

This survey gathers information to support your household in the event of an emergency. Part One gathers contact and special needs information; Part Two gathers information about communication preferences. All information will be kept confidential and used only for emergency preparedness.

**READY TO RESPOND**

Resident

Survey

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| Part One: Basic Household Information |
| Primary contact |  | Apt No. |  |
| Birthdate |  | Email address |  |
| Home phone  |  | Cell phone |  |
| Languages spoken |  | Preferred language |  |
| [ ]  Children: names / ages |  |
| Emergency contact (within 20 miles) |
| Name |  | Phone  |  |
| Relation |  | Email  |  |
| Do you or anyone in your household rely on any of the following?  |
| [ ]  Cane | [ ]  Wheelchair | [ ]  Walker | [ ]  Oxygen |
| [ ]  Powered medical device | [ ]  Refrigerated medications | [ ]  Special services animal |
| [ ]  At-home caregiver – list name and number: |  |
| Additional questions (check if these apply to you or anyone in your household) |
| [ ]  Are you deaf or blind?  | [ ]  Do you have pets? |
| [ ]  In the event of a power outage, would you need help using the stairs?  |
| [ ]  Do you have special skills useful during an emergency? (Please list) |
| [ ]  Do you have dietary restrictions? (please list) |  |
| [ ]  Do you provide care to someone outside your household? Enterprise Community Partners, Inc. |

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| If there is an evacuation, where will you and your household members go? |
| Name |  |
| Address |  |
| Phone  |  | Email |  |

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| Part Two: Household Communication  |
| Which of the following would you use to get information and give feedback? (Check all that apply) |
| [ ]  Phone | [ ]  Email  | [ ]  Our website | [ ]  Facebook |
| [ ]  Twitter | [ ]  Resident meetings | [ ]  Paper forms / surveys |
| Which best describes your internet access?  |
| [ ]  Computer / laptop with internet connection | [ ]  Smartphone with internet connection |
| [ ]  Public library or other internet access | [ ]  None |
| Would you or anyone in your household attend a resident meeting, training or event about emergency preparedness? [ ]  Yes [ ]  No |
| Would you or anyone in your household like to be a floor captain? (See the *Floor Captain Guide* for more information) [ ]  Yes [ ]  No |

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| **General Feedback:** Use this space to tell us how to best support your household in preparing for an emergency. |
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