

THE HOMEMAKERS HEALTH SERVICES EMPLOYEE EMERGENCY PREPAREDNESS SURVEY SEPTEMBER 2007

Our agency provides many different kinds of services to over 600 people who live in the Strafford County area. We'd like you to think about the individual clients who receive your particular care or services, and how well they would manage without them. In an emergency or disaster, probably not too well.

Now think about your own needs and family situation. In case of a disaster, how ready, willing, and able would you be to continue your work responsibilities to your clients as well as meet your financial obligations to your family?

Your responses to this questionnaire will help us to plan for our level of employee availability during different types of disasters, and will also start you on your way to being **GOOD TO GO !**

*******PLEASE ANSWER THE SURVEY AND RETURN TO YOUR SUPERVISOR BY SEPTEMBER 28TH TO BE ELIGIBLE FOR THE SPECIAL PRIZE DRAWING AT OUR ANNUAL TRAINING DAY.*******

1. Would you be able and willing to work during the following disasters?

	Definitely	Yes, after taking care of personal needs	No
a) Hurricane	_____	_____	_____
b) Flood	_____	_____	_____
c) Snow storm	_____	_____	_____
d) Power outage	_____	_____	_____
e) Terrorist attack	_____	_____	_____
f) Epidemic	_____	_____	_____

2. Would you need help arranging for any of the following before you would be able to come to work in time of an extended disaster or emergency?

	Definitely	Maybe	No
a) Child care	_____	_____	_____
b) Elder care	_____	_____	_____
c) Pet care	_____	_____	_____
d) Transportation	_____	_____	_____
e) Money	_____	_____	_____
f) Safe place to stay overnight	_____	_____	_____

3. If schools were closed for an extended time is there someone else to care for your child(ren) while you work?
 Yes _____ No _____ Don't need _____

4. If schools were closed for an extended time would you be available or offer to care for a co-worker's child(ren)?
 Yes _____ No _____

5. If schools were closed for an extended time would you feel comfortable with a co-worker caring for your child(ren) so you could work?
 Yes _____ No _____

6. Do you have an elderly family member that would rely on you for supervision, meals, shopping, or medication in a disaster?
 Yes _____ No _____

7. Would you be available to assist another co-worker's elderly family member so they could go to work?
Yes_____ No_____
8. Would you be willing to carpool or pick up a co-worker who did not have transportation in an emergency?
Yes_____ No_____
9. Would you be willing to help a co-worker who needed a temporary place to sleep in an extended emergency so he/she could come to work? Yes_____ No_____
10. Have you discussed emergency planning with your family? Yes_____ No_____
11. Do you have these items at home?
- a) 1 gallon of water for each family member for three days Yes_____ No_____
- b) Emergency phone numbers of relatives? Yes_____ No_____
- c) Manual can opener? Yes_____ No_____
- d) Storage of canned food that does not need to be heated, or dried food, for family for three days?
Yes_____ No_____
- e) Candles, matches in a plastic bag, flashlight, batteries? Yes_____ No_____
- f) Three-day supply of any medications your family needs in an emergency medication box?
Yes_____ No_____ N/A_____
- g) Battery-powered radio? Yes_____ No_____
- h) Extra set of clothes and toiletries packed in a travel bag for each family member?
Yes_____ No_____
- i) Spare cash available on hand? Yes_____ No_____
- j) Blanket? Yes_____ No_____

NAME _____
Must be completed to be included in prize drawing

Source: The Homemakers Health Services, Rochester, NH.