

2012 Utah ShakeOut Survey

1. ABOUT THIS SURVEY

This survey is intended to help you evaluate your own ShakeOut and preparedness 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 ShakeOut participation section of the survey will take about 5-10 minutes to complete. It is followed by optional preparedness 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 questions on behalf of yourself and your household.

This survey will be closed on June 15th. 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 June 15th.

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/utah/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

3. RESPONDING ON BEHALF OF:

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***3. My state (ie. location of the home, workplace or school that I am responding for).**

- ☐ Utah
- ☐ OTHER (Specify country/state or province)

4. My county is:

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

- ☐ Myself and my household
- ☐ An ORGANIZATION (including business, healthcare, 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. ORGANIZATIONS - DESCRIPTION

Please tell us about your organization.

If you are a K-12 school, group of schools, college, or university, please click the "Prev" button at the bottom of this page, NOT your browser's "back" button, to correct Question 2.

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*6. Type of organization? (Choose ONE.)

- | | |
|--|---|
| <input type="radio"/> Business | <input type="radio"/> Faith-based organization |
| <input type="radio"/> GOVERNMENT - Local | <input type="radio"/> Service organization |
| <input type="radio"/> GOVERNMENT - State | <input type="radio"/> Communication Groups |
| <input type="radio"/> GOVERNMENT - Federal | <input type="radio"/> HOA/Retirement Communities |
| <input type="radio"/> Tribe | <input type="radio"/> Neighborhood group |
| <input type="radio"/> CHILDCARE - Preschool or Child Care Center | <input type="radio"/> CERT group |
| <input type="radio"/> CHILDCARE - Family Child Care Provider | <input type="radio"/> Preparedness Organization |
| <input type="radio"/> CHILDCARE - Residential Facility (eg. Foster Group Home) | <input type="radio"/> Scouting (or similar) group |
| <input type="radio"/> Media | <input type="radio"/> HEALTH - Inpatient / Outpatient care |
| <input type="radio"/> Museums, Libraries, and Parks | <input type="radio"/> HEALTH - Laboratory / Research facility ONLY (No direct care) |
| <input type="radio"/> Science/Engineering | <input type="radio"/> HEALTH - OTHER |
| <input type="radio"/> Non-profit organization | |
| <input type="radio"/> Other (Please specify) | |

5. HEALTH SECTOR SPECIFIC

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.

*7. 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)

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***8. Our facility is operated by:**

- ☐ A private for profit organization
- ☐ A private non-profit organization
- ☐ State government
- ☐ Local, county or community government
- ☐ Tribal government
- ☐ Federal Government - Department of Veterans Affairs
- ☐ Federal Government - Department of Defense
- ☐ Federal Government - Indian Health Services
- ☐ Federal Government - Other
- ☐ OTHER (Please specify)

***9. Personnel at our facility use the VHA Emergency Management Program Guidebook to develop and update our facility's emergency management program:**

- ☐ Yes
- ☐ No
- ☐ DON'T KNOW

***10. Our facility receives funding from the Hospital Preparedness Program:**

- ☐ Yes
- ☐ No
- ☐ DON'T KNOW

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

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Thank you. The next section asks for information about your ShakeOut participation..

6. ORGANIZATIONS - DESCRIPTION CONT'D.

12. Please provide the full name of your parent organization. If you are responding on behalf of a branch, department, office, institute or other part of this organization, please provide this name as well (otherwise we will assume you are responding for your entire parent organization)

This information will remain confidential and will be used only to prevent duplicate counting.

Organization name

Name of the Division / Department / School / Institute etc.
for which you are reporting

***13. Approximate total numbers (for ONLY the part of your organization for which you are reporting):**

Please CONTINUE to answer remaining questions, on behalf of this same group. If any answer is NONE, please enter "0". (Note: We will ask about how many participated in the ShakeOut later on.)

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

10. ORGANIZATIONS & SCHOOLS PARTICIPATION & EVALUATION

The following questions are about the participation of the group you are responding for this ShakeOut drill.

***31. The group or organization that I am responding for participated in this ShakeOut Drill 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
2012 ShakeOut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***32. 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)	<input type="text"/>
# Students (if applicable)	<input type="text"/>
# Others (Customers/Clients/Patients/Visitors/Volunteers)	<input type="text"/>

***33. 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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*34. 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 a 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 other elements)

35. 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

*36. 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) | |

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*37. 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) | |

*38. 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 | |

*39. 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) | |

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

41. Any other comments or suggestions:

*42. My organization would participate if the ShakeOut were held again in 2013:

- ☐ Yes ☐ No ☐ Maybe (don't know yet)

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43. 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:

44. 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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45. Thank you for completing the ShakeOut Participation section of the survey.

The next page has some questions about preparedness measures in your organization, which will help us to track the level of preparedness in the region, over time.

Are you willing to answer the additional Preparedness questions for your organization or school?

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

11. ORGANIZATIONS & SCHOOLS PREPAREDNESS SECTION

Thank you for completing the ShakeOut Participation section of the survey. This page has a few more questions about preparedness measures in your organization, which will help us to track the level of preparedness in the region, over time.

Please continue to answer for only the same part/whole organization, as you have been doing.

***46. 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)

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*47. 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 or building evacuation 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"/>
Other types of drills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Optional: please describe (these or any others)

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

- ☐ An Emergency or Disaster Preparedness Plan
- ☐ An Emergency or Disaster Preparedness Committee
- ☐ At least one 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.

If you have more than one full-time person working in the role of Emergency Manager *your* organization, please enter total as a % of 1 FTE (full-time equivalent).

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49. Our policy regarding building evacuation after an earthquake is:

(Please select the closest description to your policy)

- ☐ After the shaking stops, evacuate the building no matter what
- ☐ After the shaking stops, evacuate the building, if the shaking was strong
- ☐ Wait for instructions about whether or not to evacuate the building
- ☐ Shelter-in-place
- ☐ Evacuate and move to higher ground
- ☐ Our policy depends on which building you are in
- ☐ We have no policy
- ☐ I don't know if we have a policy or not

Please describe any other policy, any triggers, or where instructions will come from, if you are waiting for instructions.

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

	ALL or MOST	SOME	NONE	DON'T KNOW	DOES NOT APPLY
Post site and neighborhood maps that are 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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*51. 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)

*52. 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)

*53. 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"/>

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***54. 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

***55. 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

***56. 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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***57. 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?

12. INVITATION TO INDIVIDUAL ITEMS

Thank you VERY MUCH for telling us about how the ShakeOut worked for your organization!

If you are willing, we would also like to learn about your personal and household experiences. This will take about 10 more minutes.

***58. Are you willing to answer additional questions on behalf of yourself and your household?**

- ☐ Yes, I would be happy to also answer on behalf of myself and my household
- ☐ No thank you, I'd like to stop now!

13. INDIVIDUALS - DESCRIPTION

**From here onwards we will be asking questions about you and your household only.
Before we ask you about your experiences with the ShakeOut, we would like to know a little bit about you.**