

Emergency Preparedness Patient Survey



Patient Name: _____

Date of Survey: _____

1. Has anyone in the dialysis unit given you information about **disaster planning** or **emergency preparedness**?

Yes

No

2. Do you have a copy of the **Dialysis Patient Emergency Preparedness Guide**?

Yes

No

3. Do you have a **Disaster Kit** at home?

Yes

No

4. How many **days of medication supply** do you have at home in case of an emergency?

5 days

1 week

2 weeks

1 month

5. Have you heard of the **emergency renal diet**?

Yes

No

6. What is the appropriate **fluid restriction per day** on the emergency renal diet?

1 cup per day

2 cups per day

1 litre per day

2 litres per day

7. Do you have a card or booklet with your **medical history** in case you are sent to another dialysis unit or shelter in an emergency?

Yes

No

8. Does the dialysis unit have **up to date contact information** for you?

Yes

No