



## **Community Preparedness & Recovery Survey**

**This is not official paperwork, and your name is not required.**

Everything you share is confidential. These questions simply help us learn what families need before, during, and after storms. Answer only what you feel comfortable sharing. Filling this out is not necessary to participate.

### **1. Household Information**

- Age: \_\_\_\_ or ☐ Under 18 ☐ 18–29 ☐ 30–44 ☐ 45–59 ☐ 60+
- Gender (if you'd like to share): \_\_\_\_\_
- Number of people in your household: \_\_\_\_\_
- Children under 18 in your care? ☐ Yes ☐ No How many \_\_\_\_\_
- Adults in your care (elders, sick, injured)?  
☐ Yes ☐ No How many \_\_\_\_\_
- Do you: ☐ Rent ☐ Own ☐ Other: \_\_\_\_\_
- Do you have insurance?  
☐ Homeowners ☐ Renters ☐ Health: ☐ Other \_\_\_\_\_
- After a disaster, have you had housing problems? (check all that apply)  
☐ Landlord refused repairs ☐ Rent increase ☐ Eviction/threat  
☐ Couldn't afford repairs ☐ Other: \_\_\_\_\_

### **2. First Hours of a Disaster**

- Does your household have a weather emergency plan?  
☐ Yes ☐ No  
☐ Sometimes



- Do you keep an emergency bag or box ready?  
☐ Yes ☐ No ☐ Sometimes
- What's inside? (check all that apply)  
☐ Food/Water ☐ Flashlight/Batteries ☐ Clothes  
☐ Medications ☐ Important Papers ☐ Other: \_\_\_\_\_
- Last time, what did you need but didn't have?  
☐ Food/Water ☐ Medicine ☐ Cash ☐ Phone/Charger  
☐ Internet ☐ Other: \_\_\_\_\_

### **3. Important Papers**

- Where do you keep your ID, birth certificate, or land papers?  
☐ At home in a safe place  
☐ At home but not protected  
☐ With family/friend  
☐ Digital copy (phone, email, cloud, USB)  
☐ Other: \_\_\_\_\_
- Have you ever lost important papers in a storm, fire, or flood?  
☐ Yes ☐ No
- Would a safe way to store important papers(waterproof/fireproof) help?  
☐ Yes ☐ No

### **4. Medicine and Health**

- Does anyone in your home take medicine that must stay cold?  
☐ Yes ☐ No
- During a power outage or evacuation, what do you usually do?  
☐ Cooler with ice ☐ Throw medicine away ☐ Go without until refill  
☐ Other: \_\_\_\_\_



- Have you ever lost medicine during a storm?  
☐ Yes ☐ No

## **5. Power and Communication**

- How do you usually get news in a disaster? (check all that apply)  
☐ TV ☐ Radio ☐ Facebook/Social Media  
☐ Phone/Text ☐ Neighbors/Word of Mouth ☐ Other: \_\_\_\_\_
- How do you charge your phone when the power is out?  
☐ Car charger ☐ Battery pack ☐ Generator ☐ I can't charge  
☐ Other: \_\_\_\_\_
- What is the longest you've been without power?  
☐ 1–2 days ☐ 3–7 days ☐ More than a week

## **6. Access to Aid**

- Have you ever applied for FEMA or other disaster assistance?  
☐ Yes, approved ☐ Yes, denied ☐ No
- If you were denied, do you know why  
☐ Yes ☐ No
- What made it hardest to get help? (check all that apply)  
☐ Paperwork too complicated ☐ Didn't have ID/documents  
☐ Language barrier ☐ Transportation ☐ Not eligible  
☐ Long wait times ☐ Other: \_\_\_\_\_
- For long term recovery, what support do you need most:  
☐ Legal assistance ☐ Financial assistance  
☐ Technical assistance ☐ Repair/rebuilt support  
☐ Other: \_\_\_\_\_



## **7. Financial Impact**

- After the last disaster, did you lose work or income?  
☐ Yes ☐ No
- What unexpected costs did you face? (check all that apply)  
☐ Home repairs ☐ Evacuation travel ☐ Medical bills ☐ Legal fees  
☐ Other: \_\_\_\_\_
- Did you borrow money or take a loan to recover?  
☐ Yes ☐ No

## **8. Community Strength**

- Who do you turn to first after a disaster?  
☐ Family ☐ Friends ☐ Church ☐ Neighbors  
☐ Government ☐ Nonprofit/NGO ☐ Other: \_\_\_\_\_
- Do people in your community help each other after storms?  
☐ Yes ☐ No ☐ Sometimes

## **9. Looking Forward**

- What would make recovery easier for you? (check all that apply)  
☐ Safer housing ☐ Easier access to aid  
☐ Better storage for documents/medicine  
☐ More reliable power/charging  
☐ Other: \_\_\_\_\_

## **10. Immigration and Language (Optional)**

- Were you born in the United States?  
☐ Yes ☐ No



- If no, what country where you born? \_\_\_\_\_
- Has immigration status or language ever made it harder to get help?  
☐ Yes ☐ No

### **11. About You (Optional)**

- Community or cultural background: \_\_\_\_\_
- Languages spoken at home: \_\_\_\_\_
- Disasters you've lived through in the last 5 years: \_\_\_\_\_
- Times you've had to evacuate: \_\_\_\_\_
- Is there anything else you want to tell us about, what are your primary concerns for disaster (short term emergency, and long term recovery) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Would you be interested in talking more to us one on one to share more of your experience?**

☐ Yes ☐ No

***Thank you for sharing. Your answers help us fight for stronger support in your community.***