

# 2012 Great ShakeOut Earthquake Drill 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 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 [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](http://www.shakeout.org/evaluation).

If you have any questions or comments about this survey, please send a note to [info@shakeout.org](mailto:info@shakeout.org).

Thank You!

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

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

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## 4. ORGANIZATIONS: LOCATION

**Please tell us about your organization.**

If you are an individual household, K-12 education institution, or higher education institution, please click the "Prev" button at the bottom of this page, NOT your browser's "back" button, to correct Question 5.

**4. State, province, country or territory where you or your organization is located:**

If your state or country is not listed, please select "all other locations" from the drop down menu and specify here:

**\*5. County, regional district, village, municipality, parish or borough in which you or your organization is located. If more than one, write "multiple." If not applicable, write "NA."**

## 5. 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 - Department of Defense
- ☐ National Government - Indian Health Services
- ☐ National Government - Other
- ☐ Other (please specify)

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

- ☐ Education
- ☐ Youth Organizations
- ☐ Healthcare

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- ☐ 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)

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## 6. 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. 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)

### **\*9. 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

### **\*10. (If your organization is located in the United States...)**

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

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

### **\*11. (If your organization is located in the United States...)**

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

- ☐ Yes
- ☐ No

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- ☐ 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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## 7. ORGANIZATIONS: DESCRIPTION (CONTINUED)

### 12. 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 this organization/department?

# 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.

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

**\*27. The organization that I am responding for participated in THIS AND PREVIOUS ShakeOut drills in the following ways (check all that apply):**

	Drop, Cover, Hold On	Building Evacuation	Emergency Response Simulation Exercise	Other ShakeOut Related Activities	DID NOT PARTICIPATE	DON'T KNOW
2012 ShakeOut (This year)	<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"/>

**\*28. In our organization or school(s) the following number of people were involved in this year's drill (approximate OK):**

# Staff (including faculty, if applicable)

# Students (if applicable)

# Others  
(Customers/Clients/Patients/Visitors/Volunteers)

**\*29. We used the following ShakeOut resources for our drill (Check all that apply):**

- ☐ Drill broadcast or sound effects
- ☐ Documents from the ShakeOut website (manuals, checklists, sample letters, etc)
- ☐ ShakeOut Posters or Flyers
- ☐ OTHER resources downloaded from ShakeOut website
- ☐ NONE - WE DID NOT USE ANY SHAKEOUT RESOURCES

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

- ☐ Police Dept
- ☐ Fire Dept
- ☐ Red Cross
- ☐ Public Health
- ☐ CERT Teams
- ☐ Parent Teacher / Student Association (PTA/PTSA)
- ☐ City Emergency Operations Center
- ☐ Regional Emergency Operations Center
- ☐ School District Emergency Operations Center
- ☐ NO OTHER ORGANIZATIONS WERE INVOLVED

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☐ OTHER (Please specify)

**\*31. 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 |

☐ Other (Please specify)

**\*32. 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)  |  |

**\*33. 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 |                                     |

**\*34. 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 three questions on your organization's preparedness.



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## 13. INSTITUTIONS: PREPAREDNESS

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

**\*35. 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)

**\*36. Our organization has: (check all that apply)**

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

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

**\*37. 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
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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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continuity of operations  
and services

Secure tall or heavy  
furnishing and  
equipment



Hazardous materials,  
cleaning or laboratory  
chemicals are limited,  
isolated, eliminated or  
secured



Buildings meet all  
current standards for  
earthquake safety



Comments:

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## 17. SATISFACTION

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

**\*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"/>
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. What motivated you (or your organization) to participate in this year's ShakeOut drill?**

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

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

**57. What would make the ShakeOut better in the future?**

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## 18. DEMOGRAPHICS

**You have completed the main survey questions. THANK YOU!**

**If you are willing, please describe yourself.**

**\*58. I am:**

- ☐ Male    ☐ Female    ☐ PREFER  
NOT TO SAY

**59. How old were you on  
your last birthday?  
(If you prefer not to say,  
SKIP)**

Years

**\*60. 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)    |   |

## 19. 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](http://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 2013.**