



SAMPLE SURVEY

This survey is being conducted to evaluate the level of personal preparedness within the [YOUR AGENCY] organization as a whole. This survey is strictly confidential and will be used solely for this purpose.

This survey is being conducted to evaluate the level of personal preparedness within the [YOUR AGENCY]

1. How would you rate your family's preparedness level?
 - Not prepared at all
 - Somewhat prepared
 - Very Prepared

2. Do you have a written family emergency preparedness plan?
 - Yes
 - No

3. If you do have a family emergency plan, does it include:
 - Basic plan
 - Communications plan
 - Pet plan
 - Evacuation plan

4. How often do you practice your family emergency plan?
 - Once a year
 - Twice a year
 - More than twice a year

5. Do you have a family emergency kit?
 - Yes
 - No

6. If you do have a family emergency kit, does it include: (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> All Hazard Weather Alert Radio | <input type="checkbox"/> Pet Supplies – food, water, water bowl, toys | <input type="checkbox"/> Hand Crank Radio (AM/FM and NOAA) |
| <input type="checkbox"/> Non-perishable food | <input type="checkbox"/> Water | <input type="checkbox"/> Infant Formula and Diapers (if applicable) |
| <input type="checkbox"/> Extra Batteries | <input type="checkbox"/> Flashlight | <input type="checkbox"/> Emergency Blanket |
| <input type="checkbox"/> Can opener for food (if applicable) | <input type="checkbox"/> Plastic Sheeting and Duct Tape | <input type="checkbox"/> Jacket or Coat |
| <input type="checkbox"/> Fire Extinguisher | <input type="checkbox"/> Wool Blanket | <input type="checkbox"/> Waterproof Matches |
| <input type="checkbox"/> Long-sleeve shirt | <input type="checkbox"/> Long Pants | <input type="checkbox"/> Sturdy Shoes |
| <input type="checkbox"/> Eye Wash Solution to Flush the eyes | <input type="checkbox"/> Pencil/Waterproof Paper | <input type="checkbox"/> Whistle |
| <input type="checkbox"/> Rain gear | <input type="checkbox"/> Hat and Gloves | <input type="checkbox"/> Mess Kit – Paper Cups, Plates, and Plastic Utensils |
| <input type="checkbox"/> Moist Towelettes | <input type="checkbox"/> Dust Mask | <input type="checkbox"/> Trash Bags/ Garbage Bag Ties |
| <input type="checkbox"/> Paper Towels | <input type="checkbox"/> Cash or Travelers Checks, Change | <input type="checkbox"/> Tent |
| <input type="checkbox"/> Emergency Candles | <input type="checkbox"/> Disinfectant | <input type="checkbox"/> Lightstick |
| <input type="checkbox"/> Signal Flare | <input type="checkbox"/> Compass | <input type="checkbox"/> Personal Hygiene Items |
| <input type="checkbox"/> Water/Gas Shutoff Wrench | <input type="checkbox"/> Multi-tool | <input type="checkbox"/> First Aid Kit |
| <input type="checkbox"/> Household Chlorine Bleach (can be used as disinfectant: diluted nine parts water to one part bleach; treated water – 16 drops of regular household bleach per gallon of water) | <input type="checkbox"/> Medicines, Prescriptions, Eye Glasses, Contacts (if applicable) | <input type="checkbox"/> Medicine Dropper |
| <input type="checkbox"/> Cleansing/Antibiotic Soap/Towelettes | <input type="checkbox"/> Latex Gloves | <input type="checkbox"/> Adhesive Bandages in a Variety of Sizes |
| | <input type="checkbox"/> Important Family Documents (insurance policies, identification, bank records – in waterproof, portable container) | <input type="checkbox"/> Thermometer |

7. If my agency allowed me one hour a year on duty status to create and maintain a personal emergency plan and preparedness kit for my family, I would do it.

- Yes
- No
- Maybe