

Community Emergency Preparedness Survey

ID __ - _____

Today's Date: ____/____/2018
MM DD

Form Approved
OMB Control No.: 0920-1221
Expiration Date: 03/31/2020

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. Sex: Female Male
3. Zip Code of Residence: _____ Homeless
4. Ethnicity:
 Hispanic/Latino Not Hispanic/Latino
5. Race (Check all that apply):
 American Indian or Alaska Native Asian Native Hawaiian or other Pacific Islander
 Black or African American White
6. 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
7. How would you describe your employment status? (*Check all that apply*)
 Full Time Part Time Self-employed Unemployed Retired Disabled
8. What type of transportation do you usually use? (*Check only one*)
 Car Bus Train Bike Walk Motorcycle Lyft/Uber Other: _____
9. How often do you take public transportation? (*Check only one*)
 Never Rarely Sometimes Often
10. Do you speak a language other than English at home? (*Check only one*)
 Yes No
11. If yes, what other language(s) do you speak at home? (For example, Korean, Spanish, etc.):
_____ Does Not Apply
12. 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: _____

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 (0920-1221).

Please go to the next page → →

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

13. 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: _____
14. 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:

15. 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
16. 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:

17. 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: _____
18. 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
19. 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.)
20. How would you travel to that location? *(Check only one)*
- Car Bus Train Bike Walk Motorcycle Lyft/Uber Other: _____
21. 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

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22. 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
23. Have you, or anyone in your household, taken special training for emergencies in your community (CERT, CPR, First Aid, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Do you know where the nearest hospital is to your home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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