

**Personal Assessment in the event of a disaster**

<b>Daily Living</b>	<b>My Capabilities Today</b>	<b>Assistance I need because of Disaster</b>
Personal Care	_____	_____
	_____	_____
	_____	_____
Water Service	_____	_____
	_____	_____
	_____	_____
Personal Care Equipment	_____	_____
	_____	_____
	_____	_____
Adaptive feeding Devices	_____	_____
	_____	_____
	_____	_____
Electricity-Dependent Equipment	_____	_____
	_____	_____
	_____	_____
<b>Getting Around</b>	<b>My Capabilities Today</b>	<b>Assistance I need because of Disaster</b>
Disaster Debris	_____	_____
	_____	_____
	_____	_____
Transportation	_____	_____
	_____	_____
	_____	_____
Errands	_____	_____
	_____	_____
	_____	_____

<b>Evacuating</b>	<b>My Capabilities Today</b>	<b>Assistance I need because of Disaster</b>
Building Evacuation	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
Building Exits	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
Getting Help	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
Mobility Aids	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
Ramp Access	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
Service Animals	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>