

The Readiness Estimate and Deployability Index- NAVY

(READI -R- USN-NC Version)

A. How Competent are you: 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

Competency Scale

Not Competent 1 2 3 4 5 Totally Competent

1.	Performing your role as a nurse in a mass casualty (MASCAL) situation?	1 ● 2 ● 3 ● 4 ● 5 ●
2.	Performing in emergency situations, such as those of patients in cardiac arrest? arrest?	1 ● 2 ● 3 ● 4 ● 5 ●
3.	Taking care of patients with life-threatening injuries?	1 ● 2 ● 3 ● 4 ● 5 ●
4.	Providing patient care to a multiple trauma patient?	1 ● 2 ● 3 ● 4 ● 5 ●
5.	Caring for patients with ballistic missile injuries?	1 ● 2 ● 3 ● 4 ● 5 ●
6.	Recognizing a patient with a tension pneumothorax?	1 ● 2 ● 3 ● 4 ● 5 ●
7.	Performing fluid resuscitation of a burn victim?	1 ● 2 ● 3 ● 4 ● 5 ●
8.	Resuscitating a patient with blood products?	1 ● 2 ● 3 ● 4 ● 5 ●
9.	Performing airway management?	1 ● 2 ● 3 ● 4 ● 5 ●
10.	Implementing the triage categories?	1 ● 2 ● 3 ● 4 ● 5 ●

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

11.	Utilizing patient aeromedical evacuation procedures?	1 ● 2 ● 3 ● 4 ● 5 ●
12.	Using field communications equipment (e.g. field radio)? Sanitation and Hygiene?	1 ● 2 ● 3 ● 4 ● 5 ●
13.	Carrying out the Deployable Medical Systems (DEPMEDS) Setup (e.g. setting tents and equipment)?	1 ● 2 ● 3 ● 4 ● 5 ●
14.	Dealing with the unexpected (e.g. providing patient care in a bomb shelter if necessary).	1 ● 2 ● 3 ● 4 ● 5 ●
15.	Providing patient care required for those injured by weapons of mass destruction (e.g. weapons used by terrorists)?	1 ● 2 ● 3 ● 4 ● 5 ●
16.	Protecting yourself and/or your patient(s) if called upon to do so?	1 ● 2 ● 3 ● 4 ● 5 ●
17.	Performing nursing skills while in the M40 mask and MOPP gear?	1 ● 2 ● 3 ● 4 ● 5 ●
18.	Utilizing decontamination procedures for patients exposed to chemical or biological agents? to chemical or biological agents?	1 ● 2 ● 3 ● 4 ● 5 ●
19.	Performing your primary military specialty under adverse and/or prolonged field conditions (i.e. limited staff to provide relief)?	1 ● 2 ● 3 ● 4 ● 5 ●
20.	Decontaminating yourself using standard personal decontamination equipment?	1 ● 2 ● 3 ● 4 ● 5 ●
21.	Knowing your status under the Geneva Convention?	1 ● 2 ● 3 ● 4 ● 5 ●
22.	Using field communications equipment (e.g. field radio)?	1 ● 2 ● 3 ● 4 ● 5 ●
23.	Taking actions necessary during warning alarms?	1 ● 2 ● 3 ● 4 ● 5 ●
24.	I am confident that my support system (e.g. family, friends or family support group) will meet all my psychosocial needs.	1 ● 2 ● 3 ● 4 ● 5 ●

your response

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

25.	I am confident that if I am deployed, my support group (e.g. family, friends or family	1 ● 2 ● 3 ● 4 ● 5 ●
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	support group) will maintain communication with me.	
26.	I am confident in my ability to manage stress related to my primary job.	1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>
27.	I am confident in my ability to manage stress related to my family.	1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>
28.	I am confident in my ability to manage stress related to my finances.	1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>
29.	I am confident that I will know how to access mental health services for myself, if needed, while deployed.	1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>
30.	I believe there is a real need for military rules and regulations to be adapted to the deployment setting.	1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>
31.	I am confident in my ability to perform my leadership role as a Navy Nurse Corps Officer: "Train Hospital Corpsmen."	1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>
32.	I think it is possible for the staff to compensate for a commander who does not put into practice the leadership principle: "Know your people and look out for their well-being."	1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>
33.	I believe I could perform successfully in the deployed setting in the absence of realistic and relevant training.	1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>
34.	I believe I will be provided sufficient deployment training prior to a deployment.	1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>
35.	If the commander of my deploying unit is unable to inform me of all pertinent information, I could still perform successfully.	1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>
36.	I am prepared to deal with crowded, co-ed, and mixed ranks sleeping quarters while deployed.	1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>
37.	Understanding my deployed unit's mission, vision, and values is critical to my ability to perform successfully.	1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>
38.	I am confident I will be able to function as a group leader in a deployed setting, if needed.	1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>
39.	It is critical for me to have a successful working relationship with members in my deployment unit.	1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/>

C. Demographic Data

1. What is your current affiliation with the military? (Choose One)

Active Duty

Drilling Reserve

Individual Ready Reserve

Or Other (Enter Answer):

2. What is your primary Nursing Subspecialty Code? (Choose One)

- | | |
|---|--|
| 1900 Professional Nursing <input type="radio"/> | 1964 Neonatal Intensive Care Nursing <input type="radio"/> |
| 1901 Nursing Administration <input type="radio"/> | 1972 Nursing Anesthesia <input type="radio"/> |
| 1903 Nursing Education <input type="radio"/> | 1974 Pediatric Nurse Practitioner <input type="radio"/> |
| 1910 Medical Surgical Nursing <input type="radio"/> | 1976 Family Nurse Practitioner <input type="radio"/> |
| 1920 Maternal Infant Nursing <input type="radio"/> | 1980 Women's Health Nursing <input type="radio"/> |
| 1922 Pediatric Nursing <input type="radio"/> | 1981 Nursing Midwife <input type="radio"/> |
| 1930 Psychiatric Nursing <input type="radio"/> | 1806 Health Care Administration <input type="radio"/> |
| 1940 Community Health Nursing <input type="radio"/> | 3130 Manpower Systems Analyst <input type="radio"/> |
| 1945 Emergency/Trauma Nursing <input type="radio"/> | 3180 Education and Training Management Systems <input type="radio"/> |
| 1950 Perioperative Nursing <input type="radio"/> | |
| 1960 Intensive Care Nursing <input type="radio"/> | |

3. How many years of nursing experience do you have (include military and civilian experience [LPN and RN])? years

4. Do you have prior technical medical experience (i.e. medical technician)? Yes No

5. Sex: Male or Female? Male Female

6. What is your military rank? (Choose One)

- | | |
|--|--|
| O1 / Ensign <input type="radio"/> | Lieutenant Commander <input type="radio"/> |
| O2 / Lieutenant Junior Grade <input type="radio"/> | Commander <input type="radio"/> |
| O3 / Lieutenant <input type="radio"/> | Captain <input type="radio"/> |

7. What is your highest education level? (Choose One)

- | | |
|---|---|
| Bachelors in Nursing <input type="radio"/> | Masters in other than nursing <input type="radio"/> |
| Bachelors in other than nursing <input type="radio"/> | Doctorate in Nursing <input type="radio"/> |
| Masters in Nursing <input type="radio"/> | Doctorate in other than nursing <input type="radio"/> |

8. Which of these statements describes the last time you provided direct patient care? (best choice)

- | | |
|--|---|
| More than 4 years ago <input type="radio"/> | Greater than six months, but less than one year <input type="radio"/> |
| Within the most recent 1-4 years <input type="radio"/> | Within the last 6 months <input type="radio"/> |

9. What type(s) of triage experience and education have you had? (Select best choice)

- I have no education or experience with triage
- Learned via inservices, nursing journals, handouts, etc.
- Practiced triage in an in an Emergency Department setting
- Practiced triage in a field setting

10. Are you currently assigned to a mobility platform (e.g. Fleet Hospital, Casualty Receiving Ship, Fleet Surgical Team, or Fleet Marine Force). Yes No

11. Have you ever been deployed? If No, proceed to question 16) Yes No

12. How many times have you been deployed? times

13. What was the length of your longest deployment? days

14. What are the approximate dates of your most recent deployment? (Mo./Yr.) From: (mm/dd/yyyy) To:

15. What is your age? **under 18** years

16. Which statement best describes how frequently you exercise? (Choose One)

- Three to five times per week
- Two times per week

- One time per week
- Less frequently than once per week

17. Which statement best represents how long ago you had a physical examination? (Choose One)

- Less than one year
- One to five years
- Greater than five years

18. Are you up to date on routine gender specific health-related exams (e.g. mammogram / PAP for females and prostate exam for males). Yes No Uncertain

19. If indicated, do you have a family care plan (required for unmarried active duty members and when both parents are active duty members)? Yes No Not Applicable

20. If single, do you have a support for your pets, finances, or elder dependents? Yes No Not Applicable

21. Which of the following would you use to help cope with stress? (Check all that apply)

- Tobacco
- Religious Faith
- Relaxation/Meditation Techniques
- Eating
- Music

- Sleeping
- Reading
- Talking with Friends
- Other (please specify below)

**Thank you for completing the READI.
Please provide any comments that might improve the READI.**

Are there any relevant items that should have been, but are not included in the READI?

Please discuss any comments that you might have regarding the Navy Nursing READI and/or this evaluation:

Thank you very much for completing this questionnaire.

Submit