

Readiness Survey

Check all that apply.

1. Have you personally experienced an emergency situation, including:
 - An evacuation from your home, reason _____
 - Lost utilities for at least 3 days, which utilities? _____
 - Provided first aid to others, explain _____
 - Unable to communicate with family members, reason _____
 - Other _____
2. Do you feel prepared for a catastrophic event? Yes Mostly Somewhat Wholly unprepared
3. What prevents you from being more prepared? _____
 - Lack of knowledge Believe we are not at risk for disasters
 - Lack of financial resources Believe a disaster will not affect me
 - Lack of time Believe it's too hard/not worth the effort
 - Lack of interest Other _____
4. Do you have a family emergency plan? Yes Started No _____
5. Do you have? An out-of-state contact
 - A written list of emergency contact phone numbers
6. Do you have a family meeting place? Outside your home
 - In your neighborhood
 - Regional meeting place
7. Do you have emergency supplies? In your home In strategic locations
 - In your car
 - At daytime location/work
 - Under your bed (flashlight, sturdy shoes, clothes/robe)
8. Do you have an evacuation kit? Yes No Partial _____
9. Have you ever taken training in: First aid CPR/AED CERT Other _____
 - Is it current? First aid CPR/AED CERT Other _____
10. Do you have first aid supplies? Yes Some No
 - 30-day supply of medications, supplements, etc.
 - Gauze pads, adhesive tape, bandages, etc.
11. Do you have? Smoke alarms Carbon monoxide detectors Fire extinguisher Escape plan
12. Have you secured your water heater? Yes No
 - Does it have? Flexible gas connectors Flexible copper water connectors Not sure
13. Do you have at least 21 gallons of clean water stored for each person in your home? Yes No
 - Large, commercial containers (55 gallons or larger) with pump or spout
 - Commercially bottled water
 - In juice bottles Milk jugs Pop bottles Glass bottles Other _____
 - Checked for clarity in last 6 months Stored directly on cement

14. Do you have any methods to purify water?
- | | |
|---|--|
| <input type="checkbox"/> Way to boil water without utilities | <input type="checkbox"/> Other chlorine source |
| <input type="checkbox"/> Commercial charcoal or ceramic filter | <input type="checkbox"/> Iodine tablets |
| <input type="checkbox"/> Portable camping filter | <input type="checkbox"/> Other chemical _____ |
| <input type="checkbox"/> Household bleach, less than 6 months old | <input type="checkbox"/> Other _____ |
15. Do you have a 3-week supply of food stored requiring little or no preparation? Yes Some No
16. Do you have long-term food storage? For 3 months 6 months 1 year
17. Do you have at least one alternative cooking method? Yes No
- | | |
|--|--|
| <input type="checkbox"/> Generator | <input type="checkbox"/> Butane stove |
| <input type="checkbox"/> Fireplace | <input type="checkbox"/> Canned heat |
| <input type="checkbox"/> Wood-burning stove | <input type="checkbox"/> Camp stove and fuel |
| <input type="checkbox"/> Dutch oven and briquettes | <input type="checkbox"/> Solar oven |
| <input type="checkbox"/> Propane barbecue grill | <input type="checkbox"/> Other _____ |
18. Do you have a way for each family member to stay warm in cold weather? Yes No
- | | |
|---|---|
| <input type="checkbox"/> Generator, fireplace, wood-burning stove | <input type="checkbox"/> Extra blankets |
| <input type="checkbox"/> Warm clothing, hats, gloves, etc. | <input type="checkbox"/> Sleeping bags |
| <input type="checkbox"/> Warm footwear | <input type="checkbox"/> Other _____ |
19. Do you have provisions for alternative sanitation for at least 3 weeks? Yes No
- | | |
|---|---|
| <input type="checkbox"/> Large bucket with toilet seat or tight lid | <input type="checkbox"/> Pump soap, wipes, etc. |
| <input type="checkbox"/> Extra-strength garbage bags | <input type="checkbox"/> Shovel |
| <input type="checkbox"/> Absorbent material (kitty litter, sawdust) | <input type="checkbox"/> Septic tank |
| <input type="checkbox"/> Toilet paper | <input type="checkbox"/> Other _____ |
20. I have the following types of insurance: Homeowner/renter Earthquake Flood Life
21. I would consider myself to be resilient. Yes Would like to be No Don't care _____
22. If you have pets or domestic animals, do you have an emergency plan for them? Not applicable (N/A)
- No Yes: Emergency pet kit Evacuation location Way to transport Vaccination list
23. Does your workplace have a business continuity plan? Yes Started No Don't know N/A
24. If someone could make it easy for you to be prepared, would you do it? Yes No, why _____
-
25. I know how to turn off: Water (inside house) Electricity Gas
26. Would you visit a discovery center to learn more about emergency preparedness? Yes No
27. What would you like to learn there? _____
- | | |
|--|---|
| <input type="checkbox"/> Earthquake simulation | <input type="checkbox"/> Other disaster simulation _____ |
| <input type="checkbox"/> How to secure possessions: | <input type="checkbox"/> Hanging pictures <input type="checkbox"/> Furniture <input type="checkbox"/> Water heater <input type="checkbox"/> Objects |
| <input type="checkbox"/> Hands-on practice: | <input type="checkbox"/> Shut off gas <input type="checkbox"/> Using a fire extinguisher <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Free community resource center with info for: | <input type="checkbox"/> Families <input type="checkbox"/> Neighborhoods <input type="checkbox"/> Businesses |
28. After taking this survey, I feel _____
- | | | | | | |
|--------------------------------------|--------------------------------------|------------------------------------|-------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Overwhelmed | <input type="checkbox"/> Discouraged | <input type="checkbox"/> Motivated | <input type="checkbox"/> Encouraged | <input type="checkbox"/> More knowledgeable | <input type="checkbox"/> Grateful |
|--------------------------------------|--------------------------------------|------------------------------------|-------------------------------------|---|-----------------------------------|