

2011 ShakeOut Survey

1. ABOUT THIS SURVEY

This survey is intended to help you evaluate your own ShakeOut activities and to help us improve the overall ShakeOut drill.

The survey is voluntary and completely confidential; your answers will not be linked to your name or email address in any published documents. The IP address for the computer you use will be collected with your answers, but this information will be deleted later to protect your privacy. **You must be at least 18 years old to participate.**

The main section of the survey will take about 5-10 minutes to complete. It is followed by in-depth questions that will take 5-10 more minutes. If you are representing a school, group of schools, or other organization, you will also have the chance to answer additional questions on behalf of yourself and your household, if you wish.

This survey will be closed on December 9th. Please complete it before that date. You may quit the survey at any time by clicking "Exit this Survey." You can stop and return later on the same computer to change or complete your entries, up until December 9th.

This survey is being conducted by the [California State University at Fullerton](#), [RiskRED](#), the [Southern California Earthquake Center \(SCEC\)](#), and [Western Washington University](#). Findings from this survey will be posted on the ShakeOut website at www.shakeout.org.

If you have any questions or comments about this survey, please send a note to info@shakeout.org.

Thank You!

***1. Would you like to proceed with the survey?**

- ☐ YES, I WOULD LIKE TO PROCEED TO THE SURVEY
- ☐ NO, I DO NOT WANT TO COMPLETE THE SURVEY

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3. WHERE AND WHO

*3. On this survey I will be responding on behalf of:

- ☐ Myself and my household
- ☐ An ORGANIZATION (including business, health, community groups, pre-schools, faith-based, and all others)
- ☐ An INDIVIDUAL K-12 school (public, private, charter, homeschool etc.)
- ☐ A GROUP of K-12 schools (public school district or county office of education, private or charter)
- ☐ A university, college or community college

*4. Your Location (State / Province / Country)

- ☐ California
- ☐ Idaho
- ☐ Nevada
- ☐ British Columbia
- ☐ Oregon
- ☐ OTHER (Specify country/state or province)

5. Your County (Answer only if you live in CALIFORNIA)

If you are an organization with locations in multiple counties, please list

6. Your County (Answer only if you live in NEVADA)

If you are an organization with locations in multiple counties, please list

7. Location in places *OTHER* than California or Nevada

County or Regional

District or similar

Other

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8. K-12 SCHOOL - DESCRIPTION

Some basic descriptive information about your school.

IF you are **NOT** responding officially, on behalf of an **Individual** (K-12) **school**, please use the **"Prev"** button at the bottom of the page (**not** your browser's "Back" button) to go back to Question 2 on the "Who and Where" page to select the correct response.

*23. I am responding on behalf of: (Choose ONE)

- ☐ An individual public school
- ☐ An individual private school
- ☐ An individual charter school
- ☐ An individual homeschool

*24. Approximate numbers in our school:

# Preschool students	<input type="text"/>
# Elementary school students (including kindergarten)	<input type="text"/>
# Middle school / Junior High students	<input type="text"/>
# High school students	<input type="text"/>
# Adult education students	<input type="text"/>
# Teachers	<input type="text"/>
# Classroom aides and volunteers (on an average day)	<input type="text"/>
# Administrators	<input type="text"/>
# All other staff	<input type="text"/>

*25. Approximate proportion of students in our school receiving subsidized lunches

- ☐ 0-25% ☐ 26-50% ☐ 51-75% ☐ 76-100% ☐ DON'T KNOW ☐ NOT
APPLICABLE

*26. Approximate proportion of students in our school district who are English Language Learners

- ☐ 0-10% ☐ 11-20% ☐ 21-30% ☐ 31-40% ☐ 41-50% ☐ DON'T KNOW

27. Name of our school (will remain confidential):

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***28. Please select:**

- ☐ Our PUBLIC School is in CALIFORNIA
- ☐ Our PUBLIC School is in NEVADA
- ☐ NONE OF THE ABOVE

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9. SCHOOL DISTRICTS CALIFORNIA

If your **PUBLIC** school district or County Office of Education is not in California, click the "Prev" button at the bottom of the page (not your browser's "Back" button) to return to the Question 2 on the "Who and Where" page..

*** 29. The name of our public school district or county office in California:
(FIRST FIND YOUR COUNTY IN ALPHABETICAL ORDER, THEN YOUR DISTRICT.)**

If the name of public school district is missing, select the last choice: "MY DISTRICT IS MISSING."

SELECT ONE:

Add name of district only if missing:

Thank you. Next, we would like to ask you the main survey questions.

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10. SCHOOL DISTRICTS NEVADA

If your **PUBLIC** school district or County Office of Education is not in Nevada, click the "Previous" button at the bottom of the page (not your browser's "Back" button) to return to the previous question.

*** 30. The name of our public school district in Nevada (note that County Offices of Education are all listed below school districts):**

SELECT ONE: SELECT ONE:

Thank you. Next, we would like to ask you the main survey questions.

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11. SCHOOL DISTRICTS OTHER LOCATIONS AND PRIVATE

If your **PUBLIC** school district is in California or in Nevada, click the "Previous" button at the bottom of the page (not your browser's "Back" button) to return to the previous question.

*** 31. Please select the ONE appropriate box below and enter the Name of your Group of Schools:**
(Will be kept confidential)

Name of our group of PUBLIC SCHOOLS
(District or similar) OR

Name of our group of CHARTER SCHOOLS
OR

Name of our group of PRIVATE SCHOOLS

Thank you. Next, we would like to ask you the main survey questions.

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13. ORGANIZATIONS & SCHOOLS PARTICIPATION & EVALUATION

The following questions are about the participation of the group you are responding for in this and previous ShakeOut drills.

***36. The group or organization that I am responding for participated in THIS AND PREVIOUS ShakeOut Drills in the following ways (check all that apply):**

	Drop, Cover, Hold On	Building Evacuation	Tabletop Exercise	Response Simulation Exercise (ICS or SEMS)	DID NOT PARTICIPATE
Oct. 2011 ShakeOut (Most Recent!)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jan. 2011 ShakeOut (Oregon ONLY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2010 ShakeOut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2009 ShakeOut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2008 ShakeOut (S California ONLY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***37. In our organization or school(s) the following number of people were involved in this year's drill (approximate OK):**

Staff (including faculty, if applicable)

Students (if applicable)

Others

(Customers/Clients/Patients/Visitors/Volunteers)

***38. In our organization, the level of participation of people with disabilities participation in the drill was:**

☐ ALL OR MOST

☐ SOME

☐ FEW

☐ NONE

☐ THERE ARE NO
PEOPLE WITH
DISABILITIES IN OUR
ORGANIZATION

IF not "All or Most" please explain the barriers to participation

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*39. Our performance on "Drop, Cover, Hold On" and (optional) Building Evacuation Drill elements:

	EXCEEDED EXPECTATIONS	MET EXPECTATIONS	DID NOT MEET EXPECTATIONS	NOT PRACTICED
When the drill began, participants adopted an appropriate "Drop, cover and Hold On" position and stayed there "during the shaking"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Following the "shaking", participants checked to see if anyone was injured	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participants evacuated the building in quiet and orderly manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participants assembled in safe area outside following the "shaking"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff provided leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff completed a status report form on injured/missing for each room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Optional: please describe (these or any others)

40. If your organization practiced building evacuation, please state your total estimated evacuation time from the VERY START of the Drop, Cover, Hold drill until the last participants arrived at the assembly area: (This can be an estimate.)

Number of people evacuating

Minutes

Seconds

*41. We experienced the following problems with our drill: (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Participants unclear about what to do when "Drop" or "Cover" or "Hold On" is not possible | <input type="checkbox"/> Participant resistance or non-participation |
| <input type="checkbox"/> Participants unclear about building evacuation procedures | <input type="checkbox"/> Absenteeism at the time of the drill |
| <input type="checkbox"/> Limited or rescheduled drill due to weather | <input type="checkbox"/> WE DID NOT EXPERIENCE PROBLEMS |
| <input type="checkbox"/> Distractions | |
| <input type="checkbox"/> Other (Please specify) | |

*42. We did (or will) evaluate this drill as follows: (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Informally | <input type="checkbox"/> Using self-evaluation forms |
| <input type="checkbox"/> Group discussion(s) with participants | <input type="checkbox"/> Including outside observers |
| <input type="checkbox"/> Written report | <input type="checkbox"/> WE ARE NOT PLANNING TO EVALUATE |
| <input type="checkbox"/> Other (Please specify) | |

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*43. We used the following ShakeOut resources for our drill (Check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Drill broadcast or sound effects | <input type="checkbox"/> OTHER resources downloaded from ShakeOut website |
| <input type="checkbox"/> Documents from the ShakeOut website (manuals, checklists, sample letters, etc) | <input type="checkbox"/> NONE - WE DID NOT USE ANY SHAKEOUT RESOURCES |
| <input type="checkbox"/> ShakeOut Posters or Flyers | |

*44. Our ShakeOut participation (up to and including this year) has led to improvements in the following areas (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Our Organization's Disaster Plan, policies or procedures | <input type="checkbox"/> Devoting more funds to emergency planning |
| <input type="checkbox"/> Reducing our physical exposure to risks | <input type="checkbox"/> Educating staff for disaster prevention |
| <input type="checkbox"/> Developing our preparedness to respond | <input type="checkbox"/> Involving staff more in disaster planning |
| <input type="checkbox"/> Seeking needed training | <input type="checkbox"/> Encouraging disaster planning at home |
| <input type="checkbox"/> Devoting more time to emergency planning | <input type="checkbox"/> NONE - THE SHAKEOUT DID NOT LEAD TO IMPROVEMENTS |
| <input type="checkbox"/> Other (Please specify) | |

45. Our top three (3) lessons learned were:

46. Any other comments or suggestions:

*47. My organization plans to participate in next year's ShakeOut:

- ☐ Yes ☐ No ☐ Maybe (don't know yet)

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48. PLEASE ANSWER ONLY IF YOU CONDUCTED AN "INCIDENT COMMAND SYSTEMS" SIMULATION DRILL, OTHERWISE PLEASE LEAVE BLANK

Our evaluation of these Incident Command System functions was:

	EXCEEDS EXPECTATIONS	MEETS EXPECTATIONS	DOES NOT MEET EXPECTATIONS	VARIES A LOT BY SCHOOL OR UNIT	N/A OR INSUFFICIENT INFORMATION
Incident command	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning & intelligence (in general)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Operations: Rapid Assessment, Fire Suppression, First Aid, Search and Rescue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Logistics: Utilities Control, Site Security, Supplies, Shelter, Sanitation, Nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communications and Public Information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assembly area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family reunification procedures (K-12 schools)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If there were problems with any of these functions, please describe:

49. PLEASE ANSWER ONLY IF YOU CONDUCTED AN "INCIDENT COMMAND SYSTEMS" SIMULATION DRILL, OTHERWISE PLEASE LEAVE BLANK

The following organizations were involved in our drill or drill planning in some way: (Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Police Dept | <input type="checkbox"/> City Emergency Operations Center |
| <input type="checkbox"/> Fire Dept | <input type="checkbox"/> County Emergency Operations Center |
| <input type="checkbox"/> Red Cross | <input type="checkbox"/> School District Emergency Operations Center |
| <input type="checkbox"/> CERT Teams | <input type="checkbox"/> NO OTHER ORGANIZATIONS WERE INVOLVED |
| <input type="checkbox"/> Parent Teacher / Student Association (PTA/PTSA) | |
| <input type="checkbox"/> OTHER (Please specify) | |

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50. Thank you for completing the main section of the survey.

The next page has some in-depth questions about preparedness measures in your organization, which will help us to track our collective improvements over time.

Please indicate whether you are willing to answer the additional Preparedness questions for your organization or school:

- ☐ YES. I will answer a few more questions.
- ☐ NO. Sorry, I can't spare the time.

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14. ORGANIZATIONS & SCHOOLS IN-DEPTH

Thank you for completing the short section of the survey. This page has a few more questions about preparedness measures in your organization, which will help us to track our collective improvements over time.

***51. During a real disaster my/our concerns about the following issues are:**

	SERIOUS CONCERN	MODERATE CONCERN	MINOR CONCERN/ NOT AN ISSUE
Physical safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shelter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication/equipment for people with disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organizational continuity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family reunification	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People with special needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
First aid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Search and rescue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychosocial support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Optional: please describe (these or any others)

***52. Including the ShakeOut, our organization participates in the following types of drills:**

	Never or almost never	1 X Every couple of years	1 X Year	2-3 X Year	4X Year or more
Fire drill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drop, Cover, and Hold On drill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Simulation drill including response (i.e., ICS/NIMS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lock-down or shelter-in-place drill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tornado or severe weather drill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Optional: please describe (these or any others)

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*53. Our organization has: (check all that apply)

- ☐ An Emergency or Disaster Preparedness Plan
- ☐ An Emergency or Disaster Preparedness Committee
- ☐ A full-time Emergency or Disaster Preparedness Coordinator
- ☐ A part-time Emergency or Disaster Preparedness Coordinator
- ☐ NONE OF THE ABOVE

If you have NO emergency management coordinator please enter **0**, if part-time, please enter the **approximate percentage** of time devoted to these responsibilities:

*54. Our organization has taken these assessment and planning measures:

	ALL or MOST	SOME	NONE	DON'T KNOW	DOES NOT APPLY
Site and neighborhood maps posted and easily accessible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identify evacuation routes and locations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encourage staff to prepare for disasters at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide for staff training in earthquake preparedness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identify and plan for people with special needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respond to disasters in the community as part of its mission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have plans for an alternate work site / schedules / methods for continuity of operations and services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have off-site secure back-up of organizational records	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have insurance coverage for disaster risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have auditory alarm systems in working order	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have alternate alarm systems to alert people with hearing, visual or cognitive disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Optional: please describe (these or any others)

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*55. Our organization has taken these physical protection measures:

	ALL or MOST	SOME	NONE	DON'T KNOW	DOES NOT APPLY
Emergency lighting is in place for areas where it may be needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exit routes are marked, and kept clear and unlocked	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tall or heavy furnishings and equipment are secured to wall studs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hazardous materials are limited, isolated, eliminated, and secured	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supplies, lighting fixtures, roof elements, railings and other items are secured	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Buildings meet all current standards for earthquake safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke detectors, fire alarms, automatic sprinkler systems, fire hoses, and fire extinguishers are in place and maintained	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Optional: please describe (these or any others)

*56. Our organization has taken these measures to develop response skills and provisions:

	ALL or MOST	SOME	NONE	DON'T KNOW	DOES NOT APPLY
Staff (and youth) receive training in how to use a fire extinguisher	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practiced "Drop, Cover, and Hold On" and building evacuation by department, classroom or building	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teach the 4 rules for building evacuation: Don't Talk! Don't Push! Don't Run! Don't turn back!	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Those using hazardous or flammable materials are taught how to extinguish flames and isolate hazardous materials in case of an earthquake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Go-Bags are available in each work area and/or classroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency supplies are stored outside the main buildings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Optional: please describe (these or any others)

*57. Special considerations, if applicable to your organization:

	ALL or MOST	SOME	NONE	DON'T KNOW	DOES NOT APPLY
Facilities near the coast have plans for evacuation to a safer location due to tsunami hazard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facilities near a hazardous materials site have plans for evacuation to a safer location	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Portable buildings are securely fastened to the ground on their foundations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teachers and staff know that they are disaster service workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individual staff who may need to be released, have identified themselves in advance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Go-Bags are available in each room/classroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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***58. Our organization provided these activities to support disaster preparedness: (Check all that apply.)**

- ☐ Assembly, event, fair or exhibit
- ☐ Formal training to staff
- ☐ Formal training to clients, volunteers, students or parents
- ☐ Materials sent home with staff
- ☐ Materials sent home for clients, volunteers, students or parents
- ☐ Materials displayed on-site
- ☐ SMS messages in weeks prior to drill
- ☐ SMS message as reminder of drill
- ☐ Social media message (e.g., Facebook/Twitter etc.)
- ☐ NONE OF THE ABOVE

***59. Our educational institution offers these activities to support disaster preparedness:**

- ☐ WE ARE NOT AN EDUCATIONAL INSTITUTION
- ☐ Classroom teaching on disaster preparedness
- ☐ Class projects
- ☐ Take home activities
- ☐ Programs for dormitories and/or resident housing
- ☐ NONE OF THE ABOVE

***60. We involve parents in learning the family/child emergency reunification process by:**

- ☐ OUR ORGANIZATION DOES NOT HAVE CHILDREN PRESENT WITHOUT PARENTS
- ☐ Sending a letter home to parents
- ☐ Discussing this in parent association meetings
- ☐ Discussing this in parent-teacher meetings
- ☐ Requiring parents to update emergency release contacts annually
- ☐ Practicing family reunification procedures during annual drills
- ☐ NONE OF THE ABOVE

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***61. For activities held on our site by other groups (e.g., before/after school programs):**

- ☐ There are NO ACTIVITIES held on our site by other groups
- ☐ YES they are included in our plan
- ☐ YES they have their own plan
- ☐ NO plan
- ☐ DO NOT KNOW

Who provides these programs?

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20. THANK YOU

Thank you very much for your time!

If you would like a blank copy of this questionnaire, go to www.shakeout.org/evaluation/2011.

We hope that this evaluation will help you to improve your preparedness at home, school and work. By sharing your experiences you have contributed to helping all of us to improve the outcomes of the ShakeOut! Results will be made available through the ShakeOut Web site in 2012.