

WHY THIS SURVEY?

We need your help with this survey before JULY 8, 2009!

Consistent with its mandate to safeguard and improve the health of all Princeton residents through education, screening, monitoring, and direct service programs, the Princeton Regional Health Commission (PRHC) is assessing the level of emergency preparedness in the community. This survey will provide the PRHC with an indication of how the Princeton community can continually improve its preparedness for emergencies and ultimately, to avoid and mitigate harm to people and property.

If you are responding electronically, your answers will be recorded electronically.

If you prefer to print out and respond to the portable document format (.pdf) version of this survey manually, please return your hard copy survey responses to (no return address identification is required):

PRINCETON EMERGENCY PREPAREDNESS SURVEY

Princeton Regional Health Department

Attn: David Henry, Health Officer

1 Monument Drive

P.O. Box 390

Princeton, NJ 08542

This survey will take approximately five minutes to complete.

We genuinely appreciate your participation in this effort. Thank you.

ABOUT YOU

Your answers to the questions that follow will help us get to know who responded to this survey.

1. Where do you live?

- Princeton Borough
- Princeton Township
- Not Sure

2. What is your age group?

- Under 25 years
- 26-40 years
- 41-65 years
- 65+ years

3. What is your level of education?

- Have not completed high school
- High school graduate
- Trade school graduate
- 2 year college graduate
- 4 year college graduate
- Post-graduate

4. What is the total number of people living in your household?

- 1
- 2
- 3
- 4
- More than 4

5. Are you the primary person chiefly responsible for decision-making in your home?

- Yes
- No

6. How many people living in your home are under age 18?

- None
- 1
- 2
- 3
- 4
- More than 4

7. How many people living in your home are over age 70?

- None
- 1
- 2
- More than 2

8. What forms of transportation do members of your household regularly use?

	Frequently	Sometimes	Never	N/A
Personal vehicle or one available to the household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mass transit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carpool	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

9. Does anyone in your household have a special need that would make it difficult for them to evacuate Princeton on their own (without the help of family, neighbors, friends) in the case of an emergency?

- Yes
- No

10. Is there a pet(s) living in your household? (This does NOT include service animals.)

- Yes
- No

COMMUNICATIONS

The next series of questions will help us understand how you receive and provide information.

11. Is English the primary language spoken in your home?

Yes

No

12. If English is NOT the primary language spoken in your home, what is?

13. Please check all the ways you communicate.

	Frequently	Sometimes	Never
Cell phone for talking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cell phone for text messaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone hard-wired in your home or office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online chat (Instant messenger, blogs, MySpace, FaceBook)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

14. Please check all the ways you receive news and weather information.

	Most frequently	Fairly often	Not often	Never
Newspaper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email alerts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Text messages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Word of mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. If electricity is unavailable, how do you get information about news events and weather?

16. If local phone lines are not operating, do you have a person who lives out of town that you can contact by cell phone or another means?

Yes

No

EMERGENCY PREPAREDNESS

The questions that follow will help to gauge the level of emergency preparedness in Princeton.

17. Does your household have an emergency evacuation plan in case there is a fire, flood, or another event that requires you to leave your home?

- Yes
- No
- Not yet

18. Do you discuss and practice this plan with members of your household at least once a year?

- We don't have a plan.
- We have a plan, but we don't practice it at least once a year.
- We have a plan and it we practice it at least once a year.

19. Do you have the following in your home? Check all that apply.

- Fire extinguisher
- A smoke detector on each level
- A carbon monoxide detector (if you burn coal, oil, gas, propane)
- Rope ladder to escape from upper levels in your home

20. Do you change batteries in detectors, such as those listed in the previous question, twice each year?

- Yes
- No
- Not yet

21. Do you have several days of food and water set aside for members of your household if you have to shelter in place (stay in your own home)?

- Yes
- No
- Not yet

22. Do you keep all your insurance, medical, and legal documents current and stored in a place that protects them from damage (fire/water)?

- Yes, all my important papers are current and stored in a protected location.
- No.
- Not yet.

23. Do you have a "go kit" assembled in case you have to evacuate quickly? This would include important papers (insurance, medical directives, wills, other legal documents), a small amount of cash, necessary medications/supplies, batteries, etc.?

- Yes, and everyone in the house knows its location.
- Yes, but I am the only one in the house who knows its location.
- No.
- Not yet.

24. Do you maintain emergency phone numbers?

This may include insurance, credit card companies, lawyers, doctors, family members, etc.)

- Yes.
- No.
- Not yet.

25. Do members of your household have these emergency numbers?

- Yes, all of the members of the household.
- No, none of the members of the household.
- Only where appropriate.

26. Do all the members of your household, aged 5 and older, know how to call 911?

- Yes, all of them.
- No, not all of them.
- I don't know.

27. Do your children living at home, or whoever cares for them in your absence, know where and how to get help during an emergency?

- Yes, all of them.
- Some of them.
- None of them.
- I don't know.

28. Does anyone in your household have training to help during an emergency?

	EMT	Firefighter	Fire police	Salvation Army	Red Cross	Community Emergency Response Team	Other
Select all that apply.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. To what degree do you feel the following things threaten your safety?

	Strong threat	Occasional threat	Minimal, unlikely threat	No threat at all
Storms (all seasons)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flooding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fire	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Robbery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Terrorist attack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Biological/chemical hazard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. Please rank your concerns about these issues during an emergency.

	Very concerned	Somewhat concerned	Not very concerned	Not concerned at all
Unable to get all family members to safety.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unable to communicate with family members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unable to communicate with people in the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unable to secure necessary supplies in case of sheltering in place.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unable to secure medications and medical supplies in case of an emergency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unable to take pets in case of an evacuation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unable to recover after a widespread emergency event.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

WORK and SCHOOL PREPAREDNESS

This information will tell us how you feel about the degree of safety at workplaces and at schools.

31. To what degree do you feel safe at work?

	Very safe	Somewhat safe	Regularly unsafe	N/A
Select only one.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32. Do you feel your place of employment is prepared to deal with emergencies?

	Very prepared	Somewhat prepared	Not at all prepared	Don't know	N/A
Select one.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33. If you have school-aged children, do you believe the school provides parents/caregivers with sufficient information regarding emergency events that require evacuation or sheltering in place?

- Yes.
- No.
- N/A

34. THIS IS THE FINAL QUESTION:

If you have school-aged children, do you feel their school is adequately prepared to shelter children in place or evacuate them, as necessary?

	Very prepared	Somewhat prepared	Unprepared	I don't know	N/A
Select only one.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>