

2014 General ShakeOut Evaluation

1. ABOUT THIS SURVEY

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

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 January 30th, 2015. 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 January 30th.

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/evaluation.

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

2. SURVEY REFUSAL

You have chosen NOT to participate in our survey.

If you reached this page by mistake, press the "Prev" button at the bottom of the page (NOT your browser's "Back" button) to start over.

2. If you really want to quit now, please check below.

- ☐ No thanks, I really don't want to complete the survey

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3. LOCATION & PARTICIPATION CATEGORY

When you registered for the ShakeOut, you did so representing your household, organization, or school. Please tell us where your household, organization, or school is located.

*3. Country or territory where your household, organization, or school is located:

- | | | |
|--|--|---|
| <input type="radio"/> Afghanistan | <input type="radio"/> Iraq | <input type="radio"/> Philippines |
| <input type="radio"/> Angola | <input type="radio"/> Jamaica | <input type="radio"/> Portugal |
| <input type="radio"/> Australia | <input type="radio"/> Kazakhstan | <input type="radio"/> Qatar |
| <input type="radio"/> Bangladesh | <input type="radio"/> Kenya | <input type="radio"/> Romania |
| <input type="radio"/> Canada | <input type="radio"/> Kyrgyzstan | <input type="radio"/> South Africa |
| <input type="radio"/> Chile | <input type="radio"/> Madagascar | <input type="radio"/> Tajikistan |
| <input type="radio"/> China | <input type="radio"/> Malaysia | <input type="radio"/> Thailand |
| <input type="radio"/> Colombia | <input type="radio"/> Mexico | <input type="radio"/> Trinidad and Tobago |
| <input type="radio"/> Costa Rica | <input type="radio"/> Mozambique | <input type="radio"/> Turkey |
| <input type="radio"/> Dominican Republic | <input type="radio"/> New Zealand | <input type="radio"/> United Kingdom |
| <input type="radio"/> Ecuador | <input type="radio"/> Pakistan | <input type="radio"/> United States |
| <input type="radio"/> Greece | <input type="radio"/> Papua New Guinea | |
| <input type="radio"/> India | <input type="radio"/> Peru | |
| <input type="radio"/> All OTHER locations (please specify) | | |

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*4. Canadian province or U.S. state/territory where your household, organization, or school is located:

- | | | |
|--|--|--|
| <input type="radio"/> NOT LOCATED IN CANADA OR U.S. | <input type="radio"/> U.S. - Florida | <input type="radio"/> U.S. - New York |
| <input type="radio"/> Canada - Alberta | <input type="radio"/> U.S. - Georgia | <input type="radio"/> U.S. - North Carolina |
| <input type="radio"/> Canada - British Columbia | <input type="radio"/> U.S. - Guam | <input type="radio"/> U.S. - North Dakota |
| <input type="radio"/> Canada - Manitoba | <input type="radio"/> U.S. - Hawaii | <input type="radio"/> U.S. - Northern Marianas Islands |
| <input type="radio"/> Canada - New Brunswick | <input type="radio"/> U.S. - Idaho | <input type="radio"/> U.S. - Ohio |
| <input type="radio"/> Canada - Newfoundland and Labrador | <input type="radio"/> U.S. - Illinois | <input type="radio"/> U.S. - Oklahoma |
| <input type="radio"/> Canada - Northwest Territories | <input type="radio"/> U.S. - Indiana | <input type="radio"/> U.S. - Oregon |
| <input type="radio"/> Canada - Nova Scotia | <input type="radio"/> U.S. - Iowa | <input type="radio"/> U.S. - Pennsylvania |
| <input type="radio"/> Canada - Nunavut | <input type="radio"/> U.S. - Kansas | <input type="radio"/> U.S. - Puerto Rico |
| <input type="radio"/> Canada - Ontario | <input type="radio"/> U.S. - Kentucky | <input type="radio"/> U.S. - Rhode Island |
| <input type="radio"/> Canada - Prince Edward Island | <input type="radio"/> U.S. - Louisiana | <input type="radio"/> U.S. - South Carolina |
| <input type="radio"/> Canada - Quebec | <input type="radio"/> U.S. - Maine | <input type="radio"/> U.S. - South Dakota |
| <input type="radio"/> Canada - Saskatchewan | <input type="radio"/> U.S. - Maryland | <input type="radio"/> U.S. - Tennessee |
| <input type="radio"/> Canada - Yukon | <input type="radio"/> U.S. - Massachusetts | <input type="radio"/> U.S. - Texas |
| <input type="radio"/> U.S. - Alabama | <input type="radio"/> U.S. - Michigan | <input type="radio"/> U.S. - Utah |
| <input type="radio"/> U.S. - Alaska | <input type="radio"/> U.S. - Minnesota | <input type="radio"/> U.S. - Vermont |
| <input type="radio"/> U.S. - American Samoa | <input type="radio"/> U.S. - Mississippi | <input type="radio"/> U.S. - Virginia |
| <input type="radio"/> U.S. - Arizona | <input type="radio"/> U.S. - Missouri | <input type="radio"/> U.S. - Virgin Islands |
| <input type="radio"/> U.S. - Arkansas | <input type="radio"/> U.S. - Montana | <input type="radio"/> U.S. - Washington |
| <input type="radio"/> U.S. - California | <input type="radio"/> U.S. - Nebraska | <input type="radio"/> U.S. - West Virginia |
| <input type="radio"/> U.S. - Colorado | <input type="radio"/> U.S. - Nevada | <input type="radio"/> U.S. - Wisconsin |
| <input type="radio"/> U.S. - Connecticut | <input type="radio"/> U.S. - New Hampshire | <input type="radio"/> U.S. - Wyoming |
| <input type="radio"/> U.S. - Delaware | <input type="radio"/> U.S. - New Jersey | |
| <input type="radio"/> U.S. - District of Columbia (DC) | <input type="radio"/> U.S. - New Mexico | |

☐ If your U.S. state or territory is not listed, please specify here:

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***5. On whose behalf will you be completing this survey?**

- ☐ Myself and my household
- ☐ An ORGANIZATION (including business, health, community groups, pre-schools, faith-based, and all others)
- ☐ A K-12 EDUCATION School
- ☐ A K-12 EDUCATION District (or group of schools)
- ☐ A HIGHER EDUCATION Institution

4. ORGANIZATIONS: DESCRIPTION

Tell us about your organization.

***6. 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 - Veterans Affairs
- ☐ National Government - Other
- ☐ Other (please specify)

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7. Please indicate the sector that best describes your organization.

- ☐ Healthcare
- ☐ Education
- ☐ Youth Organizations
- ☐ Tribes/Indigenous Peoples
- ☐ Government
- ☐ Hotels and other Lodging
- ☐ 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)

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5. ORGANIZATIONS, HEALTH SECTOR: DESCRIPTION

Please provide some basic descriptive information about your HEALTH SECTOR 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 **HEALTH SECTOR** organization, please use the "Previous" button at the bottom of the page (not your browser's "Back" button) to return to the last question.

***8. What is the primary focus of your facility?**

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

Explain (OPTIONAL)

***9. Your 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 the Incident Command system (ICS) organizational structure
- ☐ Adopted the National Incident Management System (NIMS) throughout the organization
- ☐ NONE OF THE ABOVE
- ☐ DON'T KNOW

***10. Do personnel at your facility use the Veterans Health Administration (VHA) Emergency Management Program Guidebook to develop and update your 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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***11. Does your facility receive 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.

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6. ORGANIZATIONS: DESCRIPTION (CONTINUED)

12. What is the name of your organization? (Will remain confidential.)

Organization name?

If you are not reporting for your WHOLE organization,
what Division or Department you are reporting for?

*13. How many people are in your organization/department? (Enter numbers, not words.)

Administrators

Staff

Volunteers

Others

14. In case we have any questions about your responses to this survey, can you please let us know how we can contact you?

**Name, telephone and email address will NOT be released or used for
any other purpose, and is requested on a voluntary basis.**

Position/Role

Name

Telephone number

Email address

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

7. SCHOOLS: DESCRIPTION

*15. You are responding on behalf of:

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

*16. FULL name of the school district or office of education with which your school or group of schools are affiliated: (Enter "NA" if not applicable.)

*17. The name of your school or group of schools is:

*18. Approximate numbers in your school or group of schools. (Enter numbers, not words; enter 0 if your school/group of schools has no one in a particular category)

# Schools (Enter 1 if you are responding for an individual school)	<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"/>

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19. In case we have any questions about your responses to this survey, can you please let us know how we can contact you?

Name, telephone and email address will NOT be released or used for any other purpose, and is requested on a voluntary basis.

Position/Role	<input type="text"/>
Name	<input type="text"/>
Telephone number	<input type="text"/>
Email address	<input type="text"/>

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

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8. 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.

*20. Type of college/university:

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

21. This will remain confidential.

Name of your college, university or higher education facility

Name of the school / division / department for which you are reporting ShakeOut participation

*22. Approximate numbers in the part of the university or college that you are reporting for: (Enter numbers, not words.)

Undergraduate students

Graduate students

Faculty

Staff/administrators

Other

23. In case we have any questions about your responses to this survey, can you please let us know how we can contact you?

Name, telephone and email address will NOT be released or used for any other purpose, and is requested on a voluntary basis.

Position/Role

Name

Telephone number

Email address

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

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9. INSTITUTIONS: PARTICIPATION

The following questions are about the participation of the school, group of schools, or organization you are responding for in this and previous ShakeOut drills.

***24. Altogether, how many ShakeOut drills has your institution participated in? (Enter numbers, not words. If you do not know, enter "DK.")**

***25. In what ways did the institution that you are responding for participate in THIS and PREVIOUS ShakeOut drills? If your institution participated more than once in 2014, report about the most recent drill. (Check all that apply.)**

	Drop, Cover, Hold On	Building Evacuation	Emergency Response Simulation Exercise	Other ShakeOut Related Activities	DID NOT PARTICIPATE	DON'T KNOW
2014 (Most recent ShakeOut drill)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Previous ShakeOut Drills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***26. In your institution, how many people were involved in this year's drill (approximate OK; enter numbers not words):**

Staff (including faculty, if applicable)

Students (if applicable)

Others

(Customers/Clients/Patients/Visitors/Volunteers)

***27. Which of the following ShakeOut resources did your institution use for the drill? (Check all that apply.)**

☐ Drill broadcast or sound effects

☐ OTHER resources downloaded from ShakeOut website

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

☐ NONE - WE DID NOT USE ANY SHAKEOUT RESOURCES

☐ ShakeOut Posters or Flyers

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28. Which of the following organizations were involved in your ShakeOut drill or drill planning in some way? (Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Police Dept | <input type="checkbox"/> Parent Teacher / Student Association (PTA/PTSA) |
| <input type="checkbox"/> Fire Dept | <input type="checkbox"/> City Emergency Operations Center |
| <input type="checkbox"/> Red Cross | <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) | |

*29. Did your ShakeOut participation (up to and including this year) lead to improvements in any of the following areas? (Check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Your institution'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) | |

*30. Did your institution experience any of the following problems with your 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) | |

*31. How will (or did) your institution evaluate the most recent drill? (Check all that apply.)

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Informal discussion | <input type="checkbox"/> Not at all |
| <input type="checkbox"/> Formal written report | |

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***32. Does your institution plan to participate in next year's ShakeOut?**

☐ Yes

☐ No

☐ Maybe (don't know yet)

Thank you. We would like to ask you three questions about your institution's preparedness.

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10. INSTITUTIONS: PREPAREDNESS

You are almost done! This page has a few more questions about preparedness measures in your institution, which will help us to track our collective improvements over time.

***33. Including the ShakeOut, which of the following drills does your institution participate in?**

	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)

***34. Your institution has: (Check all that apply.) (Enter numbers, not words.)**

- ☐ 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:

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*35. Which things has your institution 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
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"/>

Comments:

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11. HOUSEHOLDS: DESCRIPTION

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

***36. How many people live in your household? (Enter numbers, not words.)**

Number of adults (18 years and older)

Number of children (under 18 years)

***37. From which sources do you usually receive information about earthquake safety and preparedness?**

(Check all that apply.)

☐ Friends or relatives

☐ American Red Cross

☐ News anchors, hosts, or reporters

☐ City or state government agencies

☐ Entertainers

☐ Government Science Organization (such as USGS)

☐ Scientists

☐ National Government Emergency Management Agency
(such as FEMA)

☐ Schools

☐ Insurance companies

☐ Employers

☐ Fire Department

☐ I HAVE NOT RECEIVED ANY INFORMATION ABOUT
EARTHQUAKE SAFETY AND PREPAREDNESS

☐ Other (Please specify)

***38. How do you prefer to receive information about earthquake safety and preparedness?**

(Check all that apply.)

☐ Face-to-face

☐ Poster/Billboard

☐ Television

☐ Internet (website, chatroom, blog, social media)

☐ Radio

☐ Email

☐ Newspaper/Magazine

☐ Cell-phone voice or text message

☐ Brochure/Flyer

☐ NO PREFERENCE

☐ Other (Please specify)

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12. HOUSEHOLDS: PARTICIPATION

Now, we will ask the main survey questions.

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

	2014 (Most recent ShakeOut)	Previous ShakeOuts
Reviewed drill manuals and other materials from the ShakeOut website	<input type="checkbox"/>	<input type="checkbox"/>
Reviewed personal or household earthquake preparedness plans	<input type="checkbox"/>	<input type="checkbox"/>
Encouraged others to participate in the ShakeOut	<input type="checkbox"/>	<input type="checkbox"/>
Participated in a workplace or school meeting about preparing for earthquakes	<input type="checkbox"/>	<input type="checkbox"/>
Followed the ShakeOut on social media (FaceBook or Twitter)	<input type="checkbox"/>	<input type="checkbox"/>
DID NOT DO ANYTHING TO GET READY	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify)	<input type="text"/>	

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

	NONE	A LITTLE	SOME	A LOT
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"/>

***41. In the year leading up to (before) the most recent ShakeOut drill, approximately how many people did you encourage to:**
(Enter numbers, not words.) (If NONE, enter "0")

Learn more about earthquake safety and preparedness?	<input type="text"/>
Participate in the ShakeOut?	<input type="text"/>
Visit the ShakeOut website (www.ShakeOut.org)?	<input type="text"/>

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***42. 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 numbers, not words.)**

Number of adults (18 years and older)

Number of children (under 18 years)

***43. Altogether including this past year, how many ShakeOut drills has your household participated in? (If you do not know, enter "DK.") (Enter numbers, not words.)**

***44. Altogether, how many times did you or your household practice "Drop, Cover, and Hold On" in connection with the ShakeOut drill? (If you do not know, enter "DK.") (Enter numbers, not words.)**

The next questions are about this year's drill.

***45. Which ShakeOut resources did you use for the most recent drill? (Check all that apply.)**

☐ Drill broadcast or sound effects

☐ OTHER resources downloaded from ShakeOut website

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

☐ NONE - WE DID NOT USE ANY SHAKEOUT RESOURCES

☐ ShakeOut Posters or Flyers

***46. 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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13. HOUSEHOLDS: PREPAREDNESS

These next questions are more in-depth and focus on things you as an individual or household may have done to prepare for earthquakes.

***47. 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	<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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***48. After the most recent ShakeOut drill, with how many people did you discuss:
(Enter numbers, not words.)**

How to get ready for a future earthquake?

How to be safe during an earthquake?

What supplies are needed after an earthquake?

How you will communicate with family or co-workers after an earthquake?

Other aspects of earthquake safety and preparedness?

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

YES

NO

Prepare before an earthquake?

☐☐

Stay safe during an earthquake?

☐☐

Respond and recover after an earthquake?

☐☐

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

☐ Yes

☐ No

☐ Maybe (don't know yet)

Comments:

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14. SATISFACTION

YOU ARE ALMOST DONE!

The next questions are about your level of concern about earthquakes.

*51. As of right now, I am worried that:

	Strongly DISAGREE	Somewhat DISAGREE	Neither AGREE Nor DISAGREE	Somewhat AGREE	Strongly AGREE
I will die in an earthquake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone I care about will die in an earthquake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People I don't know will die in an earthquake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will be injured in an earthquake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone I care about will be injured in an earthquake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People I don't know will be injured in an earthquake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My property will be damaged in an earthquake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Property belonging to people I care about will be damaged in an earthquake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Property belonging to people I don't know will be damaged in an earthquake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

52. On a scale of 1 to 10, how afraid of earthquakes were you...

	1 Not at all Afraid	2	3	4	5	6	7	8	9	10 Extremely Afraid
BEFORE you first participated in a ShakeOut drill?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
AFTER you last participated in a ShakeOut drill?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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*53. 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"/>
I learned how to protect myself during an earthquake 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"/>

54. Please tell us how your ShakeOut participation has benefitted you, your household, or your organization. If it has not been beneficial, please let us know what has not worked.

55. What motivated you (or your organization) to participate in this year's ShakeOut drill?

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



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15. DEMOGRAPHICS

You have completed the main survey questions. THANK YOU!

We want to learn about the kinds of people who participate in the ShakeOut. If you are willing, please describe yourself. You may choose "Prefer not to say", if you wish.

***57. Are you:**

- ☐ Male
- ☐ Female
- ☐ Prefer not to say
- ☐ Other (please specify)

***58. How old were you on your last birthday?**

- ☐ 19 years or younger
- ☐ 20-29 years
- ☐ 30-39 years
- ☐ 40-49 years
- ☐ 50-59 years
- ☐ 60-69 years
- ☐ 70-79 years
- ☐ 80 years or older
- ☐ Prefer not to say

***59. Are you of Hispanic or Latino origin or descent?**

- ☐ Yes, Hispanic or Latino
- ☐ No, not Hispanic or Latino
- ☐ Prefer not to say

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***60. Are you White, Black or African-American, American Indian or Alaskan Native, Asian, Native Hawaiian or other Pacific Islander, or some other race?**

- ☐ White
- ☐ Black or African-American
- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Native Hawaiian or other Pacific Islander
- ☐ From multiple races
- ☐ Prefer not to say

16. 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.