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## **PRE ASSESSMENT**

### **INTRODUCTION**

This survey is sponsored by OPHPR's Learning Office as part of an education and training intervention. 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 intervention, including this assessment, is completely voluntary and information you provide will be treated in a secure 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 outbreak, 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.

Participant ID Number: XXYY

### **PERCEIVED PREPAREDNESS**

These 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 (0)
- Minimally Prepared (1)
- Prepared (2)
- Very Prepared (3)
- Extremely Prepared (4)
- Do Not know (88)

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

- Not at All Confident (0)
- Minimally Confident (1)
- Confident (2)
- Very Confident (3)
- Extremely Confident (4)
- Do Not Know (88)

**EMERGENCY KIT**

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

- My household is not aware of the need to assemble an emergency kit. (0)
- My household is aware of the need to assemble an emergency kit but does not intend to do it. (1)
- My household is aware of the need to assemble an emergency kit and intends to do it. (2)
- My household possesses an assembled emergency kit. (3)
- My household regularly maintains and updates an assembled emergency kit. (4)

**3a. (If 1 or 2 above) Why has your household NOT assembled an emergency kit?**

- 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 \_\_\_\_\_

**4. Which of the following supplies does your household currently possess?**

- |   |   |  |
|---|---|--|
| • 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  | • 7-day supply of medications   | • Family and emergency contact information   |
| • Battery-powered or hand-crank radio   | • Multi-purpose tool  | • Cash   |
| • Extra Batteries   | • Sanitation and personal hygiene items   | • Emergency blanket  |
| • First Aid Kit   | • Cell phone with chargers  | • Map(s) of area   |

**EMERGENCY PLAN**

**5. Which of the following statement best describes your household:**

- My household is not aware of the need to develop a written, emergency plan that includes instructions for household members about where to go and what to do. (0)
  - My household is aware of the need to develop a written, emergency plan that includes instructions for household members about where to go and what to do, but does not intend to do it. (1)
  - My household is aware of the need to develop a written, emergency plan that includes instructions for household members about where to go and what to do, and intends to do it. (2)
  - My household possesses a written, emergency plan that includes instructions for household members about where to go and what to do. (3)
  - My household regularly maintains and updates a written, emergency plan that includes instructions for household members about where to go and what to do. (4)
6. (If 3 or 4) **Have you practiced the written, emergency plan that includes instructions for household members about where to go and what to do?**
- No (0)
  - Yes (1)
  - Do Not Know (88)

6a. (If Yes), **When was the last time you practiced the written, emergency plan?**

- More than 2 years ago (0)
- 1 - 2 years ago (1)
- 6 months - 1 year ago (2)
- 1 - 6 months ago (3)
- Within the past month (4)
- Do not Know (88)

(If 1 or 2) **Why has your household NOT developed a written, emergency plan?**

- 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 \_\_\_\_\_

**COMMUNITY INFORMATION & PLANNING**

		No	Yes	Do Not Know
7.	Are you aware of the types of disasters or emergencies that are likely to occur in your county of residence?	0	1	88
8.	Do you know what the outdoor warning sirens denote in your county of residence?	0	1	88
9.	Have you signed up to receive emergency alert notifications from your county of residence?	0	1	88
10.	Do you encourage others outside of your household (i.e., friends and neighbors) to be personally prepared for a disaster or emergency?	0	1	88

11.	Are you, or someone in your household, trained in CPR?	0	1	88
12.	Are you, or someone in your household, trained in First Aid?	0	1	88
13.	Do you know where to sign-up for free CPR and First Aid training?	0	1	88

**SOCIAL CAPITAL**

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

- None (0)
- One or Two (1)
- Three to Five (2)
- Six to Nine (3)
- Ten or More (4)

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

- Almost None (0)
- Less than Half (1)
- About Half (2)
- More than Half (3)
- Almost All of Them (4)

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

- Never (0)
- Less than Once a Month (1)
- One to Three Times a Month (2)
- One to Three Times a Week (3)
- Daily or almost every day (4)

**17. 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 (0)
- Rarely (1)
- Sometimes (2)
- Often (3)
- Always (4)

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

- Never Willing (0)
- Rarely Willing (1)
- Sometimes Willing (2)
- Often Willing (3)
- Always Willing (4)

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
19. I have little to do with people who live in my	0	1	2	3	4

neighborhood.					
20. There is a strong sense of community in my neighborhood.	0	1	2	3	4
21. Most people in my neighborhood can be trusted.	0	1	2	3	4
22. I feel like I belong to a community in my neighborhood.	0	1	2	3	4
23. My neighbors are friendly people.	0	1	2	3	4

**PERCEIVED THREATS**

	Strongly Disagree			Neutral			Strongly Agree
24. I am at risk for experiencing a disaster or emergency.	1	2	3	4	5	6	7
25. A potential disaster or emergency is likely to be serious.	1	2	3	4	5	6	7
26. Assembling an emergency kit will mitigate the harmful effects of a disaster or emergency.	1	2	3	4	5	6	7
27. 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.	1	2	3	4	5	6	7
28. I am easily able to assemble an emergency kit.	1	2	3	4	5	6	7
29. I am easily able to develop a written, emergency plan that includes instructions for household members about where to go and what to do.	1	2	3	4	5	6	7

**EXPERIENCE**

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

- No (0)
- Yes (1)

30a. (If yes) Please identify the disaster or emergency.

31. Do you know anyone who has personally experienced a disaster or emergency?

- No (0)
- Yes (1)

31a. (If yes) Please identify the disaster or emergency.

32. Which of the following choice(s) describe your role as a CDC responder?

- 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.

**33. Please select your CIO below:**

- Office of the Director (OD)
- Center for Global Health (CGH)
- National Institute for Occupational Safety and Health (NIOSH)
- Office for State, Tribal, Local and Territorial Support (OSTLTS)
- Office of Infectious Disease (OID)
- Office of Noncommunicable Disease, Injury and Environmental Health (ONDIEH)
- Office of Public Health Preparedness and Response (OPHPR)
- Office of Surveillance, Epidemiology, and Laboratory Services (OSELS)

**DEMOGRAPHICS**

**34. Please select your county of residence below:**

- |            |            |                              |
|------------|------------|------------------------------|
| • Barrow   | • Fayette  | • Meriwether                 |
| • Bartow   | • Forsyth  | • Newton                     |
| • Butts    | • Fulton   | • Paulding                   |
| • Carroll  | • Gwinnett | • Pickens                    |
| • Cherokee | • Hall     | • Pike                       |
| • Clayton  | • Haralson | • Rockdale                   |
| • Cobb     | • Heard    | • Spalding                   |
| • Coweta   | • Henry    | • Walton                     |
| • Dawson   | • Jasper   | • Other: Please Specify_____ |
| • DeKalb   | • Lamar    |                              |
| • Douglas  | • Lumpkin  |                              |

**35. Do you own or rent your home?**

- Own (1)
- Rent (2)
- Other Arrangement (3)
- Prefer not to Answer (99)

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

- Multiple Unit (1)
- Single Family (2)
- Other Arrangement (3)
- Prefer not to Answer (99)

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

- No (0)
- Yes (1)
- Prefer not to Answer (99)

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

- No (0)
- Yes (1)
- Prefer not to Answer (99)

**37a. (If Yes) Have you ever had a conversation with your child(ren) about what to do in a disaster or emergency?**

- No (0)
- Yes (1)
- Do Not Know (88)

**39. What is your age group?**

- 18-24 (1)
- 25-34 (2)
- 35-44 (3)
- 45-54 (4)
- 55-64 (5)
- ≥65 (6)
- Prefer not to Answer (99)

**40. What is your gender?**

- Male (1)
- Female (2)
- Prefer not to Answer (99)

**41. What is your marital status?**

- Married (1)
- Member of an Unmarried Couple (2)
- Separated/Divorced (3)
- Widowed (4)
- Never Married (5)
- Prefer not to Answer (99)

**42. What is your highest educational level attained?**

- Completed Some School (through high school, but not a graduate) (1)
- High School Graduate (Grade 12 or GED) (2)
- Some College (1-4 Years, no degree) (3)
- Associate's Degree (4)
- Bachelor's Degree (BA, BS, etc.) (5)
- Master's Degree (MA, MS, MPH, MBA, etc.) (6)
- Advanced Graduate or Professional Degree (PhD, MD, JD, etc.) (7)
- Prefer not to Answer (99)