

**Module: Public Health Disaster Planning for Districts**

**Organization: East Africa HEALTH Alliance, 2009-12**

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**Resource Title: Questionnaire for Participants of the District Disaster Management Training**

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Disclaimer: Any medical information in this material is intended to inform and educate and is not a tool for self-diagnosis or a replacement for medical evaluation, advice, diagnosis or treatment by a healthcare professional. Please speak to your physician if you have questions about your medical condition.

Name: \_\_\_\_\_ District: \_\_\_\_\_

1. Does your district presently have a health emergency plan in existence? YES NO

a. If yes, please describe the existing health emergency plan: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Have you ever received any health emergency training? YES NO

a. If yes:  
- When was the training? \_\_\_\_\_  
- Who conducted the training? \_\_\_\_\_  
- Who attended the training? \_\_\_\_\_  
- What topics did the training cover? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Whether you attended or not, have there been any health emergency trainings conducted among health providers in your that district? YES NO

a. If yes:  
- When was the training? \_\_\_\_\_  
- Who conducted the training? \_\_\_\_\_  
- Who attended the training? \_\_\_\_\_  
- What topics did the training cover? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Do you know if there are any district disaster plans in place, not just in health, but in any sector? YES NO

a. If yes:

- Which sector? \_\_\_\_\_
- Did the district health team participate in the preparation of this plan? YES NO

***THANK YOU!***