S.A.F.E. Questionnaire

Name: ______________________________________ Date: _______________

1.Do you depend on electricity for any of the following: Ventilator, Oxygen 24hrs, Oxygen night, Oxygen PRN, Med Administration, Med Refrigeration, Heating, Cooling, Lifeline/Life Alert, Other__________________________.(Please Circle)

2. Do you have any special equipment/Medical Equipment needs requiring electricity?

3. Do you have a back-up generator?

4. Does any of your medications require refrigeration?

5. Do you use an oxygen supplement? If yes when?

Oxygen Supplier?

6. Are you physically impaired?

7. Do you have a service animal?

8. Do you have or require any of the following: Hearing Aid/Aids, Complete Hearing Loss, Sight Impairment (unable to correct), Mobility Impairment, Use Wheelchair, Use Walker/Cane, Speech Impairment, Require Part Time Assistance, Require Full Time Assistance, Require Home Health/Hospice, Require No Assistance, Service Animal Equipment, Require TDD/TTY and Other_______________________?(Please Circle)

9. Do you have transportation equipment needs?

By ambulance only?

By wheelchair van only?

By any other specialized type vehicle?

10. Transportation needs?

No available transportation?

Limited transportation?

Other__________________?

-CONTINUED ON OTHER SIDE-

11. Who do you depend on most for transportation for routine errands?

12. Do you take medications for any of the following: Heart Rhythm, Heart Pain, Blood Pressure, Breathing Problems, Diabetes, Anti-Psychotic, Other medications necessary for life___________________________________?(Please Circle)

13. Do you have an emergency supply of medication?

If yes, how many day supply do you have?

14. Are your medications delivered by mail? YES or NO

14. Are you allergic to any medications?

If yes, please list____.

15. Do you have any meals delivered? YES or NO

If yes, how often_____________________.

16. Are your meals delivered by mail? YES or NO

If yes, how often_____________________.

17. What is the primary language spoken in the home?