Survey: Compensation

Marking Instructions
- Use number 2 pencil only.
- Make dark marks that fill the circle completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

1. How long have you worked for your current EMS employer? If you work for more than one EMS organization, please answer about the one you work for most often.
   - ☐ less than one year
   - ☐ 1 - 2 years
   - ☐ 3 - 4 years
   - ☐ 5 - 7 years
   - ☐ 8 - 10 years
   - ☐ 11 - 15 years
   - ☐ 16 - 20 years
   - ☐ 21 or more years

2. Which of the following best describes your primary role in your EMS organization? Please mark only one circle. If you work for more than one EMS organization, please answer about the one you work for most often.
   - ☐ Patient care provider
   - ☐ Administrator/Manager
   - ☐ Field supervisor
   - ☐ Educator
   - ☐ Other (SPECIFY) ____________________________

3. The following types of insurance and health plans are often provided by employers. They may also be purchased by individuals. For each type of insurance or health plan, please indicate:
   (1) whether you have the benefit. If you do not have it, please mark the first column ("Do not have").
   (2) If you have the benefit, please indicate who pays for most or all of it. PLEASE MARK ALL THAT APPLY. MARK AT LEAST ONE CIRCLE PER LINE.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Do not have</th>
<th>EMS employer(s) pays most or all</th>
<th>I pay some and my EMS employer pays some</th>
<th>I pay all myself</th>
<th>Other employer pays most or all</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health plan or health insurance</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Dental plan or dental insurance</td>
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<td>☐</td>
<td>☐</td>
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<td>☐</td>
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<tr>
<td>Optical (eyeglasses, contact lenses) plan</td>
<td>☐</td>
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<tr>
<td>Prescription plan (including health plans with prescription benefits)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Long term care (extended care facility or nursing home) insurance</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Long term disability (not work related)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<td>Short term disability (not work related)</td>
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<tr>
<td>Life insurance</td>
<td>☐</td>
<td>☐</td>
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</tr>
</tbody>
</table>

4. How satisfied are you with the health plan/insurance provided by your primary EMS employer?
   - ☐ Very Satisfied
   - ☐ Satisfied
   - ☐ Dissatisfied
   - ☐ Very Dissatisfied

5. Do you receive the following benefits from your primary EMS employer? (PLEASE MARK ONE CIRCLE PER LINE)
   - Yes
   - No
   - Don't Know

   - Worker's compensation
   - Paid sick leave
   - Paid holidays
   - Paid vacation time
   - Profit sharing
   - Stock options
   - Uniform allowance/free uniforms
   - Longevity awards (e.g., 10-year bonus)
   - College tuition assistance
6. When you retire, from which of the following sources do you anticipate receiving income? (PLEASE MARK ONE CIRCLE PER LINE)
   Yes ☐ No ☐
   EMS employer sponsored retirement plan
   Other employer sponsored retirement plan (including military or government pensions)
   Social Security
   Individual retirement plan(s) to which I personally contribute
   Personal savings or investments
   Other (SPECIFY) ☐

7. Please indicate how strongly you agree or disagree with the following statement. My retirement plan is adequate to meet my financial needs when I reach retirement age.
   ☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

8. Are you a member of a collective bargaining unit (union/association) at your primary EMS job?
   ☐ Yes ☐ No

9. In the past 12 months, did you receive a pay raise (excluding bonuses) from your primary EMS employer?
   ☐ Yes ➔ GO TO QUESTION 10 ☐ No ➔ SKIP TO QUESTION 13

10. Was the pay raise based upon: (PLEASE MARK ONE CIRCLE PER LINE)
    ☐ Merit ☐ Cost of living ☐ Longevity ☐ Additional education
    ☐ Skill pay ☐ Employer decision (no reason given) ☐ Promotion

11. How satisfied were you with this pay raise? ☐ Very Satisfied ☐ Satisfied ☐ Dissatisfied ☐ Very Dissatisfied

12. What percentage pay raise did you receive? ____________________________ %

13. Does your primary EMS organization currently make available to you any of the following? (PLEASE MARK ONE CIRCLE PER LINE)
    ☐ Free meals while on duty/meal allowance ☐ Fitness facility on site/Health club membership
    ☐ Periodic physical examinations or health screenings

14. EMT re-registration requires at least 24 hours of continuing education. Does your primary EMS employer provide support for this continuing education (for example, through tuition reimbursement, paid time off to attend further training, or reimbursement for educational travel costs)?
    ☐ Yes ➔ GO TO QUESTION 15 ☐ No ➔ SKIP TO QUESTION 16

15. How satisfied are you with your primary EMS organization's support of your continuing education?
    ☐ Very Satisfied ☐ Satisfied ☐ Dissatisfied ☐ Very Dissatisfied

16. How satisfied are you with the appreciation and recognition you receive from your EMS organization?
    ☐ Very Satisfied ☐ Satisfied ☐ Dissatisfied ☐ Very Dissatisfied

17. Overall, how satisfied are you with all of the benefits you receive from your primary EMS employer?
    ☐ Very Satisfied ☐ Satisfied ☐ Dissatisfied ☐ Very Dissatisfied

18. Considering the type of work they do and the conditions they work under, do you think EMT's:
    ☐ get paid much less than they deserve to be paid
    ☐ get paid less than they deserve to be paid
    ☐ receive a fair wage for what they do
    ☐ get paid more than they deserve to be paid
    ☐ get paid much more than they deserve to be paid