

# 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 21.)**
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 <b>ONE</b> 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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