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!