



# Managing Director's Office of Emergency Management City of Philadelphia HAZARD MITIGATION PLAN

The Office of Emergency Management is currently partnering with several governmental and an non-governmental agencies to develop Phase I of the Philadelphia Hazard Mitigation Plan to address natural hazards in Philadelphia. To identify and plan for future natural disasters, we would like your feedback. By completing this questionnaire, you will help us understand your perceptions about natural hazards in Philadelphia. Your answers are confidential and will be used only for the preparation of the City's Natural Hazard Mitigation Plan. We will not provide your answers to any other group or interest.

**Please return this form by February 16:**

- **Submitting it at a one of the public meetings,**
- **Emailing it to us at [oem@phila.gov](mailto:oem@phila.gov)**
- **Mailing it to the Office of Emergency Management, 240 Spring Garden Street, Philadelphia, PA 19123  
ATTN: Hazard Mitigation Plan Questionnaire**

**1. Please check your age range:**

- |                                   |                                |                                |                                |                                      |
|-----------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------------|
| <input type="checkbox"/> Under 18 | <input type="checkbox"/> 26-30 | <input type="checkbox"/> 36-40 | <input type="checkbox"/> 46-50 | <input type="checkbox"/> 56-60       |
| <input type="checkbox"/> 18-25    | <input type="checkbox"/> 31-35 | <input type="checkbox"/> 41-45 | <input type="checkbox"/> 51-55 | <input type="checkbox"/> 61 or older |

**2. How long have you lived in Philadelphia? \_\_\_\_\_**

**3. What zip code do you live in? \_\_\_\_\_**

**4. What is your address (optional)? \_\_\_\_\_**

**5. In the past 10 years, which of the following types of natural hazard events have you experienced within Philadelphia? Check all that apply.**

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Drought      | <input type="checkbox"/> Flood                                 |
| <input type="checkbox"/> Earthquake   | <input type="checkbox"/> Hurricane, Tropical Storm, Nor'easter |
| <input type="checkbox"/> Extreme Heat | <input type="checkbox"/> Tornado, Wind Storm                   |
| <input type="checkbox"/> Extreme Cold | <input type="checkbox"/> Winter Storm                          |

**6. For each of the following natural hazards, please check your level of concern:**

Natural Hazards	Extremely Concerned	Moderately Concerned	Slightly Concerned	Not At All Concerned
Drought	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Earthquake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme Heat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme Cold	<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"/>
Hurricane, Tropical Storm, Nor'easter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tornado, Wind Storm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Winter Storm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**7. What steps, if any, have you taken to prepare for a natural disaster? Check all that apply.**

- Created a fire escape plan
- Made an evacuation plan
- Made a family/household emergency plan
- Prepared a disaster supply kit to shelter in place in your home
- Prepared an “Go Kit”, full of emergency supplies, to grab and go if you need to evacuate
- Signed up for emergency alerts through ReadyNotifyPA
- Received CPR/First Aid training
- Designed or retrofitted a home using hazard-resistant construction techniques or retrofits
- Have Homeowner’s or Renter’s Insurance
- Other (Please specify)

**8. Do you ...**     Own your home?     Rent home or apartment?

**9. To the best of your knowledge, is your residence located in a designated floodplain?**

- Yes     No

**10. If yes, do you have flood insurance?**     Yes     No

**11. If you do not have flood insurance, what is your primary reason for not carrying it?**

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**12. Did you consider the impact a natural disaster could have on your home before you purchased it/moved into it?**     Yes     No

**13. If your property were located in a designated “high hazard” area, or had received repeated damage from a natural hazard event, would you consider one of the following? Please check all that apply.**

- Structural elevation of your property
- Flood-proofing of your property
- None of the above

**14. Please provide any other comments you have regarding natural hazards, hazard mitigation or this hazard mitigation planning process:**

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