

## UASEM Personal Preparedness Survey

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1. What is your home Zip Code: \_\_\_\_\_

2. What is your age?

- 12 - 18 years     
  19 - 25 years     
  26 – 35 years     
  36 - 59 years  
 60-79 years     
  80 + years

3. What is the highest level of education you have completed?

- Some high school     
  High school graduate/GED     
  Some college     
  Associate’s degree  
 College graduate     
  Post graduate studies     
  Other: \_\_\_\_\_

4. Which of the following best describes your race/ethnicity? (Check all that apply)

- White/Caucasian     
  Black/African American     
  Hispanic/ Latino     
  Asian/Pacific Islander  
 Mixed Race     
  Other: \_\_\_\_\_

5. Which gender do you most identify with:

- Male     
  Female     
  Gender Non-Conforming

6. Which of the following is the language you speak at home? (check all that apply)

- English     
  Spanish     
  Chinese     
  Other: \_\_\_\_\_

7. Which best describes your living situation?

- House     
  Apartment     
  Townhome     
  Assisted Care Facility     
  Other: \_\_\_\_\_

8. How familiar are you with the following Emergency Preparedness resources/services:

	Very Familiar	Somewhat Familiar	Not Sure	Not Familiar	Don't Know
(A) 9-1-1	<input type="checkbox"/>				
(B) NOAA All Hazards/Weather Radios	<input type="checkbox"/>				
(C) Local Fire Department Fire Prevention Programs	<input type="checkbox"/>				
(E) Ready.NYC.gov website	<input type="checkbox"/>				
(F) Notify NYC	<input type="checkbox"/>				
(G) Community Emergency Response Teams (CERT)	<input type="checkbox"/>				

9. How prepared is YOUR HOUSEHOLD for the following (circle the appropriate number)

	0-Don't know what that is	1-Not prepared at all	2	3	4	5-Extremely Prepared
(A) Severe thunderstorms	0	1	2	3	4	5
(B) Floods	0	1	2	3	4	5
(C) Extreme Heat Emergencies	0	1	2	3	4	5
(D) Winter	0	1	2	3	4	5
(E) Power Outages/Blackouts	0	1	2	3	4	5
(F) Carbon Monoxide Poisoning	0	1	2	3	4	5
(G) Residential Fire	0	1	2	3	4	5
(H) Hazardous Material/Chemical Accidents	0	1	2	3	4	5
(I) Hurricanes	0	1	2	3	4	5
(J) Evacuation	0	1	2	3	4	5
(K) Sheltering in Place	0	1	2	3	4	5

10. Do you know what flood zone you live in?

Yes

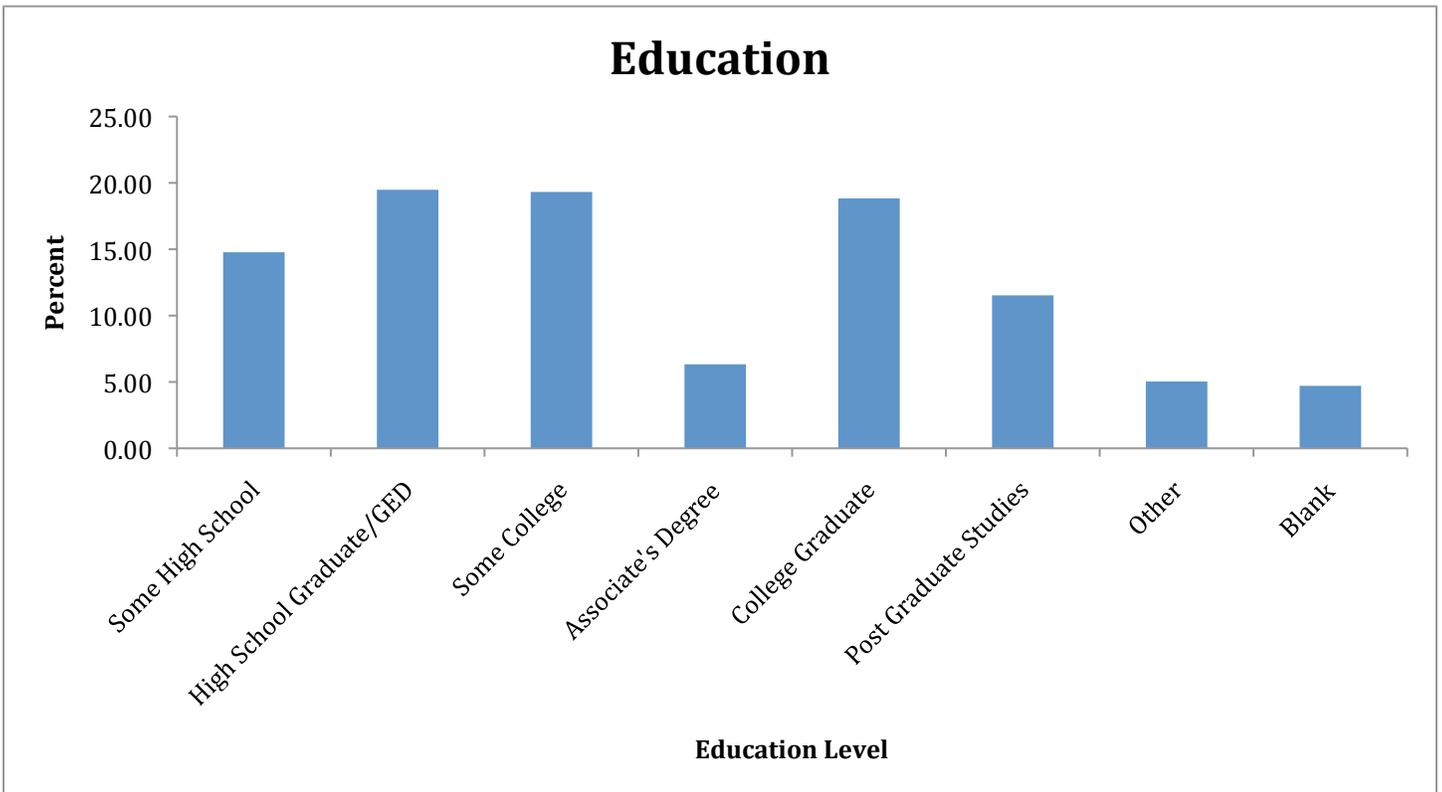
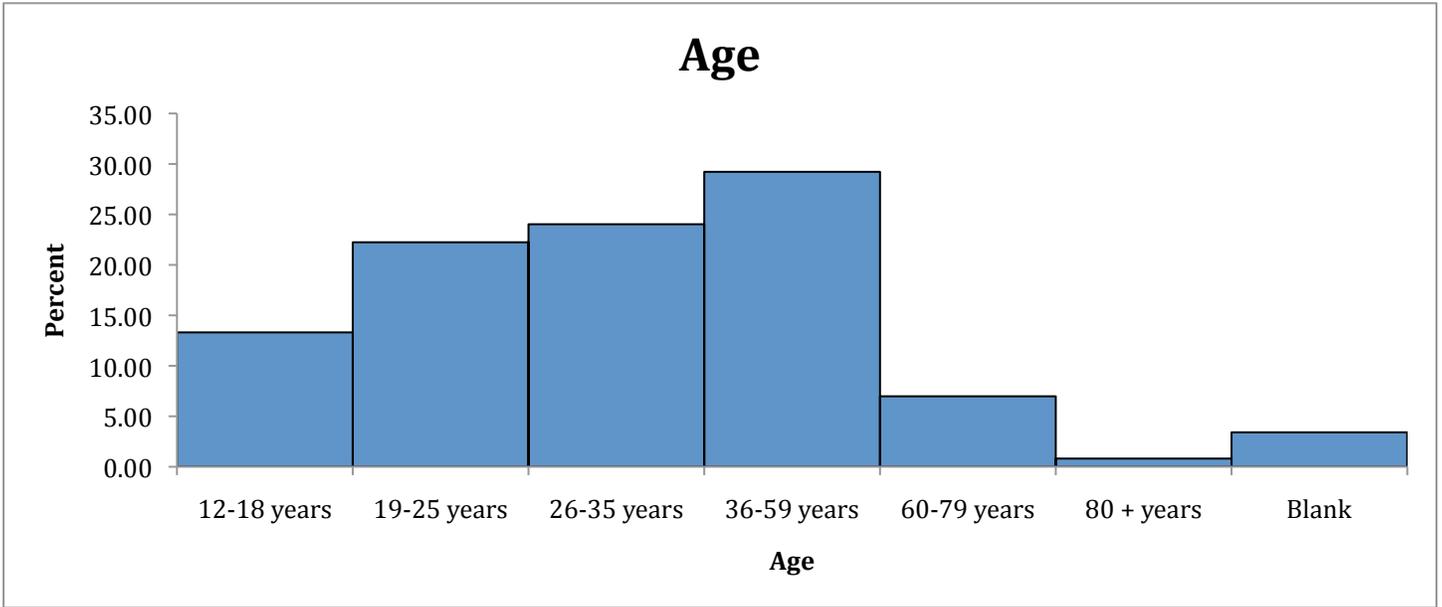
No

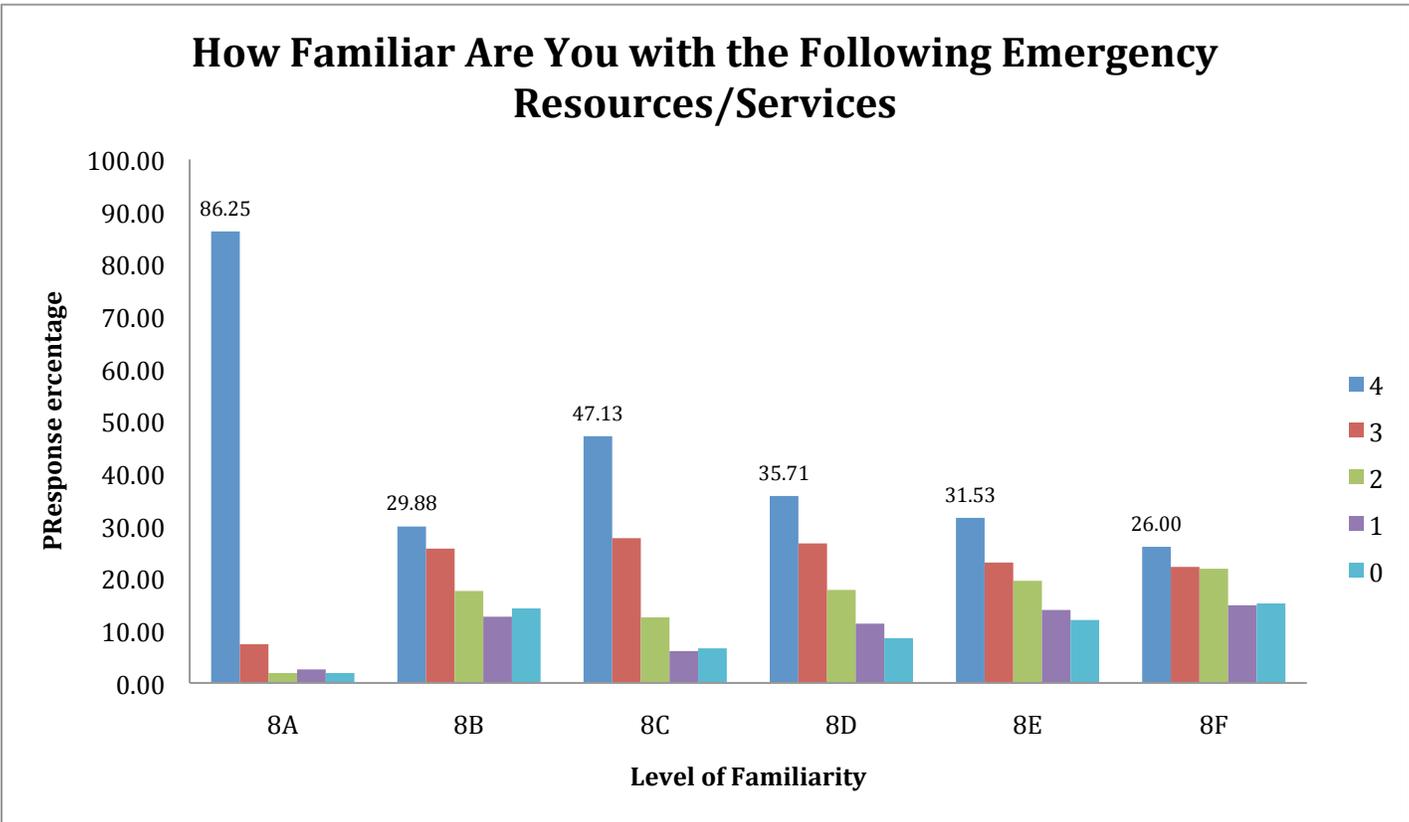
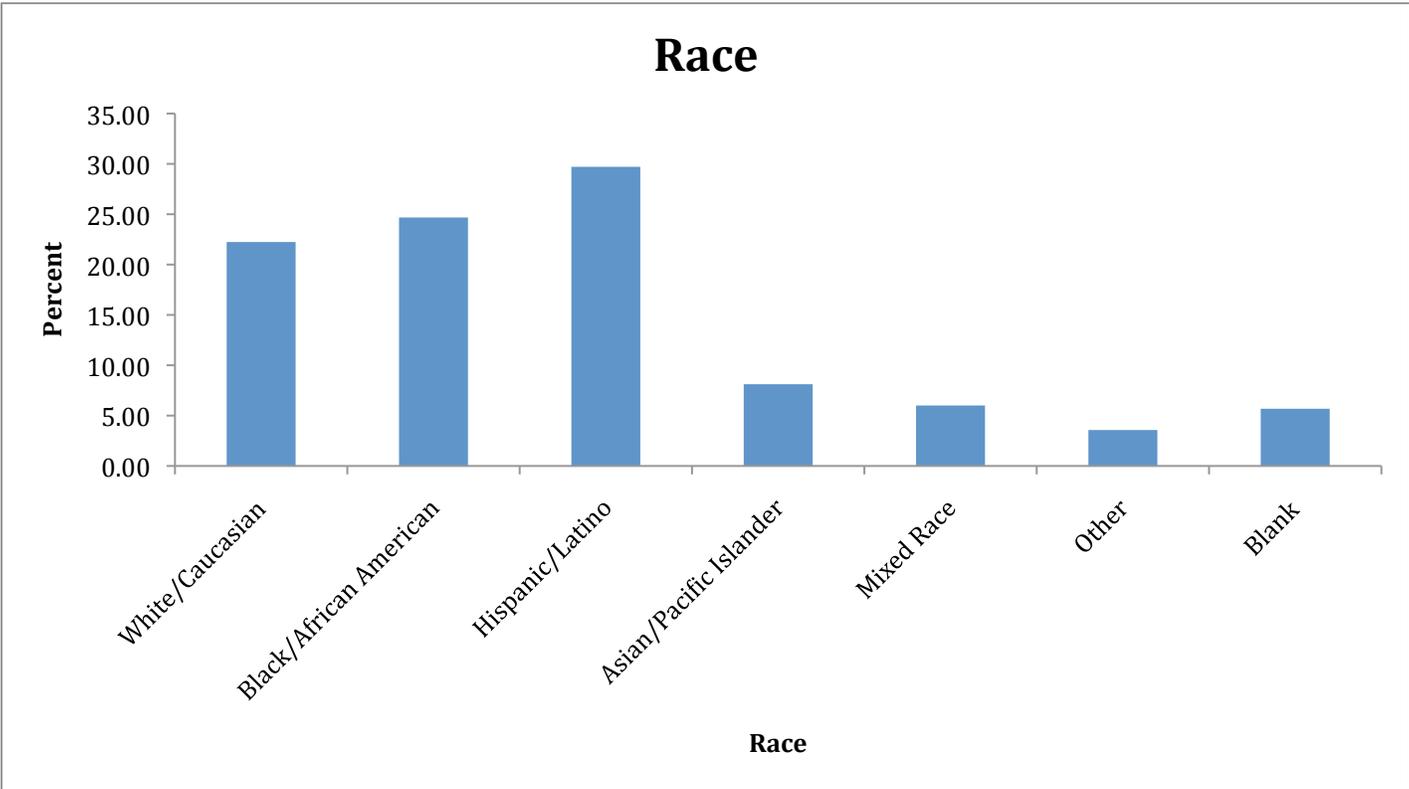
10a: If yes, which zone: \_\_\_\_\_

11. Do you have the following in place for yourself and/or your family?

	Yes	No	Don't Know What that is
(A) A Shelter in Place plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(B) Shelter in Place supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(C) A personal or family evacuation plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(D) A family communications plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(E) A first-aid kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(F) A three-day disaster supply kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(G) Pet evacuation plans and supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(H) A home fire safety plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(I) Copies of important documents (insurance cards, passports)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(J) Medical/prescription records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(K) Medication for 3-7 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(L) Know the location of the nearest shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# City Wide Survey Results





# How Prepared are You?

