University of Texas at Tyler Disaster Shelter Simulation
EVALUATION FORM

Please circle your main role during the shelter simulation exercise:

Triage Nurse  Admission Nurse  Discharge Nurse  Leadership role  Other______________

Please circle your current nursing role:

Registered Nurse  Student Nurse

Mark an X by the response that best reflects your agreement:

1. The Just-in-Time website and readings increased my awareness of the efforts required to shelter persons with medical needs during a disaster.
   ___Strongly Agree___Agree ___ Disagree ___Strongly Disagree ___ Not Applicable

2. The orientation information presented for my role during the disaster shelter simulation satisfied my expectations.
   ___Strongly Agree___Agree ___ Disagree ___Strongly Disagree ___ Not Applicable

3. The faculty coordinator over my role was available to answer questions and provided a supportive learning environment.
   ___Strongly Agree___Agree ___ Disagree ___Strongly Disagree ___ Not Applicable

4. The action sheets and/or handouts provided were useful. (Guest description, shelter rules, infection control, etc.)
   ___Strongly Agree___Agree ___ Disagree ___Strongly Disagree ___ Not Applicable

5. If there was a major disaster in my community, I feel better prepared to effectively work in a shelter after participating in this disaster shelter simulation.
   ___Strongly Agree___Agree ___ Disagree ___Strongly Disagree ___ Not Applicable

6. I would like to receive additional training, so that I feel more comfortable with the tasks that I will be asked to perform during an actual disaster.
   ___Strongly Agree___Agree ___ Disagree ___Strongly Disagree ___ Not Applicable

7. Where did you feel least prepared to participate in this disaster simulation exercise?

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8. What was the most useful information that you received/learned?

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Comments:
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