

# Attachment O: Follow-Up Survey Screen Shot

[SURVEY PREVIEW MODE] Follow-Up Survey Form Approved; OMB No. 9020-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=5tM8pvtR0AqH1%2bXK%272mC07K%2btbAkhytMuvD1cVc66Q%3d](http://www.surveymonkey.com/s.aspx?PREVIEW_MODE=DO_NOT_USE_THIS_LINK_FOR_COLLECTION&sm=5tM8pvtR0AqH1%2bXK%272mC07K%2btbAkhytMuvD1cVc66Q%3d)

**Ready CDC** Follow-Up Survey  
Form Approved; OMB No. 9020-xxxx; Exp. Date xx/xx/20xx

### Introduction

Public reporting burden of this collection of information is estimated to average 10 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." You are receiving this as part of your participation in this study aimed at improving the personal preparedness of the CDC workforce. 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 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.

This survey should take approximately 10 minutes to complete.

Next

100% 9:44 AM 5/1/2014



### 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

Prev

Next



## Follow-Up Survey

Form Approved; OMB No. 9020-xxxx; Exp. Date xx/xx/20xx

### Emergency Kit

The following questions ask about a household 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.
- My household is aware of the need to assemble an emergency kit but does not intend to do it.
- My household is aware of the need to assemble an emergency kit and intends to do it.
- My household possesses an assembled emergency kit.
- My household regularly maintains and updates an assembled emergency kit.

Prev

Next



## Follow-Up Survey

Form Approved; OMB No. 9020-xxxx; Exp. Date xx/xx/20xx

### Emergency Kit

#### 4. 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)

Prev

Next



Follow-Up Survey

Form Approved; OMB No. 9020-xxxx; Exp. Date xx/xx/20xx

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

Previous Next

[SURVEY PREVIEW MODE] Follow-Up Survey Form Approved; OMB No. 9020-xxxx; Exp. Date xx/xx/20xx - Windows I...

http://www.surveymonkey.com/s.aspx?PREVIEW\_MODE=DO\_NOT\_USE\_THIS\_LINK\_FOR\_COLLECTION&sm=5tM8pvtrOAsH1%2bxK9

 Follow-Up Survey  
Form Approved; OMB No. 9020-xxxx; Exp. Date xx/xx/20xx

### 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.

100%



Follow-Up Survey

Form Approved; OMB No. 9020-xxxx; Exp. Date xx/xx/20xx

Family Disaster Plan

7. Why has your household NOT developed a written, family disaster 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)

Prev

Next

[SURVEY PREVIEW MODE] Follow-Up Survey Form Approved; OMB No. 9020-xxxx; Exp. Date xx/xx/20xx - Windows I...

http://www.surveymonkey.com/s.aspx?PREVIEW\_MODE=DO\_NOT\_USE\_THIS\_LINK\_FOR\_COLLECTION&sm=5tM8pvtrOAsH1%2bxK9

 Follow-Up Survey  
Form Approved; OMB No. 9020-xxxx; Exp. Date xx/xx/20xx

**Family Disaster Plan**

8. 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

100%





Follow-Up Survey

Form Approved; OMB No. 9020-xxxx; Exp. Date xx/xx/20xx

Family Disaster Plan

9. 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

Prev

Next



Follow-Up Survey

Form Approved; OMB No. 9020-xxxx; Exp. Date xx/xx/20xx

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"/>

Prev

Next



Follow-Up Survey

Form Approved; OMB No. 9020-xxxx; Exp. Date xx/xx/20xx

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.

11. 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"/>

Prev

Next

[SURVEY PREVIEW MODE] Follow-Up Survey Form Approved; OMB No. 9020-xxxx; Exp. Date xx/xx/20xx - Windows I...

http://www.surveymonkey.com/s.aspx?PREVIEW\_MODE=DO\_NOT\_USE\_THIS\_LINK\_FOR\_COLLECTION&sm=5tM8pvtroAsH1%2bxK9

 **Follow-Up Survey**  
Form Approved; OMB No. 9020-xxxx; Exp. Date xx/xx/20xx

12. Which CDC Ready in-person workshop did you attend?

- September 12, 2013
- November 18, 2013
- Do Not Know

100%



**Follow-Up Survey**  
Form Approved; OMB No. 9020-xxxx; Exp. Date xx/xx/20xx

**Thank You**

Thank you for completing the "Ready CDC" Follow-Up Survey.

Prev

Done