Family Disaster Plan

Post Evaluation

County_____ Date_____

Please circle the letter or fill in the line that corresponds to your answer

1. I learned something new today. 1 2 3 4 5
   Strongly disagree Strongly agree

2. My family currently has a disaster plan.
   1 2 3 4 5
   Strongly disagree Strongly agree

3. I plan on writing a disaster plan and reviewing it with my family.
   1 2 3 4 5
   Strongly disagree Strongly agree

4. What disasters will you plan for?
   a. flood b. tornado
   c. drought d. hazardous materials spill
   e. fire f. earthquake
   g. winter storm h. hurricane
   i. blackouts j. other areas:_____

5. What area(s) of disaster planning and communications will you work on? (Circle any that apply)
   a. learn CPR b. fill out family pocket directories
   c. family drill/exercises d. build or install storm shelter
   e. write a disaster plan f. prepare a first aid kit
   g. organize a disaster kit h. volunteer with the American Red Cross
   i. know disaster meeting places j. other areas:_____

6. Will you visit with your family and neighbors about this topic? a. Yes b. No

7. What age group best describes you?
   a. Younger than 20 c. 30-39 e. 50-59 g. over 70
   b. 20-29 d. 40-49 f. 60-69

8. Are you: a. male b. female

9. List other topics in disaster planning that you consider important that this program did not discuss.

Additional comments or suggestions about program or materials presented?

Thank You!

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