Personal Assessments

Personal assessments are designed to help individuals identify their strengths and needs for assistance during an emergency. It helps clarify what you are able to do for yourself before, during, and after an emergency based of your capabilities and limitations.

The following assessment questions are to be used as a guide to assist in determining what your needs may be before, during, and after an emergency. Think about what your personal needs and resources will be available if you are at home with your family or caregiver, and if you are away from home without any assistance. Remember to describe both your abilities today and the assistance you may require during and after an emergency. Plan for the worst case scenario.

COMMUNICATION	
QUESTIONS TO	What form of communication does this person use?
CONSIDER:	·
	How will this person call for help to leave the building?
	Does this person need a communication card?
	Does this person wear/need hearing aids/cochlear implants?
	Does this person wear/need glasses/magnification?
	Does this person wear/need other adaptive equipment?
	Does this person have extra equipment available in case of an
	emergency?
	Who does this person need to call?
	Will these people be able to speak back?
	Will these people need equipment and/or will they need to be trained?
	How far away are these people?
	How often would communication need to occur during an emergency?
	What is the power supply for your communication to occur?
	Does this person have an alternative plan when batteries are running
	low?

	Does this person have a NOAA weather radio?
NEED:	ACTION:
Access to auxiliary communication service	Require written materials in alternate format (e.g. Braille, large print, high contrast print, audio recording, electronic, or readers)
	Require visual public announcements
	Require captioning of public announcement
	Require qualified sign language or oral interpreter
	Require qualified foreign language interpreter
	Require audio description of visual/graphic information
	Other:
Access to auxiliary	Require access to TTY, TDD, or Caption Phone; cell phone with
communication device	texting capabilities; or pen and paper/dry erase board; iPad/computer
	Other:
Replacement of	Require replacement eyeglasses
auxiliary communication	
equipment	Denvise realessment of reconstition
	Require replacement of magnifier
	Require replacement of portable electronic magnifier
	Require replacement hearing aid/cochlear implant batteries
	Require replacement of personal FM system (pocket talker) Other:
	Other:

MEDICAL		
QUESTIONS TO	Does this person have any special dietary requirements?	
CONSIDER:		
	Does this person have any special requirements around food texture?	
	Does this person administer their own medications?	
	Does this person provide their own wound management?	
	Does this person provide their own bowel/bladder management?	
	Does this person require any medical equipment?	
	Does this person require a noise controlled environment?	
	Does this person require a temperature controlled environment?	
	How does this person react to change?	
	Are there strategies/items that will help calm this person?	
NEED:	ACTION:	
Special diet	Require alternative (low sugar, low sodium, pureed, gluten-free, dairy-	
Food Allergies:	free, peanut-free) food and beverages: (diet type)	
	Other:	
Medical supplies and/or	Require replacement medication or medical supplies	
equipment for every		
day care (including		
medications) not related		
to mobility		
	Wound management/dressing supplies	
	Diabetes management supplies (e.g. test strips, lances, syringes)	
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	Other:	
Assistance with medical	Administration of medication	
care normally provided		
in the home setting		
	Storage of medication (e.g. refrigeration)	
	Wound management	
	Bowel and/or bladder management	

	Use of medical equipment
	Universal precautions and infection prevention and control (e.g.
	disposal of bio-hazard materials, such as needles in sharp containers)
	Other:
Access to a quiet are	Require access to a quiet room or space within the shelter (e.g. for
	elderly persons, people with psychiatric disabilities, parents with very
	young children, individuals with autism)
	Other:
Access to a	Require access to an air-conditioned and/or heated environment (e.g.
temperature-controlled	individuals who can't regulate body temperature)
area	
Mental health care (e.g.	
anxiety and stress	
management)	

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INDEPENDENCE	
QUESTIONS TO	How does the person travel?
CONSIDER:	'
	How is the person's gait?
	Will the person need assistance during an evacuation of their home or
	office?
	How will the person manage with debris in their home?
	What will the person do if they are unable to use their mobility aids or
	can't find them?
	What will the person do if they are unable to find or use equipment
	necessary for their service animal?
	Does the person use adaptive utensils to prepare or eat food
	independently?
	Doe the person have a way to get groceries?
	Does the person have a way to heat water?
	Does the person need assistance with personal hygiene?
	Does the person use adaptive equipment to help get dressed?
	Does the person use a shower chair, tub-transfer bench, or other
	similar equipment?
	If elevator or ramps can't be used, are there other alternate methods
	of escape?
	Are there provisions for continued use of electricity-dependent
	medical or adaptive equipment in the case of a power outage?
	What will this person need if water service is cut off for several days
	or if they are unable to heat water?
	Does this person have the necessary supplies including food, water,
	and medications to last for 3-7 days?
	Does this person have an emergency supply kit?
	Will this person be able to provide food, shelter, veterinary attention,
	etc. to their pets/service animal?
	Is there another caregiver for the animal if this person is unable to
MEED	provide for their animals?
NEED:	ACTION:
Durable medical	Provide assistive mobility equipment (e.g. wheelchair, walker, cane,
equipment for	crutches)

conditions that affect	
mobility	
	Provide assistive equipment for bathing and/or toileting (e.g. raised
	toilet seat with grab bars, handled shower, bath bench)
	Provide accessible cot (e.g. may be a crib with inclined head or other
	bed type)
Alternative power	Provide alternative power source to charge battery-powered assistive
source or charging	devices (e.g. ventilators, dialysis machines, feeding pumps,
system for life support	refrigerated items, power lifts, power wheelchair)
and assistive devices	
Bariatric	Provide bariatric cot or bed
accommodations	
Service animal	Provide area where service animal can be housed, exercised, and
accommodations	toileted
	Provide food and supplies for service animal
	Provide medicine and medical treatment for service animal
Infant supplies and/or	Provide infant supplies (e.g. formula, baby food, diapers, crib)
equipment	

SUPERVISION	
QUESTIONS TO	Does this person require constant supervision?
CONSIDER:	
	Does this person wander?
	Does this person interact well with strangers?
NEED:	ACTION:
Adult personal	Identify family member or friend caregiver
assistance services	
	Assign qualified shelter volunteer to provide personal assistance
	services
	Contact local agency to provide personal assistance services
	Coordinate childcare support such as play areas; age-appropriate
	activities; equal access to resources
Child personal	Identify family member or friend caregiver
assistance services	
	Assign qualified shelter volunteer to provide personal assistance
	services
	Contact local agency to provide personal assistance services
	Coordinate childcare support such as play areas; age-appropriate
	activities; equal access to resources

TRANSPORTATION	
QUESTIONS TO	Does this persons need a specially-equipped vehicle or accessible
CONSIDER:	transportation?
	Does this person know where to go within the county/area in case of
	an evacuation?
	Does this person know where to go outside the county/area in case of
	an evacuation?
	Does this person have transportation to evacuate?
	Does this person know what route(s) to take to get to meeting
	location(s)?
	Does this person have access to a map with the evacuation route(s)
	marked?
	Does this person's mode of transportation change based on where
	they are evacuating from?
	Does this person need assistance to evacuate safely?
	What types of assistance does this person need to evacuate safely?
	Has this person signed up on a registry or contacted their local
	emergency management office?
	Are there extra sets of car keys available?
NEED:	ACTION:
Transportation to	Coordinate provision of accessible shelter vehicle and drive for
designated facility for	transportation
medical care or	
treatment	
Transportation for non-	Contact local transit service to provide accessible transportation
medical appointment	

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EMERGENCY	
PROCEDURES	Will this page has able to short off the page communities of the page.
QUESTIONS TO	Will this person be able to shut off the necessary utilities (gas, water,
CONSIDER:	electricity)?
	Will this person be able to operate a fire extinguisher?
	Will this person be able to carry their emergency supply kit or critical
	assistive/medical devices?
	Will this person be able to clean up debris or move objects that might
	block their evacuation path?
	Are there potential barriers to being able to evacuate (e.g. lack of
	power, elevator not working, damaged ramp)?
	Do they have an alternate exit path?
	Is this person able to hear or see warnings or announcements?
	Is this person able to contact 911?
NEED:	ACTION:
	Identify network member(s) of support network that can alert
	individual of alerts, warnings and announcements
	Identify network member(s) of support network that can assist with
	shutting off utilities

For more information contact:

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