Community Emergency Preparedness Survey

Community Emergency Preparedness Plan

Introduction:

Dear Community Member,

We are conducting a survey to assess our community's preparedness for emergencies. Your participation is vital in helping us understand the current level of readiness and identifying areas for improvement. The information collected will be used to develop a comprehensive Community Emergency Preparedness Plan to ensure the safety and resilience of our community.

Please take a few minutes to complete this survey. Your responses will be kept confidential.

Thank you for your time and input.

Sincerely,
[Your Name]
Emergency Management Coordinator
[Community Name]
[Date]

1. Personal Information (Optional):

- Name:
- Address:
- Phone Number:
- Email:

2. Demographics:

- Age Group:
 - o Under 18
 - 0 18-24
 - 0 25-34
 - 0 35-44
 - 0 45-54
 - o 55-64
 - o 65 and over
- Household Size:
 - 0 1
 - o 2-3
 - o 4-5
 - o 6 or more

3. Awareness and Preparedness:

-	1. Are you aware of the types of emergencies that could impact our community? (e.g., natural disasters, health crises, man-made incidents)
	∨ YesNo
,	*
4	2. Do you have an emergency preparedness plan for your household?Yes
	o No
1	3. Do you have an emergency kit with essential supplies? (e.g., water, food, medications,
•	flashlight)
	o Yes
	o No
2	4. Have you received any training on emergency preparedness or response? (e.g., CPR, first
	aid, fire safety)
	o Yes
	o No
4	5. How would you rate your household's overall preparedness for an emergency?
	o Excellent
	o Good
	o Fair
	o Poor
4. C	ommunication and Information:
(6. How do you prefer to receive information about emergencies? (Check all that apply)
	o Email
	o Text message
	o Phone call
	o Social media
	 Community website Local news
	o Other:
,	7. Do you know where to find official information and updates during an emergency?
	• Yes
	o No
5. C	ommunity Resources and Support:
9	3. Are you aware of the emergency shelters and resources available in our community?
,	o Yes
	o No
Ģ	9. Do you have access to transportation in case of an evacuation?
	o Yes
	o No
-	10. Do you or anyone in your household have special needs that would require assistance
	during an emergency? (e.g., medical conditions, disabilities)
	o Yes
	o No
	○ If yes please specify:

6. Involvement and Feedback:

11	Would you be interested in participating in community emergency preparedness activities? (e.g., training sessions, drills, planning meetings) Output Output
12	What suggestions do you have for improving our community's emergency preparedness?
	you for completing this survey! Your input is invaluable in helping us create a saferore prepared community.

This template provides a structured format for gathering important information from community members regarding their preparedness for emergencies. It includes sections on awareness, communication preferences, resources, and involvement, helping to ensure a comprehensive understanding of the community's needs and readiness levels.