



Survey : Compensation

Marking Instructions



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

Incorrect Marks



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

Correct Mark



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 3 - 4 years 8 - 10 years 16 - 20 years
 1 - 2 years 5 - 7 years 11 - 15 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 Other (SPECIFY) _____
 Field supervisor Educator
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.

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

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 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Paid sick leave | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Paid holidays | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Paid vacation time | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Profit sharing | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Stock options | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Uniform allowance/free uniforms | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Longevity awards (e.g., 10-year bonus) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| College tuition assistance | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

PLEASE DO NOT WRITE IN THIS AREA



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	<input type="radio"/>	<input type="radio"/>
Other employer sponsored retirement plan (including military or government pensions)	<input type="radio"/>	<input type="radio"/>
Social Security	<input type="radio"/>	<input type="radio"/>
Individual retirement plan(s) to which I personally contribute	<input type="radio"/>	<input type="radio"/>
Personal savings or investments	<input type="radio"/>	<input type="radio"/>
Other (SPECIFY) _____	<input type="radio"/>	<input type="radio"/>

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)

	Yes	No
Merit	<input type="radio"/>	<input type="radio"/>
Cost of living	<input type="radio"/>	<input type="radio"/>
Longevity	<input type="radio"/>	<input type="radio"/>
Additional education	<input type="radio"/>	<input type="radio"/>
Skill pay	<input type="radio"/>	<input type="radio"/>
Employer decision (no reason given)	<input type="radio"/>	<input type="radio"/>
Promotion	<input type="radio"/>	<input type="radio"/>

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)

	Yes	No
Free meals while on duty/meal allowance	<input type="radio"/>	<input type="radio"/>
Fitness facility on site/Health club membership	<input type="radio"/>	<input type="radio"/>
Periodic physical examinations or health screenings	<input type="radio"/>	<input type="radio"/>

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