_\_\_\_\_ West \_\_\_\_\_

Was your street flooded: Yes \_\_\_\_\_ No \_\_\_\_\_  
If corner house, which street: Front \_\_\_\_\_ Side \_\_\_\_\_

Have you ever had floodwater in your home before: Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If yes, please explain:

Date: \_\_\_\_\_  
What occurred: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What floor(s) were flooded:

Basement	_____	Depth of Water	_____
Garage	_____	Depth of Water	_____
First Floor	_____	Depth of Water	_____

Do you have (check all that apply):

Homeowners insurance: \_\_\_\_\_

Renters insurance: \_\_\_\_\_

Sewer backup insurance: \_\_\_\_\_

Sump pump insurance \_\_\_\_\_

Flood insurance: \_\_\_\_\_

Do you have pictures of other documentation of the flooding:  
 If yes, may we contact you to get copies:

Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 Yes: \_\_\_\_\_ No: \_\_\_\_\_

Residence Information:

Own \_\_\_\_\_ Rent \_\_\_\_\_  
 Single-Family \_\_\_\_\_ Multi-Family \_\_\_\_\_ Apartment \_\_\_\_\_ Duplex \_\_\_\_\_ 2-Flat \_\_\_\_\_

Type of home:

Single story (no basement) \_\_\_\_\_

Single story (with basement) \_\_\_\_\_

Bi-Level (no basement) \_\_\_\_\_

Bi-Level (with basement) \_\_\_\_\_

Tri-Level (no basement) \_\_\_\_\_

Tri-Level (with basement) \_\_\_\_\_

Other (describe) \_\_\_\_\_

Did the residence sustain obvious/visible structural damage:

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, briefly describe the damage:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_