



If you do NOT wish to complete the survey, check here and leave the survey blank.

I do NOT wish to complete this survey.

Please rate the following:

Disagree Strongly    Disagree Slightly    Neutral    Agree Slightly    Agree Strongly

	Disagree Strongly	Disagree Slightly	Neutral	Agree Slightly	Agree Strongly
1. I like my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. EMS Personnel input is well-received in this EMS agency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I would feel safe being treated by this EMS agency as a patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Medical errors are handled appropriately at this EMS agency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. This EMS agency does a good job of training new personnel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Working at this EMS agency is like being part of a large family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The management of this EMS agency supports my daily efforts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I receive appropriate feedback about my performance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. In this EMS agency, it is difficult to discuss errors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Staff turnover at this agency is high.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. This EMS agency is a good place to work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Management does not knowingly compromise the safety of patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. The levels of staffing at this EMS agency are sufficient to handle the number of calls.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I am encouraged by my colleagues to report any patient safety concerns I may have.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. The culture at this EMS agency makes it easy to learn from the errors of others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. This EMS agency deals constructively with problem personnel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. At this EMS agency, it is difficult to speak up if I perceive a problem with patient care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. When my workload becomes excessive, my performance is impaired.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I am provided with adequate, timely information about events that might affect my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Many EMS personnel at this agency have other full-time or part-time jobs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I have seen others make errors that had the potential to harm patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I know the proper channels to direct questions regarding patient safety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I am proud to work at this EMS agency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Disagreements at this EMS agency are resolved appropriately (i.e., not who is right, but what is best for the patient).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I am less effective at work when fatigued.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. I am more likely to make errors in tense or hostile situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. I have the support I need from other personnel to care for patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. It is easy for personnel at this EMS agency to ask questions when there is something that they do not understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Personnel here work together as a well-coordinated team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. I have co-workers who are actively looking for additional full-time or part-time work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Morale at this EMS agency is high.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. Trainees in my discipline are adequately supervised.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. I have made errors that had the potential to harm patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Fatigue impairs my performance during emergency situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. During emergency situations (-e.g., cardiac arrests, traumas, etc), my performance is not affected by working with inexperienced or less capable personnel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Personnel frequently disregard rules or guidelines (e.g., treatment protocols, standard operating procedures, etc.) that are established for this EMS agency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. A confidential reporting system is helpful for improving patient safety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. I may hesitate to use a reporting system because I am concerned about being identified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. This agency provides me with the training to prevent ambulance driving accidents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. I have co-workers who are actively looking to leave this agency for other employment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. This agency could do more to improve emergency vehicle driver safety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. When moving a patient, I have the training to prevent injury to the patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. When moving a patient, I have the right equipment to prevent injury to the patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. All the necessary information for treating patients is routinely available to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Patient safety is constantly reinforced as the priority in this EMS agency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Emergency vehicle or aircraft accidents occur at this EMS agency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Emergency vehicle or aircraft accident close-calls (near-misses) occur at this EMS agency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Patient handling mishaps (-e.g., stretcher collapse, patient drop or fall, etc.) occur at this EMS agency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Medical adverse events (incidents where a patient was harmed from medical care or medical equipment malfunction) occur at this EMS agency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Medical adverse event close-calls (near-misses) occur at this EMS agency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Age (years): <input type="text"/>					
52. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female					
53. Primary EMS Position Type: <input type="checkbox"/> First responder <input type="checkbox"/> EMT-Basic <input type="checkbox"/> EMT-Intermediate <input type="checkbox"/> EMT-Paramedic <input type="checkbox"/> Prehospital RN (Nurse) <input type="checkbox"/> Physician <input type="checkbox"/> Other <input type="text"/>					
54. Prior Experience in EMS (total years) <input type="text"/>					
55. How long have you been employed by this agency? <input type="text"/>					
56. Full/Part Time (as defined by your EMS agency) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time					
57. Ethnicity (Hispanic/non-Hispanic) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I do not wish to provide this information					
58. What race do you consider yourself to be? Select one or more of the following: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> I do not wish to provide this information					
59. Your highest level of education completed? <input type="checkbox"/> Some High School <input type="checkbox"/> High school Graduate or GED <input type="checkbox"/> Some College <input type="checkbox"/> College (Associate's Degree) <input type="checkbox"/> College (Bachelor's Degree) <input type="checkbox"/> Graduate (Master's Degree) <input type="checkbox"/> Graduate (Doctorate Degree)					
60. Have you completed this survey before? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know					
61. EMS Agency ID <input type="text"/>					