



# CONTENTS DAMAGE SURVEY

Everyone can appreciate the enormity of the event that occurred. The government of the Virgin Islands, in an effort to estimate the extent of the contents damage in household, is conducting a very short survey. We would really appreciate your cooperation.

Location/Address of Household: \_\_\_\_\_

### CHARACTERISTICS

- Head \_\_\_\_\_
- None Head \_\_\_\_\_

### TYPE OF DWELLING

- Own house \_\_\_\_\_
- Apartment/Flat/Condominium \_\_\_\_\_

No of Persons in the Household: \_\_\_\_\_

### HOUSEHOLD EQUIPMENT, APPLIANCES & OTHER AMENITIES.

Item	No #	Item	No.	Item	No.
Fridge		Sofa & armchairs set		Wardrobe	
Freezer		Entertainment Center		Bed (Foam mattress)	
Stove		Radio/stereo		Chest of Drawers	
Microwave		Computer/Tablet		Dressing table:	
Toaster/Toaster Oven		DVD player/CD player		Light set/ table light	
Kettle		Cell-phone		Washing machine	
Frying pan, Cooking pots		Dining set (table & chairs)		Dinner Plate & Cups	
Vehicles/Scooters		TV -Flat		TV - Regular	

### Food and other household goods Lost

- Frozen food                      \$ \_\_\_\_\_      1 week              2 weeks              1 month Supply
- Canned/Dry Goods              \$ \_\_\_\_\_      1 week              2 weeks              1 month Supply
- Own produced food:      Meat \$ \_\_\_\_\_      Fruits \$ \_\_\_\_\_      Veg \$ \_\_\_\_\_
- Household Goods              \$ \_\_\_\_\_                              2 weeks              1 month Supply

Items	Value	Items	Value	Items	Value
Clothing		Bath towel		Decorations & ornaments	
Shoes/footwear		Bedding/Sheet set			
Jewelry		Shower Curtain ,			

### INSURANCE

Is the dwelling in which you live insured?                      Yes      No      Don't Know

Are/were the Contents of this dwelling insured?              Yes      No      Don't Know

Did you make an insurance claim?                      Yes      No

If (Yes) House \$ \_\_\_\_\_ Content \$ \_\_\_\_\_ Vehicle No. \_\_\_\_\_ \$ \_\_\_\_\_

### LIVELIHOOD

Business owner      \_\_\_\_\_      Employee      \_\_\_\_\_

Was your income affected due to storms?              Yes      No      Don't Know

If (yes) % Decline \_\_\_\_\_      % Increase      \_\_\_\_\_