



# In the Face of DISASTER

## Follow-up Evaluation Form

We need your help to provide feedback on the *In the Face of Disaster Program* that you completed on DATE \_\_\_\_\_

**Please answer the following questions.**

**Today's Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**County of Program:** \_\_\_\_\_

**Gender:** \_\_\_\_ **Race and Ethnicity:** \_\_\_\_\_ **Age:** \_\_\_\_

**What topic(s) related to natural disasters did your program cover? Check all that apply.**

- Food and water safety
- Family and home safety
- Finances and resource management
- Aging and consideration for vulnerable populations
- Trauma and mental health

### **As a result of the Extension event:**

**1. I took steps to prepare for a disaster.**  Yes  No

*What steps have you taken?*

**2. I assembled a disaster kit, or reviewed my existing kit.**  Yes  No

*Which items in your kit do you feel are most critical for a potential disaster situation?*

**3. I created a disaster response plan, or reviewed my existing disaster response plan.**  Yes  No

**4. I shared my disaster response plan with someone.**  Yes  No

*If yes, who did you share your plan(s) with?*

*(Examples: members of family or household, a neighbor, someone in your church or another organization, etc.)*

**5. What was the most significant piece of information you applied to your life after completing the program?**

*(Feel free to list more than one.)*

**6. Additional comments, suggestions, or feedback?**

**Thank you for your time!**