

# DANA Extended Form

## 1. Agency conducting the assessment

Which agency do you represent?

- Department of Emergency Management
- Barbados Statistical Service
- Ministry of Transport and Maintenance
- Barbados Fire Service
- Barbados Defence Force
- Ministry of Tourism
- Ministry of Housing and Lands
- Other
- Ministry of People Empowerment, Elder Affairs

## 1. Please specify

## 2. Assessor NameID

NameID of the persons conducting the assessment. Use the same NameID for all entries.

Identifying information of the damage assessor

## 3. Record your current location

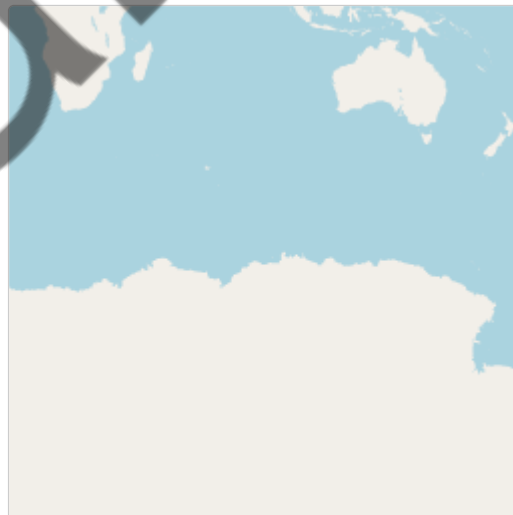
Get as close to the front of the house as possible without going under a roof or tree

latitude (x.y °)

longitude (x.y °)

altitude (m)

accuracy (m)



Click here [bbid.gov.bb](http://bbid.gov.bb) to get the Barbados Building Identifier (BBID)

**3b. Barbados Building Identifier (BBID)**

*Enter the BBID for the building if applicable*

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**4. Point and shoot! Use the camera to take a photo**

*Take a photo of the building*

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**5. Area (Enumeration District)**

*Enter 0 if the ED is unknown*

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**6. Parish**

- St. Michael
- Christ Church
- St. George
- St. Philip
- St. John
- St. James
- St. Thomas
- St. Joseph
- St. Andrew
- St. Peter
- St. Lucy

**7. Constituency**

**8a. Address**

*Leave an extra space at the end of the line*

*House Number, Street and/or District*

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**8b. Address Directions**

*Directions to the location if applicable*

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Sample

**9. What kind of structure is this?**

- None (Only report a field observation)
- Single-Storey Dwelling
- Multi-Storey Dwelling
- Single-Storey Apartment
- Multi-Storey Apartment
- Other Residence
- Other Real/Personal Property
- Boat
- School
- Hospital or Clinic
- Government Building
- Community Centre
- Other - Including Shelters, Churches, etc.
- Hotel or Guest House
- Other

**9. Please Specify**

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Is the structure damaged? if not => No Damage Found

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If YES is the Damage minimal and easily repaired? => Level 1

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If NO can the structure be safely occupied? => Level 2

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If NO can the structure be repaired? => Level 3

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If NO to all => Level 4

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**10. Assessment of condition of structure after impact**

- No Damage Found
- Level 1 - No Significant Damage
- Level 2 - Minor Damage
- Level 3 - Major Damage
- Level 4 - Destroyed

**11a. First Name of Head of Household**

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**11b. Surname of Head of Household**

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**12. Age**

*Age of Household Head*

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**13. National ID Number**

*10 digit National Registration Number of head of household without dashes (-)*

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**14. Employment Status of Head**

- Unemployed
- Employed Part-Time
- Employed Full-Time
- Retired
- Not Stated

**15. Type of Employment of Head**

- White Collar
- Blue Collar
- Not Stated

**Contact Info**

**16a. Contact Number (Home)**

*Enter 10-digit phone number without dashes (-) beginning with the area code. Leave blank if unknown*

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**16b. Contact Number (Work)**

Enter 10-digit phone number without dashes (-) beginning with the area code. Leave blank if unknown

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**16c. Contact Number (Mobile)**

Enter 10-digit phone number without dashes (-) beginning with the area code. Leave blank if unknown

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**17. House Tenure**

- Owned
- Rented/Leased
- Rent Free
- Not Stated

**18. Is the house insured?**

- Yes
- No
- Not Stated

**Household Composition**

**19a. Number of Adult Males in Household**

Persons 18 years and over

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**19b. Number of Adult Females in Household**

Persons 18 years and over

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**19c. Number of Male Children in Household**

Persons Between 1 and 17 years old

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**19d. Number of Female Children in Household**

Persons Between 1 and 17 years old

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**19e. Number of Male Infants in Household**

Persons under 1 year old

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**19f. Number of Female Infants in Household**

*Persons under 1 year old*

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**Persons with Disability or Mobility Aids**

**20a. Number of Adult Males with a disability or use a mobility aid?**

*Persons 18 years and over*

---

**20b. Number of Adult Females with a disability or use a mobility aid?**

*Persons 18 years and over*

---

**20c. Number of Male Children with a disability or use a mobility aid?**

*Persons Between 1 and 17 years old*

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**20d. Number of Female Children with a disability or use a mobility aid?**

*Persons Between 1 and 17 years old*

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**20e. Number of infant Males with a disability or use a mobility aid?**

*Persons under 1 year old*

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**20f. Number of infant Females with a disability or use a mobility aid?**

*Persons under 1 year old*

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**21. Does your family require accommodation?**

- Yes
- No
- Not Stated

**22. Does your family require assistance in kind?**

- Food
- Clothing
- Furnishings
- Medication
- Prosthesis - glasses, hearing aids, artificial limbs, wheelchair, etc
- None

**23. What are your immediate needs?**

- Food
- Shelter
- Medication
- Personal hygiene supplies
- Sanitary supplies/disenchantants
- None

**Persons Injured or Ill**

**24a. Number of Adult Males injured or ill?**

*Persons 18 years and over*

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**24b. Number of Adult Females injured or ill?**

*Persons 18 years and over*

---

**24c. Number of Male Children injured or ill?**

*Persons Between 1 and 17 years old*

---

**24d. Number of Female Children injured or ill?**

*Persons Between 1 and 17 years old*

---

**24e. Number of Male Infants injured or ill?**

*Persons under 1 year old*

---

**24f. Number of Female Infants injured or ill?**

*Persons under 1 year old*

---

**Persons Deceased or Missing**

**25a. Number of Adult Males deceased or missing?**

*Persons 18 years and over*

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**25b. Number of Adult Females deceased or missing?**

*Persons 18 years and over*

---

**25c. Number of Male Children deceased or missing?**

*Persons Between 1 and 17 years old*

---

**25d. Number of Female Children deceased or missing?**

*Persons Between 1 and 17 years old*

---

**25e. Number of Male Infants deceased or missing?**

*Persons under 1 year old*

---

**25f. Number of Female Infants deceased or missing?**

*Persons under 1 year old*

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**Persons with Chronic Illness**

**26a. Males with chronic illness?**

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**26b. Females with chronic illness?**

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**Persons with Functional Needs**

**27a. Males with functional needs?**

*Patients with auditory, vision, mobility, or other functional limitations. Provide under comments.*

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**27b. Females with functional needs?**

*Patients with auditory, vision, mobility, or other functional limitations. Provide under comments.*

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**Persons Needing Evacuation**

**28a. Number of males to be evacuated?**

*Patients who need to be relocated because of injuries, illness, or because treatment is not available*

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**28b. Number of females to be evacuated?**

*Patients who need to be relocated because of injuries, illness, or because treatment is not available*

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**29. Indicate damage to the following elements of the structure**

	None	Partial	Total
Roof	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Windows	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Floor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foundation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**30. Would you like to continue with the extended survey?**

*Extended survey can be 10-15 minutes longer*

- Yes
- No

**31. Name of House Owner**

*If rented*

*Name of person that owns the property*

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**32. Address of House Owner**

*If rented*

*Address of person that owns the property*

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**33a. House Owner Contact Number (Home)**

*Enter 10-digit phone number without dashes (-) beginning with the area code. Leave blank if unknown*

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**33b. House Owner Contact Number (Work)**

*Enter 10-digit phone number without dashes (-) beginning with the area code. Leave blank if unknown*

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**33a. House Owner Contact Number (Mobile)**

*Enter 10-digit phone number without dashes (-) beginning with the area code. Leave blank if unknown*

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**34. Land Tenure**

- Owned
- Rented\Leased
- Rent Free
- Not Stated

**35. Name of Land Owner**

*Name of person that owns the land*

---

**36. Address of land owner**

*Name of person that owns the land*

---

**37a. Land Owner Contact Number (Home)**

*Enter 10-digit phone number without dashes (-) beginning with the area code. Leave blank if unknown*

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**37b. Land Owner Contact Number (Work)**

*Enter 10-digit phone number without dashes (-) beginning with the area code. Leave blank if unknown*

---

**37b. Land Owner Contact Number (Mobile)**

*Enter 10-digit phone number without dashes (-) beginning with the area code. Leave blank if unknown*

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**38. How many household members are income earners?**

*Should not be more than total household members (0)*

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**39. What insurance company is the house insured with?**

- Sagicor
- Trident
- ICBL
- Co-operators General
- Capita
- Other
- Not Stated

**39. Please Specify**

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**40. Are the contents of the house insured?**

- Yes
- No
- Not Stated

**41. Insurance Company**

- Sagicor
- Trident
- ICBL
- Co-operators General
- Capita
- Other
- Not Stated

**41. Please specify**

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**42. Are you or any member of the house receiving assistance from the following?**

- National insurance
- Old age pension
- Welfare grants
- Other (specify)
- Not stated

**42. Please Specify**

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**43. Do you receive monthly or weekly assistance?**

- Monthly
- Weekly
- Not Stated

**44. What is the amount of assistance? (Monthly/Weekly)**

*In Barbadian Dollars (\$)*

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**45. Have you received the following assistance since being impacted?**

- Food
- Clothing
- Furnishings
- Shelter
- Medication
- Prosthesis (glasses, hearing aids, artificial limbs, wheelchair, etc.)
- Personal hygiene supplies
- None

**46. Type of material used for external walls**

- Wood
- Stone
- Concrete Blocks
- Wood & Stone\Concrete
- Other

**47. Indicate specific rooms damaged in the structure**

- Kitchen
- Dining
- Living
- Bedrooms
- Bathrooms
- Other
- Not stated

**48. Number of bedrooms damaged**

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49. Number of bathrooms damaged

---

50. Number of other rooms damaged

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51. House currently under repair/repared by owner/occupant?

- Yes
- No
- Not Stated

0

Person # of 0

*Only enter up to 0 people*

---

List the head of household first

---

52a. First Name

---

52b. Surname

---

53. Age

---

54. Monthly Income

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**55. Which disabilities/aids does this person have/use?**

- Hearing disability
- Limb disability
- Speech disability
- Neck/Spine disability
- Sight disability
- Intellectual disability
- Wheelchair used
- Crutches used
- Walker used
- Other disability

**55. Other disability**

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**56. Name of Social Assessment Officer**

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**57a. Any Functional Conditions at this location?**

*Leave blank if none*

- Road Impassable
- Electricity Disrupted
- Telephone Disrupted
- Sanitation Disrupted
- Water Disrupted

**57b. Any Physical Conditions at this location?**

*Leave blank if none*

- Fallen Tree
- Fallen\Broken pole
- Fallen Lines
- Broken Bridge
- Landslide
- Flooding
- Crops Loss
- Livestock Loss
- Poultry Loss
- Broken Sewer Line
- Broken Water Line
- Broken Gas Line
- Other

**58. General Comments**

*Expand on or specify requirements of findings not explained that will assist in decision making*

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Sample