

**2006 Power Outage in Long Island City
Survey of Economic and Health Impacts
[Non-Residential]**

We are studying the impact of the power failure that occurred in Queens about two years ago. We are collaborating with LaGuardia Community College and Pace University as part of a settlement agreement between Con Edison and neighborhoods that were affected in Queens. If you were living or working in the neighborhoods that experienced power outages in July of 2006, then your experiences are very important to us. Please fill out this survey, and let us know what happened to you. You should know that there is no penalty for not taking this survey, you can stop at any time, and there is no reward for completing this survey.

1. Did you own or operate a business in a **neighborhood** in northwest Queens in July of 2006?

_____ years at (intersection): _____ (zip code): _____

2. Were you **affected** by the power outage?

_____ no _____ yes
_____ days of intermittent power.
_____ days of total blackout.

This next section is about the things that actually happened to you. Try to remember, as best you can, the losses and expenses that resulted directly from the power outage.

3. What is your typical monthly electric **bill** for the business? \$ _____

4. What portion of your annual **revenue** depends upon electricity? % _____

5. What is the value of all electrical **equipment** in your business? \$ _____

6. How much did it cost to replace any **FOOD** perishables lost during the outage? \$ _____

7. How much did it cost to replace any **non-FOOD** perishables lost during the outage? \$ _____

8. How many days did your business **close** due to the outage? \$ _____

9. How much revenue was **lost** due to the outage? \$ _____

10. What portion of the lost revenue was due to disruption in **supplies** (not closing your business)? % _____

11. What portion of the lost revenue was due to direct loss of economic activity and **closing**? % _____

12. How much did it cost to replace the **energy** (such as from renting or buying a generator, and buying fuel for the generator)? \$ _____

13. How much did it cost to rent **space** while your business was closed? \$ _____

14. How much did it cost to pay **workers** while your business was closed? \$ _____

15. Did you have any losses do to **theft** or vandalism? If so, how much? \$ _____

16. How much did it cost to replace **appliances** and equipment? \$ _____

17. What kinds of health **problems** or injuries did you experience related to the outage?

[Please list] _____

18. How much did you pay for **treatment** for these health problems \$ _____ in your business and \$ _____ at a hospital?

19. How much did it cost to take care of problems with **garbage** or sewage during the outage? \$ _____

20. How much did it cost for extra **commuting** during the outage? \$ _____

21. How much did you spend on “outage related **supplies**” (batteries, flashlights, etc.)? \$ _____

22. How much **reimbursement** did you get from Con Edison? \$ _____

23. Are there other **experiences** of loss during the outage that you would like to tell us about?

24. What do you know about LaGuardia Community College?

25. What classes or courses for children and adults would you like to see offered in your community?

2006 Power Outage in Long Island City/Survey of Economic and Health Impacts - Residential

We are studying the economic and health impact of the power failure that occurred in Queens about two years ago. We are collaborating with LaGuardia Community College and Pace University as part of a settlement agreement between Con Edison and neighborhoods that were affected in Queens. Please fill out this anonymous survey and let us know what happened to you. There is no penalty for not taking this survey. There is no reward for completing this survey. If you are uncomfortable with answering these questions, you may stop at any time.

1. Are you 18 years or older AND were you affected by the power failure? Yes No
 _____ days of reduced power _____ days of total blackout or outage

Gender: Female Male

Current Age: _____ years OR 18-25 26-40 41-55 55 or older

How many persons live in your household? _____

Race/ethnicity (check all that apply):

African American Asian / Pacific Islander Caucasian
 Latino Native American Other: _____

Language(s) spoken at home (check all that apply):

English Spanish Korean
 Chinese Greek Other: _____

Are you currently employed?

Yes No

Education (highest level):

Grade school High school College Graduate

Household income:

up to \$10,000 under \$25,000 under \$50,000 \$50,000+

2. Did you live, work, or visit a neighborhood in northwest Queens in July of 2006?

own _____ years (cross streets): _____ (zip code): _____
 rent _____ years (cross streets): _____ (zip code): _____

<input type="checkbox"/> Long Island City 11101	<input type="checkbox"/> Sunnyside 11104
<input type="checkbox"/> Astoria 11102	<input type="checkbox"/> Long Island City 11106
<input type="checkbox"/> Astoria 11103	<input type="checkbox"/> Woodside 11137
<input type="checkbox"/> Astoria 11105	

work _____ years (cross streets): _____ (zip code): _____
 visit (cross streets): _____ (zip code): _____

<input type="checkbox"/> Vernon Blvd (bet Borden & 46 th Avenues)	<input type="checkbox"/> Broadway (bet 49 th & Steinway Streets)
<input type="checkbox"/> Queens Blvd (bet 39 th & 48 th Streets)	<input type="checkbox"/> Broadway (bet Steinway & 31 st Sts)
<input type="checkbox"/> Queens Plaza (bet 21 st St and Northern Blvd)	<input type="checkbox"/> Broadway (bet 31 st & 21 st Sts)
<input type="checkbox"/> Steinway St. (bet 34 th & 30 th Aves)	<input type="checkbox"/> 34 th Ave (bet Steinway & 31 st Sts)
<input type="checkbox"/> Steinway St (bet 30 th Ave & Astoria Blvd)	<input type="checkbox"/> 31 st Ave (bet Steinway & 31 st Sts)
<input type="checkbox"/> Ditmars Blvd (bet Steinway & 29 th Sts)	<input type="checkbox"/> 31 st Ave (bet 31 st & 21 st Sts)

Please tell us about the things that happened to you during this time, remembering as best you can the losses and expenses that resulted directly from the power outage.

- 3. Did you have to replace food lost during the outage? Yes No If YES, how much? \$ _____
- 4. Did you have to replace medicine? Yes No If YES, how much? \$ _____
- 5. Did you have to replace electronic appliances? Yes No If YES, how much? \$ _____
- 6. Did you have any losses due to theft or vandalism? Yes No If YES, how much? \$ _____
- 7. Did you experience any health problems related to the outage? Yes No
If YES, how much did you pay for this treatment for these health problems in your home? \$ _____
At a doctor's office? \$ _____
At a hospital? \$ _____

Please explain the health problems you experienced:

_____ \$ _____

- 8. Is there a person in your household who is physically-challenged or required special needs/care? Yes No If YES, how much? \$ _____
- 9. Did you have to take care of garbage or sewage? Yes No If YES, how much? \$ _____
- 10. Did you pay for extra fuel or power? Yes No If YES, how much? \$ _____
- 11. Did you have to temporarily relocate during the outage? Yes No If YES, how much? \$ _____
- 12. Did you pay more for commuting? Yes No If YES, how much? \$ _____
- 13. Did you have to eat out more? Yes No If YES, how much? \$ _____
- 14. Did you miss work? Yes No If YES, income lost? \$ _____
Number of days missed _____
- 15. Were child care or elder care needs disrupted? Yes No If YES, how much? \$ _____
- 16. Did your pets require additional care? Yes No If YES, how much? \$ _____
- 17. About how much was spent on outage-related supplies (batteries, flashlights, etc.)? \$ _____
- 18. Did you experience language communication problems during this period? Yes No If YES, cost? \$ _____
- 19. Did you get any reimbursement from Con Edison? Yes No If YES, income lost? \$ _____
- 20. Are there other experiences of loss during the outage that you would like to tell us about?

_____ \$ _____

What do you know about LaGuardia Community College?

What classes or courses for children or adults would you like to see offered in your community?

