

Appendix A. Examples of Personal Communication Displays

1. From Pam Kennedy: These displays were developed and used during a flood by a young man who was evacuated to a shelter.

| | | | | | | | | | |
|---------|----------|--------|---------|----------|---------|----------|-----------|---------|-----------|
| I/me/my | you/your | dog | soldier | family | friend | man/he | woman/she | mom | dad |
| home | present | happy | done | eat | drink | go | hi/bye | arm | loud |
| want | past | sad | move | sandwich | soda | question | thank you | hand | help |
| don't | future | angry | chair | soup | water | front | on | head | stink |
| toilet | hurt | afraid | bed | bread | back | down | off | stomach | yuck |
| good | wrong | bad | pillow | more | inside | up | sick | foot | very |
| yes | wait | no | blanket | flood | outside | okay | medicine | leg | next page |

| | | | | | | | | | |
|---------|----------|--------|---------|----------|---------|---------|-----------|----------------|-----------|
| I/me/my | you/your | dog | soldier | family | friend | man/he | woman/she | mom | dad |
| home | present | happy | who | book | TV | hi | bye | | |
| want | past | sad | what | paper | music | please | thank you | you're welcome | |
| don't | future | angry | where | pen | movie | dislike | okay | | |
| toilet | hurt | afraid | when | computer | like | call | | | |
| good | wrong | bad | why | read | write | | | | |
| yes | wait | no | how | flood | outside | tired | | | next page |

2. From Pam Kennedy: Pam Kennedy developed and used these displays during a flood when she was evacuated to a shelter with her service animal/dog Jessie. She always carries them with her

| | | | | | | | | | |
|-----|----|------|------------|------------|-----------|--------------|------------|----------------|-----------------------|
| A | B | C | D | E | F | G | Hi | Bye | How are you? |
| H | I | J | K | L | M | N | Sorry! | Wait. | please |
| O | P | Q | R | S | T | U | Thank you! | You're welcome | listen |
| V | W | X | Y | Z | Space | . | blanket | pillow | computer |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | paper | pen | a drink |
| 7 | 8 | 9 | Jessie | I, me, my | you, your | he, him, his | oops! | OK | soup |
| yes | no | know | don't know | want, need | help | bathroom | seizure | ? | I can't swallow that. |

| | | | | | | | | | |
|--|---|-------------------------------------|---------------------------------|-------------------------------|--|------------------|----------|---------|------------|
| I'm Pam Kennedy. | I can't speak but can understand you. | They're looking for a place for me. | Jessie needs to go out. | Jessie is out of food. | Are access roads still flooded? | Any new updates? | did | and | backside |
| Please ask questions when you need to. | I have family in Bismarck. | I don't know how much I lost yet. | Jessie needs water. | My chair needs to be charged. | Any refugees found homes since I was on? | hurt, hurts | shoulder | chest | thigh |
| I have cerebral palsy and epilepsy. | My vital info is on my PC. I'll get it. | The basement was flooded. | Jess is confused, stressed out. | Has anyone else been found? | Has anyone called regarding my status? | head | arm | ribs | knee |
| I, my | need | wrist splints | am/feel | nauseous | dizzy | eyes | wrist | stomach | shin |
| pen | morning meds | pain meds | like | pain meds | swelling | ear | hand | back | ankle |
| paper | evening meds | inhaler | seizure | headache | double vision | nose | finger | waist | foot |
| yes | no | OK | Oops! | Wait. | computer | mouth | left | right | bad, badly |

APPENDIX B.

| Sample Emergency Health Information | | | |
|---|----------------------|----------------------------|-----------------|
| Kailes, J.I. (2004) <i>Emergency Evacuation Preparedness: Taking Responsibility For Your Safety: A Guide For People with Disabilities and Other Activity Limitations</i> , p.40. http://www.cdihp.org/evacuation/att_b.html#ehi_form Accessed on 7/15/08 | | | |
| Emergency Health Information | Date: | | Updated: |
| Name | | | |
| Address | | | |
| City | | State | Zip |
| CONTACT METHOD | HOME | WORK | |
| Phone: | | | |
| Cell: | | | |
| Fax: | | | |
| E-mail: | | | |
| Birth Date | Blood Type | Social Security No. | |
| Health Plan: | Individual #: | Group #: | |
| Emergency Contact: | | | |
| Address | | | |
| City | | State | Zip |
| CONTACT METHOD | HOME | WORK | |
| Phone: | | | |
| Cell: | | | |
| Fax: | | | |
| E-mail: | | | |
| Primary Care Provider: | | | |
| Address | | | |

| | | |
|--|--------------|---------------|
| City | State | Zip |
| Phone | Fax | E-mail |
| Disability / Conditions: | | |
| Medication: | | |
| Allergies: | | |
| Immunizations | Dates | |
| | | |
| | | |
| | | |
| Communication / Devices / Equipment / Other: | | |
| <small>Excerpted from Be a Savvy Health Care Consumer, Your Life May Depend on It! by June Isaacson Kailes, For more information about this guide, contact jik@pacbell.net or visit http://www.jik.com/resource.html.</small> | | |