Additional File 1. First responder training need assessment questionnaire for Makwanpur Traffic Police

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| 1. **Have you ever received first aid training?**    1. Yes    2. No *(Skip to Q14)* | | | | | | |
| 1. **If yes, when was the last time you received the training?** \_\_\_ days \_\_\_ months \_\_\_ years ago. | | | | | | |
| 1. **What was the name of the training?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| 1. **Who provided the training?**    1. In house trainer (from police department)    2. Nepal Red Cross Society    3. Others *(specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)* | | | | | | |
| 1. **What was the duration of the training?** \_\_\_ hours \_\_\_ days \_\_\_ weeks | | | | | | |
| 1. **What first aid equipment/kits (items) was provided for your use after the training?** | | | | | | |
| * 1. Wound dressings   2. Burns dressings   3. Cervical collars   4. Splints   5. Triangular bandages | | * 1. Chest seals   2. Tourniquets   3. Stretchers   4. Automatic external defibrillators   5. Set of first aid kit   6. Other *(specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)* | | | | |
| 1. **Do you provide first aid to injured persons?**    1. Yes    2. No *(Skip to Q14)* | | | | | | |
| 1. **How many times have you applied first aid in the last 12 months?** *(Write numbers)*\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| 1. **Level of knowledge** | | | | | | |
|  | **Strongly disagree** | | **Disagree** | **Neutral** | **Agree** | **Strongly agree** |
| I feel that I know enough about different types of rescue. | 1 | | 2 | 3 | 4 | 5 |
| I feel I know how to care for unconscious road injury victims. | 1 | | 2 | 3 | 4 | 5 |
| I feel that I know the causes of a blocked airway in road traffic victims. | 1 | | 2 | 3 | 4 | 5 |
| I feel that I know enough about catastrophic haemorrhage. | 1 | | 2 | 3 | 4 | 5 |
| I feel that I know enough about injuries to bones, joints, tendons and ligaments. | 1 | | 2 | 3 | 4 | 5 |
| I feel that I know how to extricate road injury victims and safe handling techniques. | 1 | | 2 | 3 | 4 | 5 |
| I feel that I know enough about injuries to the head, neck, spine and chest. | 1 | | 2 | 3 | 4 | 5 |
| 1. **Level of confidence** | | | | | | |
|  | **Strongly disagree** | | **Disagree** | **Neutral** | **Agree** | **Strongly agree** |
| I feel that I can recognise the types of rescue; immediate, rapid and delayed. | 1 | | 2 | 3 | 4 | 5 |
| I feel that I can assess the patient’s level of response and place an unresponsive patient in to the recovery position. | 1 | | 2 | 3 | 4 | 5 |
| I feel that I can recognise the cause of a blocked airway. | 1 | | 2 | 3 | 4 | 5 |
| I feel that I can identify and control catastrophic haemorrhage using direct pressure. | 1 | | 2 | 3 | 4 | 5 |
| I feel that I can recognise and immobilise a suspected fractured limb and joint dislocation. | 1 | | 2 | 3 | 4 | 5 |
| I feel that I can apply a range of safe moving and handling techniques for road traffic injury victims. | 1 | | 2 | 3 | 4 | 5 |
| I feel that I can recognise and administer first aid to a casualty with suspected head, spinal, chest injuries. | 1 | | 2 | 3 | 4 | 5 |
| 1. **Do you do any first aid on your own or do you have anyone supporting you?**    1. On my own *(Skip to Q13)*    2. Have someone supporting | | | | | | |
| 1. **If you have someone supporting, who is s/he?**   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| 1. **Do you have access to any first aid equipment now?**    1. Yes    2. No *(Skip to Q15)* | | | | | | |
| 1. **If yes, what are the first aid equipment and where are they?**   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| 1. **What were the difficulties you faced when you were doing first aid at the scene?**   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| 1. **Do you have experience of transporting injured or ill persons?**    1. Yes    2. No | | | | | | |
| 1. **If yes, what types of injuries?**   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| 1. **Do you think first aid should be your responsibility?**    1. Yes    2. No | | | | | | |
| 1. **If no, why this is so?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |

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