

**DIALYSIS PATIENT EMERGENCY PLANNING
NEEDS ASSESSMENT- QUESTIONNAIRE**

Basic Demographics

1. Patient Name (last, first): **To be pre-populated by Network**
2. Dialysis Provider Name/Location: **To be pre-populated by Network**

Emergency Planning: (Place check mark by answers as given 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.

2. **QUESTION:** Do you and/or your family have a plan in the event of hurricanes, terrorism, tornadoes, floods, etc.? YES ____ NO ____

IF question 2 is answered YES, would assistance be needed to carry out plan? YES ____ NO ____

3. **QUESTION:** Are you aware of the booklet Preparing for Emergencies: A Guide for People on Dialysis? YES ____ NO ____

IF question 3 is answered YES, ask if the patient has a personal copy of this booklet? YES ____ NO ____

IF question 3 is answered NO, ask if the patient would like to receive a copy of this booklet? YES ____ NO ____

(Order sheet enclosed) Booklet is also available 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? YES ____ NO ____
b. Do you keep an emergency supply of food and medicines and/or a list of medications? YES ____ NO ____
c. Do you know what diet and fluid restrictions to follow if your dialysis is delayed? YES ____ NO ____
d. Do you know how to disinfect water? YES ____ NO ____

4. **QUESTION:** If an evacuation is ordered for your area, will you evacuate? YES ____ NO ____

IF question 4 is answered NO, ask for a reason such as: **(Check ALL that apply)**

- ____ a. No available means of transportation
____ b. No money for gasoline
____ c. No money for lodging
____ d. No available lodging with family / friends / church
____ e. No available assistance from family / friends / church
____ f. Unwilling to leave home
____ g. Other (explain): _____

When complete to here, go to QUESTION 5.

IF question 4 is answered YES, ask the following questions...

- 4.a. Do you have a "TARGETED EVACUATION DESTINATION"? (**such as relatives'/friends' homes, motel/hotel, church, Red Cross Shelter**) YES ____ NO ____

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...

- Planning out of state evacuation? YES _____ NO _____
- Evacuating distance greater than 60 miles? YES _____ NO _____

4.b. Do you have your own dependable means of transportation for evacuation purposes (i.e., do not need public transportation)? YES _____ NO _____

4.c. Will you need help in making your temporary dialysis arrangements? YES _____ NO _____

4.d. Will you have or be able to obtain necessary medications, supplies, and equipment at the "Targeted Evacuation" destination? YES _____ NO _____

4.e. Is your "Targeted Evacuation" destination aware of your dialysis needs (i.e., dietary, medical)? YES _____ NO _____

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? YES _____ NO _____

6. QUESTION: Do you know what to do if you are on a dialysis machine in an emergency? YES _____ NO _____

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? YES _____ NO _____

IF question 7 is answered YES, please list how information is obtained (e.g., corporate office, cell phone, radio/television stations, etc.) _____