

**LA-DEEP Coalition: DIALYSIS PATIENT EMERGENCY PLANNING
NEEDS ASSESSMENT- QUESTIONNAIRE**

Basic Demographics

1. Patient Name (last, first):
2. Dialysis Provider:

Emergency Planning: (Place mark answers as given, as well as either YES or NO)

1. **QUESTION:** How are you planning on making alternate arrangements for dialysis treatments in the event of an emergency?
 - a. Contact your dialysis facility social worker?
 - b. Contact your corporate dialysis organization 800 number?
 - c. Call the ESRD Network 800 number?
 - d. Call the American Red Cross?
 - e. Contact the Office of Public Health?
 - f. I don't know how.

		YES	NO
2.	QUESTION: Do you and/or your family have a plan in the event of hurricanes, terrorism, tornadoes, floods, etc.?		
	IF question 2 is answered YES, would assistance be needed to carry out plan?		
3.	QUESTION: Are you aware of the booklet <u>Preparing for Emergencies: "A Guide for People on Dialysis"</u> ?		
	IF question 3 is answered YES, ask if the patient has a personal copy of this booklet?		
	IF question 3 is answered NO, ask if the patient would like to receive a copy of this booklet? Booklet is available upon request through the Network office or in .pdf format at the following web site http://www.medicare.gov/Publications/Pubs/pdf/10150.pdf		
	a. Do you have a prepared document of your medical history?		
	b. Do you keep an emergency supply of food and medicines and/or a list of medications?		
	c. Do you know what diet and fluid restrictions to follow if your dialysis is delayed?		
	d. Do you know how to disinfect water?		

Continued

		YES	NO
4.	QUESTION: If an evacuation is ordered for your area, will you evacuate?		
IF question 4 is answered NO, ask for a reason such as: (Check ALL that apply)			
<input type="checkbox"/> a. No available means of transportation <input type="checkbox"/> e. No available assistance from family / friends / church <input type="checkbox"/> b. No money for gasoline <input type="checkbox"/> f. Unwilling to leave home <input type="checkbox"/> c. No money for lodging <input type="checkbox"/> g. Other (explain): _____ <input type="checkbox"/> d. No available lodging with family / friends / church _____			
IF question 4 is answered YES, ask the following questions...			
	4.a. Do you have a "TARGETED EVACUATION DESTINATION"? (<i>such as relatives'/friends' homes, motel/hotel, church, Red Cross Shelter</i>)		
IF question 4.a. is answered YES, please ask for location...			
WHERE (City/State)? _____			
IF question 4.a. is answered NO, please ask the following...			
1) Planning out of state evacuation?			
2) Evacuating distance greater than 60 miles?			
	4.b. Do you have your own dependable means of transportation for evacuation purposes (i.e., do not need public transportation)?		
	4.c. Will you need help in making your temporary dialysis arrangements?		
	4.d. Will you have or be able to obtain necessary medications, supplies, and equipment at the "Targeted Evacuation" destination?		
	4.e. Is your "Targeted Evacuation" destination aware of your dialysis needs (i.e., dietary, medical)?		
5.	QUESTION: Are you opposed to evacuating (i.e., riding) with a stranger such as someone appointed from a neighboring church or another dialysis patient?		
6.	QUESTION: Do you know what to do if you are on a dialysis machine in an emergency?		
7.	QUESTION: In the event that your dialysis facility experiences damage (i.e., loses power, phone service, etc.) do you know how to get information about the facility and alternate arrangements?		
IF question 7. is answered YES, please list how information is obtained (e.g., corporate office, cell phone, radio/television stations, etc.)			

