Today’s Date: \_\_\_\_/\_\_\_\_/2018

Form Approved

OMB Control No.: 0920-xxxx

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CDC estimates the average public reporting burden for this collection of information as 5 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information 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).

Instructions: The information gathered from this survey will be used to understand the needs of community members in the event of an emergency. Please take a moment to fill out this survey. All responses are anonymous and confidential. This survey is **voluntary. If you are not interested in participating, please return the blank survey to the survey staff.** Thank you for your time.

**First, please tell us a little about yourself:**

1. Age: \_\_\_\_\_
2. What sex were you assigned at birth, on your birth certificate? □ Male □ Female □ Refused □ Don’t know
3. Do you currently describe yourself as male, female, or transgender? □ Male □ Female □ Transgender □ None of these
4. Just to confirm, you were assigned {FILL based on first question\_\_} at birth and now describe yourself as {FILL based on 2nd question}. Is that correct? □ Yes □ No □ Refused □ Don’t know
5. Zip Code of Residence: \_\_\_\_\_\_\_\_\_\_ □ Homeless
6. Which race/ethnicity do you identify as? (*Check all that apply*)

□ African American/Black □ Asian/Pacific Islander □Hispanic/Latino

□ White/Non-Hispanic □ Native American/Alaskan Native □ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What best describes your education? (*Check only one*)

□ Completed less than high school □ High School Graduate or GED

□ Some college, community college or trade school □ College Graduate/Postgraduate

1. How would you describe your employment status? (*Check all that apply*)

□ Full Time □ Part Time □ Self-employed □ Unemployed □ Retired □ Disabled

1. What type of transportation do you usually use? *(Check only one)*

□ Car □ Bus □Train □ Bike □ Walk □ Motorcycle □ Lyft/Uber □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How often do you take public transportation? *(Check only one)*

□ Never □ Rarely □ Sometimes □ Often

1. Do you speak a language other than English at home? *(Check only one)*

□ Yes □ No

**Please go to the next page** 🡪 🡪

1. If yes, what other language(s) do you speak at home? (For example, Korean, Spanish, etc.):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Does Not Apply

1. Are you currently involved with any of the following types of community groups or organizations?

*(Check all that apply)*

□ Religious church/congregation □ Service organization (Elks’, Rotary, etc.) □ Social service agency □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Now we would like to ask you a few questions about how you get healthcare services in Los Angeles County:**

1. Where do you usually go to receive healthcare services (examinations, medications, etc.)? *(Check only one)*

□ Primary Care Doctor’s Office □ Hospital Emergency Room □ Urgent Care □ Health Clinic □ Public Health Center □ Prefer not to Answer □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How far do you usually have to travel to reach these healthcare services? *(Check only one)*

 □ Less than 1 mile □ Between 1 and 3 miles □ Between 3 and 5 miles □ More than 5 miles

**Now we would like to ask you some questions about how you might get information during an emergency in your city:**

1. In general, how do you prefer to access the internet? *(Check only one)*

□ Home computer (like a laptop or desktop computer)

□ Cell phone

□ Tablet

□ Computer at work

□ Computer at the library/Public computer

□ I do not use the internet

1. In an emergency, how would you anticipate getting news from emergency/government officials?

*(Check all that apply)*

 □ TV □ Radio □ Internet □ Print News (newspaper) □ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Don’t know

**Now we would like to ask you some questions about how you might respond during an emergency (like an earthquake) in your city:**

1. During an emergency, what kind of resource(s) do you think you would need to stay home for 3 days?

*(Check all that apply)*

 □ Food □ Water □ Information □ Housing □ Transportation

□ Prescription Medications □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Would you be able to evacuate your city if asked to by emergency/government officials?

□ Yes □ No □ Yes, if public transportation was provided □ Don’t know

1. Would you be able to go to a location in the community to receive life-saving supplies (for example, medications)? *(Check only one)*

□ Yes □ No □ Don’t know □ Prefer not to answer

**(If No, Don’t Know, or Prefer not to Answer, please skip to question 20.)**

1. How would you travel to that location? *(Check only one)*

□ Car □ Bus □Train □ Bike □ Walk □ Motorcycle □ Lyft/Uber □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. During an emergency in your city, do you think you or someone in your household would want to speak to a mental health professional? *(Check only one)*

□ Yes □ No □ Don’t know □ Prefer not to Answer

1. In an emergency, could you see yourself going to any of these community-based organizations for help?

*(Check all that apply)*

□ Religious church/congregation □ Service organization (Elks’, Rotary, etc.) □ Social service agency □ American Red Cross □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CHECK **ONE** ANSWER PER QUESTION | **Yes** | **No** | **I Don’t Know** | **I Don’t Wish To Share** |
| 1. Have you, or anyone in your household, taken special training for emergencies in your community (CERT, CPR, First Aid, etc.)?
 | □ | □ | □ | □ |
| 1. Do you know where the nearest hospital is to your home?
 | □ | □ | □ | □ |

Thank you for your participation! Please return the survey to the attendant.