

PROCESS SECTION TAB 1

Preparedness Questionnaire Survey

Puyallup Tribe of Indians August 2016

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The Puyallup Tribe is filled with families that could be really impacted by small and large disasters. The Public Safety Department is committed to helping you be as prepared as possible. This survey will let you tell us where you might need additional emergency preparedness information. Awareness of our hazards is an important component to preparing for them.

Thanks for taking a few minutes to provide your feedback!

1. How concerned are you about the following natural disaster affecting your community?

| Natural Disaster             | Very concerned           | Somewhat concerned       | Neutral                  | Not very Concerned       | Not Concerned            |
|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Earthquake                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Volcanic Eruption            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lahar/mudslide - Mt. Rainier | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flood                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Landslide/Debris Flow        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wildfire                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Household fire               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wind Storm                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Severe Winter Storm          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Human Created                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other Hazard                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. In the following list, please check those activities that you have done in your household, plan to do in the near future, have not done, or are unable to do. Please check one answer for each preparedness activity.

| In your household, have you or has someone in your household:                                                                                               | Have Done                | Plan to Do               | Not Done                 | Unable to Do             | Does Not Apply           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| A. Attended meetings or received written information on natural disasters or emergency preparedness?                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Talked with members in your household about what to do in case of a natural disaster or emergency?                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Developed a “Household/Family Emergency Plan” in order to decide what everyone would do in the event of a disaster?                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Have started or completed a “Disaster Supply Kit” (Stored extra food, water, batteries, or other emergency supplies)?                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Been trained on First Aid or Cardio-Pulmonary Resuscitation during this last year?                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Been trained, in last 3 years, in Disaster First Aid or wilderness first aid/How to care of injured for hours to days with no professional medical care? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Secured your water heater, cabinets, bookcases, and pictures to the wall?                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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| In your household, have you or has someone in your household. (Continued) | Have Done                | Plan to Do               | Not Done                 | Unable to Do             | Does Not Apply           |
|---------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| H. Fit your gas appliances with flexible connections?                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I. Used fire-resistant building or roofing materials?                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| J. Secured your home to its foundation?                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K. Braced unreinforced masonry, concrete walls, and chimney?              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| L. Elevated your home in preparation for floods?                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| M. Collected important documents in a safe location?                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| N. Signed up for Pierce county ALERT                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Household and Personal Risk Reduction

3. What are your preferred information source and what is the preferred way for you to receive information about how to make your household and home safer from disasters? (check all that apply)

| Information Sources                                 | Methods                                            |
|-----------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Tribal Council             | <input type="checkbox"/> Fact Sheet/brochure       |
| <input type="checkbox"/> Administration Office      | <input type="checkbox"/> Internet                  |
| <input type="checkbox"/> Public Safety Office       | <input type="checkbox"/> Mail                      |
| <input type="checkbox"/> Schools                    | <input type="checkbox"/> Outdoor advertisements    |
| <input type="checkbox"/> Fire Department/Rescue     | <input type="checkbox"/> Radio                     |
| <input type="checkbox"/> Utility company            | <input type="checkbox"/> Television                |
| <input type="checkbox"/> American Red Cross         | <input type="checkbox"/> Magazine                  |
| <input type="checkbox"/> Insurance Agent or company | <input type="checkbox"/> Public workshops/meetings |
| <input type="checkbox"/> Government Agency-City     | <input type="checkbox"/> Newspapers                |
| <input type="checkbox"/> Government Agency-County   | <input type="checkbox"/> Facebook                  |
| <input type="checkbox"/> Government Agency –State   | <input type="checkbox"/> Pinterest                 |
| <input type="checkbox"/> Government Agency-Federal  | <input type="checkbox"/> Twitter                   |
| Other _____                                         | <input type="checkbox"/> Instagram                 |
|                                                     | Other _____                                        |

4. Are you knowledgeable on what your personal actions need to be in the event of:

| Respond to the event with Yes or No                                                   | Yes                      | No                       |
|---------------------------------------------------------------------------------------|--------------------------|--------------------------|
| Severe wind warning and or power outage                                               | <input type="checkbox"/> | <input type="checkbox"/> |
| Puyallup River or Carbon River at flood stage                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| Earthquake over 6.0 magnitude                                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| Prediction of severe winter weather                                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| If family or loved ones are separated during a disaster, we have a communication plan | <input type="checkbox"/> | <input type="checkbox"/> |
| Hear lahar sirens in the valley (not referring to the monthly test sirens)            | <input type="checkbox"/> | <input type="checkbox"/> |
| In the event of losing all property, dwelling and household due to fire.              | <input type="checkbox"/> | <input type="checkbox"/> |

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5. Are you aware of hazards in your community?

- ☐ Not aware
- ☐ Minimum awareness
- ☐ Moderate amount of awareness
- ☐ Aware of all hazards
- ☐ Did research on hazards

## Workplace and Personal Risk Reduction

Hazards can have a significant impact on a community, but planning for these events can help lessen the impacts. They can happen at any time of the day or night.

| Respond to these questions with a Yes, No, or Some/sort of /maybe answers:                                                                          | Yes                      | No                       | Some/sort of/<br>maybe   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| My Department is located in a flood hazard zone.                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am aware that the Puyallup River valley is in lahar hazard zone.                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I know my route out of the Puyallup River valley for evacuation.                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I know where I will end up after an evacuation.                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I know the safest place to be in my office during an earthquake.                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I have preparedness supplies/food stored at my office in case I am required to be there for an extended period of time following a hazardous event. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I have an emergency plan in place with my family in case I am not able to leave work at my normal time due to a hazardous event.                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I have preparedness supplies in my car.                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am interested in learning how I might better prepare for disasters at my workplace.                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

What Department do you work in? \_\_\_\_\_

General Household Information: Not required, demographics can help us target groups appropriately in future outreach.

6. Age of adult filling out questionnaire : 18-25    26-35    36-45    46-55    56-65    66-75    76+

Number of people in your household: \_\_\_\_\_

Are children under 18 in your household?            ☐    Yes    ☐    No

7. Please feel free to add any comments regarding your perspective on preparing for catastrophic human caused events, earthquakes, bad weather and the volcano hazard.

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