

We're Ready!  
Pre-Workshop Survey (v.5)

The purpose of the pre- and post-workshop survey are to determine whether the purpose, goals and deliverables of the We're Ready! Pilot Project were met and to gather feedback for improving it. Additional information is also gathered to gain a better understanding about participant's risk awareness, experience with major emergency or disaster, emergency preparedness behaviours, social connections, and your confidence in knowing what to do in an emergency. The survey questions are either the same, or similar to, as those asked in Statistics Canada's 2014 Survey of Emergency Preparedness and Resilience<sup>1</sup> (SEPR).

Your participation in the We're Ready! pre-workshop and post-workshop surveys is voluntary. In order to ensure your anonymity, no identifying information is collected such as name or address and all responses will be aggregated. No information that could identify you or your household will be released. The aggregated information collected in these surveys may be shared with municipal, provincial, and/or federal offices and organizations in order to improve emergency services and programs. The findings may be published in reports and/or other publications.

**By completing this survey you are consenting to the use of the results for the purposes specified above.**

If you are not sure about how to answer a question or the wording of a question, call one of us over. If you have comments about a particular question you would like us to read, you can also write it down next to that question.

This survey has several sections:

1. [General](#)
2. [Risk Awareness](#)
3. [Prior Experience with a Major Emergency or Disaster](#)
4. [Protective and Precautionary Behaviours](#)
5. [Civic Engagement](#)
6. [Social Networks](#)
7. [Social Cohesion and Community Belonging](#)
8. [Self-efficacy](#)
9. [Population group](#)

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<sup>1</sup> For more information, visit [http://www23.statcan.gc.ca/imdb/p3Instr.pl?Function=assembleInstr&Item\\_Id=180585&TET=1](http://www23.statcan.gc.ca/imdb/p3Instr.pl?Function=assembleInstr&Item_Id=180585&TET=1)

## 1.0 General

1.1 Are you currently signed up for the following? *Check all responses that apply.*

- High River Alerts
- Alberta Emergency Management Agency (AEMA) Alerts
- Other \_\_\_\_\_
- Don't know

## 2.0 Risk Awareness

2.1 Please tell me which events you believe your community is likely to experience. *Identify the top three events in each categories/ boxes you are most concerned about by giving a '1' to your top concern, a '2' for the next highest concern, and a '3' for the next concern. Check all other responses that apply.*

<b>Nature-related disasters:</b>	<b>Technical or intentional disasters:</b>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Blizzards, winter storms, ice storms or extreme cold</li> <li><input type="checkbox"/> Heat waves</li> <li><input type="checkbox"/> Floods (due to, for example, a river overflowing or heavy rains)</li> <li><input type="checkbox"/> Tornadoes</li> <li><input type="checkbox"/> Hurricanes</li> <li><input type="checkbox"/> Storm surge or Tsunamis</li> <li><input type="checkbox"/> Droughts</li> <li><input type="checkbox"/> Earthquakes</li> <li><input type="checkbox"/> Wildfires or forest fires</li> <li><input type="checkbox"/> Landslides or avalanches</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Industrial or transportation accident involving hazardous materials (for example, chemical or oil spill; nuclear accident)</li> <li><input type="checkbox"/> Act of terrorism or terrorist threat (for example, bombing)</li> <li><input type="checkbox"/> Rioting or civil unrest (for example, violent protest, illegal blockade)</li> <li><input type="checkbox"/> Outbreak of serious or life-threatening disease (for example, SARS or H1N1 influenza)</li> <li><input type="checkbox"/> Extended power outage (that is, a black-out or failure of a power grid that lasts for 24 hrs. or longer)</li> <li><input type="checkbox"/> Contamination or shortage of water or food (for example, e-coli, salmonella)</li> <li><input type="checkbox"/> Other _____</li> <li><input type="checkbox"/> Don't know</li> </ul>

The Town of High River implemented a number of flood mitigation measures (e.g. berms, dikes, removing neighbourhoods etc.) after the 2013 flood. What do you believe is the risk of damage in case of future flood events? *Check only one response for each question.*

2.2 The risk of flood damage to my neighbourhood is:

- Zero
- Minimal
- Moderate
- High
- Don't know

2.3 If you answered zero, minimal or moderate for the above questions, please indicate your reason below. *Check all responses that apply.*

- I trust in the flood mitigation measures taken by the Town of High River
- I trust that such a large flooding event will not occur again in my lifetime
- Other \_\_\_\_\_
- Don't know

2.4 In the event of a disaster who would you turn to first for information or assistance? *Check only one response.*

<ul style="list-style-type: none"> <li><input type="checkbox"/> News - Radio</li> <li><input type="checkbox"/> News - Television</li> <li><input type="checkbox"/> News - Internet</li> <li><input type="checkbox"/> Newspapers</li> <li><input type="checkbox"/> Social media (e.g., Twitter or Facebook)</li> <li><input type="checkbox"/> Family</li> <li><input type="checkbox"/> Friends</li> <li><input type="checkbox"/> Neighbours</li> <li><input type="checkbox"/> 9-1-1</li> <li><input type="checkbox"/> Police or law enforcement</li> <li><input type="checkbox"/> First responders, such as paramedics or firefighters</li> <li><input type="checkbox"/> Hospital, clinic, doctor or other medical professional</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Insurance agent/company</li> <li><input type="checkbox"/> Utility company/provider</li> <li><input type="checkbox"/> Bank, financial institution, financial advisor</li> <li><input type="checkbox"/> Other professionals, such as a lawyer</li> <li><input type="checkbox"/> Local government (e.g., city/town hall, municipal services)</li> <li><input type="checkbox"/> Provincial government (e.g., representative or service)</li> <li><input type="checkbox"/> Federal government (e.g., representative or service)</li> <li><input type="checkbox"/> Religious or cultural organization</li> <li><input type="checkbox"/> Not-for-profit/charitable organization (e.g., Red Cross, Salvation Army, United Way, shelter)</li> <li><input type="checkbox"/> Other community organization</li> <li><input type="checkbox"/> Other _____</li> <li><input type="checkbox"/> Don't know</li> </ul>
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2.5 Are you aware of any public service campaigns that provide information on what to do in the event of any of these risks? *Check only one response.*

- Yes
- No
- Maybe; not sure
- Don't know

### 3.0 Prior Experience with a Major Emergency or Disaster

3.1 Have you personally experienced any major emergency or disaster? *Include only events that took place in Canada, in a community where you were living at the time of the event. Check only one response.*

- Yes
- No
- Other \_\_\_\_\_
- Don't know

3.2 If you responded 'yes' to Question 3.1, what type of emergency was it? *Check all responses that apply.*

<ul style="list-style-type: none"> <li><input type="checkbox"/> Blizzard, winter storm or ice storm</li> <li><input type="checkbox"/> Extreme cold</li> <li><input type="checkbox"/> Heat wave</li> <li><input type="checkbox"/> Flood (due to, for example a river overflowing or heavy rains)</li> <li><input type="checkbox"/> Tornado</li> <li><input type="checkbox"/> Hurricane</li> <li><input type="checkbox"/> Storm Surge or Tsunami</li> <li><input type="checkbox"/> Drought</li> <li><input type="checkbox"/> Earthquake</li> <li><input type="checkbox"/> Wildfire or forest fire</li> <li><input type="checkbox"/> Landslide or avalanche</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Industrial or transportation accident involving hazardous materials (for example, chemical or oil spill; nuclear accident)</li> <li><input type="checkbox"/> Act of terrorism or terrorist threat (for example, bombing)</li> <li><input type="checkbox"/> Rioting or civil unrest (for example, violent protests, illegal blockades)</li> <li><input type="checkbox"/> Outbreak of serious or life-threatening disease (for example, SARS or H1N1 influenza)</li> <li><input type="checkbox"/> Extended power outage (that is, a black-out or failure of a power grid that lasts for 24 hrs. or longer)</li> <li><input type="checkbox"/> Contamination or shortage of water or food (for example, e-coli, salmonella)</li> <li><input type="checkbox"/> Other _____</li> <li><input type="checkbox"/> Don't know</li> </ul>
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3.3 If you responded to Question 3.2 about the emergency in Canada, during or immediately following this emergency, did you receive information or assistance from anyone? This help could have come from family members, neighbours, or directly from organizations such as the police, firefighters, a religious or cultural group, community group, or government program or service. *Check only one response.*

- Yes
- No
- Other \_\_\_\_\_
- Don't know

3.4 Who provided this help? *Check all responses that apply.*

<ul style="list-style-type: none"> <li><input type="checkbox"/> Your family</li> <li><input type="checkbox"/> Your friends</li> <li><input type="checkbox"/> Your neighbours</li> <li><input type="checkbox"/> Your co-workers, employer or other business acquaintances</li> <li><input type="checkbox"/> The police</li> <li><input type="checkbox"/> First responders, such as paramedics or firefighters</li> <li><input type="checkbox"/> A hospital, clinic, doctor or other medical professional</li> <li><input type="checkbox"/> A utility company or provider</li> <li><input type="checkbox"/> Local/municipal government (e.g., city/town hall, municipal services)</li> <li><input type="checkbox"/> Provincial government (e.g., representative, service or program)</li> <li><input type="checkbox"/> Federal government (e.g., representative, service or program)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> A not-for-profit or charitable organization (e.g., Red Cross, Salvation Army, United Way, shelter)</li> <li><input type="checkbox"/> A religious or cultural organization</li> <li><input type="checkbox"/> Some other community organization</li> <li><input type="checkbox"/> A bank, financial institution or financial advisor</li> <li><input type="checkbox"/> Some other professional, such as a lawyer</li> <li><input type="checkbox"/> Other _____</li> <li><input type="checkbox"/> Don't know</li> </ul>
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The next questions are about any assistance you may have given others.

3.5 Did anyone turn to you for help or did you offer help to anyone during this emergency? *Check only one response.*

- Yes
- No
- Other \_\_\_\_\_
- Don't know

3.6 Who did you help? *Check only one response.*

- Members of your household (e.g., family, roommates)
- Family, who were not members of your household
- Friends
- Neighbours
- Co-workers
- Acquaintances
- Other members of your community
- Strangers
- Other \_\_\_\_\_
- Don't know

3.9 Have you personally experienced a major emergency or disaster while you were a resident (or living) in another country? *Check only one response.*

- Yes
- No
- Not applicable - was not a resident in another country
- Other \_\_\_\_\_
- Don't know

## 4.0 Protective and Precautionary Behaviours

### **Emergency plan**

4.1 Does your household have an emergency plan (evacuation plan and/or contact or communication plan with phone numbers)? *Check only one response.*

- Yes
- No
- Other \_\_\_\_\_
- Don't know

4.2 Are you aware that the Town of High River has created a Household Emergency Guide? *Check only one response.*

- Yes
- No
- Other \_\_\_\_\_
- Don't know

### **Special needs**

4.3 Does anyone in your household have special health needs (for example, a dependence on medication, special medical equipment or mobility issues)? *Check only one response.*

- Yes
- No
- Other \_\_\_\_\_
- Don't know

4.4 Does your household have a plan for ensuring these needs are met in the event of an emergency (ex. access to medication or special medical equipment, mobility issues)? *Check only one response.*

- Yes
- No
- Other \_\_\_\_\_
- Don't know

## 5.0 Civic Engagement

5.1 In the past 12 months, were you a member or regular participant in the activities of any group or organization? These could be formally organized groups or just groups of people who get together on a regular basis to do an activity or talk about things. *Check only one response.*

- Yes
- No
- Other \_\_\_\_\_
- Don't know

5.2 What type of group(s) were you a member of or activities did you participate in regularly (at least once a year)? *Check all responses that apply.*

- A political party or group
- A sports or recreational organization (such as a hockey league, health club or golf club)
- A cultural, educational or hobby organization (such as a theatre group, book club, historical society, garden club or bridge club)
- A school group, neighbourhood, civic or community association (such as PTA, alumni, block parents or neighbourhood watch)
- An ethno-cultural organization (for example an ethnic or immigration association or club)
- A service club or fraternal organization (such as Kiwanis, Knights of Columbus or the Legion)
- An emergency-response organization (such as Red Cross, St. John's Ambulance, or volunteer firefighter organization)
- A charitable organization (such as Cancer Society or Heart and Stroke Foundation)
- A union or professional association
- Religious or spiritual group
- Other \_\_\_\_\_
- Don't know

## 6.0 Social Networks

Neighbourhood refers to the physical geography of where you live. Typically, neighbourhood includes 3-5 block area.

Community in this survey refers to social community which may include your neighbourhood or it may include people living in different parts of the town of High River but having a common interest or purpose.

6.1 How long have you lived in your current neighbourhood? *Check only one response.*

- Less than 6 months
- More than 6 months, but less than 1 year
- More than 1 year, but less than 3 years
- More than 3 years, but less than 5 years
- More than 5 years, but less than 10 years
- 10 years and over

- Other \_\_\_\_\_
- Don't know

6.2 Would you say that you know most, many, a few or none of the people in your neighbourhood?  
*Check only one response.*

- Most of the people in your neighbourhood
- Many of the people in your neighbourhood
- A few of the people in your neighbourhood
- None of the people in your neighbourhood
- Not applicable - no neighbours close-by
  
- Other \_\_\_\_\_
- Don't know

6.3 About how many people in your neighbourhood do you know well enough to ask for a favour?  
*Check only one response.*

- None
- 1 to 5
- 6 to 10
- Over 10
- Other \_\_\_\_\_
- Don't know

6.4 In general, would you say your neighbourhood is a place where neighbours help each other? *Check only one response.*

- Yes
- No
- Other \_\_\_\_\_
- Don't know

6.5 Would you say your neighbourhood is a place where neighbours would help each other if there is an emergency? *Check only one response.*

- Yes
- No
- Other \_\_\_\_\_
- Don't know



These next few questions are about the number of people you could turn to for help or support in the event of a major emergency or disaster. Think of all the people you might turn to for assistance in your social and/or geographical community. This could include your family, friends, neighbours, etc.

6.6 In the event of a major emergency or disaster, how many people could you turn to for emotional support? *Check only one response.*

- Zero
- Between 1 and 5
- More than 5
  
- Other \_\_\_\_\_
- Don't know

6.7 What about if you were physically injured? (How many people would you say you could turn to for help?) *Check only one response.*

- Zero
- Between 1 and 5
- More than 5
  
- Other \_\_\_\_\_
- Don't know

6.8 If you needed to evacuate your home? (How many people could you turn to for help?) *Check only one response.*

- Zero
- Between 1 and 5
- More than 5
  
- Other \_\_\_\_\_
- Don't know

6.9 If you needed financial support? (How many people could you turn to for help?) *Check only one response.*

- Zero
- Between 1 and 5
- More than 5
  
- Other \_\_\_\_\_
- Don't know

## 7.0 Social Cohesion and Community Belonging

Social cohesion is defined as “the willingness of members of a society to cooperate with each other in order to survive and prosper” (Stanley, 2003<sup>2</sup>).

Neighbourhood refers to the physical geography of where you live. Typically, neighbourhood includes 3-5 block area.

Community in this survey refers to social community which may include your neighbourhood or it may include people living in different parts of the town of High River but having a common interest or purpose.

7.1 Sense of belonging to your neighbourhood (geographical community)? *Check only one response.*

- Very weak
- Weak
- Neutral
- Strong
- Very strong
- No opinion
  
- Other \_\_\_\_\_
- Don't know

7.2 Sense of belonging to your community (geographical or social community)? *Check only one response.*

- Very weak
- Weak
- Neutral
- Strong
- Very strong
- No opinion
  
- Other \_\_\_\_\_
- Don't know

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<sup>2</sup> Stanely, D. (2003). What Do We Know about Social Cohesion: The Research Perspective of the Federal Government's Social Cohesion Research Network. *Canadian Journal of Sociology*, 28(1): 5-17. Available at [http://www.jstor.org/stable/3341872?seq=1#page\\_scan\\_tab\\_contents](http://www.jstor.org/stable/3341872?seq=1#page_scan_tab_contents)

## 8.0 Self-efficacy

Self-efficacy is a person's belief in their ability to accomplish a task or succeed in specific situations and in this survey it means your confidence in knowing what to do in an emergency.

Using a scale of 1 to 5, where 1 represents "poor" and 5 represents "excellent", in general, how would you rate the following?

8.1 Your ability to figure out what to do if faced with an emergency situation by yourself? *Check only one response.*

- Poor
- Fair
- Neutral
- Good
- Excellent
  
- Other \_\_\_\_\_
- Don't know

8.2 Your ability to figure out what to do if faced with an emergency situation with your community members? *Check only one response.*

- Poor
- Fair
- Neutral
- Good
- Excellent
  
- Other \_\_\_\_\_
- Don't know

8.3 Your ability to be a community leader if faced with an emergency situation? *Check only one response.*

- Poor
- Fair
- Neutral
- Good
- Excellent
  
- Other \_\_\_\_\_
- Don't know

## 9.0 Population group

You may belong to one or more groups on the following list.  
*Check all responses that apply.*

### 9.1 Are you... ?

<input type="checkbox"/> White (Caucasian)	<input type="checkbox"/> Southeast Asian (e.g., Vietnamese, Cambodian,
<input type="checkbox"/> South Asian (e.g., East Indian, Pakistani, Sri Lankan)	<input type="checkbox"/> Malaysian, Laotian)
<input type="checkbox"/> Chinese	<input type="checkbox"/> West Asian (e.g., Iranian, Afghan)
<input type="checkbox"/> Black	<input type="checkbox"/> Korean
<input type="checkbox"/> Filipino	<input type="checkbox"/> First Nations (North American Indian)
<input type="checkbox"/> Latin American	<input type="checkbox"/> Métis
<input type="checkbox"/> Arab	<input type="checkbox"/> Inuk (Inuit)
	<input type="checkbox"/> Other _____

Thank you for taking the time to fill out this survey!  
Your feedback provides valuable information to improve  
the We're Ready! workshop.