

Emergency Alerting System Evaluation

Campus Security Incident

(Please complete only once)

The Social Science Research Center (SSRC) at Mississippi State University (MSU) thanks you for participating in this emergency alert system questionnaire! The following questions focus on recent “test” alerts conducted in your area. These alert system tests were intended to simulate an actual emergency alert in the case of a campus security incident.

The information gathered from this questionnaire will be used to evaluate the emergency alerting system’s use in your area and the effectiveness of the radio broadcast data system technology in distributing emergency alerts nationally. Your answers and personal information are held in strict confidence by the SSRC. Any reports generated from this information will contain only generalized data. This questionnaire is completely voluntary and you may decline to answer any question or stop at any time. Again, thank you for your participation in this research.

Please ☒ the box with your answers and/or fill in the appropriate response to the questions.

1. Before today, did you know you would be participating in the evaluation?

- ☐ Yes
☐ No (Skip to Question 3a)
☐ Don't know
☐ Decline

2. Did circumstance (i.e. meeting, appointment, etc.) prevent you from participating in the exercise?

- ☐ Yes, and that circumstance was _____ (Skip to Question 5)
☐ No
☐ Don't know
☐ Decline

		1st MESSAGE	2nd MESSAGE	3rd MESSAGE	4th MESSAGE	5th MESSAGE
	Answer (3a – 3d) for EACH message received.	<input type="checkbox"/> Did NOT receive a 1st message	<input type="checkbox"/> Did NOT receive a 2nd message	<input type="checkbox"/> Did NOT receive a 3rd message	<input type="checkbox"/> Did NOT receive a 4th message	<input type="checkbox"/> Did NOT receive a 5 th message
3a	What was the “System TEST Number” received in the TEST message? (ie. System TEST #1299)	System Test # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Don't know <input type="checkbox"/> Decline	System Test # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Don't know <input type="checkbox"/> Decline	System Test # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Don't know <input type="checkbox"/> Decline	System Test # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Don't know <input type="checkbox"/> Decline	System Test # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Don't know <input type="checkbox"/> Decline
3b	What time did you receive the TEST message? (use message time stamp if available)	AM / PM <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <input type="checkbox"/> Don't know <input type="checkbox"/> Decline	AM / PM <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <input type="checkbox"/> Don't know <input type="checkbox"/> Decline	AM / PM <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <input type="checkbox"/> Don't know <input type="checkbox"/> Decline	AM / PM <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <input type="checkbox"/> Don't know <input type="checkbox"/> Decline	AM / PM <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <input type="checkbox"/> Don't know <input type="checkbox"/> Decline
3c	Where were you located when you received the TEST message?	Location: _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Decline	Location: _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Decline	Location: _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Decline	Location: _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Decline	Location: _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Decline
3d	Did you understand the TEST message?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Decline	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Decline	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Decline	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Decline	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Decline

4. What action was asked of you in each of the test messages?

- ☐ Tell others about the alert message
☐ Document location, time of day, and a system test number
☐ Find Shelter
☐ The message did not inform me of any actions I should take
☐ I did not understand the test alert messages
☐ Don't know
☐ Decline

5. Choose all that apply to you:

- ☐ Deaf / Hard of hearing
☐ Legally Blind
☐ English is my secondary language
☐ None of these apply to me
☐ Decline

(continued on back of page)

6. Is the alerting device easy or difficult for **you** to operate?

- ☐ Very easy
- ☐ Somewhat easy
- ☐ Neither easy nor difficult
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ Don't know
- ☐ Decline

7. Is the alerting device a convenient or inconvenient device for **you** to operate?

- ☐ Very convenient
- ☐ Somewhat convenient
- ☐ Neither convenient nor inconvenient
- ☐ Somewhat inconvenient
- ☐ Very inconvenient
- ☐ Don't know
- ☐ Decline

8. Is the alerting device an effective or ineffective device for **you** to use as an emergency notification device?

- ☐ Very effective
- ☐ Somewhat effective
- ☐ Neither effective or ineffective
- ☐ Somewhat ineffective
- ☐ Very ineffective
- ☐ Don't know
- ☐ Decline

9. Do you think **you** would use this device and follow message instructions in the event of an actual emergency alert message?

- ☐ Definitely would use this device
- ☐ Probably would use this device
- ☐ Undecided
- ☐ Probably would NOT use this device
- ☐ Definitely would NOT use this device
- ☐ Don't know
- ☐ Decline

If you received the system test message on a wall mount device please answer questions 10W & 11W. If you received the system test message on a handheld/desktop/mobile device please answer questions 10H & 11H.

Wall Mounted Device

Handheld/Desktop/Mobile Device

10W. Did you notice the wall-mounted receiver attract attention from other people who happened to be in the area during the exercise?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Decline

11W. What is the name of the building or structure that houses the wall unit from which you received the test messages?

Name of Building: _____
What Floor of Building? _____
What is closest room number? _____
☐ Don't know
☐ Decline

10H. Was the alert messaging device operating on battery power or plugged into a power outlet with supplied AC adapter?

- ☐ Battery
- ☐ Plugged into wall with AC adapter
- ☐ Don't know
- ☐ Decline

11H. In your opinion what would be an acceptable purchase price amount for the handheld/desktop/mobile emergency alert device?

- ☐ \$0
- ☐ \$1 to \$10
- ☐ \$11 to \$25
- ☐ \$26 to \$50
- ☐ \$50 to \$100
- ☐ Over \$100
- ☐ Don't know
- ☐ Decline

12. What is your gender?

- ☐ Male
- ☐ Female
- ☐ Decline

13. What is your Race?

- ☐ White
- ☐ Black
- ☐ Hispanic
- ☐ Asian
- ☐ Other
- ☐ Decline

14. What age range best fits you?

- ☐ 18 – 20
- ☐ 21 – 25
- ☐ 26 – 35
- ☐ 36 – 45
- ☐ 46 – 55
- ☐ 56 – 65
- ☐ Over 65
- ☐ Decline

15. What is your highest level of education?

- ☐ Some HS
- ☐ HS Graduate
- ☐ Some College
- ☐ College Graduate
- ☐ Advanced Degree
- ☐ Decline

16. Additional Comments? _____

Research conducted by:



Project managed by:



Questions about this survey, contact David Parrish or Dallas Breen at (662) 325-7127

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