37. In what industry, if any, were you employed prior to becoming an EMT? (PLEASE MARK ONE)
   ○ Agriculture/Farming
   ○ Business Service
   ○ Education
   ○ Finance/Insurance/Real Estate
   ○ Health Care
   ○ Manufacturing
   ○ Military
   ○ Other Government
   ○ Restaurant/Food/Beverage
   ○ Retail Distribution
   ○ Transportation/Utilities
   ○ None — was a student
   ○ None — was unemployed
   ○ Other (SPECIFY)

38. In the last 12 months, have you ever done any of the following as part of your job as an EMT? (PLEASE MARK ONE CIRCLE PER LINE)
   ○ Perform patient care duties in an emergency department
   ○ Perform patient care duties in a health care setting other than an emergency department (such as a doctor’s office, nursing home, hospital unit, etc.)
   ○ Perform inter-facility transfer of critical care patients
   ○ Transport emergency patients to a health care facility other than an emergency department
   ○ Treat and release emergency patients without transport
   ○ Participate in health monitoring programs

Ambulance Safety Survey

The following questions ask about the safety of ambulances. Your answers will describe the risks to EMTs in the field, and may lead to safer ambulance design.

1. In the last 30 days, did you spend any time in a moving ambulance as part of your job as an EMT?
   ○ Yes
   ○ No ⇒ If no, go to Question 10

2. In the last 7 days, how much time did you spend in a moving ambulance as part of your job as an EMT?
   ○ None
   ○ 1-4 Hours
   ○ 5-8 Hours
   ○ 9-16 Hours
   ○ 17-24 Hours
   ○ 25-32 Hours
   ○ 33-40 Hours
   ○ more than 40 Hours

3. In the last 7 days, how much of your time did you spend in the ambulance’s patient compartment as part of your job as an EMT?
   ○ None
   ○ 1 Hour
   ○ 2 Hours
   ○ 3-4 Hours
   ○ 5-8 Hours
   ○ 9-12 Hours
   ○ 13-20 Hours
   ○ more than 20 Hours

4. In what kind of ambulance do you work most often?
   ○ Truck-front with box (Type 1)
   ○ Van (Type 2)
   ○ Van-front with box (Type 3)
5. During transport of a patient, how often are each of the following secured to prevent their moving during a crash or sudden maneuver?

- Defibrillator
- Portable oxygen cylinder
- Airway Bag
- Trauma Bag
- Medication Bag
- Portable Suction Unit
- Patient (to stretcher)
- Stretcher

<table>
<thead>
<tr>
<th>All of the time</th>
<th>Most of the time</th>
<th>Some of the time</th>
<th>Rarely</th>
<th>Never</th>
<th>Not Applicable</th>
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6. When was the last time you transported more than one patient in the patient compartment of the ambulance?

- Within the last week
- Between one week and one month ago
- 1 - 6 months ago
- 7 - 12 months ago
- More than 1 year ago
- Never

7. If the following ambulance safety equipment were available, how often would you use them?

- Restraints that allow for mobility
- Oxygen bottle mounting system on stretchers
- Helmet with integrated communication system

<table>
<thead>
<tr>
<th>All of the time</th>
<th>Most of the time</th>
<th>Some of the time</th>
<th>Rarely</th>
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</thead>
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</tbody>
</table>

8. When you are in the patient compartment during the emergency transport of a patient, how often do you wear seatbelts or restraints?

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never
- I do not do emergency transport of patients

9. When you are in the patient compartment during the scheduled transport of a patient, how often do you wear seatbelts or restraints?

- All of the time
- Most of the time
- Some of the time
- Rarely
- Never
- I do not do scheduled transport of patients

10. When you are in the patient compartment during the transport of a patient, where do you usually sit?

- Rear facing (airway seat or Captain's chair)
- Side facing (bench or CPR seat)
- I am never in the patient compartment

11. How many crew members usually ride in the patient compartment during the emergency transport of a patient?

- One
- Two
- More than two
- I do not do emergency transport of patients

12. How many crew members usually ride in the patient compartment during the scheduled transport of a patient?

- One
- Two
- More than two
- I do not do scheduled transport of patients

13. Have you ever been involved in an ambulance crash or an ambulance accident?

- Yes
- No ➔ If no, go to end

14. When did this ambulance crash or accident occur?

- Less than one month ago
- 1 - 6 months ago
- 7 - 12 months ago
- More than 1 year ago

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If you have been involved in more than one ambulance crash or accident, please answer the following questions about the most recent crash or accident.

15. Where were you when this incident occurred?
   - ○ Driver's Seat
   - ○ Passenger's seat
   - ○ Patient Compartment

16. At the time of the incident, how fast was the ambulance traveling?
   - ○ Stopped
   - ○ 11 - 30 mph
   - ○ Less than 10 mph
   - ○ 31 - 55 mph
   - ○ More than 55 mph

17. At the time of the incident, which, if any, emergency warning signals were being used? (PLEASE MARK ONLY ONE)
   - ○ Red lights and siren
   - ○ Red lights only
   - ○ Siren only
   - ○ No emergency warning signals were being used

18. At the time of the incident, what were you doing? (PLEASE MARK ONLY ONE)
   - ○ Responding to an emergency call
   - ○ Transporting a patient
   - ○ Normal driving (returning to base following a call, public relations, running an errand, etc.)

19. How heavily damaged was the ambulance?
   - ○ Severe damage
   - ○ Minor damage
   - ○ No damage

20. Which of the following best explains the incident? (MARK ALL THAT APPLY)
   - ○ The ambulance struck another vehicle
   - ○ The ambulance was struck by another vehicle
   - ○ The ambulance struck a fixed object
   - ○ The ambulance rolled over
   - ○ Other (Please describe) ________________________________

21. Were you injured in this incident?
   - ○ Yes
   - ○ No ➔ If no, go to end

22. What best describes the care that you received for your injury(ies)?
   - ○ None
   - ○ First aid only
   - ○ Treated in the emergency department, and released
   - ○ Treated in the emergency department, and admitted
   - ○ Treated by a physician other than in the emergency department

23. What best describes how much work you missed as a result of your injury?
   - ○ I missed no work as a result of the injury
   - ○ I missed one day or less as a result of the injury
   - ○ I missed more than one day, but less than a week as a result of the injury
   - ○ I missed more than a week, but less than a month as a result of the injury
   - ○ I missed more than a month, but less than six months as a result of the injury
   - ○ I missed more than six months as a result of the injury
   - ○ I cannot return to ambulance work as a result of the injury

24. What part of your body was most severely injured?
   - ○ Head
   - ○ Neck
   - ○ Back
   - ○ Chest
   - ○ Abdomen
   - ○ Arm (including shoulder and hand)
   - ○ Leg (including pelvis, hip and foot)