

Longitudinal Emergency Medical Technician Attributes Demographics Study



Longitudinal EMT Attributes Demographics Study Project

EMS Needs Your Help!

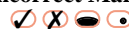
By completing this survey you can make an important contribution to this nation's Emergency Medical Services

Marking Instructions



- Use number 2 pencil only.
- Make dark marks that fill the oval completely.

Incorrect Marks



- Erase cleanly any mark you wish to change.
- Make no stray marks.

Correct Mark



1. Which best describes your last EMS position?

- I was never employed in EMS > SKIP TO END
- I was in a fully compensated position > GO TO QUESTION 2
- I was in a partially compensated volunteer position > GO TO QUESTION 2
- I was in a non-compensated volunteer position > GO TO QUESTION 2

2. Please indicate how **important** each of the following were in your decision to leave EMS.

	Very Important	Moderately Important	Slightly Important	Not Important	Not Applicable
a. Desire for better pay and benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Desire for a career change	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Dissatisfaction with my organization's management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Desire to retire	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I/my family moved to a new location	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Family issues (child/elder care, divorce)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Chose to pursue further education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Disciplinary issues (suspension/reprimand)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I was ill/injured or disabled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. My organization was downsized	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Negative working relationship with other EMTs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Lack of challenges on the job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

COPYRIGHT © 2000
by the

National Registry of Emergency Medical Technicians
Rocco V. Morando Building
6610 Busch Blvd
Columbus, Ohio 43229

All Rights Reserved

2. continued....	Very Important	Moderately Important	Slightly Important	Not Applicable	Not Important
m. Lack of opportunities for advancement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Numbers of hours I worked	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Lack of a flexible schedule	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. I was stressed/burned-out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. I didn't meet recertification requirements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. Other (SPECIFY) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Did you retire from your EMT position?

Yes > SKIP TO QUESTION 5

No > GO TO QUESTION 4

4. In what industry, if any, are you currently employed?

<input type="radio"/> Agriculture/Farming	<input type="radio"/> Manufacturing	<input type="radio"/> Transportation/Utilities
<input type="radio"/> Business Services	<input type="radio"/> Military	<input type="radio"/> None
<input type="radio"/> Education	<input type="radio"/> Other Government	<input type="radio"/> Other (SPECIFY) _____
<input type="radio"/> Finance/Insurance/Real Estate	<input type="radio"/> Restaurant/Food/Beverage	
<input type="radio"/> Health Care	<input type="radio"/> Retail/Distribution	

5. When did you last work in EMS?

0 - 2 months ago

3 - 5 months ago

6 - 12 months ago

More than 12 months ago

6. Since you left your EMS position, how satisfied have you been with your life?

Very satisfied

Satisfied

Dissatisfied

Very Dissatisfied

7. How likely is it that you will return to EMS?

Definitely will return

Probably will return

Probably will not return

Definitely will not return

8. Which, if any, of the following conditions were important factors in your decision to leave EMS?

	YES	NO
a. Back injury	<input type="radio"/>	<input type="radio"/>
b. Blunt injuries	<input type="radio"/>	<input type="radio"/>
c. Cancer	<input type="radio"/>	<input type="radio"/>
d. Cardiovascular disease	<input type="radio"/>	<input type="radio"/>
e. Emotional disorder	<input type="radio"/>	<input type="radio"/>
f. Infectious disease	<input type="radio"/>	<input type="radio"/>
g. Penetrating injury	<input type="radio"/>	<input type="radio"/>
h. Respiratory disorders	<input type="radio"/>	<input type="radio"/>
i. Other illness, injury or disability (SPECIFY) _____	<input type="radio"/>	<input type="radio"/>
j. I did not leave EMS due to illness, injury, or disability	<input type="radio"/>	<input type="radio"/>

THANK YOU VERY MUCH FOR YOUR COOPERATION. PLEASE RETURN YOUR COMPLETED SURVEY IN THE ENCLOSED ENVELOPE.