

Emergency Communication Survey

For the following questions, please choose the answer that best describes your day-to-day activities.

1. In general, how often do you conduct the following activities?

	Multiple times throughout each day	Once each day	A few times each week	Once each week	Less than once each week	Never	Don't know/Unsure
Watch local television news programs	jn	jn	jn	jn	jn	jn	jn
Listen to local radio stations	jn	jn	jn	jn	jn	jn	jn
Read local newspapers (online or in print)	jn	jn	jn	jn	jn	jn	jn
Read personal e-mail messages	jn	jn	jn	jn	jn	jn	jn
Access the Internet	jn	jn	jn	jn	jn	jn	jn
Place or receive calls on a mobile phone	jn	jn	jn	jn	jn	jn	jn
Send or receive text messages on a mobile phone	jn	jn	jn	jn	jn	jn	jn
Access social networking sites such as Facebook	jn	jn	jn	jn	jn	jn	jn

For the following questions, please consider your preferences in the event of a widespread public emergency.

2. In an emergency, how would you prefer to receive urgent messages from City officials?

(Please rank your top three preferences)

	Local Television	Local Newspaper	Local Radio Stations	City Website	E-mail	Phone Call	Text Message	Facebook
First Choice	jn	jn	jn	jn	jn	jn	jn	jn
Second Choice	jn	jn	jn	jn	jn	jn	jn	jn
Third Choice	jn	jn	jn	jn	jn	jn	jn	jn

Other (please specify)

3. In an emergency, how would you prefer to receive general ongoing updates from City officials?

(Please rank your top three preferences)

	Local Television	Local Newspaper	Local Radio Stations	City Website	E-mail	Phone Call	Text Message	Facebook
First Choice	jn	jn	jn	jn	jn	jn	jn	jn
Second Choice	jn	jn	jn	jn	jn	jn	jn	jn
Third Choice	jn	jn	jn	jn	jn	jn	jn	jn

Other (please specify)

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For the following questions, please consider the likelihood of your actions in the event of a widespread public emergency.

4. In an emergency, how would you likely share information with City officials?

(Please rank your top three choices)

	Local Television	Local Newspaper	Local Radio Stations	City Website	E-mail	Phone Call	Text Message	Facebook
First Choice	1	1	1	1	1	1	1	1
Second Choice	1	1	1	1	1	1	1	1
Third Choice	1	1	1	1	1	1	1	1

Other (please specify)

5. In an emergency, how would you likely share information with friends, family and others in the City?

(Please rank your top three choices)

	Local Television	Local Newspaper	Local Radio Stations	City Website	E-mail	Phone Call	Text Message	Facebook
First Choice	1	1	1	1	1	1	1	1
Second Choice	1	1	1	1	1	1	1	1
Third Choice	1	1	1	1	1	1	1	1

Other (please specify)

For the following questions, please consider your preferences if any of the specific incidents listed were to occur.

6. How would you prefer to receive initial (first) notification from City officials about these specific incidents?

(Please check all of the ways you prefer to be notified)

	Local Television	Local Newspaper	Local Radio Stations	City Website	E-mail	Phone Call	Text Message	Facebook	None
Snow Emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe Weather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Road Closure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Localized Flooding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large-Scale Fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighborhood Evacuation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Missing Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wanted Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crime Alert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Act of Terrorism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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For the following questions, please share some general information about yourself.

7. In which of the following places do you have regular access to the Internet? (Please check all that apply)

- Home
- Work
- Mobile Phone
- Other mobile device
- None
- Other (please specify)

8. Which of the following services do you have in your home? (Please check all that apply)

- Land-line Telephone
- Cable or Satellite Television
- Metro-Wide Newspaper Delivery (Star Tribune or Pioneer Press)
- Eden Prairie NEWS Delivery
- Eden Prairie Sun Current Delivery
- None

9. Are you a resident of Eden Prairie?

- Yes
- No

10. Do you work in Eden Prairie?

- Yes
- No

11. What is your gender?

- Female
- Male

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12. What is your age?

13-17 years

18-24 years

25-34 years

35-44 years

45-54 years

55+ years

13. What is your home zip code?

ZIP:

14. Is there any other feedback you would like to provide?