

Longitudinal
Emergency Medical Technician
Atttributes &
Demographics
Study



The LEADS project is a cooperative effort of the National Registry of Emergency Medical Technicians and the National Highway Traffic Safety Administration designed to identify the attributes and demographic information which accurately reflect the individuals involved in delivering emergency medical services throughout the United States.

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by the

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

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Professional

6. Which of the following best describes the type of organization for which you do most of your EMT work?

- US Government (including military)
- Other Public (including municipal jobs)
- Private
- I am not affiliated with any organization
- Other: (PLEASE SPECIFY) _____

7. Which of the following describes the type of EMS service for which you do most of your EMT work?

- Hospital based
- Fire based
- County or municipal based (i.e., Third Service)
- Volunteer Rescue
- I am not affiliated with any organization
- Other: (PLEASE SPECIFY) _____

8. Does the EMT service with which you are primarily affiliated transport patients?

- Yes
- No

9. When you are at work as an EMT, what proportion of your calls are emergency calls and what proportion of your calls are scheduled transports?

- All of my calls are emergency calls
- Most of my calls are emergency calls
- About equal numbers of emergency calls and scheduled transports
- Most of my calls are scheduled transports
- All of my calls are scheduled transports

10. About how many calls do you respond to during a typical week?

- 0
- 1
- 2 to 4
- 5 to 9
- 10 to 19
- 20 to 29
- 30 to 39
- 40 to 49
- 50 or more

11. In a typical week, how many hours are you available for an EMS response?

- 0
- 1 to 8
- 9 to 16
- 17 to 40
- 41 to 60
- more than 60

12. In a typical week, how many hours do you perform the duties of an EMT?

- 0
- 1 to 8
- 9 to 16
- 17 to 40
- 41 to 60
- more than 60

13. At your current EMS job, how satisfied are you with your medical director?

- Very satisfied
- Satisfied
- Dissatisfied
- Very dissatisfied
- I do not know the medical director
- I do not have a medical director

14. How satisfied are you with your current EMS assignment?

- Very satisfied
- Satisfied
- Dissatisfied
- Very dissatisfied

15. How satisfied are you with the EMS profession?

- Very satisfied
- Satisfied
- Dissatisfied
- Very dissatisfied

16. During the past 12 months, how many times have you been involved (as an EMT) in a serious hazardous material response? Do NOT include gasoline spills.

None 1 - 2 3 - 4 5 or more

17. Please indicate how strongly you agree or disagree with the following statement. I am very worried about contracting a serious infectious disease because of things that happened in the past 12 months, while I was working in EMS.

Strongly agree Agree Disagree Strongly disagree

18. During the past 12 months, how many days have you been absent from your EMS job(s) due to an EMS work related illness or injury?

None 1 day 2 to 4 days 5 to 9 days 10 or more days

19. During the past 12 months, how many days have you been absent from your EMS job(s) due to illness or injury NOT related to your EMS job?

None 1 day 2 to 4 days 5 to 9 days 10 or more days

20. During the past 12 months, have you been authorized to provide new patient care treatments or procedures?

Yes No

21. Please indicate how satisfied you are with the following aspects of your EMS position. (PLEASE MARK ONE CIRCLE PER LINE)

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
Working relationships I have with other EMT's	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The amount of pay and benefits I receive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having a job that is exciting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The technical challenges provided by the job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performing a variety of tasks in a variety of different situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My work schedule	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities for advancement at my job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being able to work without close supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being able to help others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. Please indicate how important each of the following aspects of your EMS position are to you. (PLEASE MARK ONE CIRCLE PER LINE)

	Very Important	Moderately Important	Slightly Important	Not Important
Having a good working relationship with other EMT's	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Good pay and benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having a job that is exciting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having a job that is challenging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performing a variety of tasks in a variety of different situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having a work schedule that does not seriously impair my personal life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities for advancement at my job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being able to work without close supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being able to help others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. Are you certified as an EMT-Basic, EMT-Intermediate, or EMT-Paramedic because it is a requirement of your job?

Yes No Not currently registered

24. How likely is it that you will choose to leave the EMS profession in the next 12 months?

Definitely stay Probably stay Probably leave Definitely leave I have already left

Education

25. What is the highest level of education you have completed?
- Didn't complete high school Associate's degree (A.A., A.S.) Graduate degree (M.A., M.S., Ph.D., etc.)
 High school graduate/GED Bachelor's degree (B.A., B.S.)
26. How many hours of EMS continuing education did you receive in the past twelve months? Continuing education can be obtained in a number of ways, including classroom instruction, conferences, run reviews (or case reviews), journal articles, grand rounds, videos, and computers.
- 0 1 to 12 13 to 24 25 to 36 37 to 48 49 to 60 61 or more
27. How useful was this continuing education? I did not receive any continuing education in the past 12 months
- Very useful Useful Slightly useful Useless

Personal

- | | | |
|---|--|--|
| <p>28. In the last 12 months have any of the following happened to you? (PLEASE MARK ONE CIRCLE PER LINE)</p> | <p>My health status has gotten significantly worse</p> <p>I was named in an EMS lawsuit</p> <p>I received stress management assistance</p> | <p style="text-align: center;">Yes No</p> <p style="text-align: center;"><input type="radio"/> <input type="radio"/></p> <p style="text-align: center;"><input type="radio"/> <input type="radio"/></p> <p style="text-align: center;"><input type="radio"/> <input type="radio"/></p> |
| <p>29. Within the past 12 months have you experienced any of the following? (PLEASE MARK ONE CIRCLE PER LINE)</p> | <p>Hearing problems</p> <p>Sleeping problems (such as insomnia)</p> <p>Latex allergies</p> <p>Contracted a serious infectious disease</p> <p>Back problems</p> | <p style="text-align: center;">Yes No</p> <p style="text-align: center;"><input type="radio"/> <input type="radio"/></p> <p style="text-align: center;"><input type="radio"/> <input type="radio"/></p> <p style="text-align: center;"><input type="radio"/> <input type="radio"/></p> <p style="text-align: center;"><input type="radio"/> <input type="radio"/></p> <p style="text-align: center;"><input type="radio"/> <input type="radio"/></p> |
30. Are you married, divorced, widowed, separated or have you never been married?
- Married Widowed Never been married
 Divorced Separated A member of an unmarried couple
31. How would you rate your *overall health*? Excellent Good Fair Poor
32. How would you rate your *overall physical fitness*? Excellent Good Fair Poor

Finance

33. For how many different organizations have you *worked or served as an EMT* in the past 12 months? Please include both organizations for whom you performed volunteer services as well as organizations which paid you for your EMT services.
- 0 1 2 3 4 5 or more
34. For how many different organizations, if any, did you *work or serve in positions that were not exclusively involved with EMS* in the past 12 months?
- 0 1 2 3 4 5 or more
35. About how much money, before taxes, did you earn *from all sources* in the past 12 months?
- \$0 \$10,000 to \$19,999 \$30,000 to \$39,999 \$50,000 to \$59,999
 \$1 to \$9,999 \$20,000 to \$29,999 \$40,000 to \$49,999 \$60,000 or more
36. About how much of this money did you earn from *EMS related jobs* in the past 12 months?
- \$0 \$10,000 to \$19,999 \$30,000 to \$39,999 \$50,000 to \$59,999
 \$1 to \$9,999 \$20,000 to \$29,999 \$40,000 to \$49,999 \$60,000 or more



Demographic and Background Questions

37. In what year were you born? _____

1	9		
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

38. How many years have you worked as an EMT?
 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

39. We are interested in why you decided to enter the EMS profession. Please indicate whether each of the following factors were important in your decision to enter EMS. (PLEASE MARK ONE CIRCLE PER LINE)

	Yes	No
Having a friend or family member who worked in EMS or who worked with EMTs	<input type="radio"/>	<input type="radio"/>
I felt that I would enjoy being able to provide medical care to people in need of assistance	<input type="radio"/>	<input type="radio"/>
I wanted a job with good pay and benefits	<input type="radio"/>	<input type="radio"/>
I just kind of fell into it	<input type="radio"/>	<input type="radio"/>
There was an accident or other serious medical situation at which I was unable to help	<input type="radio"/>	<input type="radio"/>
I wanted a job that is exciting	<input type="radio"/>	<input type="radio"/>
It provided me with an opportunity for a new career	<input type="radio"/>	<input type="radio"/>
It was a job requirement	<input type="radio"/>	<input type="radio"/>
It provided an opportunity to learn if I wanted to pursue other health career opportunities	<input type="radio"/>	<input type="radio"/>
My job provided financial incentives for becoming an EMT	<input type="radio"/>	<input type="radio"/>
Other (PLEASE DESCRIBE) _____	<input type="radio"/>	<input type="radio"/>

40. Which of the following categories describes you? YOU MAY SELECT MORE THAN ONE.
 American Indian or Alaskan Native Asian Black, not of Hispanic origin
 Native Hawaiian or Other Pacific Islander Hispanic White, not of Hispanic origin

41. What is your gender? Male Female

42. Are you currently serving in a military unit in either an active or reserve capacity? Yes No

43. Did you receive all or a substantial amount of your EMS training in the military? Yes No

44. In how many states have you served as an EMS provider since the start of your career?
 1 state 3 states
 2 states 4 or more states

45. During the past 12 months have you applied for EMS licensure/certification in another state?
 Yes No

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