

The Readiness Estimate and Deployability Index- CIVILIAN

(READI-CIV- Initial Version)

A. Please rate your level of competency according to the following scale

- 1 = I need theory, demonstration & supervised practice
- 2 = I would need review & supervised practice
- 3 = I would need some review & little supervision
- 4 = I would need review only
- 5 = I would need no review or supervision

Please select the circle to indicate your response

- 1 = Not Competent
- 2 = Minimally Competent
- 3 = Moderately Competent
- 4 = Highly Competent
- 5 = Totally Competent

1.	How competent are you in your role as a nurse in a mass casualty (MASCAL) situation?	1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>
2.	How competent are you to perform in emergency situations, such as those of patient in cardiac arrest?	1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>
3.	How competent are you taking care of life threatening injuries?	1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>
4.	How competent are you in providing nursing care to a multiple trauma patient?	1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>
5.	How competent are you in the care of patients with ballistics injuries?	1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>
6.	How competent are you in recognition of a patient with tension pneumothorax?	1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>
7.	How competent are you in the fluid resuscitation of a burn patient?	1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>
8.	How competent are you in performing resuscitation with blood products?	1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>
9.	How competent are you with performing airway management?	1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>

10.	How competent are you in implementing triage or sorting?	1 ● 2 ● 3 ● 4 ● 5 ●
11.	How competent are you with evacuation of patients?	1 ● 2 ● 3 ● 4 ● 5 ●
12.	How competent are you with your ability to set up tents and field equipment?	1 ● 2 ● 3 ● 4 ● 5 ●
13.	How competent are you in dealing with the unexpected (i.e. patient death is immediate)?	1 ● 2 ● 3 ● 4 ● 5 ●
14.	How competent are you with the nursing care required for patients injured by weapons of mass destruction (i.e. weapons used by terrorists)?	1 ● 2 ● 3 ● 4 ● 5 ●
15.	How competent are you with what is required of you to protect yourself and/or your patient(s) if called upon to do so?	1 ● 2 ● 3 ● 4 ● 5 ●
16.	How competent are you in your ability to perform nursing skills while in the protective gear due to possible biological/chemical threats?	1 ● 2 ● 3 ● 4 ● 5 ●
17.	How competent are you with decontamination procedures of a patient exposed to chemical or biologic agents?	1 ● 2 ● 3 ● 4 ● 5 ●
18.	How competent are you in your ability to perform your specialty under adverse environmental or staffing conditions?	1 ● 2 ● 3 ● 4 ● 5 ●
19.	How competent are you in your ability to decontaminate yourself using standard personal decontamination equipment?	1 ● 2 ● 3 ● 4 ● 5 ●
20.	20. How competent are you with use of communication equipment (e.g. field radio)?	1 ● 2 ● 3 ● 4 ● 5 ●
21.	21. How competent are you with actions you must take during warning alarms?	1 ● 2 ● 3 ● 4 ● 5 ●

B. For the following, please indicate your level of agreement according to this scale by indicating the circle for your response:

- 1 = Totally Disagree
- 2 = Minimally Agree
- 3 = Moderately Agree
- 4 = Highly Agree
- 5 = Totally Agree

23.	If I am in a terrorist environment, I have confidence that my support system (i.e. family, friends or family support group) will maintain communication with me.	1 ● 2 ● 3 ● 4 ● 5 ●
24.	I am confident in my ability to manage stress related to my primary job.	1 ● 2 ● 3 ● 4 ● 5 ●

C. Demographic Data

25.	I am confident in my ability to manage stress related to my family.	1 ● 2 ● 3 ● 4 ● 5 ●
26.	I am confident in my ability to manage stress related to my finances.	1 ● 2 ● 3 ● 4 ● 5 ●
27.	I am confident I will know how to access mental health services if needed during a stressful time.	1 ● 2 ● 3 ● 4 ● 5 ●
28.	I believe there is a real need for hospital rules and regulations to be adapted to a terrorist situation.	1 ● 2 ● 3 ● 4 ● 5 ●
29.	I think it is possible for the staff to compensate for a supervisor who does not put into practice the leadership principle: "Know your people and look out for their well-being".	1 ● 2 ● 3 ● 4 ● 5 ●
30.	I believe I could perform successfully in a terrorist situation in the absence of realistic and relevant training.	1 ● 2 ● 3 ● 4 ● 5 ●
31.	I believe I will be provided with sufficient training prior to any situation.	1 ● 2 ● 3 ● 4 ● 5 ●
32.	32. If my supervisor is unable to keep me informed of all pertinent information, I could still perform successfully.	1 ● 2 ● 3 ● 4 ● 5 ●
33.	I am prepared to deal with crowded, co-ed, and diverse persons in sleeping in quarters while in a terrorist situation.	1 ● 2 ● 3 ● 4 ● 5 ●
34.	Understanding my hospital's mission, vision and values is critical to my ability to perform successfully.	1 ● 2 ● 3 ● 4 ● 5 ●
35.	35. I am confident I will be able to function as a leader in a terrorist situation if needed.	1 ● 2 ● 3 ● 4 ● 5 ●
36.	It is critical for me to have a healthy working relationship with members of my work group.	1 ● 2 ● 3 ● 4 ● 5 ●

What is your current primary nursing specialty? (Check all that apply)

- | | |
|--|---|
| Mental Health Nurse <input type="checkbox"/> | Obstetric/L&D Nurse <input type="checkbox"/> |
| Oncology Nurse <input type="checkbox"/> | Nurse Manager/Director/Executive <input type="checkbox"/> |
| Perioperative Nurse <input type="checkbox"/> | Newborn Nursery Nurse <input type="checkbox"/> |
| Rehabilitation Nurse <input type="checkbox"/> | Academic Dean or Associate <input type="checkbox"/> |
| Post-Anesthesia Care Unit Nurse <input type="checkbox"/> | Pediatric Nurse <input type="checkbox"/> |
| Staff Development/Resource Management <input type="checkbox"/> | Case Manager <input type="checkbox"/> |
| Advanced Practice Nurse <input type="checkbox"/> | Emergency Nurse <input type="checkbox"/> |
| Nurse Educator <input type="checkbox"/> | Nurse Researcher <input type="checkbox"/> |
| Community Health Nurse <input type="checkbox"/> | Home Health Nurse <input type="checkbox"/> |
| Critical Care Nurse - Adult <input type="checkbox"/> | Ambulatory Care Nurse <input type="checkbox"/> |
| Medical Surgical Nurse <input type="checkbox"/> | Other (please specify below) <input type="text"/> |
| Critical Care Nurse - Neonatal or Pediatric <input type="checkbox"/> | |

3. How many years of professional nursing experience do you have? 0
4. Do you have prior technical healthcare experience (e.g. medical assistant)? Yes No
5. What is your gender? Male Female
6. If you are a civilian nurse who is also an armed forces reserve or a guard member, please indicate that here:
- Yes, I am a civilian nurse also serving in the reserve or guard.
- No, I am not also serving in the reserve or guard.
7. What is your highest education level?
- Associate Degree in Nursing Masters in Nursing
- Associate Degree in another field Masters in other than nursing
- Diploma in Nursing Doctorate in Nursing
- Bachelors in Nursing Doctorate in other than nursing
- Bachelors in other than nursing
8. When was the last time you provided direct patient care? (Check one)
- More than 4 years ago Within the last year, but more than 6 months ago
- Within the most recent 1-4 years Within the last 6 months
9. What type(s) of triage experiences and education have you had? (Check all that apply)
- I have not learned about triage yet
- Learned through formal courses
- Learned through inservices, nursing journals, handouts, etc.
- Practiced triage in an Emergency Department setting
- Practiced triage in a field environment on real and/or moulaged patients
10. Are you currently working in an Emergency Department or emergency environment that requires you to triage patients?
yes no
12. Have you ever practiced nursing in a country outside the United States? (If No, proceed to question 15) yes no
13. What was the length of time for your overseas nursing experience (longest, if more than one)?
- up to 2 weeks
- more than 90 days
- NA
- more than two weeks but less than 30 days
- 30-90 days
14. What were the dates of your most recent overseas nursing experience? From: _____ (mm/dd/yyyy) To: _____ (mm/dd/yyyy)
15. What is your age? under 18
16. How frequently do you exercise? at least 3-5 times a week twice a week once a week less than once a week not at all
17. Check the box that represents how long ago it was that you had a physical exam. 1-12 months ago 1-5 years ago longer than 5 years ago
18. Are you up to date on routine gender specific (i.e. mammogram for women; prostate exam for men), health related exams?
 yes no
19. If indicated, do you have arrangements for your children if you are a way for a long time? yes no not applicable
20. If single, do you have a support plan for your children, pets, finances or elder dependents? yes no not applicable

Which of the following would you use to help you in coping with stress? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Tobacco | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Talking with Friends | <input type="checkbox"/> Sleeping |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Relaxation/Meditation Techniques |
| <input type="checkbox"/> Religious Faith | <input type="checkbox"/> Music |
| <input type="checkbox"/> Physical Exercise | <input type="checkbox"/> Other (please specify below) |
| <input type="checkbox"/> Eating | |

22. Do you have a will? yes no

You have completed the questionnaire Thank you.

Submit