

Dear Participant,

We want to find out if today's group session helps you understand how to become prepared for emergencies. This is part of a study to help us find better ways to help people before an emergency occurs. This group session will last 30 minutes to 1 hour. You will be asked to answer 5 questions before and after it. If you say we can contact you in 3 months, we may ask how you have used what you learn today.

You do not have to be in the study to attend today's group session. You can volunteer to answer the 5 questions before and after the class. If you agree to be in the study, please sign the bottom of this letter. We will give you a copy of this letter to keep.

If you have questions or concerns, you may contact Charleen McNeill or Ro Windwalker.

Charleen McNeill, PhD Assistant Professor University of Arkansas Eleanor Mann School of Nursing 606 N. Razorback Rd., Rm 253 Fayetteville, AR 72701 email: cmcneill@uark.edu Phone: 423-967-8238	Iroshi (Ro) Windwalker, CIP Institutional Review Board Coordinator Research Compliance 109 MLKG Building Fayetteville, AR 72701 Phone: 479.575.2208 Fax: 479.575.6527
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I have read this information or had it read to me. I have been able to ask questions and tell my concerns. My questions were answered. I understand the purpose of the study and what it involves. I understand that I do not have to be in the study. I will be given a copy of this letter.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_

E-Mail \_\_\_\_\_

Phone # \_\_\_\_\_

Where did you learn about this group?

- UAMS Clinic
- Extension Office
- DHS
- Other: \_\_\_\_\_

Do you have any chronic condition or special medical needs that require you to visit a health care provider?

Yes  No

**Sex**  Female  Male

Are you Hispanic?

Yes  No

**Race**  Am. Indian  Asian  
 Black  Hawaiian/Pac.Is.  
 White  2 or More Races

**Age**  18-64  65 years or older

## Emergency Preparedness Pre-Class Questions

Your Name: \_\_\_\_\_

Circle your answers.

<b><u>How confident are you at:</u></b>					
1. understanding what things you need to be prepared?	1 Extremely	2 Quite a bit	3 Somewhat	4 A little bit	5 Not at all
2. being able to get a kit together?	1 Extremely	2 Quite a bit	3 Somewhat	4 A little bit	5 Not at all
3. knowing how to access information to be informed?	1 Extremely	2 Quite a bit	3 Somewhat	4 A little bit	5 Not at all
4. making a plan in case of emergencies?	1 Extremely	2 Quite a bit	3 Somewhat	4 A little bit	5 Not at all
5. knowing what to do when a disaster strikes?	1 Extremely	2 Quite a bit	3 Somewhat	4 A little bit	5 Not at all

## Emergency Preparedness Post-Class Questions

Circle your answers.

Your Name: \_\_\_\_\_

<b><u>How confident are you at:</u></b>					
1. understanding what things you need to be prepared?	1 Extremely	2 Quite a bit	3 Somewhat	4 A little bit	5 Not at all
2. being able to get a kit together?	1 Extremely	2 Quite a bit	3 Somewhat	4 A little bit	5 Not at all
3. knowing how to access information to be informed?	1 Extremely	2 Quite a bit	3 Somewhat	4 A little bit	5 Not at all
4. making a plan in case of emergencies?	1 Extremely	2 Quite a bit	3 Somewhat	4 A little bit	5 Not at all
5. knowing what to do when a disaster strikes?	1 Extremely	2 Quite a bit	3 Somewhat	4 A little bit	5 Not at all