**Appendix A. Geriatric Disaster Survey.**

Study Number \_\_\_\_\_\_\_

1. What is your age? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is your gender?

Female 🞏 Male 🞏

1. Are you a patient or a visitor to the Emergency Department today?

Patient 🞏 Visitor 🞏

1. Do you and your family have any type or disaster plan?

Yes 🞏 No 🞏 **If no, skip to question 6.**

1. Which of the following are parts of your disaster plan? Circle all that apply.
2. Emergency food and water
3. Emergency supply of medications
4. Plan to move to a new location
5. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. If you had to be evacuated to a shelter, which of the following would you need to take with you or have provided for you there? Circle all that apply.
7. Walker
8. Wheelchair
9. Glasses
10. Hearing Aids
11. Leg or Arm Brace
12. Glucometer
13. Medications
14. Oxygen
15. Adult Diapers or Incontinence Pads
16. Ostomy Supplies
17. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
18. Do you use any medical equipment that requires electricity such as CPAP, motorized wheel chair, etc?

Yes 🞏 No 🞏

If yes, please list\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you ever use oxygen at home? (Either all day, at night, or only as needed.)

Yes 🞏 No 🞏

1. Do you drive yourself or live with someone who drives a car?

Yes 🞏 No 🞏

1. How long could you stay in your home without a caregiver, aide, or family member?
2. I cannot stay alone
3. 6 hours or less
4. 24 hours or less
5. Less than 2 days
6. One week
7. I do not require any assistance in my home
8. Do you have any of the following readily available? Circle all that apply.
	1. A list of medications you take every day
	2. A list of medical history or medical problems
	3. A list of doctors you visit regularly
	4. A list of emergency contacts (family, friends, caregivers)
9. Have you required help to complete any of the following at any time in the last month? Circle all that apply.
	1. Dressing
	2. Eating
	3. Walking around your house
	4. Going to the restroom
	5. Hygiene
	6. Shopping (Clothes or groceries)
	7. Housekeeping (Cleaning house or doing laundry)
	8. Paying Bills or Writing Checks
	9. Meal preparation
	10. Giving yourself medication
	11. Using the Telephone
	12. Transportation
10. What would be the best way for you to learn about disaster preparation?
11. TV ads
12. Program at church, library, or senior center
13. Booklet mailed to your home
14. Program at the hospital
15. Information on the internet
16. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Would you be interested in learning about disaster preparation?

Yes 🞏 No 🞏