SECTION ONE:

Please tick ($\sqrt{}$) in the appropriate box

1.	Age:
2.	Gender :
	Male Female
3.	Marital status:
	Single Married Divorce Widow/er
4.	Highest Education level completed :
	Diploma Bachelor Masters Professional
5.	What is your primary job category?
	Specialist medical practitioner General medical practitioner
	Nurse
6.	Duration of work at the hospital: Years.

7. Do you have any of the following responsibilities (you can choose more than one choice):



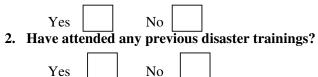
8. Do you have any one who can take care of the previously mentioned responsibilities in case of your absence?



SECTION TWO

Please tick $(\sqrt{})$ in the appropriate box:

1. Have you participated in a disaster before?



SECTION THREE:

Part A:

N	Questions	Strongly disagree (1)	Disagree (2)	Somwwhat agree (3)	Agree (4)	Strongly agree (5)
1.	I am confident of my personal safety at work in case of a disaster.					

2.	I am assured that my family is prepared to function in in my absence during a disaster.			
3.	I am sure that my colleagues are able to perform their duties during a disaster.			
4.	The hospital is prepared to provide effective response in case of a disaster.			

PART B:

NO	Statement	Strongly disagree (1)	Disagree (2)	Somwwhat agree (3)	Agree (4)	Strongly agree (5)
1.	I am able to treat patients of different type of disasters.					
2.	I am confident that I can perform my role in the hospital following any type of disasters.					
3.	I feel that it is my duty to work in the event of a disaster.					
4.	I will be able to report to work at the hospital during an event of a disaster.					

SECTION FOUR:

NO	Statement	Strongly disagree (1)	Disagree (2)	Somwwhat agree (3)	Agree (4)	Strongly agree (5)
1.	I am willing to participate in any type of disaster regardless of its severity					
2.	I am willing to participate in natural disasters (earthquake, floods or cyclone)					
3.	I am you willing to participate in influenza pandemic					