

# Attachment M: Pre-Workshop Survey Screen Shot

[SURVEY PREVIEW MODE] Pre-Workshop Survey Form Approved; OMB No. 0920-XXXX; Exp. Date xx/xx/20xx - Windows Internet Explorer

http://www.surveymonkey.com/s.aspx?PREVIEW\_MODE=DO\_NOT\_USE\_THIS\_LINK\_FOR\_COLLECTION&sm=Mj495d6jRcFG1x8YPnFYq6Ky%zbnAwSZ%2HT8jmVeknL9U%3d

**Ready CDC** Pre-Workshop Survey  
Form Approved; OMB No. 0920-XXXX; Exp. Date xx/xx/20xx

### Introduction

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

This survey is sponsored by OPHPR's Learning Office as part of a research study called "Ready CDC." The purpose of this survey is to gather information about CDC employees' current state of personal or household preparedness. This survey asks questions about your current state of personal or household preparedness, including potential threats, specific actions you have taken, and demographic information.

Your participation in the study, including this survey, is completely voluntary and information you provide will be treated in a secure and completely confidential manner. You have been assigned a participant ID number; this number will be linked to your responses. No information you provide will be tied to your identity in any way. Generated reports will be in summary form only. Results will be used to test the usefulness of the education and training intervention only. It is intended that results will be shared in summary reports and developed for submission into scientific, peer-reviewed journals.

Please note that there are many questions that ask about disaster or emergencies, which are used interchangeably. For purposes of the current survey, the term "disaster" or "emergency" refers to events that could disrupt water, power, transportation, and also emergency and public services for up to three days (e.g., natural disasters, acts of terrorism, hazardous materials accidents, severe disease outbreaks, etc.).

In addition, please answer questions in relation to your household. "Household" refers to your current residence and can include an individual, individual with family members, and individual with roommates, or individual with family and roommates.

This survey should take approximately 20 minutes to complete.

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**Pre-Workshop Survey**

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**Perceived Preparedness**

The following questions ask about being prepared for a disaster or emergency. "Prepared" refers to actions people can take at any time to prevent or reduce the impact of disasters or emergencies on their lives.

**1. How well prepared do you feel your household is to handle a disaster or emergency?**

- Not at All Prepared
- Minimally Prepared
- Prepared
- Very Prepared
- Extremely Prepared
- Do Not know

**2. How confident are you that your local government is prepared to handle an emergency or disaster?**

- Not at All Confident
- Minimally Confident
- Confident
- Very Confident
- Extremely Confident
- Do Not Know


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**Emergency Kit**

**4. Why has your household NOT assembled an emergency kit? (select all that apply)**

- Do not know what to include.
- Do not know where to locate information.
- Do not have the time.
- It costs too much.
- Do not have space to store a kit.
- Do not want to think about it.
- Do not think it will make a difference.
- Think that emergency responders, such as fire, police, or emergency personnel, will help.
- Other (please specify)


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**Emergency Kit**

**5. Which of the following supplies does your household currently possess? (select all that apply)**


- 3-day supply of water for everyone who lives there (1 gallon of water per person per day)
- 3-day supply of nonperishable food for everyone who lives there (i.e., food that does not require refrigeration or cooking)
- Copies of personal documents (medication list, medical information, passports, insurance policies, etc.)
- Flashlight or head lamp
- 7-day supply of medications
- Family and emergency contact information
- Battery-powered or hand-crank radio
- Multi-purpose tool
- Cash
- Whistle
- Extra Batteries
- Sanitation and personal hygiene items
- Emergency blanket
- First Aid Kit
- Cell phone with chargers
- Map(s) of area
- None of the above

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**Family Disaster Plan**

The following questions ask about a family disaster plan.

**6. Which of the following statements best describes your household:**

- My household is not aware of the need to develop a written, family disaster plan that includes instructions for household members about where to go and what to do.
- My household is aware of the need to develop a written, family disaster plan that includes instructions for household members about where to go and what to do, but does not intend to do it.
- My household is aware of the need to develop a written, family disaster plan that includes instructions for household members about where to go and what to do, and intends to do it.
- My household possesses a written, family disaster plan that includes instructions for household members about where to go and what to do.
- My household regularly maintains and updates a written, family disaster plan that includes instructions for household members about where to go and what to do.

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**Family Disaster Plan**


**7. Have you practiced the written, family disaster plan that includes instructions for household members about where to go and what to do?**

- No
- Yes
- Do Not Know

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**Family Disaster Plan**

8. When was the last time you practiced the written, family disaster plan?

- More than 2 years ago
- 1 - 2 years ago
- 6 months - 1 year ago
- 1 - 6 months ago
- Within the past month
- Do not know

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**Family Disaster Plan**

9. Why has your household NOT developed a written, family disaster plan? (select all that apply)

- Do not know what to include.
- Do not know where to locate information.
- Do not have the time.
- Do not want to think about it.
- Do not think it will make a difference.
- Think that emergency responders, such as fire, police, or emergency personnel, will help.
- Other (please specify)

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**Community Information and Planning**

The following questions ask about the preparedness of the community where you live.

10. Select one response choice for each of the following:

	No	Yes	Do Not Know
Are you aware of the types of disasters or emergencies that are likely to occur in your county of residence?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you know what the outdoor warning sirens denote in your county of residence?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you signed up to receive emergency alert notifications from your county of residence?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you encourage others outside of your household (i.e., friends and neighbors) to be personally prepared for a disaster or emergency?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you, or someone in your household, trained in CPR?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you, or someone in your household, trained in First Aid?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you know where to sign-up for free CPR and First Aid training?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**Social Connectedness**

The following questions ask about how connected people are in the community where you live.

11. Currently, how many friends do you have who live in your neighborhood?

- None
- One or Two
- Three to Five
- Six to Nine
- Ten or More

12. How many of the 10-15 adults living nearest you would you know by name if you met them on the street?

- Almost None
- Less than Half
- About Half
- More than Half
- Almost All of Them

13. How often do you visit or get together with any of these neighbors just to chat or for a social visit?

- Never
- Less than Once a Month
- One to Three Times a Month
- One to Three Times a Week
- Daily or Almost Every Day

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**Social Connectedness**

14. How often do you and your neighbors do favors for each other? By favors, we mean things such as watching each other's children, lending garden or home tools, helping with shopping, or other things like these.

Never  
 Rarely  
 Sometimes  
 Often  
 Always

15. Rate how willing people in your neighborhood are to help their neighbors with routine activities such as picking up their trash cans?

Never Willing  
 Rarely Willing  
 Sometimes Willing  
 Often Willing  
 Always Willing

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**Social Connectedness**

16. Select one response choice for each of the following:

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
I have little to do with people who live in my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a strong sense of community in my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most people in my neighborhood can be trusted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like I belong to a community in my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My neighbors are friendly people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**Perceived Threat**

The following items ask about how likely you think you are to be affected by a disaster or emergency and whether you think being personally prepared will help.

17. Select one response choice for each of the following:

	Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree	Strongly Agree
I am at risk for experiencing a disaster or emergency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A potential disaster or emergency is likely to be serious.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assembling an emergency kit will mitigate the harmful effects of a disaster or emergency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having a written, emergency plan that includes instructions for household members about where to go and what to do will mitigate the harmful effects of a disaster or emergency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am easily able to assemble an emergency kit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am easily able to develop a written, emergency plan that includes instructions for household members about where to go and what to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**Experience with a Disaster or Emergency**

The following questions ask about your previous experience with disasters or emergencies.

18. Have you or your family personally experienced a disaster or emergency?

No

Yes


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**Experience with a Disaster or Emergency**

19. Please identify the disaster or emergency.

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**Experience with a Disaster or Emergency**

20. Do you know anyone other than you or your family who has personally experienced a disaster or emergency?

No  
 Yes

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**Experience with a Disaster or Emergency**


21. Please identify the disaster or emergency.

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**Experience with a Disaster or Emergency**

22. Which of the following choice(s) describe your role as a CDC responder? (select all that apply)

- I have been deployed to the EOC in a response.
- I have been deployed to the field in a response.
- I have participated in a CDC exercise.
- I have not participated in a CDC response.

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**Demographics**

The following questions ask about general demographics.

23. Please select your CIO:

- Center for Global Health (CGH)
- National Institute for Occupational Safety and Health (NIOSH)
- Office of Infectious Diseases (OID)
- Office of Noncommunicable Diseases, Injury, and Environmental Health (ONDIEH)
- Office of Public Health Preparedness and Response (OPHPR)
- Office of Surveillance, Epidemiology, and Laboratory Services (OSELS)
- Office for State, Tribal, Local, and Territorial Support (OSTLTS)
- Office of the Associate Director for Communication (OADC)
- Office of the Associate Director for Policy (OADP)
- Office of the Associate Director for Program (OADPg)
- Office of the Associate Director for Science (OADS)
- Office of the Chief of Staff (OCS)
- Office of the Chief Operating Officer (OCOO)
- Office of Diversity Management and Equal Employment Opportunity (ODMEEEO)
- Office of Minority Health and Health Equity (OMHHE)
- Agency for Toxic Substances and Disease Registry (ATSDR)

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**Demographics**

24. Please select your county of residence:


<input type="radio"/> Barrow	<input type="radio"/> Douglas	<input type="radio"/> Lamar
<input type="radio"/> Bartow	<input type="radio"/> Fayette	<input type="radio"/> Lumpkin
<input type="radio"/> Butts	<input type="radio"/> Forsyth	<input type="radio"/> Meriwether
<input type="radio"/> Carroll	<input type="radio"/> Fulton	<input type="radio"/> Newton
<input type="radio"/> Cherokee	<input type="radio"/> Gwinnett	<input type="radio"/> Paulding
<input type="radio"/> Clayton	<input type="radio"/> Hall	<input type="radio"/> Pickens
<input type="radio"/> Cobb	<input type="radio"/> Haralson	<input type="radio"/> Pike
<input type="radio"/> Coweta	<input type="radio"/> Heard	<input type="radio"/> Rockdale
<input type="radio"/> Dawson	<input type="radio"/> Henry	<input type="radio"/> Spalding
<input type="radio"/> DeKalb	<input type="radio"/> Jasper	<input type="radio"/> Walton
<input type="radio"/> Other (please specify)		

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**Demographics**

25. Do you own or rent your home?

- Own
- Rent
- Other Arrangement
- Prefer not to Answer

26. Do you reside in a multiple unit structure (e.g., apartment or condominium) or single family home?

- Multiple Unit
- Single Family
- Other Arrangement
- Prefer not to Answer

27. Do adults over the age of 65 live in your home?

- No
- Yes
- Prefer not to Answer

28. Do children under the age of 18 live in your home?

- No
- Yes
- Prefer not to Answer

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**Demographics**

29. Have you ever had a conversation with your child(ren) about what to do in a disaster or emergency?

- No
- Yes
- Do Not Know

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**Demographics**

30. What is your age group?

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- ≥65
- Prefer not to Answer


31. What is your gender?

- Male
- Female
- Prefer not to Answer

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**Demographics**

32. What is your marital status?

- Married
- Member of an Unmarried Couple
- Separated/Divorced
- Widowed
- Never Married
- Prefer not to Answer

33. What is the highest level of education you have completed?


- Completed Some School (through high school, but not a graduate)
- High School Graduate (Grade 12 or GED)
- Some College (1-4 Years, no degree)
- Associate's Degree
- Bachelor's Degree (BA, BS, etc.)
- Master's Degree (MA, MS, MPH, MPA, MBA, etc.)
- Advanced Graduate or Professional Degree (PhD, MD, JD, etc.)
- Prefer not to Answer

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 **Pre-Workshop Survey**  
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**Thank You**

Thank you for completing the "Ready CDC" Pre-Workshop Survey. We look forward to seeing you there on September 12.

Prev Done

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