

Rotating Module on Emergency Preparedness

16th NSOAAP

PROGRAMMER NOTE: IF PARTICIPANT OR INTERPRETER/TRANSLATOR, DISPLAY SECOND PERSON (E.G., “DO YOU” OR “HAVE YOU”) INTO QUESTIONS. IF PROXY, DISPLAY THIRD PERSON (E.G., “DOES S/HE” OR “HAS S/HE”) WHERE INDICATED IN THIS MODULE.

Intro for Caregivers: “These questions are about how prepared you are to continue in your caregiving role during a disaster that might happen. For example, disasters can be” (*see below*)

INTRO FOR ALL OTHER CLIENTS

EPINTRO1. These questions are about how prepared you {s/he} are {is} for a disaster that might happen in your neighborhood.

For example, disasters can be categorized as natural such as hurricanes, earthquakes, floods, tornados, lightning, extreme heat/cold; public health emergencies such as epidemics, and man-made such as large fire, terrorist attacks, explosions, hazardous materials accident; and technological such as nuclear accidents, power outages, and computer failures.

The questions refer to both you and other members of your household.

EP1. Have you ever experienced any of the following situations at home?

(EP1a – EP1d)	<u>YES</u>	<u>NO</u>	<u>RF</u>	<u>DK</u>
a. Power outage for more than a day?	1	2	-7	-8
b. Severe weather or natural events such as a tornado, blizzard, hurricane, wildfire, flooding, earthquake?	1	2	-7	-8
c. Evacuation from your home (due to fire, flood, hurricane, chemical/gas leak, carbon monoxide, etc.)?	1	2	-7	-8
d. A lockdown in which you were required to remain in your location for safety (such as a bomb threat, active shooter, etc.)?	1	2	-7	-8

RF = refusal; DK = Don't Know

EP2. In the past few years, have you {s/he} or other members of your {his/her} household read any educational materials, watched videos, listened closely to advice from local news, or talked to a {AAA} service provider, doctor, or health care worker about how to prepare for disasters?

YES.....	1
NO	2
REFUSED	-7
DON'T KNOW.....	-8

EP3. Has anyone either in your household or someone close to you prepared a specific plan written or otherwise on what to do in case of a disaster, such as a fire, flood, tornado, hurricane, or earthquake?

IF NEEDED INTERVIEWER SAYS: *“Plans such as evacuation procedures and meet-up places”.*

YES.....	1
NO	2
REFUSED	-7
DON'T KNOW.....	-8

EP4. Do you {Does s/he} have a list of family, friends, community organizations, and others who can help you {him/her} in case of a disaster?

YES.....	1
NO	2
REFUSED	-7
DON'T KNOW.....	-8

EP5. Do you {Does s/he} or does anyone in your {his/her} household have any medical devices at home that are important to health and require electrical power to operate?

YES.....	1
NO	2
REFUSED	-7
DON'T KNOW.....	-8

EP6. Do you {s/he} currently have any of the following ready in the event of a disaster or emergency?

(EP6a – EP6h)	<u>YES</u>	<u>NO</u>	<u>RE</u>	<u>DK</u>
a. 3-day supply of bottled water and food per person	1	2	-7	-8
b. Portable battery, solar charger, or car charger for cell phone	1	2	-7	-8
c. Battery-powered or hand crank radio	1	2	-7	-8
d. 3-day supply of essential medications and medical items	1	2	-7	-8
e. Cash	1	2	-7	-8
f. Copies of important personal documents	1	2	-7	-8
g. Smoke detectors	1	2	-7	-8
h. Generator	1	2	-7	-8

EP7a. If public authorities announced a mandatory evacuation from {your /his/her} community due to a large-scale disaster or emergency, would you {s/he} evacuate?

- YES..... 1
- NO 2
- REFUSED -7
- DON'T KNOW..... -8

IF above response is 'NO':

EP7b. What would be the reason you {s/he} might not evacuate if asked to do so?

(Mark all that apply)

(EP7b1 – EP7b10; EP7b91)	<u>YES</u>	<u>NO</u>	<u>RF</u>	<u>DK</u>
1) Lack of transportation?	1	2	-7	-8
2) Health problems (could not be moved)?	1	2	-7	-8
3) Concern about leaving pets?	1	2	-7	-8
4) Concern about leaving property behind?	1	2	-7	-8
5) Concern about personal or family safety?	1	2	-7	-8
6) Lack of trust in public officials?	1	2	-7	-8
7) Concern about traffic jams and inability to get out?	1	2	-7	-8
8) Concern about physical inaccessibility or safety of shelters?	1	2	-7	-8
9) Concern about loss of independence?	1	2	-7	-8
10) CAREGIVER ONLY: Concern that care recipient can't be moved or have needs met where evacuated.	1	2	-7	-8
OTHER 91 (SPECIFY:_____)				

PROGRAMMER NOTE: THE NEXT QUESTION EP7c AKS THE RESPONDENT TO GIVE THE MOST IMPORTANT REASON S/HE SELECTED IN EP7b. THE DATA COLLECTOR SHOULD BE ABLE TO REMIND THE RESPONDENT WHICH OPTIONS S/HE ANSWERED "YES" TO OR PROVIDED OTHER SPECIFY IN EP7b.

IF THEY SAY YES TO MORE THAN ONE, DISPLAY THOSE "YES" RESPONSES AND OTHER SPECIFY ON THE NEXT SCREEN, SO THEY CAN BE READ TO THE RESPONDENT, "YOU SAID 'YES' TO THESE REASONS."

EP7c. You said "Yes" to these reasons.

READ THE REASONS THAT WERE ANSWERED YES OR PROVIDED IN OTHER SPECIFY BACK TO THE RESPONDENT.

What is the most important reason?

LACK OF TRANSPORTATION	1
HEALTH PROBLEMS (COULD NOT BE MOVED	2
CONCERN ABOUT LEAVING PETS	3
CONCERN ABOUT LEAVING PROPERTY BEHIND	4
CONCERN ABOUT PERSONAL OR FAMILY SAFETY	5
LACK OF TRUST IN PUBLIC OFFICIALS.....	6
CONCERN ABOUT TRAFFIC JAMS AND INABILITY TO GET OUT	7
CONCERN ABOUT PHYSICAL INACCESSIBILITY OR SAFETY OF SHELTERS	8
CONCERN ABOUT LOSS OF INDEPENDENCE	9
<i>Response option for caregivers only:</i>	
CONCERN THAT CARE RECIPIENT CAN'T BE MOVED OR HAVE NEEDS MET WHERE EVACUATED	10
OTHER	91
(SPECIFY:_____)	

END

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. The OMB control number for this information collection is 0985-0023. Public reporting burden for this information collection is estimated to average 35 minutes per response; response times may range from 20 minutes to 40 minutes. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the Administration for Community Living/Administration on Aging, Washington, DC 20201 Attn: Terrill Curtis, 888-204-0271