

VOLUNTARY REGISTRY DATABASE FOR PERSONS WITH DISABILITIES WITHIN THE BERKELEY COMMUNITY

CLIENT NAME: _____ PRIMARY PHONE: _____
ADDRESS: _____
_____ DATE : _____

The purpose of this questionnaire is twofold:
1.The Disaster Preparedness questions are to determine if you are currently prepared for a disaster, and if you are interested in receiving a "Survival Manual."
2. The Emergency Needs Questionnaire is to collect vital information that will be provided to Berkeley Emergency Services. In the event of a fire, power-outage, earthquake, or chemical spill, for example, emergency personnel will be able to access this vital information. The information you provide will be held in strictest confidence.

Please print, fill out and mail this form to:

Easy Does It Disability Assistance
1732 University Avenue
Berkeley, CA 94703-1514

Disaster Preparedness Questions

CIRCLE ONE

1. In the event of an earthquake or other disaster, have you arranged to be contacted by friends, relatives, neighbors or attendants? YES NO DON'T KNOW (OR) N/A
2. If you use a wheelchair, have you made arrangements for what to do in a disaster if your wheelchair is also out of commission at that time? YES NO DON'T KNOW (OR) N/A
3. Do you have food and water and medicine sufficient for 5 days? YES NO DON'T KNOW (OR) N/A
4. Do you have enough of other critical supplies you need in order to function on a daily basis? (e.g. wheelchair parts, etc.) YES NO DON'T KNOW (OR) N/A
5. If you are evacuated, do you have a mini-survival kit to take with you, including 5-days' supply of your medications? In other words, are you 'portable'? YES NO DON'T KNOW (OR) N/A
6. Are you aware of wheelchair-accessible disaster shelters in your neighborhood? YES NO DON'T KNOW (OR) N/A
7. Do you have a service animal or animals? YES NO DON'T KNOW (OR) N/A
8. If yes, have you prepared for their needs during a disaster? YES NO DON'T KNOW (OR) N/A
9. Do you have any other animals whose needs in a disaster may require your preparation? YES NO DON'T KNOW (OR) N/A
10. If 'Yes,' have you made such preparation? YES NO DON'T KNOW (OR) N/A
11. Do you know how long the expected response time of Emergency Services may be during a major disaster? Answer: 3 to 5 days. YES NO DON'T KNOW (OR) N/A
12. Are you interested in receiving a "Survival Manual?" YES NO DON'T KNOW (OR)

- N/A

13. If yes, will you need this in another form than ordinary print?

YES
- NO

14. If yes again, please indicate which: Circle One

DON'T KNOW (OR) N/A

TAPE BRAILLE LARGE PRINT

Emergency Needs Questions

15. In order for Emergency Services to best serve your needs, it will be helpful for you to state your disability: Arthritis_____ Post Polio_____ CP_____ Spinal Cord Injury_____ MD_____ Other (please state):___ MS_____
- _____

- CIRCLE ONE

16. Do you have an assistive device on your telephone?

YES NO DON'T
- KNOW (OR) N/A

17. If 'Yes,' does it have batteries in it?

YES NO DON'T KNOW (OR)
- N/A

18. Do you own where you live?

YES NO
19. If 'Yes,' do you know when it was built?

NO YES, IN_____
20. Again, was it earthquake retrofitted, and when?

NO DON'T KNOW
- YES, IN_____

21. Does the door to your apartment, or to your building, or to a gateway into your building or courtyard require the use of an electrical device for you to open it? Circle all appropriate:
- NONE •

APARTMENT DOOR •

DOOR INTO BUILDING •

GATEWAY •

OTHER (describe):
22. Do you use an elevator to reach your apartment?
- YES NO DON'T KNOW (OR)

- N/A

23. How many entrances are there to your residence? (Please indicate a number:)

24. How many of these are accessible to you?
25. Do you require a medical ventilator to function on a day-to-day basis?
- YES NO DON'T KNOW (OR) N/A
26. Do you need a special supply of Oxygen?
- YES NO DON'T KNOW (OR) N/A
27. Do you have any other electrically powered devices that are necessary for your survival? Circle all appropriate: • NONE • AIR-INFLATING MATTRESS • AIR-INFLATING SEAT-CUSHION • IV PUMP • OTHER (please specify:)
28. If you need POWER to survive, do you have BACK-UP POWER?
- YES NO DON'T KNOW (OR) N/A
29. If 'Yes,' what kind? (Please fill in:)
30. Do you use a TTY? (Not familiar with it? Answer "no.")
- YES NO DON'T KNOW (OR) N/A
31. Can you communicate successfully verbally with someone unfamiliar with you?
- YES NO DON'T KNOW (OR) N/A
32. If not, what is your method? (Please fill in:)
33. Do you consider yourself especially vulnerable to temperature conditions that might put you in significant jeopardy should the power or gas go out?
- YES NO DON'T KNOW (OR) N/A
34. Do you have any special environmental sensitivities or allergies that might be activated by, for example, a spill or efflux of chemical substances?
- YES NO DON'T KNOW (OR) N/A
35. If Emergency Services needs to evacuate you, do we need to bring a wheelchair accessible Van?
- YES NO DON'T KNOW (OR) N/A
36. Are there any other devices, apparatus, etc., not already mentioned, that you need for your day-to-day maintenance and functioning?
- YES NO DON'T KNOW (OR) N/A
37. If "Yes," please enumerate:

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