

CONFIDENTIAL

AMBULANCE HEALTH AND STRESS

FOLLOW-UP STUDY – 2002

To Ambulance Officers

In 1984, a questionnaire was developed to assess the health and stress of staff employed by Ambulance Services in Victoria. Eighty percent of all Officers responded.

In 1993, a second survey was developed which included the same questions in the 1984 study plus some new ones, reflecting issues of the day. There was a sixty percent response rate. The questionnaire was also administered to Ambulance Officers in seven other countries (USA, Canada, New Zealand, United Kingdom, Norway, Argentina and India). This enabled international comparisons and showed the similarity of concerns and coping skills despite cultural differences.

The survey is being administered for the third time.

Every employee of Metropolitan Ambulance Service and Rural Ambulance Victoria is being asked to be part of the study. Your replies will assist in the understanding and improving of physical and psychological health.

All questionnaires will be treated in the strictest confidence. Questionnaires are identified by a code number (on the last page) so that it is possible to match replies to the 1984 and 1993 studies and try to answer questions of what predicts certain health and stress variables. You may remove this section if you wish to.

Results of the survey will be available to all staff. The results will report group responses and there will be no references to individuals.

A separate questionnaire is included for your spouse or partner. I would be grateful if you would give this to her or him. If you are not currently in a personal relationship please discard the questionnaire. You may give the partner's questionnaire to a former partner if you wish. If you are an Ambulance Officer and also a partner, please fill out this questionnaire only.

Your co-operation and time in filling out this questionnaire is very much appreciated. You will be contributing to information that will be of great importance to the Ambulance Services in Victoria.

If you have any questions please feel free to contact me (Phone 9347 6927, e-mail robynr@bigpond.net.au).

PLEASE RETURN THIS QUESTIONNAIRE, WITHIN A FORTNIGHT, IN THE REPLIED PAID ENVELOPE.

Robyn Robinson PhD
Clinical Director

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INSTRUCTIONS

Most of these questions require you to either circle a number which best describes your answer or write a number in a box. Sometimes you will be asked to write an answer to a question. If you are not sure how to answer any question please take a best guess, or leave it blank. If you do not want to answer a particular question that is okay. Leave it blank and go on to the next one. If you want to elaborate on an answer please write on the questionnaire. Please try to work through the questions as quickly as you can.

SECTION A GENERAL INFORMATION

- 1 Age at last birthday (in years) []]
- 2 Sex Male 1
Female 2
- 3 Marital status (circle **one** number which best describes your current situation)
- Single 1
Married or living together..... 2
Separated 3
Divorced 4
Widowed 5
- 4 Have you divorced in the past 12 months?
- Yes 1
No 2
- 5 Have you divorced since joining an Ambulance Service?
- Yes 1
No 2
- 6 Are you committed to a religious belief?
- Strongly 1
Moderately 2
Mildly 3
No 4
- 7 Were you born in?
- Melbourne 1
Country Victoria 2
Interstate 3
Overseas 4
- 8 How many children do you have? (if none, write zero)..... []]

SECTION B EMPLOYMENT INFORMATION

- 9 How many years have you been employed by a Victorian Ambulance Service ? []]
- 10 How many years have you been employed by an interstate or overseas
Ambulance Service? (if none, write zero) []]
- 11 How many years of operational (road) work have you done?..... []]
- 12 To which Service do you belong?

Metropolitan Ambulance Service	1
Rural Ambulance Victoria.....	2
Other	3

13	What is your current title or rank?	
	Senior staff	1
	MICA Paramedic	2
	Paramedic	3
	Student Paramedic	4
	Other, please specify	5

14	Does your current ambulance role involve?		
		Yes	No
	Shift work	1	2
	Overtime shift	1	2
	On-call	1	2
	1 person crewing	1	2
	Relieving	1	2
	Communication centre/control room work	1	2
	Team manager/Station Officer	1	2
	Clinical Instructor/Educator	1	2
	Clinical Support	1	2

15	What is the highest level of education you have completed?	
	Junior secondary (yrs 7-9: forms 1-3) or lower.....	1
	Middle secondary (yrs 10-11:forms 4-5).....	2
	Senior secondary (year 12: form 6).....	3
	Technical/trade certificate/diploma.....	4
	Diploma of Applied Science(Amb.Off.)/Assoc.Diploma of Health Science (Amb.Off.)	5
	University bachelor degree.....	6
	University post graduate degree	7

16 What was your occupation prior to joining Ambulance Services?

17	Are you currently engaged in a course of study?	
	Yes, for higher ambulance qualifications	1
	Yes, other	2
	No	3

18	Do you currently have a paid job in addition to your Ambulance work?	
	Yes, involving 10 or more hours each week	1
	Yes, involving 1-9 hours each week	2
	Yes, but it is not on a weekly basis	3
	No	4

SECTION C HEALTH

Physical health

- 19** My physical health is
- | | |
|-----------------|---|
| Excellent | 1 |
| Good | 2 |
| Fair | 3 |
| Poor | 4 |
-
- 20** How often have you experienced the following conditions in the past 12 months?
- | | Never | Occasionally | Frequently |
|---|-------|--------------|------------|
| Headaches | 1 | 2 | 3 |
| Backaches | 1 | 2 | 3 |
| Stiffness in the neck | 1 | 2 | 3 |
| Poor appetite | 1 | 2 | 3 |
| Asthma | 1 | 2 | 3 |
| Bronchitis | 1 | 2 | 3 |
| Common cold | 1 | 2 | 3 |
| Chest pain | 1 | 2 | 3 |
| High blood pressure | 1 | 2 | 3 |
| Skin problems, eg. eczema, dermatitis | 1 | 2 | 3 |
| Dental problems | 1 | 2 | 3 |
| Hair problems, eg. loss of | 1 | 2 | 3 |
| Mental illness | 1 | 2 | 3 |
| Fear of going through mental illness | 1 | 2 | 3 |
| Tremor or shaking | 1 | 2 | 3 |
| Hypertension | 1 | 2 | 3 |
| Irritability | 1 | 2 | 3 |
| Depression | 1 | 2 | 3 |
| Fatigue | 1 | 2 | 3 |
| Difficulty in concentrating | 1 | 2 | 3 |
| Sleeping difficulties | 1 | 2 | 3 |
| Hearing problems | 1 | 2 | 3 |
| Sight problems | 1 | 2 | 3 |
| Sexually transmitted disease | 1 | 2 | 3 |
| Infectious diseases | 1 | 2 | 3 |
| Injuries | 1 | 2 | 3 |
| Sexual problems | 1 | 2 | 3 |
| Arthritis/rheumatism | 1 | 2 | 3 |
| Tenosynovitis | 1 | 2 | 3 |
| Stomach ulcers | 1 | 2 | 3 |
| Menstrual problems | 1 | 2 | 3 |
| A severe major illness | 1 | 2 | 3 |
| Frequently occurring minor ailments | 1 | 2 | 3 |
-
- 21** Do you have difficulties sleeping?
- | | |
|----------------------|---|
| Yes, often | 1 |
| Yes, sometimes | 2 |
| No | 3 |
-
- 22** On average, is your major period of sleep interrupted by work calls?
- | | |
|----------------------------|---|
| Nearly every night | 1 |
| Once a week or less | 2 |
| Once a month or less | 3 |
| Never | 4 |

Parents

- 23** Are your parents

Both alive	1
Mother deceased	2
Father deceased	3
Mother and father deceased	4

Injuries

24	Are you currently suffering from any injuries	
	Yes	1
	No	2
	If no, please go to question 27	

25	Do you have any injuries to		Yes	No
	Spine/back	1	2	
	Muscle/tendon	1	2	
	Joint	1	2	
	Other.....	1	2	

26	Have any of these injuries resulted directly from ambulance work?	
	Yes	1
	No	2

Accidents

27	How many vehicle accidents have you been involved in while <i>on duty</i> over the past 12 months	[]	[]
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28	How many vehicle accidents have you been involved in while <i>off-duty</i> over the past 12 months	[]	[]
-----------	--	-----	-----

29	Have you been involved in any kind of accident over the past 12 months which resulted in loss of time at work?	
	Yes	1
	No	2

Physical fitness

30	How would you rate your current level of physical fitness?	
	Excellent	1
	Good	2
	Fair	3
	Poor	4

31	How much exercise do you do? (eg. jogging, sports)	
	10 or more hours a week	1
	5-9 hours a week	2
	3-4 hours a week	3
	1-2 hours a week	4
	Several hours per month	5
	None	6

Weight

32	Are you	
	Considerably overweight (more than 10kg over ideal weight).....	1

Slightly overweight	2
Normal weight	3
Slightly underweight	4
Very underweight (more than 10kg under ideal weight).....	5

Alcohol

- 33** Do you drink alcohol?
 Yes 1
 No 2

If no, please go to question **36**

- 34** How many days per month do you drink? []]

- 35** How many drinks (the equivalent of a 220ml or 7 oz glass of beer) do you usually have in a single drinking session? []]

Smoking (nicotine)

- 36** Do you smoke cigarettes / tobacco?
 Yes 1
 No 2

If no, please go to question **38**

- 37** How many cigarettes do you smoke each day? []]
 (If you do not smoke daily, write zero).

Recreational drugs (other than alcohol and nicotine). **OPTIONAL TO ANSWER**

- 38** Do you use recreational drugs?
 Yes, regularly (at least once a week) 1
 Yes, occasionally..... 2
 No 3

Medication

- 39** How often do you take the following?
- | | Never | Monthly or Yearly | Weekly | Daily |
|--------------------------------------|-------|-------------------|--------|-------|
| Medication for heart | 1 | 2 | 3 | 4 |
| Medicines for coughs or colds | 1 | 2 | 3 | 4 |
| Vitamins and minerals | 1 | 2 | 3 | 4 |
| Anti-depressants | 1 | 2 | 3 | 4 |
| Tranquillisers or sedatives | 1 | 2 | 3 | 4 |
| Sleeping medication | 1 | 2 | 3 | 4 |
| Pain relievers | 1 | 2 | 3 | 4 |
| Stomach medicines or laxatives | 1 | 2 | 3 | 4 |
| Other prescription items | 1 | 2 | 3 | 4 |

- 40** Are you currently on medication?
 Yes 1
 No 2

Sickness

41 How many days have you had off work on Work Cover over the past 12 months? []]

42 How many days, other than Work Cover, have you had off work because of physical sickness over the past 12 months? []]

43 How many days have you had off work due to stress over the past 12 months? []]

44 How many days have you spent in hospital as a patient over the past 12 months? []]

45 Have you consulted any of the following about a physical health problem over the past twelve months?

	Yes	No
General practitioner	1	2
Medical specialist	1	2
Physiotherapist	1	2
Chiropractor	1	2
Other		

46 Have you consulted any of the following about a personal emotional problem over the past 12 months?

	Yes	No
VACCU psychologist	1	2
VACCU peer	1	2
General practitioner	1	2
Psychiatrist	1	2
Psychologist / social worker (non VACCU).....	1	2
Clergy	1	2
Other	1	2

47 Have there been times in the past 12 months when you wanted to seek professional advice about a personal problem, but did not know where to go?

Yes	1	
No		2

SECTION D STRESS AND COPING

48 How would you rate your overall level of stress at this point in time?

None	1	
Minimal	2	
Moderate	3	
Considerable	4	

49 This section lists situations which you **may** find stressful. Stress is defined here as an unpleasant feeling of pressure and difficulty in coping. Please rate the amount of stress which the following situations have on you. If an item does not apply, circle 1 representing not applicable.
How much stress do the following cause?

	Not applicable	No stress	Moderate stress	Considerable stress
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Shift work

Being a shift worker	1	2	3	4
Sleep disturbance, e.g. loss of, disruption, not enough	1	2	3	4
Waiting for calls	1	2	3	4
Overtime shifts – too many	1	2	3	4
Overtime shifts – too little	1	2	3	4
Down time	1	2	3	4
Interruption to meals (lack of meals, rushed eating, spoilt meals)...	1	2	3	4

Driving

My driving at high speeds	1	2	3	4
Poor drivers on the road	1	2	3	4
Being with a bad driver at high speeds (fellow ambulance officer).	1	2	3	4
'Near misses' with other cars	1	2	3	4
Being involved in an accident while on duty	1	2	3	4
Inability to communicate by radio when on a call	1	2	3	4
Getting lost	1	2	3	4

Emergency work

Overload, multiple calls.....	1	2	3	4
Making critical decisions about patient care	1	2	3	4
Knowing the person whom I have to treat	1	2	3	4
Dealing with the death of children	1	2	3	4
Dealing with families and relatives of patients	1	2	3	4
Being helpless in an emergency	1	2	3	4
Having a patient die while in my care	1	2	3	4
Having my own life threatened	1	2	3	4
Attending dangerous incidents eg Hazchem.....	1	2	3	4
Witnessing the death or serious injury of an on-duty colleague ...	1	2	3	4
Coping with patient's verbal abuse	1	2	3	4
Coping with patient's physical abuse	1	2	3	4
Dealing with by-standers.....	1	2	3	4
Dealing with the media.....	1	2	3	4
Dealing with patients who abuse the ambulance system	1	2	3	4
Hospital by-pass	1	2	3	4
My making clinical errors.....	1	2	3	4
Lack of ambulance clinical support for crews at an incident.....	1	2	3	4
Having to use skills, which are rarely used, at short notice	1	2	3	4
Conveying news of tragedy to survivors	1	2	3	4
Carry-over stress from family/personal problems	1	2	3	4

Communication within ambulance service

Interference in my decisions by other people	1	2	3	4
Having no say in decisions that affect my work	1	2	3	4
Being told what to do by others not in authority	1	2	3	4
Poor communications between senior and junior staff	1	2	3	4
Lack of forward planning in the system from poor administration..	1	2	3	4
Promotion of incompetent people.....	1	2	3	4
Low work morale.....	1	2	3	4
Lack of comraderie amongst co-workers	1	2	3	4

49

Continued

	Not applicable	No stress	Moderate stress	Considerable stress
Lack of consistency in application of rules and policies	1	2	3	4
Lack of clarity in operational guidelines	1	2	3	4
Inability to get satisfactory answers to my questions from management	1	2	3	4

Responsibility without authority to make decisions	1	2	3	4
Working with people who are physically unfit for ambulance work	1	2	3	4
Working with people who are personally unfit for ambulance work	1	2	3	4
Personality clashes at work	1	2	3	4
Working with people who are inconsiderate	1	2	3	4
Working with people who lack integrity	1	2	3	4
Working with people who are manipulative	1	2	3	4
Lack of concern for me as a person	1	2	3	4
'Bottling up' my feelings	1	2	3	4
Conflict with co-workers	1	2	3	4
Conflict with immediate supervisor	1	2	3	4
Conflict with chief administrative officers	1	2	3	4

Communication with other professionals and the public

Lack of recognition by hospital staff of the training skills of ambulance personnel	1	2	3	4
Doctors not giving adequate information	1	2	3	4
Unrealistic community expectations, eg. response time to calls	1	2	3	4
Negative media coverage of Ambulance Services	1	2	3	4
Complaints by members of the public	1	2	3	4

Organisational and welfare conditions

Re-accreditation exams.....	1	2	3	4
Inadequate funding of ambulance services.....	1	2	3	4
Lack of equipment	1	2	3	4
Equipment that is substandard, malfunctioning or improperly maintained	1	2	3	4
Unsatisfactory superannuation scheme	1	2	3	4
Lack of retirement security	1	2	3	4
Fear of disability that would leave me unable to continue in the job	1	2	3	4
Fear of lack of organisational support should I be injured.....	1	2	3	4
Industrial relations	1	2	3	4
Lack of career path	1	2	3	4
Lack of job security, eg. fear of retrenchment	1	2	3	4

Family and personal life

General marital or relationship discord	1	2	3	4
Having an argument just before leaving home	1	2	3	4
Being absent from the family when children are sick	1	2	3	4
Not being home if an emergency happens	1	2	3	4
Inability to be with the family on special occasions	1	2	3	4
Not being able to meet financial commitments	1	2	3	4
Difficulties in attending social functions	1	2	3	4

50 People have different ways of **cop**ing with problems and stressful situations. Please go through the list and indicate how often you are likely to use each strategy.

	Never	Occasionally	Often
Let off steam, eg: 'spit the dummy'	1	2	3
Ignore it	1	2	3
Confront the situation	1	2	3
Try to remain calm	1	2	3

Plan out a solution	1	2	3
Avoid the person thought to be causing the problem	1	2	3
Have a snack or meal	1	2	3
Mentally disengage	1	2	3
Assess the problem and get it into perspective	1	2	3
Exercise, eg. jog	1	2	3
Do some relaxation (or yoga, meditation)	1	2	3
Talk to partner/spouse/close friend	1	2	3
Reassure myself that I did the best I could	1	2	3
Try to use more positive thinking	1	2	3
Become involved in family or social activities	1	2	3
Talk to the person who is causing the problem	1	2	3
Involve myself in a hobby, eg. reading, music, gardening	1	2	3
Comply, but with a bad grace.....	1	2	3
Bottle it up inside me	1	2	3
Numb out, eg. drink alcohol	1	2	3
Reflect on failure and what to do next time	1	2	3
Discuss the problem rather than argue about it	1	2	3
Apologise and try to make up	1	2	3
Don't let it get to me, refuse to think about it too much	1	2	3
Try to make light of the situation, eg. joke my way out.....	1	2	3
Go over in my mind what I will say or do	1	2	3
Try to see things from the other persons point of view	1	2	3
Wish that the situation would go away or be over with	1	2	3

51 Listed below are a number of words which describe feelings that people have. For each word, circle the number that best describes how you have generally been feeling *during the last week*.

	Never	Occasionally	Often
Tense	1	2	3
Happy	1	2	3
Angry	1	2	3
Unhappy	1	2	3
Alert	1	2	3
Nervous	1	2	3
Pleased	1	2	3
Bad-tempered	1	2	3
Energetic	1	2	3
Lonely	1	2	3
Restless	1	2	3
Joyful	1	2	3
Frustrated	1	2	3
Carefree	1	2	3
Discouraged	1	2	3
Anxious	1	2	3
Satisfied	1	2	3
Resentful	1	2	3
Alive	1	2	3
Worthless	1	2	3
Guilty	1	2	3

SECTION E PSYCHOLOGICAL TRAUMA

The questions in this section ask you about current experiences and past exposure to traumatic incidents. If you do not want to answer any questions in this section that is okay.

52 Do you currently experience the following?

	Yes	No
Intrusive thoughts about a traumatic event	1	2

Painful images or memories which you can not get out of your mind even if you want to.....	1	2
Dreams or nightmares	1	2
Flashbacks	1	2
Acting as though the event was happening again	1	2
Distress following exposure to reminders of the event.....	1	2
Physical response, eg. sweating, trembling, heart racing, if reminded of the event.....	1	2
Sleep problems	1	2
Anger outbursts	1	2
Trouble concentrating	1	2
Need to constantly stay on guard	1	2
Easily startled	1	2
Use of alcohol or drugs to block distressing thoughts	1	2
Numbing	1	2
Avoidance of places, people or occasions that remind you of an event.....	1	2
Amnesia for the situation, or part of it.....	1	2
Difficulty recalling feelings which you had at the time of the trauma	1	2
Less interest (pleasure) in things that you used to enjoy	1	2
Detachment from others	1	2
Unable to have loving feelings	1	2
Sense of a foreshortened future	1	2
Unable to respond to stimulation	1	2

53 Do you believe that the above is the result of

	Yes	No
One major incident	1	2
Several major incidents	1	2
A cumulation of incidents over the year (including minor ones).....	1	2
A cumulation of trauma with general work stress or personal stress.	1	2

54 For those traumatic incidents, did you talk them out with someone else to your satisfaction at the time?

Yes, always.....	1
Yes, for some incidents but not all.....	2
No	3

55 If you attend a fairly significant traumatic incident do you

At the time	Yes	No
Block it out	1	2
Keep active	1	2
Switch off	1	2
Interact with others	1	2
Remove yourself from the scene asap.....	1	2
Consider other workers	1	2
Mentally disengage	1	2

In the days and weeks ahead	Yes	No
Block it out	1	2
Focus on doing something else, eg. gardening	1	2
Talk about it	1	2
Express emotions	1	2
Bottle up your emotions	1	2
Think about it, until it goes away	1	2
Keep yourself busy	1	2

Mentally disengage	1	2
Reassure yourself that you did your best	1	2
Feel good about helping others	1	2

56 What is the worst work situation you have had to deal with in your ambulance career ?

57 Have you been involved in a psychologically traumatic operational situation in the last month?

Yes	1
No	2

58 How much does this still affect you now?

Not at all	1
Minimally	2
Moderately	3
Greatly	4

59 In the course of your ambulance duties have you ever come across, or had to deal with?

	Yes	No
More than 5 fatalities at once	1	2
Severe burn victims	1	2
Death of a child	1	2
Serious injury or death of an ambulance officer	1	2
Treating a friend or relative	1	2
Your own life in danger	1	2
Yourself being severely injured	1	2
Situations which are particularly gory	1	2
Having a patient die while in your care	1	2
Dealing with 10+ deceased people within a month	1	2
Possible cross-infection from a high risk patient	1	2
A major disaster, eg. Westgate Bridge collapse.....	1	2
Overseas service as a medic, eg. East Timor.....	1	2

SECTION F ATTITUDES TOWARDS WORK

60 How satisfied are you with your job in general?

Highly satisfied	1
Moderately satisfied	2
Moderately dissatisfied	3
Highly dissatisfied	4

61 If you did not need the money would you go on working in this job?

Yes, definitely	1
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Yes, probably 2
 No 3

62 How many hours a week do you work, on average? (ambulance work only) []]

63 Do you see yourself staying in the Ambulance Service until you retire?
 Yes 1
 No 2
 Uncertain 3

If yes, please go to question **65**

64 Do you expect to leave because you

	Yes	No
Think that you will not make the distance physically ...	1	2
Think that you will not make the distance emotionally ..	1	2
Will start your own business	1	2
Will change to a more challenging job	1	2
Will change to a less stressful job	1	2
Will change to a higher paid job	1	2
Will be retrenched	1	2
Other.....	1	2

65 How many years do you believe that the average Ambulance Officer can serve on the road before becoming physically or psychologically unwell?
 Up to 10 years..... 1
 11-15 years..... 2
 16-20 years..... 3
 21 + years..... 4
 Depends on the person..... 5
 Don't know..... 6

66 Which of the following do you find satisfying about your work in the Ambulance Service?

	Yes a lot	Yes a little	No
Contributing to the community	1	2	3
Helping people	1	2	3
Saving lives	1	2	3
Seeing the benefits of my work	1	2	3
A sense of doing a job well	1	2	3
It is interesting work	1	2	3
The work is challenging	1	2	3
Being with good work mates	1	2	3
Good job conditions	1	2	3
Financial security	1	2	3
Hours of work	1	2	3

67 How important is your job within your overall life?
 Very important 1
 Important 2
 Unimportant 3
 Very unimportant 4

68 Does your job interfere with your home life?
 Yes, a lot 1
 Yes, a little 2
 No 3

69	Does your job interfere with your social life?	
	Yes, a lot	1
	Yes, a little	2
	No	3
70	Does shift work disrupt your life?	
	Not applicable	1
	Yes, considerably	2
	Yes, a little	3
	No, I enjoy it	4
71	Do you feel insecure in your current job?	
	Yes	1
	No	2
72	Do you experience conflict at work?	
	Yes, a lot	1
	Yes, a little	2
	No	3
73	Do you feel supported by co-workers?	
	Yes, a lot	1
	Yes, a little	2
	No	3
74	Do you feel supported by your Service?	
	Yes, a lot	1
	Yes, a little	2
	No	3
75	How important to you is the emotional bond and trust between co-workers who are working together operationally?	
	Extremely	1
	Mostly	2
	Minimally	3
	Not applicable	4

SECTION G FAMILY, FRIENDS AND SOCIAL LIFE

76	Are your friends mostly from Ambulance Services?	
	Yes, mostly	1
	Mixed (about 50:50)	2
	No	3

If you do not have a current spouse or partner, go to Question **82**

77	How many years have you been in this relationship?	[]]
78	Is your current partner in paid employment?	
	Yes, full time	1
	Yes, part-time	2
	No	3
79	Which category best describes his or her occupation?	
	Managerial	1
	Professional –Nurse.....	2

	Professional other than nurse, eg. teacher	3
	Para professional, eg. physiotherapist	4
	Trade	5
	Clerical	6
	Sales	7
	Plant/Machine Operator	8
	Labourer	9
	Other	10
80	Do you experience conflict at home?	
	Yes, a lot	1
	Yes, a little	2
	No	3
	Not applicable	4
81	Do you feel supported by your partner?	
	Yes, a lot	1
	Yes, a little	2
	No	3
	Not applicable	4
82	Do you experience conflict with friends?	
	Yes, a lot	1
	Yes, a little	2
	No	3
83	Do you feel supported by friends?	
	Yes, a lot	1
	Yes, a little	2
	No	3
84	Do you regard your salary as adequate to maintain your current standard of living?	
	Yes, definitely	1
	Yes, with difficulty	2
	No	3
85	Do you need to work shifts, overtime, or a part-time job to make ends meet?	
	Yes, often	1
	Yes, occasionally	2
	No	3

SECTION H EVALUATION OF THE VICTORIAN AMBULANCE CRISIS COUNSELLING UNIT

Crisis counselling (psychologists)

86	Are you aware of the VACCU crisis line?	
	Yes	1
	No	2
87	Do you know the crisis line telephone number (or how to access it)?	
	Yes	1
	No	2

88	Have you ever suggested to someone that they contact the crisis line ?	
	Yes	1
	No	2
89	Have you contacted the crisis line yourself?	
	Yes	1
	No	2
	If no, please go to question 93	
90	How helpful did you found the crisis line service?	
	Very helpful	1
	Moderately helpful	2
	Not helpful	3
91	Did you have a lessening of stress signs after talking to a counsellor?	
	A lot	1
	A little	2
	No	3
92	How long did the benefits last?	
	There were no benefits	1
	Up to a few days	2
	Up to a few weeks	3
	They have been long lasting	4
93	How confidential do you regard crisis counselling to be?	
	Always	1
	Usually	2
	Seldom	3
	Don't know	4
94	How important is it for the crisis line to continue?	
	Very important	1
	Quite important	2
	Not important	3
<i>Peer support</i>		
95	Are you aware of the peer program?	
	Yes	1
	No	2
96	Have you ever suggested to someone that they contact a peer?	
	Yes	1
	No	2
97	Do you know of anyone who has had contact with peer support?	
	Yes	1
	No	2
98	Do you know of at least one peer that you would trust and go to if you needed to?	
	Yes	1
	No	2
99	Have you contacted / talked to a peer yourself?	
	Yes	1

	No	2
	If no, please go to question 103	
100	How helpful did you find your peer contact?	
	Very helpful	1
	Moderately helpful	2
	Not helpful	3
101	Did you have a lessening of stress signs after talking to a peer?	
	A lot	1
	A little	2
	No	3
102	How long did the benefits last?	
	There were no benefits	1
	Up to a few days	2
	Up to a few weeks	3
	They have been long lasting.....	4
103	Have you ever attended a <i>psychological</i> debriefing or defusing?	
	Yes	1
	No	2
	If no, please go to question 107	
104	How helpful did you find the defusing or debriefing?	
	Very helpful	1
	Moderately helpful	2
	Not helpful	3
105	Did you have a lessening of stress signs after the debriefing or defusing?	
	A lot	1
	A little	2
	No	3
106	How long did the benefits last?	
	There were no benefits	1
	Up to a few days	2
	Up to a few weeks	3
	They have been long lasting.....	4
107	Have you been contacted by a peer or peer co-ordinator after a stressful operational incident to see how you were going?	
	Often	1
	Occasionally	2
	Never	3
108	Have you ever been contacted by a peer by phone and wished that they had seen you in person?	
	Never contacted by phone	1
	Contacted by phone, and this was sufficient	2
	Contacted by phone, but would have preferred personal visit	3
109	Have you ever been to an incident where you were not contacted by peer support but wished you had been?	
	Yes.....	1
	No.....	2

If yes, please describe circumstances _____

- 110** With regard to peers following-up staff after critical incidents, do you believe?
- It should happen more often 1
 - The rate of follow-up is about right 2
 - It should happen less often 3
 - It shouldn't happen at all 4
- 111** Are you a trained peer support person?
- Yes, current active on the program..... 1
 - Yes, not currently active on the program 2
 - No 3
- 112** Are there any peers on the list, currently, that you believe are unsuitable to be peers?
- Yes..... 1
 - No 2
 - Don't know..... 3
- 113** Would it be easy for you to access a peer if you needed to?
- Yes..... 1
 - No..... 2
 - Wouldn't want to..... 3
- 114** How confidential do you regard peer support to be ?
- Always..... 1
 - Usually..... 2
 - Seldom..... 3
 - Don't know..... 4
- 115** How important is it for peer support to continue?
- Very important 1
 - Quite important 2
 - Not important 3

General comments

- 116** Have any of the services of the Unit influenced you to
- | | Yes | No | Not
Applicable |
|--|-----|----|-------------------|
| Not take sick leave | 1 | 2 | 3 |
| Not leave the job | 1 | 2 | 3 |
| Not take out your frustrations on others at work | 1 | 2 | 3 |
| Not take out your frustrations on others at home | 1 | 2 | 3 |

- 117** Are there any general comments about VACCU which you would like to make ?

SECTION I FINAL COMMENTS

118 What have been your reactions to filling out this questionnaire?

119 Do you have any other comments?

THANK YOU VERY MUCH FOR FILLING OUT THIS QUESTIONNAIRE

**PLEASE SEAL YOUR QUESTIONNAIRE IN THE ENVELOPE
PROVIDED AND POST TO THE VICTORIAN AMBULANCE CRISIS
COUNSELLING UNIT.**

THIS SECTION MAY BE REMOVED

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