# APPENDIX A: SCRIPT FOR INTERVIEWS

1. **Name of person interviewed**
2. **Title**
3. **Organization name (or acronym)**
4. **Contact information**
	1. **Phone**
	2. **Email**
5. **Type of Organization**
	1. **Airport**
	2. **Airline**
	3. **Non-Aviation**
6. **How does your organization define DAFN communities?**
7. **What position title in your organization has the primary responsibility for managing and working with your DAFN community?**
8. **What other staff positions are trained in DAFN support or assistance?**
9. **Approximately how many total persons (employees, tenants, customers, clients) are in your facility during peak times?**
10. **Do you have specific programs designed to assist the different categories of disability and access or functional needs?**
11. **Does your organization’s emergency plan specifically identify the different categories of DAFN support and needed resources?**
12. **How often do you conduct emergency exercises (and what types-tabletop/full scale and how frequently)?**
13. **Do you have a disability advisory committee?**
14. **How often do you conduct emergency exercises utilizing DAFN individuals and their needed specialized equipment or animals?**
	1. **Does your community incorporate the DAFN community in other emergency exercises outside of the airport?**
15. **What type of specific training do you give your employees and first responders on DAFN during emergency situations?**
16. **What type of additional equipment or support is identified and utilized during emergencies to assist the DAFN community and their animals, specialized equipment or care givers?**
17. **What support or training can the DAFN community give to support your organization?**
18. **What specific lessons have you learned from exercises or real-life events when supporting DAFN individuals during emergencies?**
19. **What barriers or problems have you encountered and how were they resolved (e.g., how about limited resources-funds, people, etc)?**
20. **What documents, plans, report, or graphics can you share with us that will illustrate the most important features of your DAFN program?**
21. **Do you know of other airports or organizations that have a successful DAFN emergency exercise program?**
22. **How do you think we can better be prepared to assist the DAFN individuals during emergencies?**
23. **Even if you’re unable to incorporate DAFN into emergency exercises currently, do you have a plan to do so? Or, if you had more resources, time, training, etc., how would you incorporate DAFN into emergency exercise?**

**Thank you for your participation**