

2013 ShakeOut Evaluation

1. ABOUT THIS SURVEY

Your participation in this survey may help us improve the ShakeOut drill and may help you improve your own ShakeOut activities.

Your participation 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 questionnaire will take about 10 to 15 minutes to complete.**

This survey will close on December 31st. Please complete the questions before that date. You may quit 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 31st.

This survey is being conducted by the ShakeOut Evaluation Committee. Findings from this survey will be posted on the ShakeOut website at www.shakeout.org/evaluation. If you have any questions or comments about this survey, please send a note to info@shakeout.org.

If you wish to participate, click "Next" below. If you do not wish to participate, click "Exit this survey" at the upper right corner of your web browser. By clicking "Next" you give your consent to participate in this research.

2. LOCATION

Please tell us about your location.

You registered on the ShakeOut website on behalf of your household, organization, or educational institution. Tell us where your household, organization, or educational institution is located.

***1. In what country or province is your household, organization, or educational institution located?**

- ☐ Canada
- ☐ Italy
- ☐ Mexico
- ☐ United States or U.S. Territory
- ☐ Other

Other (please specify)

***2. In what state or U.S. or Canadian province, state, or territory is your household, organization, or educational institution located?**

Choose "NOT APPLICABLE" if not located in the United States or Canada.

***3. In what county, regional district, village, municipality, parish or borough is your household, organization, or educational institution is located? If more than one, write "multiple." If not applicable, write "NA."**

3. PARTICIPATION CATEGORY

Please answer the following questions based on how you registered on the ShakeOut website.

***4. 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)
- ☐ A single SCHOOL (primary and/or secondary education levels, such as an elementary, middle, or high school)
- ☐ A school DISTRICT or group of schools (primary and/or secondary levels)
- ☐ A HIGHER EDUCATION institution (college or university) or group of schools (such as a community college district)

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4. HOUSEHOLDS: DESCRIPTION

If you are NOT responding on behalf of yourself or your household, please use the "Previous" button at the bottom of the page (not your browser's "Back" button) to return to the last question.

Before we ask you about your personal experiences with the ShakeOut, we would like to know a little bit about you.

*5. Do you rent or own the place where you live?

- ☐ Own
- ☐ Rent

*6. How many people currently live in your household?

Number of people

*7. After a major earthquake, how would you try to contact others? Place in rank order where 1 represents your first choice and 5 represents your last choice.

In-person

Telephone

E-mail

Text or Instant Message

Facebook, Twitter, or other social media

8. Does your household's post-earthquake disaster plan include everyone knowing how to use text messaging to communicate safety status?

- ☐ Yes
- ☐ No
- ☐ NOT APPLICABLE - I don't have a post-earthquake disaster plan

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*9. From what sources do you usually receive information about earthquake safety and preparedness?

(Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Friends or relatives | <input type="checkbox"/> Red Cross or Red Crescent Society |
| <input type="checkbox"/> News anchors, hosts, or reporters | <input type="checkbox"/> Government science organization |
| <input type="checkbox"/> Entertainers | <input type="checkbox"/> Government emergency management agency |
| <input type="checkbox"/> Scientists | <input type="checkbox"/> Insurance companies |
| <input type="checkbox"/> Schools | <input type="checkbox"/> "Viral" emails |
| <input type="checkbox"/> Employers | <input type="checkbox"/> I HAVE NOT RECEIVED <u>ANY</u> INFORMATION ABOUT EARTHQUAKE SAFETY AND PREPAREDNESS |
| <input type="checkbox"/> Fire Department | |
| <input type="checkbox"/> Other (Please specify) | |

*10. In what ways do you prefer to receive information about earthquake safety and preparedness?

(Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> In-person (meetings, preparedness fairs, etc.) | <input type="checkbox"/> Internet (websites) |
| <input type="checkbox"/> Television | <input type="checkbox"/> Social media (Facebook, Twitter, blogs, forums, apps, etc.) |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Email |
| <input type="checkbox"/> Newspaper/Magazine | <input type="checkbox"/> Cell-phone voice or text message |
| <input type="checkbox"/> Brochure/Flyer | <input type="checkbox"/> NO PREFERENCE |
| <input type="checkbox"/> Poster/Billboard | |
| <input type="checkbox"/> Other (Please specify) | |

11. Please rate your agreement with the following questions.

	I DON'T KNOW	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
It is important that the government makes preparing for natural disasters a priority.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I support political candidates who are committed to disaster risk reduction policies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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12. Please rate your response to the following questions below.

	I DON'T KNOW	NOT AT ALL PREPARED	SLIGHTLY PREPARED	MODERATELY PREPARED	VERY PREPARED	EXTREMELY PREPARED
How well do you think you are prepared for a major earthquake?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How well do you think your friends are prepared for a major earthquake?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How well do you think your neighbors are prepared for a major earthquake?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How well do you think the government is for a major earthquake?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Now, we will ask the main survey questions.

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5. HOUSEHOLDS: PARTICIPATION

Now, we will ask the main survey questions.

*13. How did your household participate in THIS AND PREVIOUS ShakeOut drills (check all that apply):

	Drop, Cover, Hold On	Building Evacuation	Other ShakeOut Related Activities	DID NOT PARTICIPATE	DON'T KNOW
October 2013 ShakeOut (This year)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feb. 2013 ShakeOut (Central US Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2012 ShakeOut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2011 ShakeOut	<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 (So. California ONLY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*14. What did YOU AS AN INDIVIDUAL do to get ready for the most recent ShakeOut drill: (Check all that apply.)

- ☐ Reviewed drill manuals and other materials from the ShakeOut website
 ☐ Participated in a workplace or school meeting about preparing for earthquakes
- ☐ Reviewed personal or household earthquake preparedness plans
 ☐ Followed the ShakeOut on social media (Facebook or Twitter)
- ☐ Encouraged others to participate in the ShakeOut
 ☐ DID NOT DO ANYTHING TO GET READY
- ☐ Other (Please specify)

*15. Altogether, in the year leading up to (before) the most recent ShakeOut, how much information did you receive about:

	A LOT	SOME	A LITTLE	NONE
The ShakeOut?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How to prepare <u>before</u> an earthquake?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How to stay safe <u>during</u> an earthquake?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How to respond and recover <u>after</u> an earthquake?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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***16. In the year leading up to (before) the most recent ShakeOut drill, approximately how many people did you encourage to:**

(If NONE, enter "0")

Learn more about earthquake safety and preparedness?

Participate in the ShakeOut?

Visit the ShakeOut website
(www.ShakeOut.org)?

***17. Of the people who live in your household, including you, how many participated in this year's ShakeOut drill (at home or somewhere else)? (Enter "0" if none.)**

Number of adults (18 years and older)

Number of children (under 18 years)

***18. My household used the following ShakeOut resources for our drill (Check all that apply):**

☐ Drill broadcast or sound effects

☐ Videos viewed on the ShakeOut website

☐ Documents from the ShakeOut website (manuals, checklists, etc.)

☐ OTHER resources downloaded from ShakeOut website

☐ Social media

☐ NONE - DID NOT USE ANY SHAKEOUT RESOURCES

***19. Where were you during the most recent ShakeOut drill?**

☐ Work

☐ Store, mall, theater, or other business

☐ Home

☐ Public building (museum, government office, etc.)

☐ School

☐ Outside

☐ OTHER (Please specify)

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6. HOUSEHOLDS: PREPAREDNESS

These next questions are more in-depth and focus on things you as an individual or your household may have done to prepare for earthquakes. This is the last part of the main survey.

***20. Which things have you or your household done to prepare for earthquakes? Did you do them because of the ShakeOut?**

	DONE (Because of the ShakeOut)	DONE (But <u>NOT</u> Because of the ShakeOut)	NOT DONE	NOT APPLICABLE
Complete or update a family/household disaster plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identify an out-of-area contact person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keep shoes and flashlights by beds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Complete first aid training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keep fire extinguisher(s) accessible and know how to use them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have occasional earthquake drills at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Copy important documents for safekeeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have a first aid kit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Store at least 3 days of food at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Store at least 3 days of water at home (1 gallon per person per day)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have an evacuation bag ready	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have portable radio and batteries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talk to an expert to evaluate building earthquake risks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strengthen or repair your home for earthquake safety (if you own a home)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Purchase earthquake insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secure heavy furniture to the wall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identify safe spots in every room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learn what to do to stay safe <i>during</i> an earthquake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learn when and how to shut off the main gas valve	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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*21. After the most recent ShakeOut drill, with how many people did you discuss:

How to get ready for a future earthquake?	<input type="text"/>
How to be safe during an earthquake?	<input type="text"/>
What supplies are needed after an earthquake?	<input type="text"/>
How you will communicate with family or co-workers after an earthquake?	<input type="text"/>
Other aspects of earthquake safety and preparedness?	<input type="text"/>

*22. After the most recent ShakeOut, did you seek further information to help you learn how to:

	YES (Because of the ShakeOut)	YES (But <u>NOT</u> Because of the ShakeOut)	NO	NOT APPLICABLE
Prepare <u>before</u> an earthquake?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stay safe <u>during</u> an earthquake?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respond and recover <u>after</u> an earthquake?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*23. Do you or your household plan to participate in next year's ShakeOut?

☐ YES ☐ NO ☐ MAYBE (don't know yet)

Comments:

7. ORGANIZATION - DESCRIPTION

If you are NOT responding on behalf of an ORGANIZATION, please use the "Previous" button at the bottom of the page (not your browser's "Back" button) to return to the last question.

Tell us about your organization.

***24. How many people are in this organization/department?**

# Administrators	<input type="text"/>
# Staff	<input type="text"/>
# Volunteers	<input type="text"/>
# Others	<input type="text"/>

***25. Please describe your organization:**

- ☐ Private Non-Profit Organization
- ☐ Private For-Profit Organization
- ☐ Volunteer Organization
- ☐ Local, County, or Community Government
- ☐ State or Provincial Government
- ☐ Tribal or Indigenous Peoples Government
- ☐ National Government
- ☐ Other (please specify)

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***26. Please indicate the sector that best describes your organization.**

- ☐ Education
- ☐ Youth Organizations
- ☐ Healthcare
- ☐ Tribes/Indigenous Peoples
- ☐ Government
- ☐ Businesses
- ☐ Non-Profit Organizations
- ☐ Neighborhood Groups
- ☐ Senior Facilities/Communities
- ☐ Disability Organizations
- ☐ Preparedness Organizations
- ☐ Faith-based Organizations
- ☐ Museums, Libraries, Parks, etc.
- ☐ Volunteer/Service Clubs
- ☐ Animal Shelter/Service Providers
- ☐ Agriculture/Livestock
- ☐ Volunteer Radio Groups
- ☐ Science/Engineering Organizations
- ☐ Media Organizations
- ☐ Other (please specify)

8. ORGANIZATIONS, HEALTHCARE: DESCRIPTION

Please provide some basic descriptive information about your HEALTHCARE organization that will help us to report back specifically on health sector readiness, and the kinds of support that might be needed.

If you are NOT responding on behalf of a **HEALTHCARE** organization, please use the "Previous" button at the bottom of the page (not your browser's "Back" button) to return to the last question.

***27. The primary focus of our facility is:**

- ☐ Inpatient medical care
- ☐ Outpatient (ambulatory) medical and/or social services
- ☐ Mix of inpatient care and outpatient services

Explain (OPTIONAL)

***28. Our facility has: (Please check all that apply)**

- ☐ Developed disaster preparedness improvement plans based on "after-action reports"
- ☐ Developed written medical evacuation or shelter-in-place plans
- ☐ Developed written mass fatality management plans
- ☐ Implemented an incident command system throughout the organization (such as ICS or NIMS)
- ☐ NONE OF THE ABOVE
- ☐ DON'T KNOW

***29. Personnel at our facility use the Veterans Health Administration (VHA) Emergency Management Program Guidebook to develop and update our facility's emergency management program:**

(If you are not in the United States, please select "Not Applicable.")

- ☐ Yes
- ☐ No
- ☐ Not Applicable - My organization is NOT in the United States
- ☐ DON'T KNOW

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***30. Our facility receives funding from the Hospital Preparedness Program:**
(If you are not in the United States, please select "Not Applicable.")

- ☐ Yes
- ☐ No
- ☐ Not Applicable - My organization is NOT in the United States
- ☐ DON'T KNOW

Thank you for answering these extra questions. Now, we will return to the main survey.

9. SINGLE SCHOOL: DESCRIPTION

If you are NOT responding on behalf of a SINGLE SCHOOL, please use the "Previous" button at the bottom of the page (not your browser's "Back" button) to return to the last question.

*31. I am responding on behalf of a:

- ☐ Public school
- ☐ Charter school
- ☐ Private school
- ☐ Home school

*32. Approximate numbers in our school:

(Enter 0 if your school has no one in a particular category)

# 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"/>

Thank you. Next, we will ask you the main survey questions.

10. SCHOOL DISTRICTS: DESCRIPTION

If you are NOT responding on behalf of a SCHOOL DISTRICT or group of schools, please use the "Previous" button at the bottom of the page (not your browser's "Back" button) to return to the last question.

*33. I am responding on behalf of:

- ☐ A public school district
- ☐ An office of education
- ☐ A group of charter schools
- ☐ A group of private schools

*34. Approximate numbers in our school district or group of schools:

(Enter 0 if your district has no one in a particular category)

# Schools	<input type="text"/>
# 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"/>

Thank you. Next, we will ask you the main survey questions.

11. HIGHER EDUCATION: DESCRIPTION

If you are NOT responding on behalf of a COLLEGE OR UNIVERSITY or other higher educational organization, please use the "Previous" button at the bottom of the page (not your browser's "Back" button) to return to the last question.

*35. Type of college/university:

- ☐ Public (government funded) ☐ Private (privately funded)

*36. Approximate numbers in the part of the university or college that you are reporting for:

# Undergraduate students	<input type="text"/>
# Graduate students	<input type="text"/>
# Faculty	<input type="text"/>
# Staff/administrators	<input type="text"/>
# Other	<input type="text"/>

Thank you. Next, we will ask you the main survey questions.

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12. ORGANIZATIONS AND EDUCATIONAL INSTITUTIONS: PARTICIPATION

The following questions are about the participation of the organization or educational institution you are responding for in this and previous ShakeOut drills.

***37. The organization, K-12 school, K-12 school district, or college/university for which I am reporting participated in THIS AND PREVIOUS ShakeOut drills as follows (check all that apply):**

	Drop, Cover, Hold On	Building Evacuation	Emergency Response Simulation Exercise	Other ShakeOut Related Activities	DID NOT PARTICIPATE	DON'T KNOW
Oct. 2013 ShakeOut (This year)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feb. 2013 ShakeOut (Central US Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2012 ShakeOut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2011 ShakeOut	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
2009 ShakeOut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2008 ShakeOut (So. California ONLY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***38. In our organization or school(s) the following number of people were involved in this year's drill (approximate OK; enter "0" if none):**

Staff (including faculty, if applicable)

Students (if applicable)

Others

(Customers/Clients/Patients/Visitors/Volunteers)

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

☐ Drill broadcast or sound effects

☐ Videos viewed on ShakeOut website

☐ Documents from the ShakeOut website (manuals, checklists, sample letters, etc)

☐ OTHER resources downloaded from ShakeOut website

☐ ShakeOut posters or flyers

☐ NONE - WE DID NOT USE ANY SHAKEOUT RESOURCES

☐ Social media

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

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

*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 (if applicable) | <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"/> Informal discussion | <input type="checkbox"/> Not at all |
| <input type="checkbox"/> Formal written report | |

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

- ☐ Yes ☐ No ☐ Maybe (don't know yet)

Thank you. We would like to ask you some questions about your organization/institution's preparedness.

13. ORGANIZATIONS AND EDUCATIONAL INSTITUTIONS: PREPAREDNESS

This page has a few more questions about preparedness measures in your organization, which will help us to track our collective improvements over time. This is the last part of the main survey.

***44. 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"/>
Emergency response simulation drill	<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)

***45. 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

***46. After a major earthquake, how would members of your organization or educational institution try to contact others? Place in rank order where 1 represents your first choice and 5 represents your last choice.**

<input type="text"/>	In-person
<input type="text"/>	Telephone
<input type="text"/>	E-mail
<input type="text"/>	Text or Instant Message
<input type="text"/>	Facebook, Twitter, or other social media

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***47. Does your organization/educational institution's post-earthquake disaster plan include everyone knowing how to use text messaging to communicate safety status?**

- ☐ Yes
- ☐ No
- ☐ NOT APPLICABLE - We don't have a post-earthquake disaster plan

***48. Which things has your organization done to prepare for earthquakes? Did you do them because of ShakeOut?**

	DONE (Because of ShakeOut)	DONE (But NOT because of ShakeOut)	NOT DONE	NOT APPLICABLE
Improve our organization/educational institution's disaster plan, policies, or procedures	<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"/>
Provide staff training in earthquake preparedness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have plans for an alternate work site/ schedule /method for continuity of operations and services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secure tall or heavy furnishing and equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hazardous materials, cleaning or laboratory chemicals are limited, isolated, eliminated or secured	<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"/>
Devote more time to emergency planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Devote more funds to emergency planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involve staff more in disaster planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seek out additional needed training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. CONTACT INFORMATION

49. What is the name of your organization or education institution? This will remain confidential.

Name of organization or educational institution

Name of division or department for which you are reporting ShakeOut participation (optional)

50. In case we have any questions about your responses to this survey, can you please let us know how we can contact you? This information will not be released.

Position/Role

Name

Telephone number

Email address

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15. SATISFACTION

We would like to know how we can improve the ShakeOut in the future.

***51. Please rate how much you agree or disagree with the following statements.**

	Strongly DISAGREE	Somewhat DISAGREE	Neither AGREE Nor DISAGREE	Somewhat AGREE	Strongly AGREE	NOT APPLICABLE
The ShakeOut website was easy to navigate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It was easy to register on the ShakeOut website.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I learned how to Drop, Cover, and Hold On because of the ShakeOut.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The ShakeOut helped me learn more about how to get ready for earthquakes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My organization (or household) did more to prepare for earthquakes in the last year because of the ShakeOut.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I knew what to do to participate in the ShakeOut drill.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Instructions for participating in the ShakeOut evaluation survey were clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would recommend the ShakeOut earthquake drill to my family and friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The email messages I received about the ShakeOut were helpful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am comfortable using computers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am comfortable using the Internet.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

52. Why did your household, organization, or educational institution participate in this year's ShakeOut drill?

53. What did you like best about this year's ShakeOut drill?

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54. What did you like least about this year's ShakeOut drill?

55. What would make the ShakeOut better in the future?

16. DEMOGRAPHICS

You have completed the main survey questions. THANK YOU!

We'd like to know a little about the people responding to this survey. If you are willing, please describe yourself.

***56. I am:**

- ☐ Male ☐ Female ☐ PREFER
NOT TO SAY

57. How old were you on your last birthday? (Optional)

Years

***58. What racial/ethnic group best describes you?**

- | | |
|---|---|
| <input type="radio"/> White | <input type="radio"/> Native Hawaiian or other Pacific Islander |
| <input type="radio"/> Hispanic/Latino | <input type="radio"/> American Indian or Alaskan Native |
| <input type="radio"/> Black or African American | <input type="radio"/> Mixed |
| <input type="radio"/> Asian | <input type="radio"/> PREFER NOT TO SAY |
| <input type="radio"/> Other (please specify) | |

17. 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.

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 2014.