

RESEARCH ON DISASTER & EMERGENCIES AWARENESS LEVELS OF PEOPLE WITH DISABILITIES – SURVEY RESULTS

SURVEY INFO AND STATISTICS

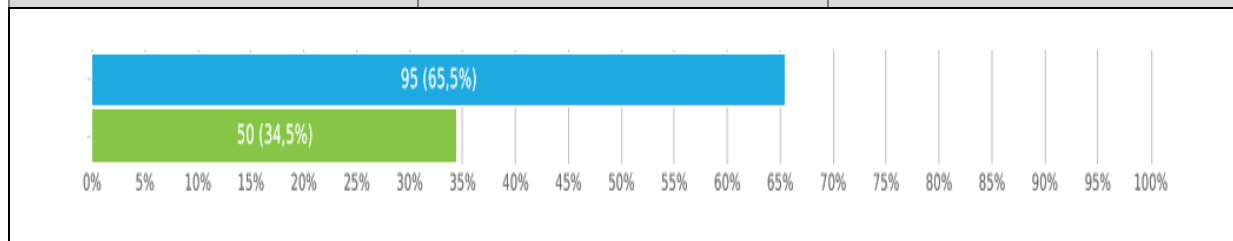
The survey was held from mid October till 24.11.2017. We started with personal presentation of project and paper form questionnaires which we spread out among our cooperating organisation dealing with disabled people. From this part of survey we reached about 70 filled questionnaires. At the beginning of November we prepared electronic format of questionnaires which we spread out among our members and other people who participated on Handy Club Ostrava activities in the past. We also asked disabled people through Handy Club Ostrava facebook pages and also from Handy Club Ostrava management member's facebook pages. From electronic part of survey we reached 75 answers.

Total number of visits	Finished responses	%
187	145	77,5

I. DEMOGRAPHIC INFORMATION

1. YOUR GENDER?

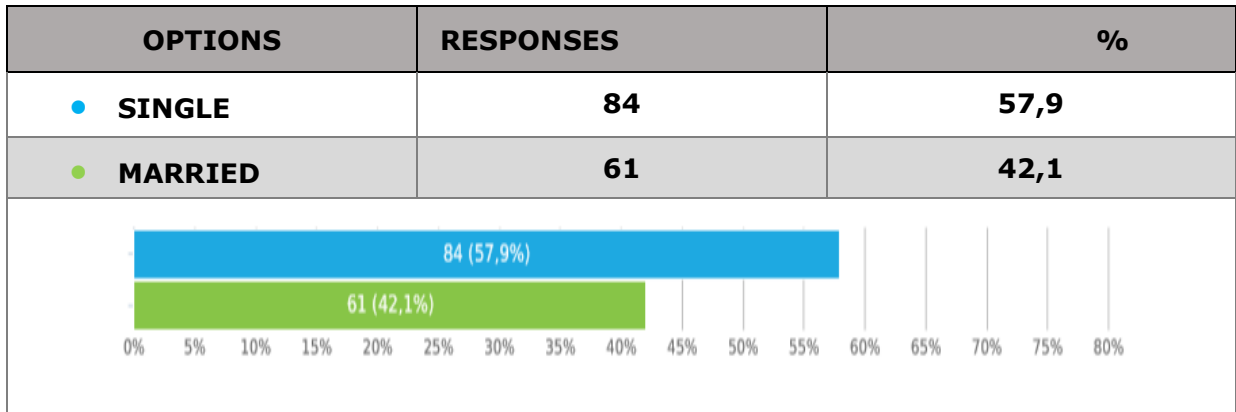
OPTIONS	RESPONSES	%
● MALE	95	65,5
● FEMALE	50	34,5



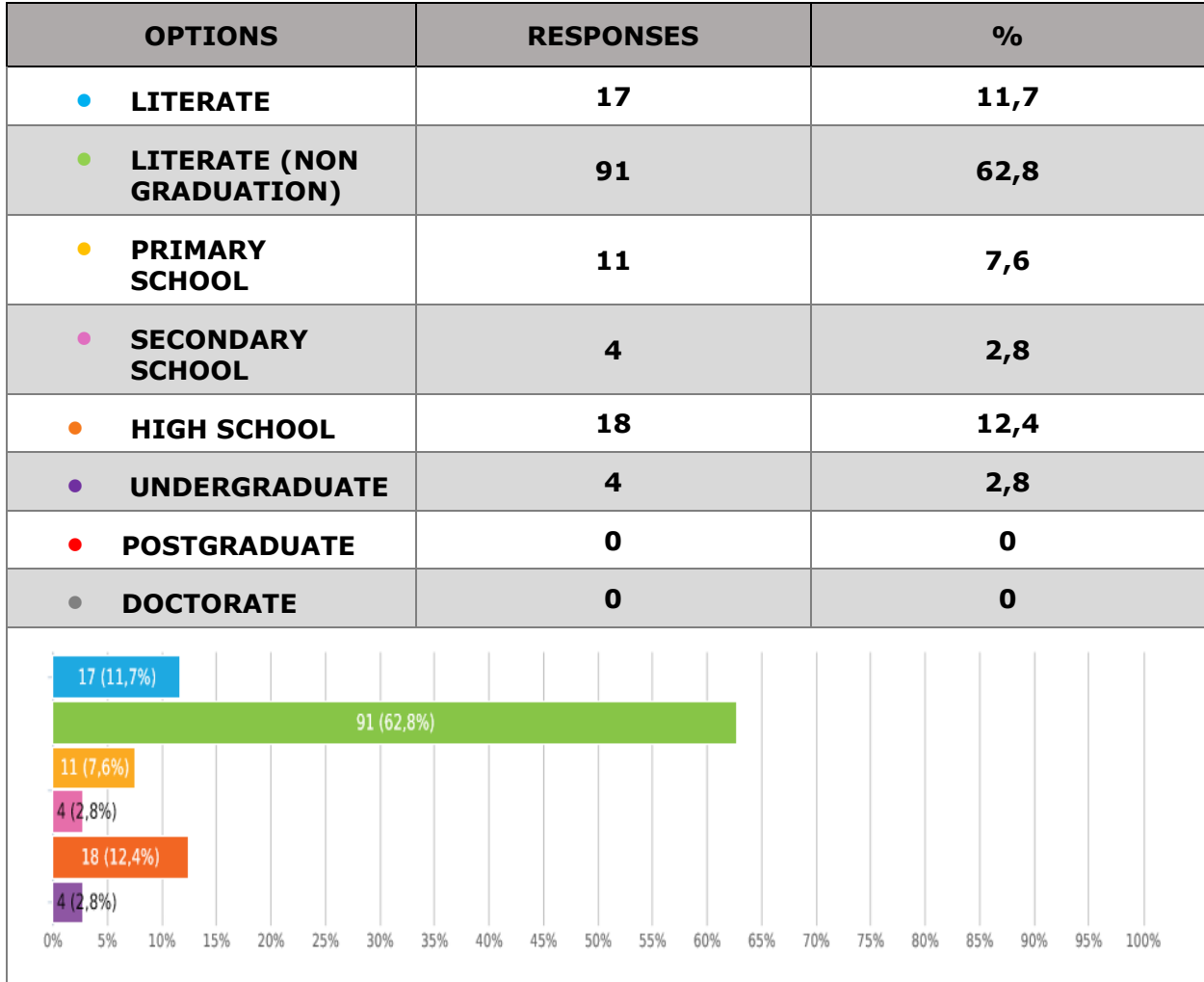
2. YOUR AGE?

- (6x)48
- (3x)44
- (3x)32
- (5x)53
- (3x)54
- (6x)28
- (7x)50
- (7x)46
- (3x)42
- (3x)31
- 68
- (6x)49
- (2x)23
- 20
- (4x)56
- (2x)35
- (3x)34
- (4x)61
- (4x)59
- (2x)58
- (4x)57
- (6x)40
- (2x)33
- (5x)41
- (3x)22
- (6x)38
- (2x)36
- (3x)55
- 73
- (4x)52
- (3x)30
- (4x)67
- (2x)26
- (3x)51
- 29
- (2x)70
- (2x)45
- (2x)39
- (3x)37
- 62
- 74
- 24
- 18
- 47
- (2x)64
- 60
- (2x)63
- 65
- 43

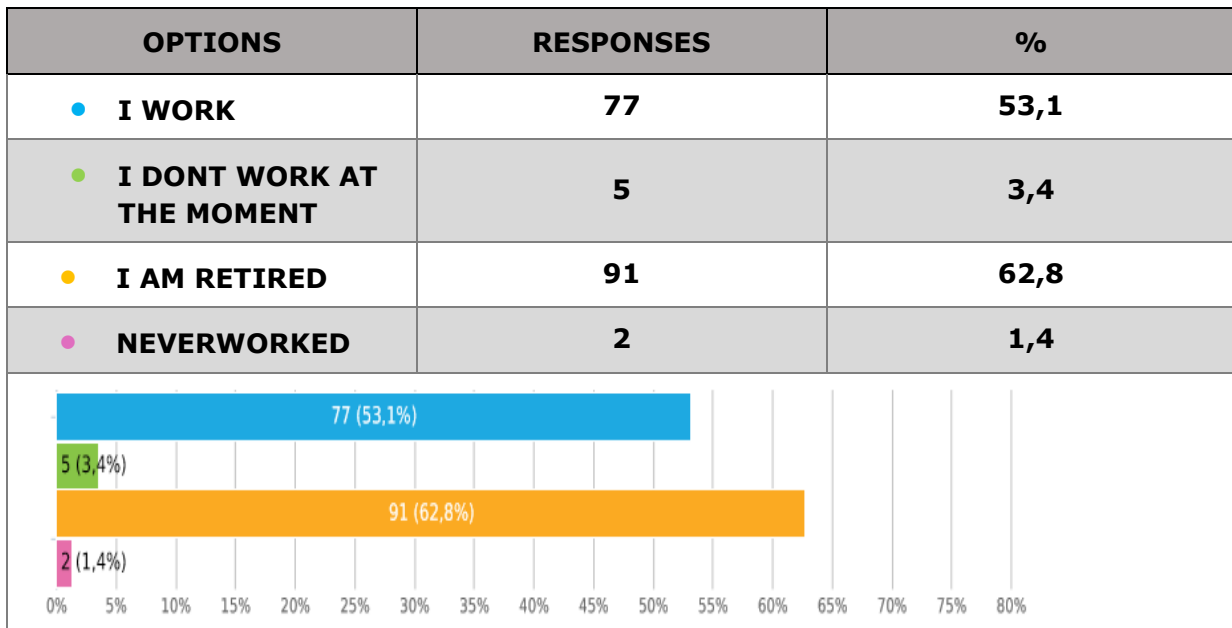
3. YOUR MARITAL STATUS?



4. YOUR EDUCATION LEVEL?



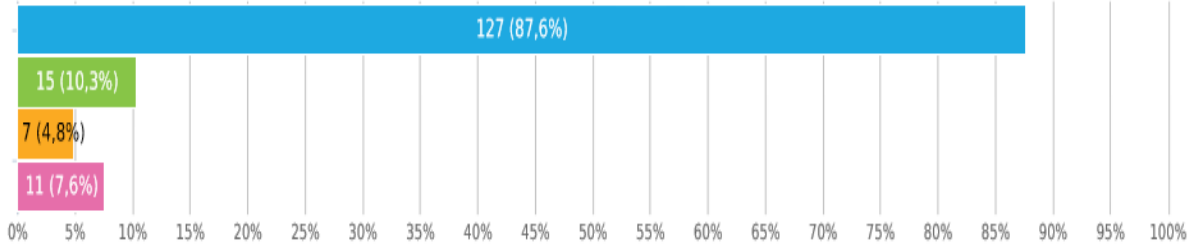
5. YOUR WORKING STATUS?



II. DISABILITY INFORMATION

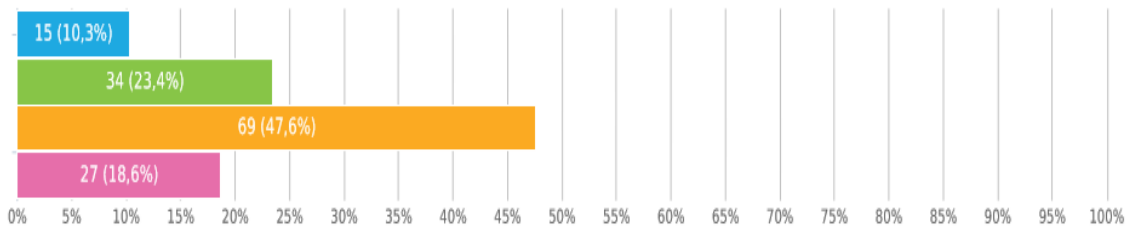
6. DISABILITY STATUS? (MULTI-SELECTABLE)

OPTIONS	RESPONSES	%
● PHYSICALLY	127	87,6
● VISUALLY	15	10,3
● HEARING	7	4,8
● OTHER	11	7,6



7. ACCORDING TO YOUR TOTAL DISABILITY RATE (%) WHICH GROUP DO YOU INCLUDE IN THE FOLLOWING?

OPTIONS	RESPONSES	%
● % 0 - 39	15	10,3
● % 40 - 59	34	23,4
● % 60 - 79	69	47,6
● % 80 - 100	27	18,6

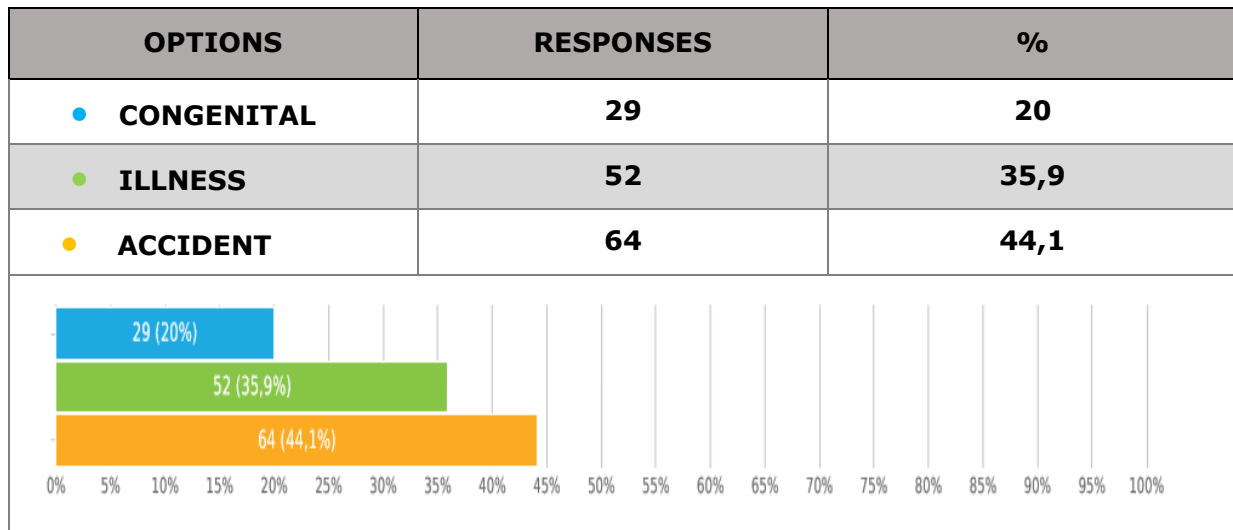


8. HOW MUCH TIME DO YOU HAVE ANY DISABILITY?

- 32 years
- Since 1993
- (3x) 38 years
- Approximately 10 years
- (18x) Since I was born
- Since I was 5
- (3x) 22 years
- 2 years
- 47 years
- 27 years
- 24 years
- (7x) 2 years
- 40 years
- (2x) 40 years
- (5x) 3 years
- 34 years
- More than 20 years
- (2x) 17 years
- (2x) 25 years
- 10 years
- (4x) 15 years
- More than 10 years
- 32 years
- 2 years
- 2,5 years
- 43 years
- Soon 11 years
- (2x) 17 years
- 29 years
- 28 years
- 52 years
- (3x) 16 years
- 1,5 year
- 25 years
- Since my childhood
- 30 years
- 58 years
- 20 years
- (3x) 7 years
- Since 1978 (39 years)
- 20 years
- Since 1989
- 30 years
- (2x) 5 years
- 7 years
- 33 years
- 30 years
- (2x) 10 years
- (2x) 2,5 years
- (2x) 8 years
- (6x) 4 years
- (4x) 5 years
- (2x) 21 years
- 9 months
- 1,5 year
- 3 months
- (2x) 12 years
- (2x) 6 months
- (2x) 6 years
- 60 days

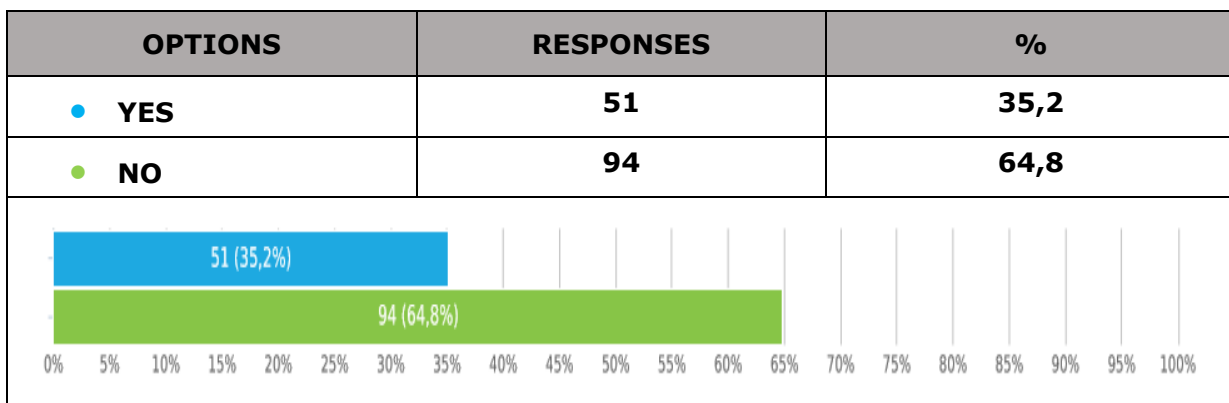
- (12x) inborn defect
- 4 years
- (2x) 28 years
- (2x) 27 years
- (5x) 20 years
- 9 years
- 45 years
- (2x) 14 years
- 28 years
- 30 years
- 1,5 year

9. HOW DID YOUR DISABILITY BECOME?

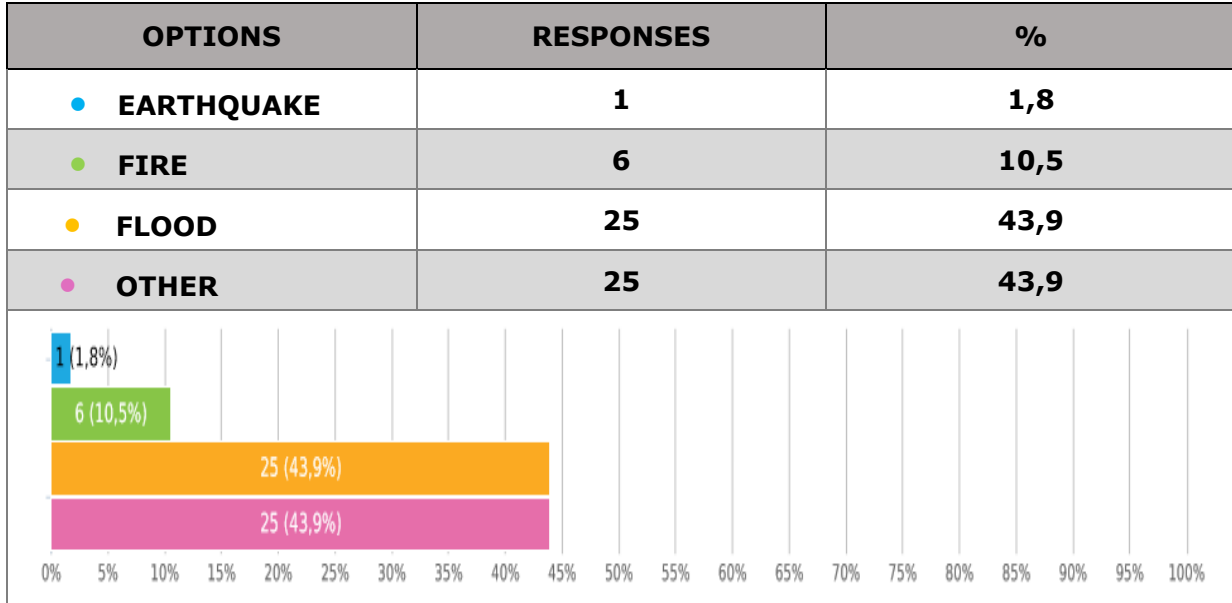


III.DISASTER EXPERIENCE INFORMATION

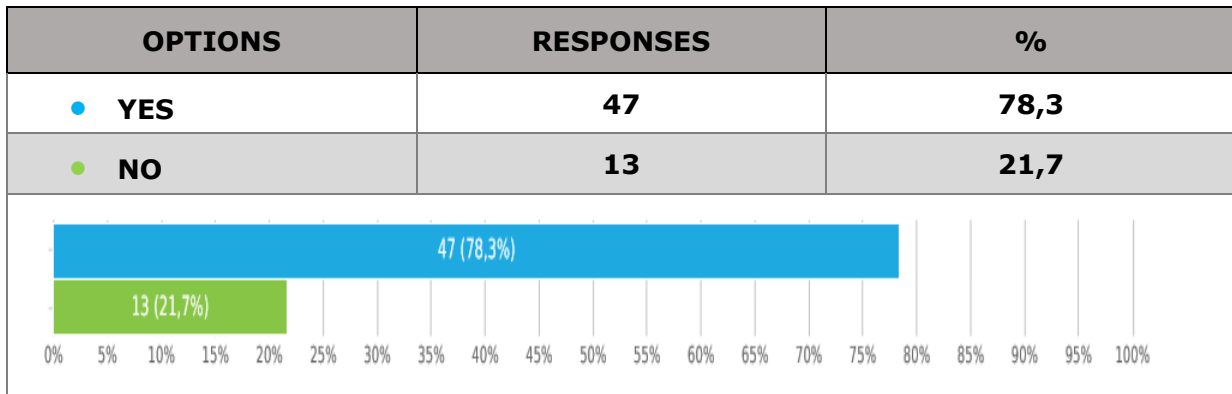
10. HAVE YOU EVER EXPERIENCED ANY DISASTER?



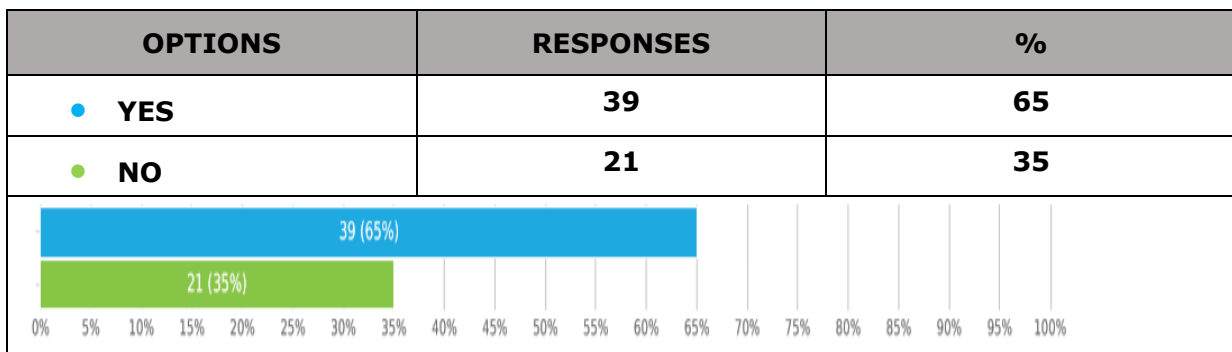
11. WHICH DISASTER TYPES DID YOU EXPERIENCE?



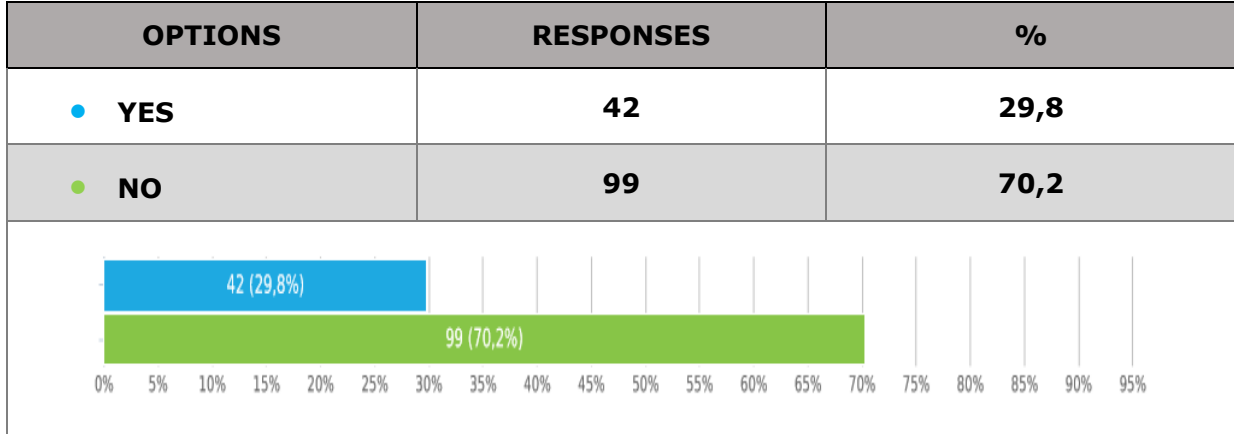
12. DID YOU RECEIVE HELP\SUPPORT FROM YOUR FAMILY OR COMMUNITY AFTER OR DURING THE DISASTER?



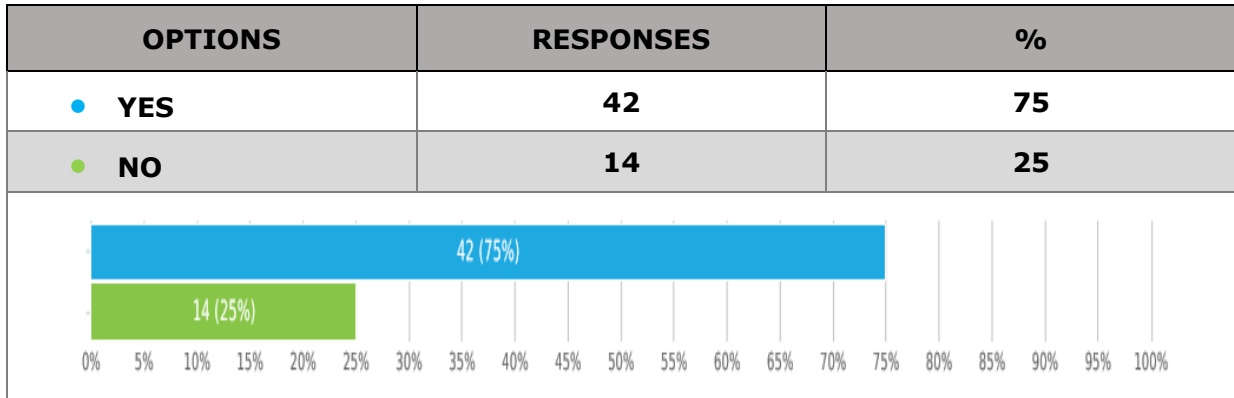
13. DID YOU FEEL THE NEED FOR HELP\SUPPORT AT THE TIME OF DISASTER OR AFTER?



14. HAVE YOU RECEIVED ANY TRAINING ON DISASTERS UNTIL NOW?

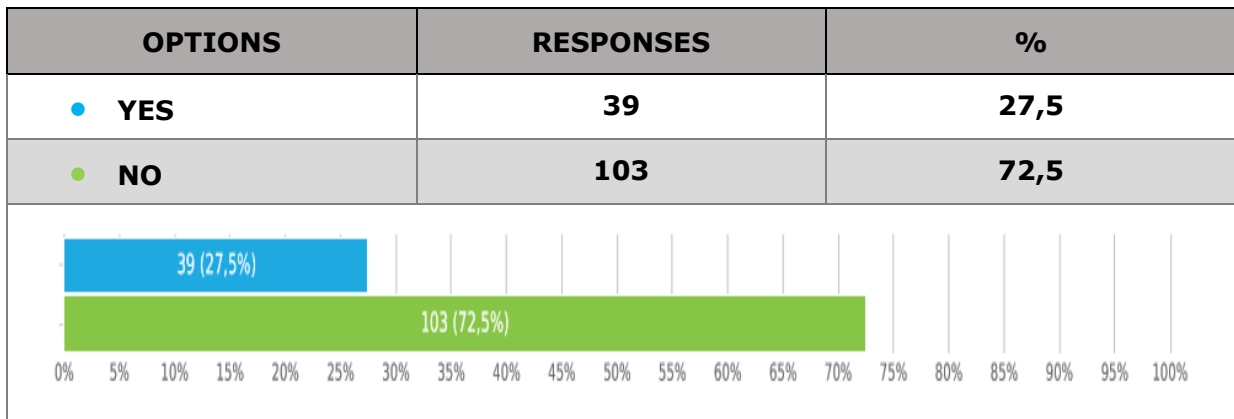


15. DO YOU THINK THAT TRAINING IN DISASTER PLANNING, EXERCISE, PREPARATION AND CORRECT BEHAVIOR WHICH YOU RECEIVED WAS EFFECTIVE AND EFFICIENT FOR YOU?

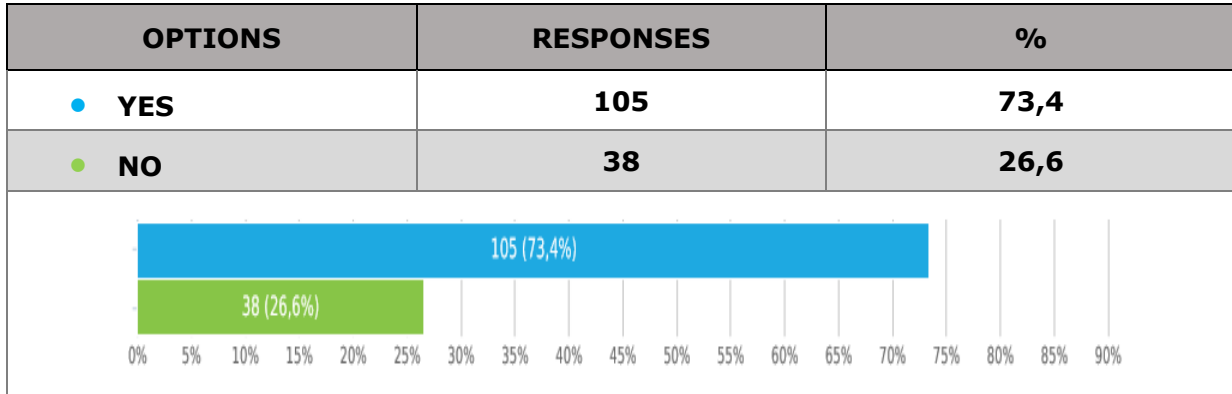


IV. PREPARATION INFORMATION FOR DISASTER RISKS

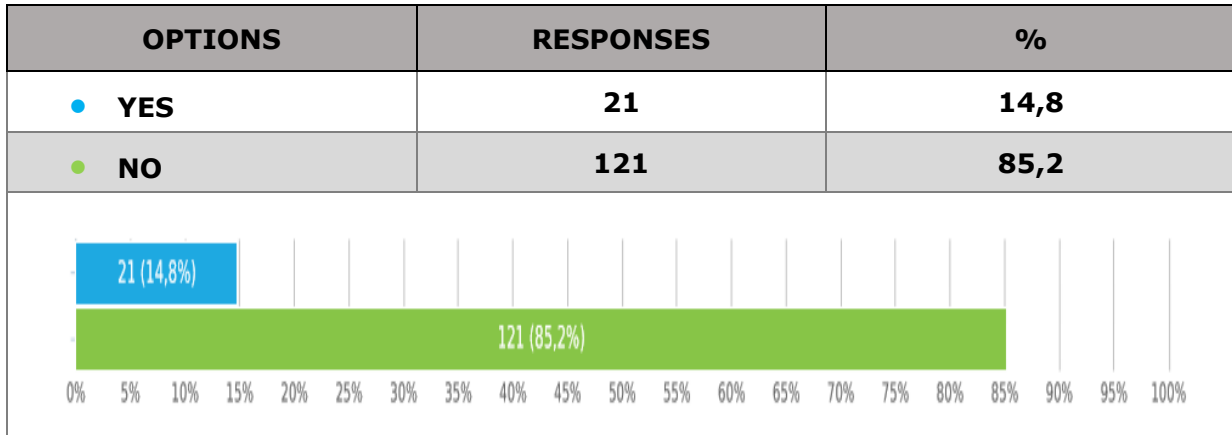
16. DO YOU HAVE ANY KNOWLEDGE OF EARTHQUAKE INSURANCE?



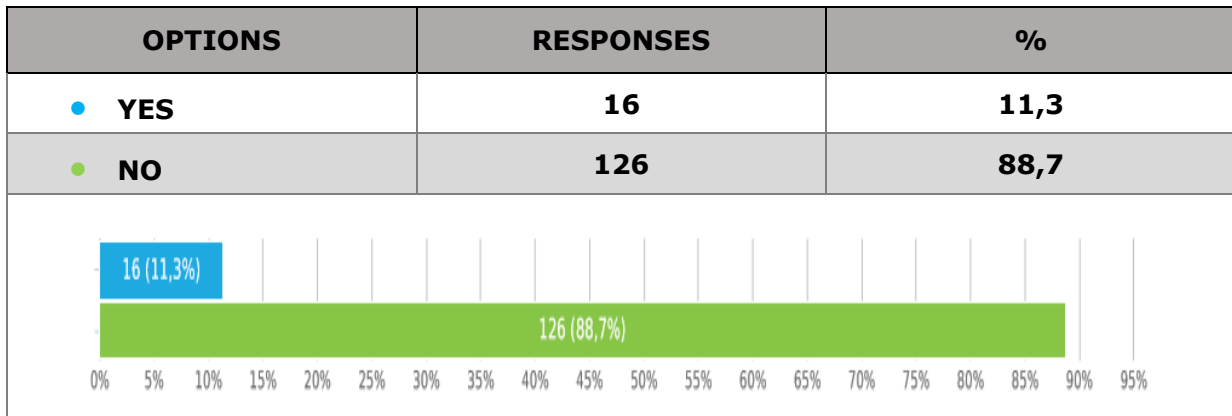
17. DO YOU HAVE HOME INSURANCE AGAINST NATURAL DISASTERS (FIRE, EARTHQUAKE, FLOOD ETC.)?



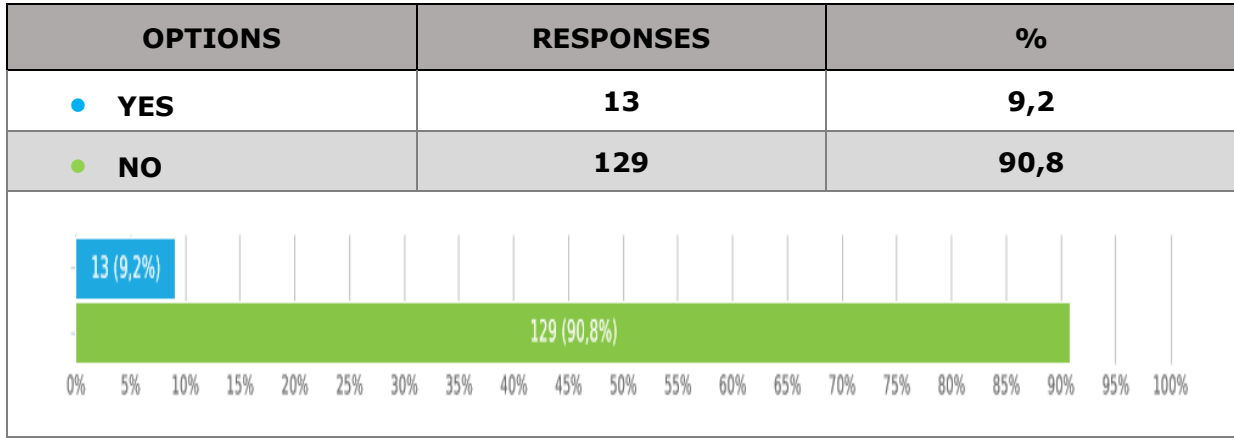
18. HAVE YOU PREPARED A FAMILY DISASTER PLAN?



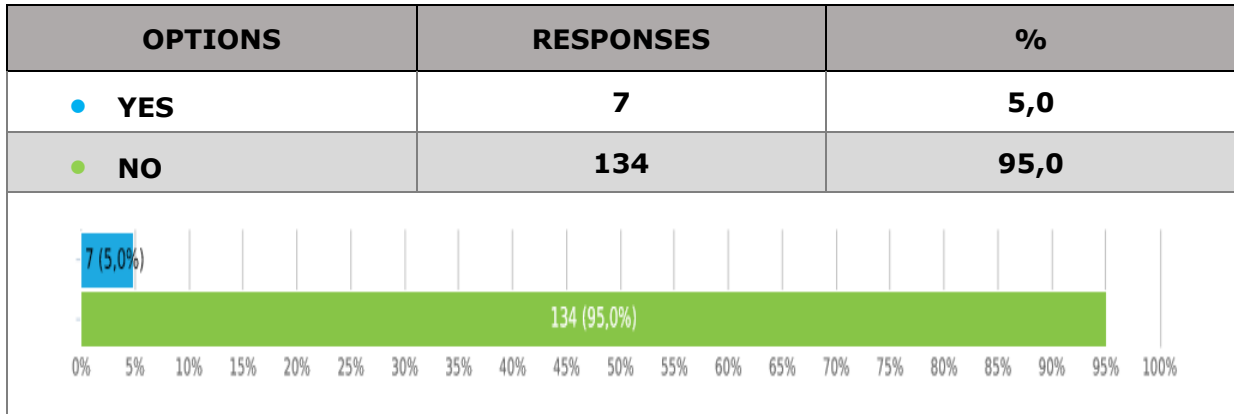
19. DO YOU HAVE ESCAPE PLAN IN CASE OF DISASTER?



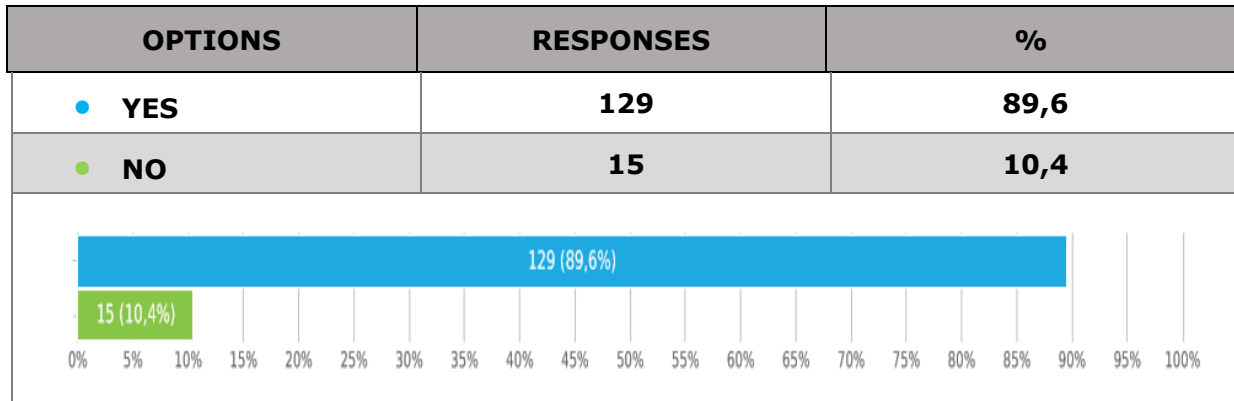
20. DID YOU DETERMINE YOUR FAMILY GATHERING AREA AFTER DISASTER AND EMERGENCY?



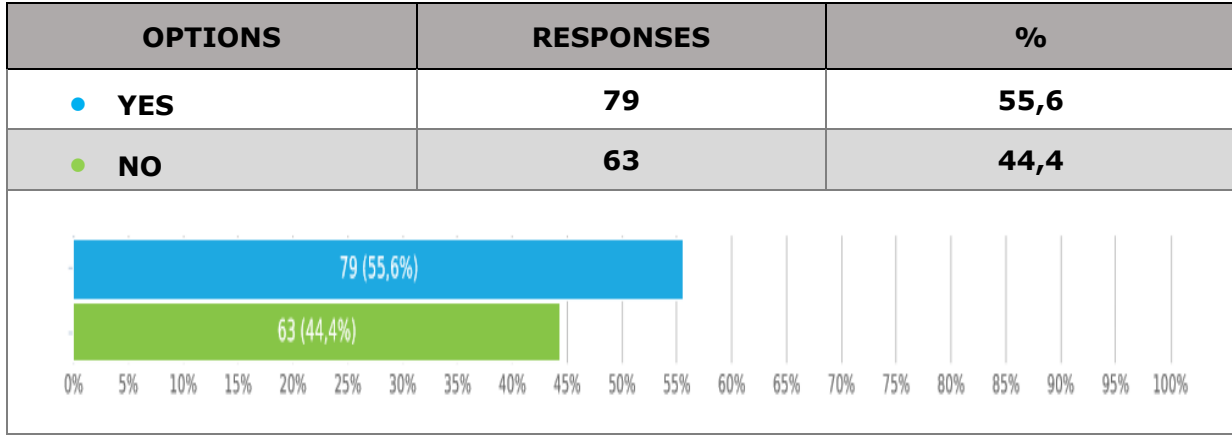
21. DID YOU PREPARE DISASTER AND EMERGENCY KITS\BAGS FOR YOU AND YOUR FAMILY?



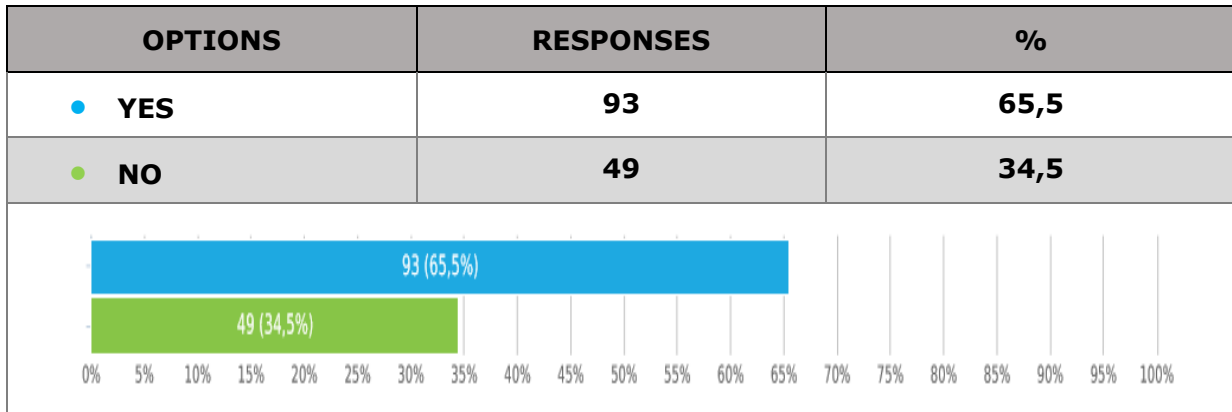
22. DO YOU KNOW THE LOCATION OF THE FIXED INSTALLATIONS (WATER, ELECTRICITY, NATURAL GAS ETC.) AND VALVES IN YOUR HOME?



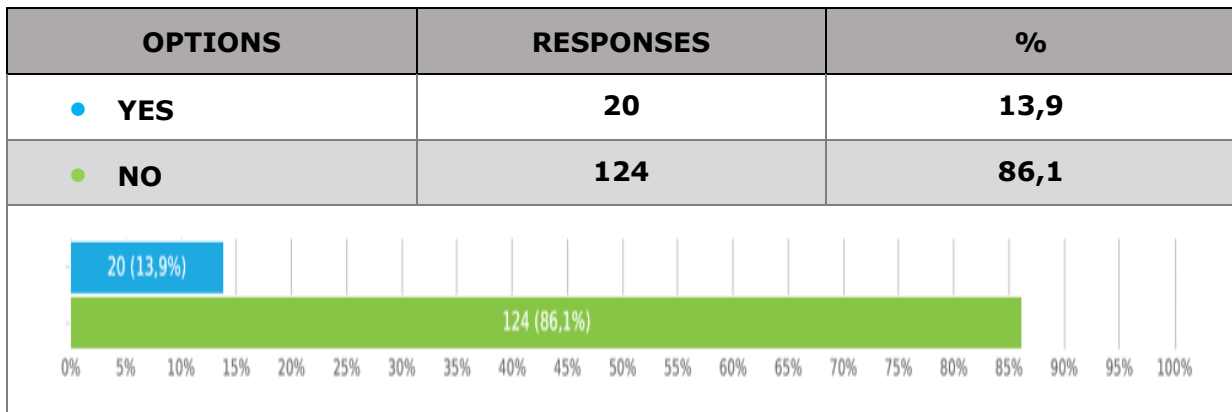
23. DO YOU CHECK FIXED INSTALLATIONS (WATER, ELECTRICITY, NATURAL GAS ETC.)?



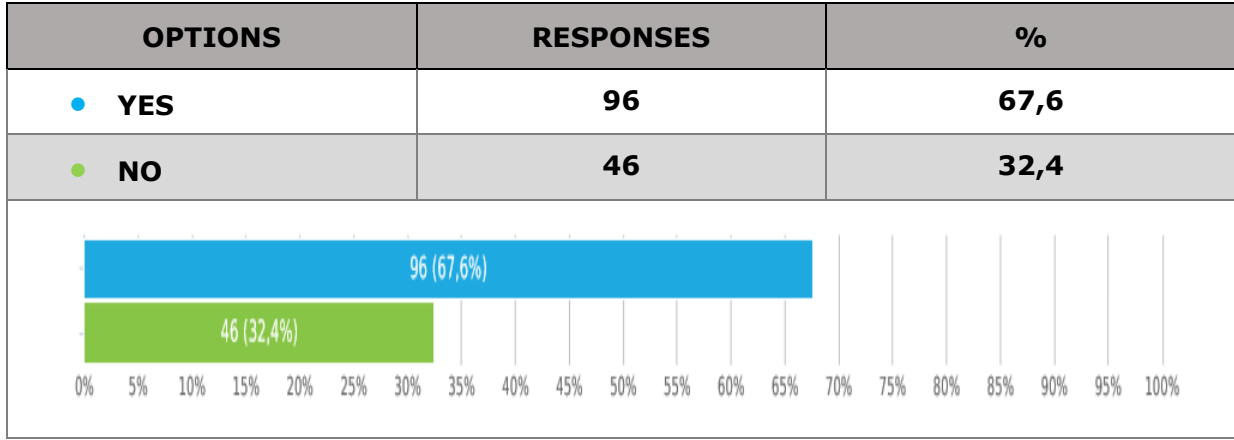
24. ARE THE VALVES OF FIXED INSTALLATIONS (WATER, ELECTRICITY, NATURAL GAS ETC.) ACCESSIBLE FOR YOU?



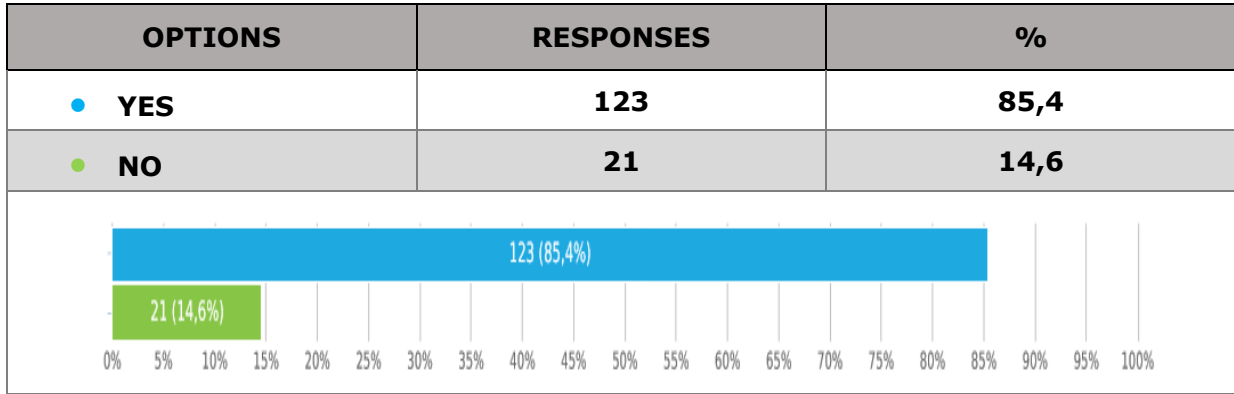
25. HAVE YOU FIXED NON-STRUCTURAL ITEMS (WARDROBE, SHOWCASE, TV, TABLE, MIRROR, FURNITURE ETC.) THAT COULD INJURE YOU AT YOUR HOME DURING DISASTER? (HAZARD HUNT)



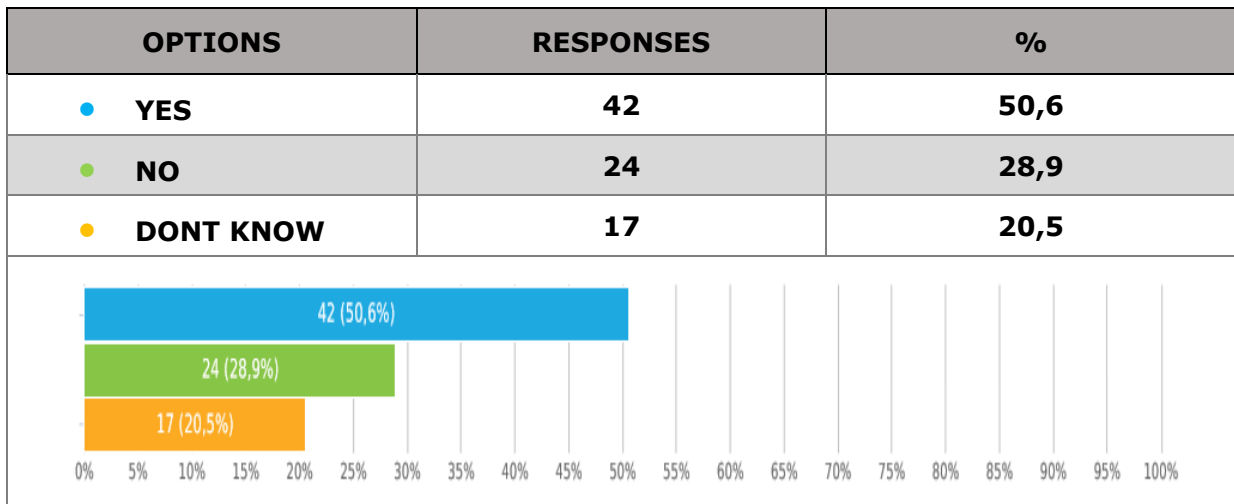
26. ARE THE SOURCES OF IGNITING AND COMBUSTIBLE MATERIAL IN YOUR HOME SEPARATE FROM EACH OTHER?



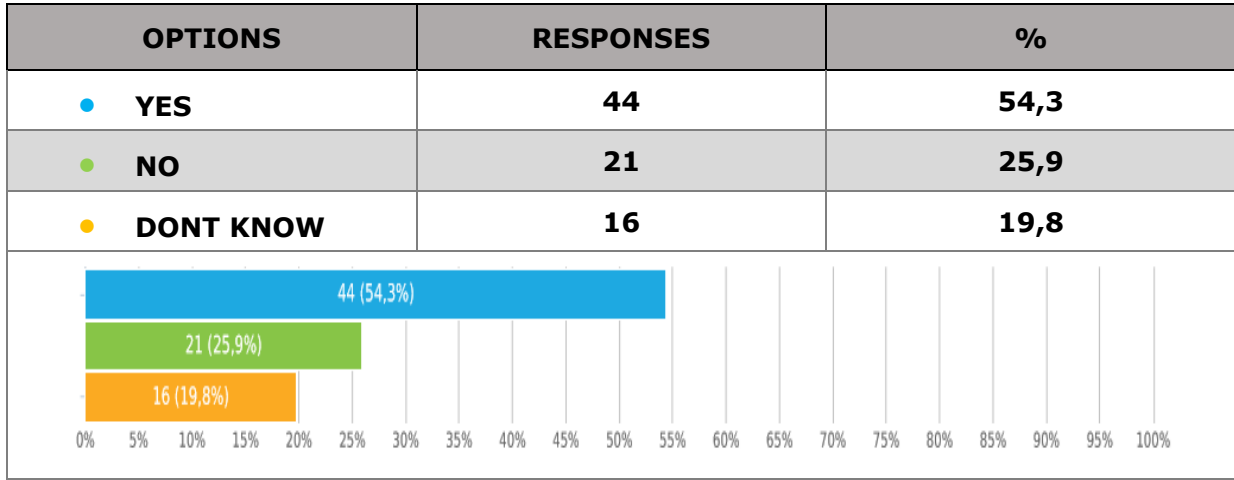
27. ARE YOUR DEVICES OR EQUIPMENTS THAT YOU SPECIFICALLY USE FOR YOUR DISABILITY ACCESSIBLE?



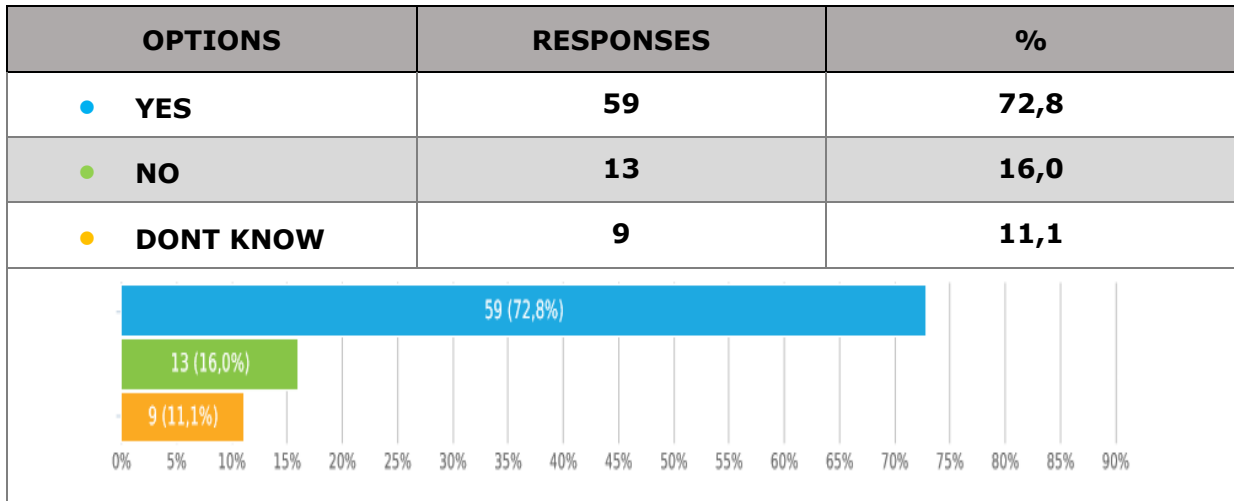
28. DO YOU HAVE WORKPLACE DISASTER PLAN?



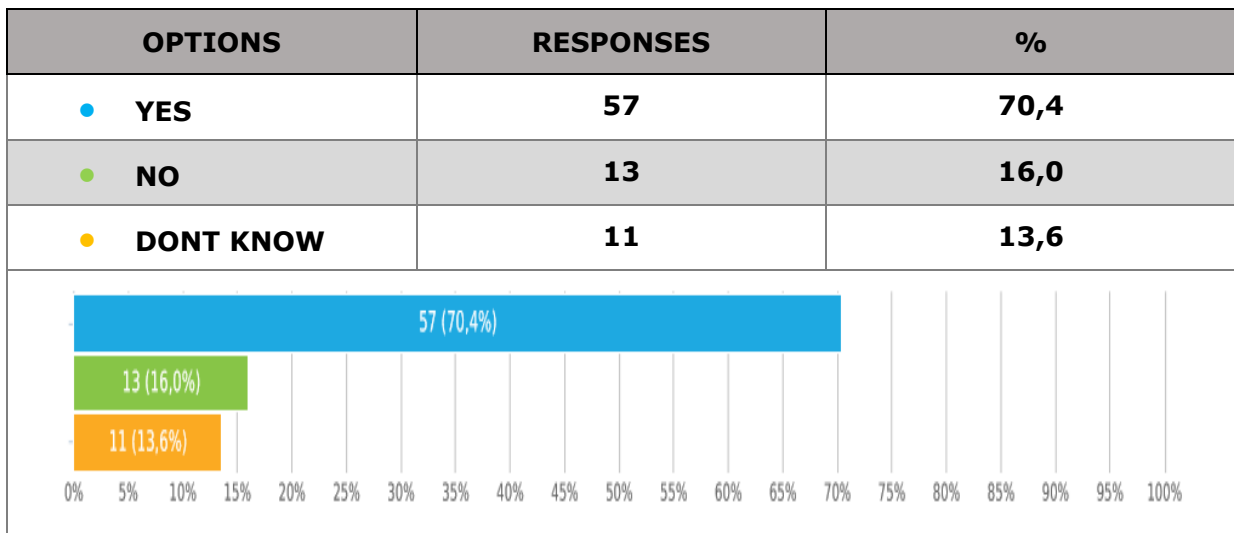
29. DO YOU HAVE WORKPLACE ESCAPE PLAN IN CASE OF DISASTER?



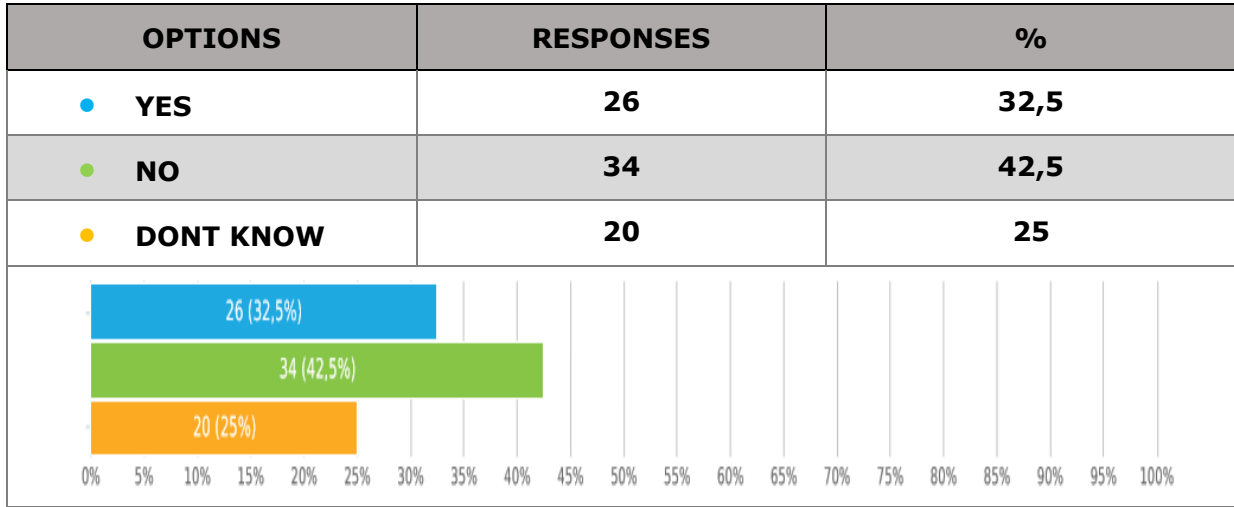
30. DO EXTINGUISHING EQUIPMENTS EXIST AT WORKPLACE?



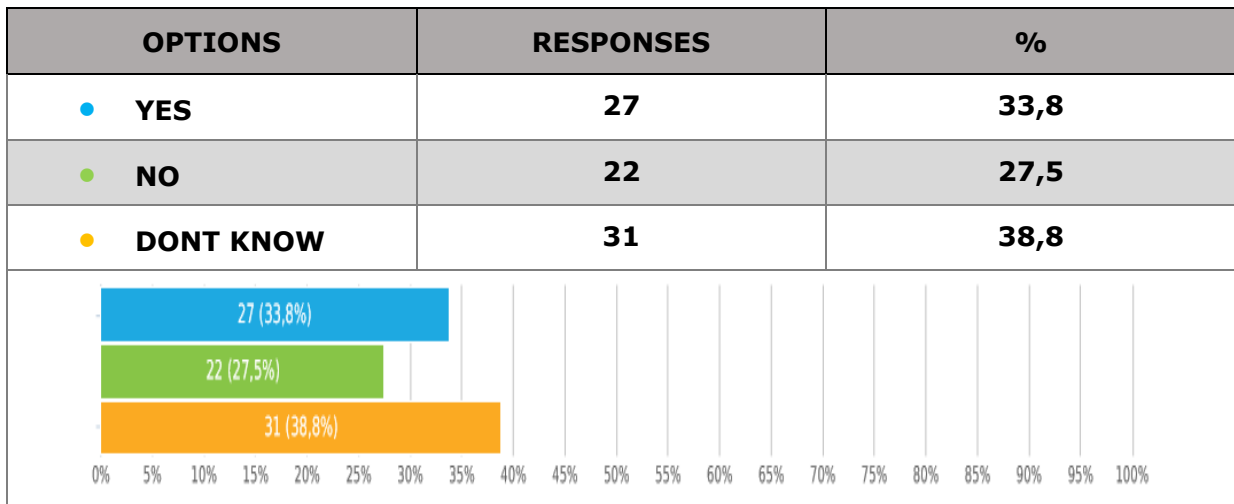
31. ARE EXTINGUISHING EQUIPMENTS ACCESSIBLE FOR YOU?



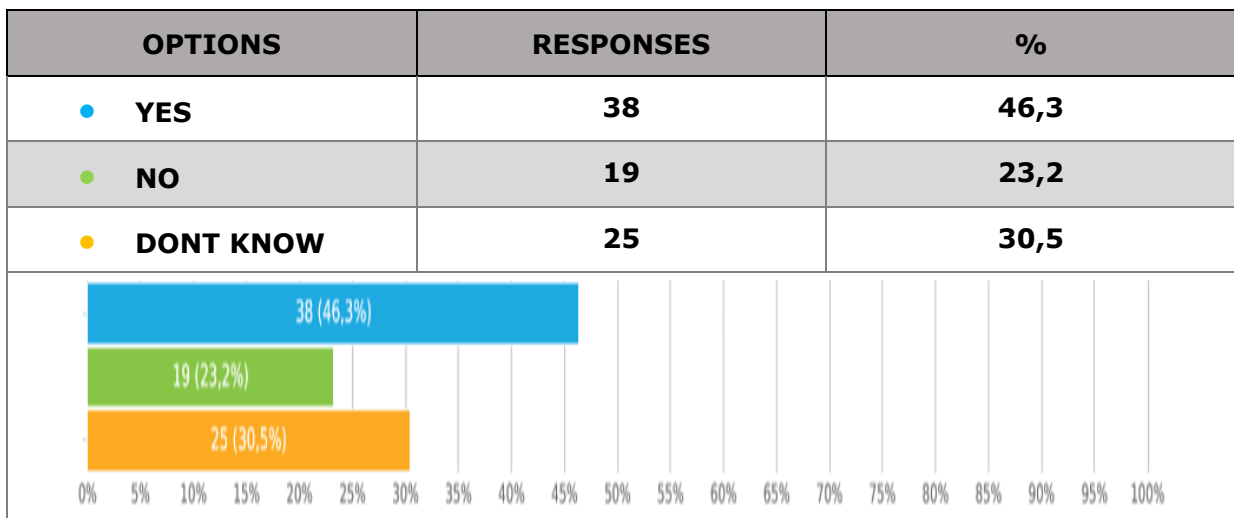
32. DOES SMOKE DETECTOR EXIST AT WORKPLACE?



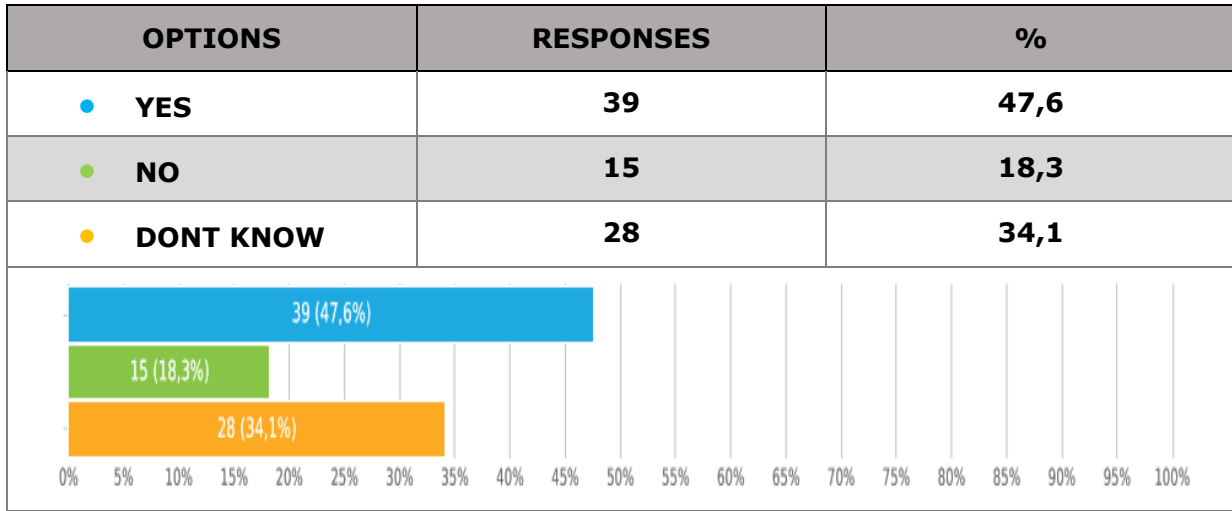
33. IS THE SMOKE DETECTOR ACTIVE?



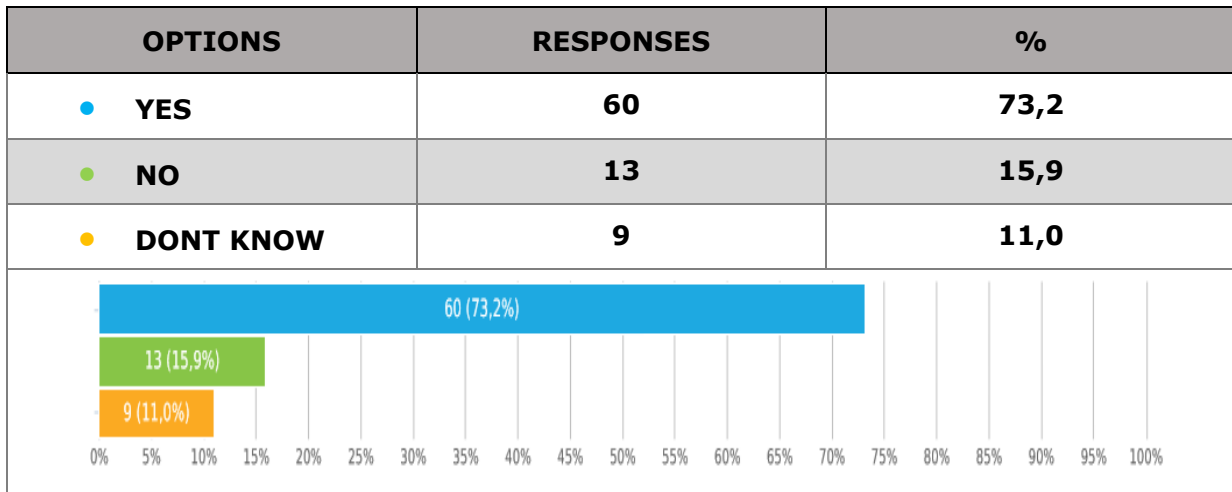
34. DOES EMERGENCY LIGHTING SYSTEM EXIST AT WORKPLACE?



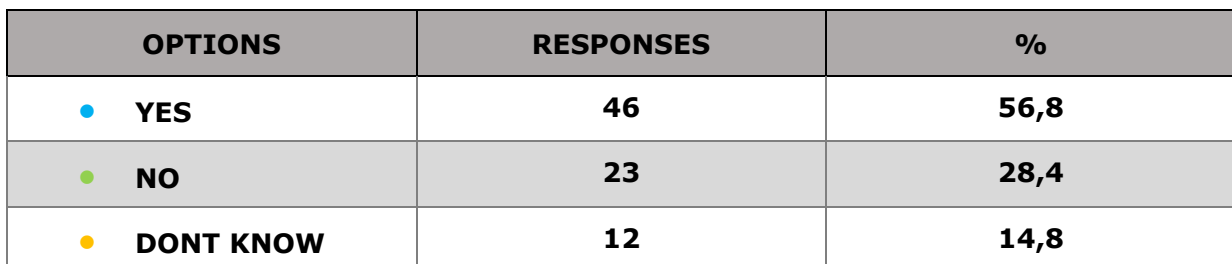
35. IS EMERGENCY LIGHTING SYSTEM ACTIVE?

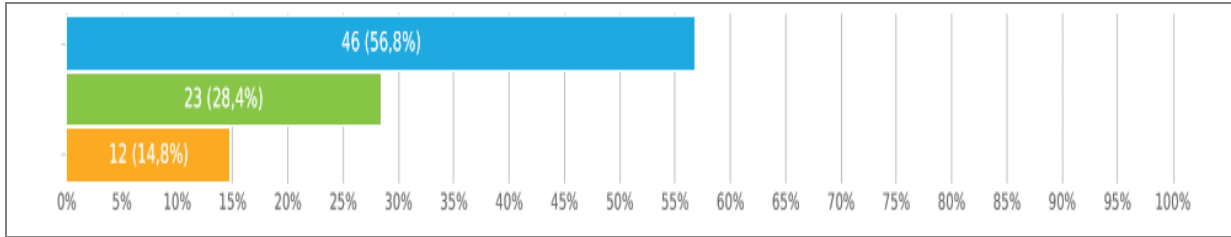


36. DO EMERGENCY EXITPLATES EXIST AT WORKPLACE?



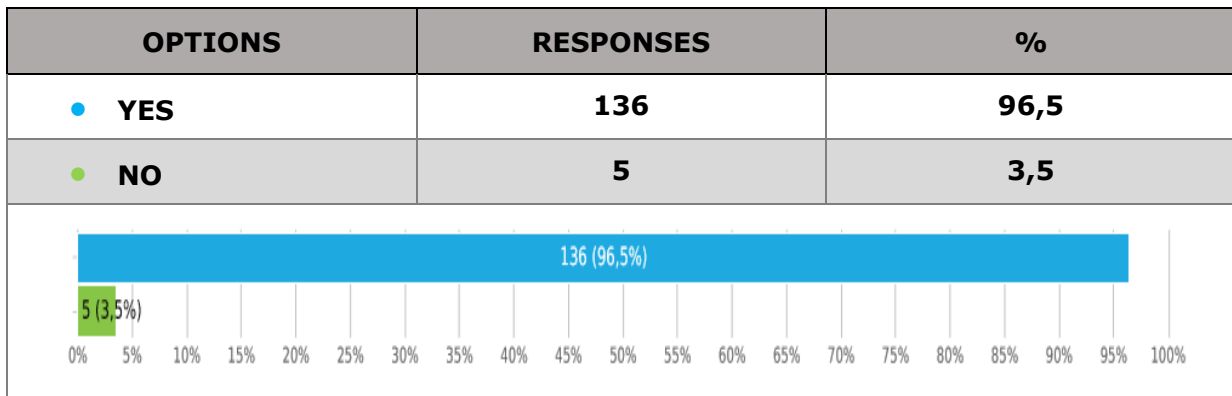
37. ARE DISASTER AWARENESS EDUCATION AND EXERCISES CARRIED OUT?



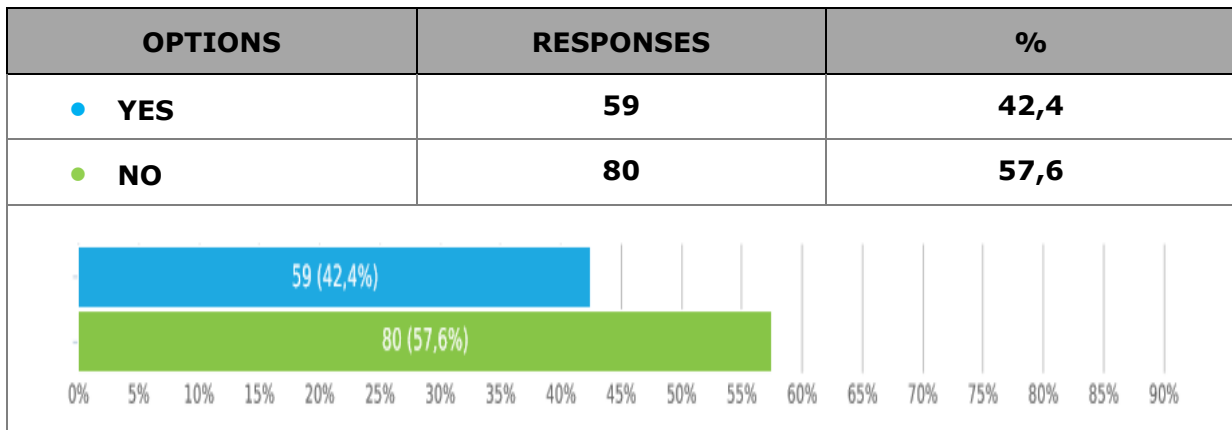


V. EVALUATION

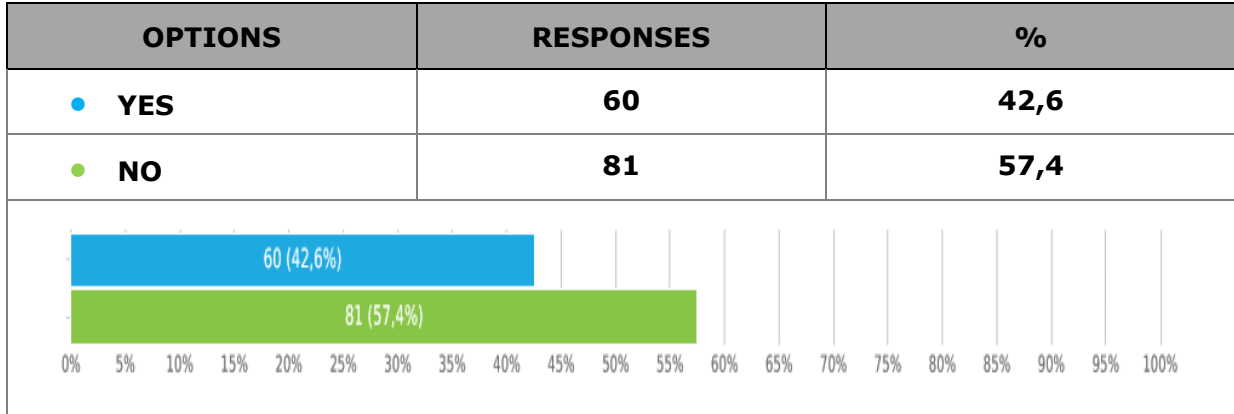
38. ARE YOU AWARE THAT DISASTER AND AN EMERGENCY MAY HAPPEN AT ANY TIME?



39. DO YOU FEEL READY FOR DISASTERS AND EMERGENCIES?



40. DO YOU THINK YOUR DISASTER AWARENESS INCREASES AS A RESULT OF THE SURVEY?



41. DO YOU BELIEVE THAT THE PROJECT RESULTS AND OUTPUTS WILL BE USEFUL FOR YOU?

