



**Household Survey**

Please provide the following information so that we can assess the skills, tools and equipment that might be available to our neighborhood during and after a disaster.

Name (household contact) \_\_\_\_\_

Address \_\_\_\_\_

Phone (home/cell/work) \_\_\_\_\_

# of residents in household \_\_\_\_\_

**Check the appropriate box if you have the following items and are willing to share them with the neighborhood in the event of a disaster:**

- |  |  |
|--|--|
| <input type="checkbox"/> Axe               | <input type="checkbox"/> Portable Kitchen/<br>Food Truck |
| <input type="checkbox"/> Chainsaw          | <input type="checkbox"/> Power Drill                     |
| <input type="checkbox"/> Crow Bar          | <input type="checkbox"/> Radio (Battery-Powered)         |
| <input type="checkbox"/> Fire Extinguisher | <input type="checkbox"/> Strong Rope                     |
| <input type="checkbox"/> First Aid Kit     | <input type="checkbox"/> Shovel                          |
| <input type="checkbox"/> Generator         | <input type="checkbox"/> Propane Grill                   |
| <input type="checkbox"/> Gloves            | <input type="checkbox"/> _____                           |
| <input type="checkbox"/> Heavy Jack        | <input type="checkbox"/> _____                           |
| <input type="checkbox"/> Ladder            | <input type="checkbox"/> _____                           |
| <input type="checkbox"/> Lawn Equipment    | <input type="checkbox"/> _____                           |
| <input type="checkbox"/> Plastic Tarp      | <input type="checkbox"/> _____                           |

**Please indicate if you or anyone in your household has training or skills in the following and are willing to assist with our neighborhood’s emergency response efforts.**

- |   |   |
|---|---|
| <input type="checkbox"/> Assistance w/ Processing<br>(Insurance, FEMA, Small<br>Business Association, etc.) | <input type="checkbox"/> First Aid/CPR              |
| <input type="checkbox"/> Caregiving   | <input type="checkbox"/> Logistics/Coordination     |
| <input type="checkbox"/> Carpentry  | <input type="checkbox"/> Management                 |
| <input type="checkbox"/> Communications   | <input type="checkbox"/> Plumbing                   |
| <input type="checkbox"/> Cooking/Serving  | <input type="checkbox"/> Social/Behavioral Services |
| <input type="checkbox"/> Electrical   | <input type="checkbox"/> Tree Removal               |
| <input type="checkbox"/> Emergency Operations   | <input type="checkbox"/> _____                      |
| <input type="checkbox"/> Equipment Operation  | <input type="checkbox"/> _____                      |
|   | <input type="checkbox"/> _____                      |

**Specify any physical features and potential hazards in our neighborhood.**

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**Physical features/potential hazards near your home or in neighborhood** (e.g., trees near power lines, low-lying areas with poor drainage, at-risk structures, etc.)

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