QUESTIONNAIRE TO ASSESS THE ABILITY OF RESIDENTS TO EVACUATE

To prepare a fire emergency building evacuation strategy, we require information about your ability to evacuate your room or living quarters and your ability to evacuate to a safe location.

It is important to fill out this questionnaire. It will help determine the assistance you need to evacuate the building in an emergency.

Thank you for your cooperation.

Name : Room or apartment number : Telephone number :	Person to contact in an emergency : Telephone number :

Q-1.	Can you hear the building's fire alarm when you are in your room or living quarters?	YES ☐	NO ☐: Reason?
Q-2.	Are you taking medication that may prevent you from waking up if a fire alarm occurs during the night?	YES ☐	NO ☐
Q-3.	Can you walk without help from your room or living quarters to a staircase or exit door?	YES ☐	NO ☐: Reason?
Q-4.	Can you open the door to the stairwell or exit door by yourself?	YES ☐ N/A ☐	NO ☐: Reason?

QUESTIONNAIRE TO ASSESS THE ABILITY OF RESIDENTS TO EVACUATE (CONTINUED)

Q-5.	Can you walk up or down stairs without assistance?	YES ☐ N/A ☐	NO ☐: Reason?
Q-6.	For mobility, you usually use: • An electric wheelchair? • A manual wheelchair? • A three-wheel scooter? • A crutch or cane? • A walker? • Other equipment? _____	 YES ☐ YES ☐ YES ☐ YES ☐ YES ☐ YES ☐	 NO ☐ NO ☐ NO ☐ NO ☐ NO ☐ NO ☐
Q-7.	Can you transfer from your bed to a wheelchair without help?	YES ☐ N/A ☐	NO ☐: Reason?
Q-8.	Can you open the door to the balcony without help?	YES ☐ N/A ☐	NO ☐: Reason?

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Q-9.	Can you go onto the balcony without help?	YES ☐ N/A ☐	NO ☐: Reason?
Q-10.	Do you suffer from:		
	• asthma?	YES ☐	NO ☐
	• a heart condition?	YES ☐	NO ☐
	Do you use:		
	• oxygen?	YES ☐	NO ☐
	• a respirator?	YES ☐	NO ☐

Summary:

Code: Green : An individual can move to safety *without assistance*.
Yellow : An individual *requires assistance* to move to safety.
Red : An individual requires *special procedures* to be carried to safety.

Questionnaire completed by : _____ Date : _____

Signature of resident : _____ Date : _____