



Universal Wellness Checks Questionnaire

Introductory Questions:

1. Are you in danger due to the emergency and/or disaster?
2. What was your last full meal, and have you been drinking enough water?
3. Have you been injured, or do you have physical pain resulting from the emergency?
4. Are you ok?

Preparation Planning Questions for Follow-up:

1. Do you have a support network?
 - Who could assist you in cases of emergency? Family, friends, neighbors, caregivers, and/or care providers?
 - What is your plan for communicating with your support network during emergencies?
2. Do you have an emergency contact list and plan for how you'll reach your support group and important emergency contacts if you can't use your phone?
3. In cases of emergency, do you have a plan to stay home/in a facility for at least two weeks or to evacuate?
4. Do you have an Emergency Supply Kit in the home?
5. Are you aware of the types of disasters that could happen in your community?
6. Do you know about local plans for emergency alerts, evacuation, and shelter resources near you?
7. Are you signed up for alerts and warnings to receive information during an emergency?
8. What are your needs if the power has gone out?
9. Do you have a plan in place for who will help you if you need assistance evacuating?
10. Have you signed up for local emergency registries in your area?
11. Do you require power to operate medical devices or to keep medicines cold? Do you have a backup plan if you lose power?
12. Do you have at least two ways out of every room to escape a home fire and a plan for the help you may need?
13. Do you have an insurance policy that meets your property and disaster coverage needs? If so, do you know where the policy is located?
14. Have you made a checklist to prepare what you'll need in your home, car or when you evacuate in cases of emergencies/disasters?
15. Do you have at least 30 days of medications, canned goods, and extra assistive items such as a cane or eyeglasses should an emergency or disaster situation arise?
16. Do you have a supply of batteries to back-up power dependent devices?

17. Have you made a checklist to collect and copy key documents including identification cards, financial, legal, and medical papers you'll need to help you recover during emergencies/disasters?
18. Have you made an Up-to-Date List of Medical Information: conditions, allergies, medications, prescription records, doctors, and insurance cards?
19. Have you informed your support network where you keep your emergency supplies within your home or apartment?
20. Make sure you have a plan for accessible transportation that you may need for evacuation or getting around during or after disaster.
21. Check with local transit providers as well as with your emergency management agency to identify appropriate accessible options.
22. Are you on dialysis or other life-sustaining medical treatment? If so, do you know the location and availability of more than one facility that can help you during emergencies/disasters?
23. Do you wear medical alert tags or bracelets? Can your medical alert device operate if the power goes out within your home?
24. Do you have a communication disability? If so, do you carry printed cards or storing information on your devices to inform first responders and others how to communicate with you during emergencies/disasters/evacuations?
25. Do you have a plan for replacing assistive technologies and equipment if lost or destroyed during an emergency?
26. Do you have service or support animals or pets that would also need assistance during emergencies/disasters? If so, do you have a plan for food, water, and supplies for them and/or where they will go if evacuation shelters do not allow pets?
27. Do you have a list of the nearest medical facilities, local hospitals, and nearest transportation?