****

**CONFIDENTIAL PRE-DEPLOYMENT QUESTIONNAIRE**

INTRODUCTION:

Providing care and support in the immediate aftermath of disaster can be an enriching professional and personal experience that enhances satisfaction through helping others. It can also be physically and emotionally exhausting.

Sometimes people volunteer without thoroughly considering whether or not engaging in disaster relief work is really appropriate for them at the time. This is why we would like you to take a few minutes now and complete this questionnaire.

The information you provide on this questionnaire is for you and you alone. It is completely private and, unless you decide to do so, you do not have to share the results. However, if you find yourself answering the questions below in such a way as to lead a reasonable person to conclude that perhaps you should not deploy today then we urge you to recognize this possibility and discuss it with the Staging Liaison, your Team Leader and/or your Unit Coordinator.

Remember, it is always better to be safe than sorry.

**PHYSICAL & EMOTIONAL HEALTH CONSIDERATIONS**

**Being sufficiently physically and emotionally healthy are two crucial factors for a successful deployment. Take a moment and consider the following.**

1. **Have you had any of these conditions in the past 12 months? *(Yes=1 or No=0)***

\_\_\_ Anemia

\_\_\_ Asthma or allergies

\_\_\_Arthritis or rheumatism

\_\_\_Serious back trouble

\_\_\_Chronic bronchitis

\_\_\_ Cancer

\_\_\_Diabetes

\_\_\_Heart trouble

\_\_\_High blood pressure

\_\_\_ Kidney trouble

\_\_\_ Stroke

\_\_\_Stomach or duodenal ulcer

\_\_\_Other physical ailments

\_\_\_Depression

\_\_\_Anxiety

\_\_\_Other psychological and/or substance abuse problems

1. **Do you believe that you are physically and emotionally healthy enough to complete this deployment? *(Yes=0; I don’t know=1; No=2)***

\_\_\_ Yes

\_\_\_ I don’t know

\_\_\_ No

**\_\_\_ Total Score** **PHYSICAL & EMOTIONAL HEALTH CONSIDERATIONS**

**WORK CONSIDERATIONS**

**Stressors at work can have a significant negative impact upon a volunteer. Assess how taking time off for disaster deployment might affect your current work life. Is your employer supportive of your involvement with the Medical Reserve Corp? Will you be given leave time or will you have to take vacation time off to deploy?**

How often does each of these things happen in your current job?

1. **Do you have conflicts with your supervisor? *(Never=0; Some of the time=1; Often=2)***

\_\_\_ Never

\_\_\_ Some of the time

\_\_\_ Often

1. **Do you have conflicts with you coworkers?**

\_\_\_ Never

\_\_\_ Some of the time

\_\_\_ Often

1. **Is your work supervisor supportive of you leaving work to deploy to this disaster? *(Yes=0; I don’t know=1; No=2)***

\_\_\_ Yes

\_\_\_ I don’t know

\_\_\_ No

1. **Are your coworkers supportive of you leaving work to deploy to this disaster?**

\_\_\_ Yes

\_\_\_ I don’t know

\_\_\_ No

**\_\_\_ Total Score** **WORK CONSIDERATIONS**

**FAMILY CONSIDERATIONS**

**Take a moment and assess your family’s ability to cope with you working in a disaster setting. Is your family prepared for your absence during your deployment, which may span days or weeks? Do you have unresolved family/relationship issues that will make it challenging for you to focus on disaster related responsibilities? Will your support system (extended family/friends) assume some of your responsibilities while you are away? Please consider the following.**

**SPOUSE/PARTNER**

1. **Does your spouse/partner presently disagree with you about important things? *(Never=0; Some of the time=1; Often=2)***

\_\_\_ Never

\_\_\_ Some of the time

\_\_\_ Often

1. **Does he or she presently expect too much of you?**

\_\_\_ Never

\_\_\_ Some of the time

\_\_\_ Often

1. **Is your spouse or partner supportive of you deploying to this disaster? *(Yes=0; I don’t know=1; No=2)***

\_\_\_ Yes

\_\_\_ I don’t know

\_\_\_ No

**CHILDREN**

1. **Do your children presently demonstrate significant behavioral problems?**

***(Never=0; Some of the time=1; Often=2)***

\_\_\_ Never

\_\_\_ Some of the time

\_\_\_ Often

1. **Do your children presently demonstrate significant school problems?**

\_\_\_ Never

\_\_\_ Some of the time

\_\_\_ Often

1. **Are your children supportive of you deploying to this disaster? *(Yes=0; I don’t know=1; No=2)***

\_\_\_ Yes

\_\_\_ I don’t know

\_\_\_ No

**\_\_\_ Total Score** **FAMILY CONSIDERATIONS**

**GENERAL LIFE CONSIDERATIONS**

**Disasters by their very nature are dangerous and stressful incidents. Before deploying the volunteer needs to ask himself or herself some hard questions. For example, do you believe that, today, you are capable of (a) working with individuals who are experiencing intense distress and extreme reactions, including screaming, hysterical crying, anger, or withdrawal; (b) working with individuals in non-traditional settings; (c) working in a chaotic, unpredictable environment; and/or (d) working with and providing support to individuals from diverse cultures, ethnic groups, developmental levels, and faith backgrounds.**

**When considering these questions one factor to assess is the level of general life stress you have been experiencing over the last year. Study the list below. Obviously this list is not complete. However, it is designed to help you consider whether or not the accumulation of negative life events in your recent past should preclude you from deploying.**

1. **Have any of these things happened to you in the last year?**  ***(Yes=1 or No=0)***

\_\_\_Car burglarized

\_\_\_Home burglarized

\_\_\_ Personally assaulted

\_\_\_ Automobile accident

\_\_\_Did you lose your home through fire, disaster or major catastrophe?

\_\_\_Did you move to a worse home?

\_\_\_ Has your financial situation gotten worse?

\_\_\_Did you change to a worse job?

\_\_\_Were you laid off?

\_\_\_ Were you fired?

\_\_\_Were you demoted at work?

\_\_\_Have you been separated in the last year?

\_\_\_Have you been divorced in the last year?

\_\_\_Have you been widowed in the last year?

\_\_\_Has a family member died in the last year?

\_\_\_Were you or a loved one hospitalized in the last year?

\_\_\_Does any member of your family have any serious medical conditions or ailments, such as cancer, heart trouble, high blood pressure, arthritis or severe shortness of breath?

1. **Taking all things in consideration do you believe that you should deploy today? *(Yes=0; I don’t know=1; No=2)***

\_\_\_ Yes

\_\_\_ I don’t know

\_\_\_ No

**\_\_\_ Total Score** **GENERAL LIFE CONSIDERATIONS**

**\_\_\_Grand Total Score**

CONCLUSION:

Now that you have completed and scored the questionnaire think about your answers and scores. For example, if you did not answer **Yes** to **Question 14** *or* if your **Grand Total Score** is **14 or more** we urge you to seek out the Staging Liaison, your Team Leader, and/or your Unit Coordinator, share this information with them, and discuss whether or not you should deploy today. They have been trained to be available for such discussions and to provide confidentiality. Remember, not everyone is available at all times to provide volunteer service. Thank you for your time.