Gatchalian, Trisha Leana C.

BS IT 404A

**Landslide Risk Assesment (Survey)**

**Name:**

**Company:**

**Age:**

**Status:**

**Please complete the following questions listed below. It is for information purposes only and will be kept confidential. The cumulative results will be tabulated and published in correspondence to my thesis project. Thank you.**

1. Do you know what landslide is? **YES NO**
2. Have you experienced landslide (During/After)? **YES NO**
3. Are you equipped when the disaster happened? **YES NO**
4. Does this survey help people be aware of what **YES NO**

Landslide is?

1. What do you think will be the possible effect of landslide

To people’s life?