

## Questionnaire on Emergency Evacuation Procedures

### Purpose

*This survey is being conducted by the National Institute of Standards and Technology (NIST), an agency of the U.S. Department of Commerce, in order to improve the emergency procedures of this building. We ask that you complete this survey about your participation in the evacuation that occurred on MONTH DAY, 2010.*

*Completing this questionnaire is voluntary, but your assistance would be greatly appreciated to help improve the safety of the building occupants.*

***Please return this questionnaire to XXXXX***

### **SECTION 1: Please answer the following questions about the time period between being alerted (e.g., from the initial alarm) to the incident in this building and entering the stairwell/elevator/exit.**

**(1) How did you first become alerted to the incident?** Mark all that apply.

- Alarm tone (e.g., slow whoop)
- Voice alarm message to evacuate
- Voice alarm message to wait on floor/remain on floor
- Flashing strobe light
- Manager of company/Boss
- Floor warden for building
- Colleague/coworker
- Fire department personnel or equipment/trucks
- Other, please specify \_\_\_\_\_.

**(2) Where were you when you first became alerted to the incident in this building?**

- Your own office/room
- Restroom
- Cafeteria
- Stairwell
- Colleague's office/room
- Elevator
- Basement
- Storage / copy area
- Meeting room
- Corridor
- First floor lobby
- Other, specify \_\_\_\_\_

**(3a) On which floor were you located when you first became alerted to the incident?** \_\_\_\_\_

**(3b) What were you doing?** \_\_\_\_\_ (e.g., working)

**(4) What did you initially think was going on?**

- Real fire emergency
- False alarm (the alarm is sounding by mistake)
- Test of equipment
- Regularly scheduled fire drill
- Security situation
- Weather emergency
- I didn't know what was going on
- Other, please specify \_\_\_\_\_.

**(5) After initial alert, did you receive any additional instructions/information from any of the following while you were on *that* floor? If yes, number all that apply in the order that you received *them*, beginning with (1). If necessary, you can number the same source of information more than once.**

- \_\_\_\_\_ Voice alarm message (What did the message say? \_\_\_\_\_)
- \_\_\_\_\_ Manager of company/Boss (What did he/she say? \_\_\_\_\_)
- \_\_\_\_\_ Floor warden (What did he/she say? \_\_\_\_\_)
- \_\_\_\_\_ A colleague/coworker (What did he/she say? \_\_\_\_\_)
- \_\_\_\_\_ Other, please specify \_\_\_\_\_.

**(6) Please number the following actions from what you did first (1) after the first alert to what you did next (2), and continue to number all of the actions that you performed until you entered the stairwell/exit. Please number the following actions (only those that apply) on the lines provided. If necessary, you can number the same action more than once.**

- \_\_\_\_\_ Continued prior activity.
- \_\_\_\_\_ Waited (for instructions , to see what others were doing , to see if anything else would happen , other reasons to wait? \_\_\_\_\_) (How long? \_\_\_ mins)
- \_\_\_\_\_ Looked around.
- \_\_\_\_\_ Sought more information about the event. (What information did you seek? \_\_\_\_\_)
- \_\_\_\_\_ Gave instructions to others. (About what? \_\_\_\_\_)
- \_\_\_\_\_ Discussed with others (inside the building , outside of the building ).  
About what? \_\_\_\_\_
- \_\_\_\_\_ Looked for others on the floor.
- \_\_\_\_\_ Gathered coat /shoes/valuables, dressed. (What things? \_\_\_\_\_)
- \_\_\_\_\_ Gathered emergency/floor warden supplies. (What things? \_\_\_\_\_)
- \_\_\_\_\_ Saved files/turned off computer/Secured files or documents.
- \_\_\_\_\_ Secured office/room/space (shut door , turned out light(s) , other? \_\_\_\_\_).
- \_\_\_\_\_ Other, please specify \_\_\_\_\_.
- \_\_\_\_\_ Other, please specify \_\_\_\_\_.

**(7a) Could you see others around you on your floor?  Yes  No**

**(7b) If yes,**

**How many?  1-2  3-5  6-10  11-20  21+**

**What were they doing? \_\_\_\_\_.**

**(8a) Did you feel at risk (in danger) at any time before you entered the stairwell?**

Yes – high level  Yes – moderate level  No

**(8b) If yes, did your feeling of risk (in danger) increase before your entered the stairwell?**

Yes  No

If yes, why? \_\_\_\_\_.

**(9) What was the main thing/reason that made you decide to evacuate?**

\_\_\_\_\_.

**(10) How much time passed from the moment that you became alerted to the incident until you entered the stairwell/elevator/exit? \_\_\_\_\_min.**

**SECTION 2: Please answer the following questions about the time period between entering the stairwell/elevator/exit and leaving the building.**

**(11a) How did you evacuate the building?**

- Stairwell    Elevator    Both Stair and Elevator    Walked directly outside to exit
- I did not evacuate the building.
- Other, please specify \_\_\_\_\_.

**(11b) If you used an elevator, what was your primary reason for not using a stairwell?**

- I have a condition that requires me to use an elevator.
- Elevators are quicker.
- Elevators are easier to use (physically).
- Others were using the elevators
- Elevators are my normal way of leaving the building.
- I was instructed to use the elevator.
- I could not find a stairwell.       Other \_\_\_\_\_.

**(11c) How did you find the stairwell/elevator/exit that you used to evacuate from your floor?**

- I followed others/others were using this exit
- I followed EXIT signs.
- I knew the exit/I am familiar with the exit.
- I used the closest exit.
- I used the way I came in.
- I was instructed to use this exit.
- Other, please specify \_\_\_\_\_.

**(12) If you left by a stairwell,**

**(a) Did you use...**    Stairwell \_\_    Stairwell \_\_    Stairwell \_\_    Stairwell \_\_

**(b) Please check any of the conditions you encountered during the evacuation:**

- Furniture or other object(s) obstructed entry to stairwell.
- Crowding in the stairwell.
- Difficulty opening stairwell or exit doors (Which doors? \_\_\_\_\_).
- Uncomfortable handrails.
- Poor lighting.
- Emergency responders/other people were coming up stairwell.
- People in front of you were moving too slowly.
- People were standing /resting on the landings.
- Confusion with which way to proceed.
- Shoes were uncomfortable for the required distance.
- Other, please specify \_\_\_\_\_.

**(12\*a) During your evacuation, did you leave the stairwell for any reason other than exiting the building or entering a transfer hallway?**

- Yes    No

**(12\*b) If yes, on which floor(s) did this occur?** \_\_\_\_\_

**(12\*c) And, what caused you to leave the stairwell? Please mark all that apply.**

- Smelled smoke.
- The stair was blocked (How? \_\_\_\_\_).
- Crowding in the stairwell.
- Thought another way would be quicker.
- Instructed to do so  
By Whom? \_\_\_\_\_  
What were the instructions? \_\_\_\_\_
- Followed other people.
- Forgot something (What? \_\_\_\_\_).
- Other \_\_\_\_\_

**(13a) During your evacuation, could you see others around you (e.g., in the stairwell)?**

- Yes  No

**(13b) If yes, were they the same people from your floor?**

- Yes  No

**(14a) From the time you entered the stairwell/elevator/exit until you left the building, how many minutes passed? \_\_\_\_\_min.**

**(14b) What time was it when you exited the building? \_\_\_\_\_ (e.g., 10:30 am)**

**(15a) While in the stairwell/elevator, did you receive information or instructions that influenced your behavior?  Yes  No;**

**(15b) If yes, number all that apply in the order that you received *them*, beginning with (1). If necessary, you can number the same source of information more than once.**

- \_\_\_\_\_ Voice alarm message (What did the message say? \_\_\_\_\_)
- \_\_\_\_\_ Manager of company/Boss (What did he/she say? \_\_\_\_\_)
- \_\_\_\_\_ Floor warden for building (What did he/she say? \_\_\_\_\_)
- \_\_\_\_\_ A colleague/coworker (What did he/she say? \_\_\_\_\_)
- \_\_\_\_\_ Other, please specify \_\_\_\_\_.

**(16) When you exited the building, which exit did you use?**

- Exit \_\_\_\_\_  Exit \_\_\_\_\_
- Exit \_\_\_\_\_  Exit \_\_\_\_\_
- Other, please specify \_\_\_\_\_.

**(17) Did any of the following conditions make your evacuation more difficult?**

- Temporary injury/condition, please specify \_\_\_\_\_.
- Medical condition
  - Respiratory condition
  - Cardiovascular condition
  - Chronic condition
  - Other, please specify \_\_\_\_\_.
- Vision impairment
- Hearing impairment
- Overweight
- Mobility impairment/disability
- Pregnancy
- Other, please specify \_\_\_\_\_.

**SECTION 3: Please provide background information about you and your experience with building evacuations.**

**(18) Have you ever been in a building fire before (where you saw smoke or flames and/or you felt at risk)?**

- No
- Yes, in this building
- Yes, in another building

**(19) What year did you begin living/working in this building? \_\_\_\_\_ or  N/A (e.g., visitor).**

**(20) How many times do you remember the fire alarm sounding in this building in the last year? \_\_\_\_\_ (please provide a number)**

**(21) Have you received any form of fire emergency training for this building?**

- No
- Yes, but not in the past 12 months.
- Yes, in the past 12 months.

**(22a) If yes, how did you receive the fire emergency training (check all that apply):**

- Pamphlets or guides
- Video
- Seminars or presentations
- Evacuation drills/practice drills
- Other, please specify \_\_\_\_\_.

**(22b) How many fire drills have you participated in for this building in the last year?**

- None
- 1
- 2+

**(23a) Are you aware of the fire evacuation procedure for this building?  Yes  No**

**(23b) If yes, please describe:**

\_\_\_\_\_.

**(24a) Sex:**  M  F

**(24b) How old are you?**  18-25  26-35  36-45  46-55  56-65  66+

**(24c) Current status:**  Currently married  Living with Partner  Widowed  Divorced

Separated  Never married

**(24d) Do you have any children (under 18)?**  Yes  No

**(24e) Highest level of education:**  Some high school  High school graduate  Some college

College degree  Advanced degree

**(24f) Are you a floor warden for this building?**  Yes  No

**(24g) Are you a manager for your office/company?**  Yes  No

**Any Additional Comments:**

**Thank you for taking the time to help us improve  
emergency procedures and safety!**

**NOTE:** This questionnaire contains collection of information requirements subject to the Paperwork Reduction Act (PRA). Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subject to penalty for failure to comply with, a collection of information subject to the requirements of the PRA, unless that collection of information displays a currently valid OMB Control Number. The estimated response time for this questionnaire is 10 minutes. The response time includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this estimate or any other aspects of this collection of information, including suggestions for reducing the length of this questionnaire, to the National Institute of Standards and Technology, Attn., Erica Kuligowski, [erica.kuligowski@nist.gov](mailto:erica.kuligowski@nist.gov), 301-975-2309.