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?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 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
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| 1. **If you have someone supporting, who is s/he?**

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| 1. **Do you have access to any first aid equipment now?**
	1. Yes
	2. No *(Skip to Q15)*
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| 1. **If yes, what are the first aid equipment and where are they?**

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| 1. **What were the difficulties you faced when you were doing first aid at the scene?**

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| 1. **Do you have experience of transporting injured or ill persons?**
	1. Yes
	2. No
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| 1. **If yes, what types of injuries?**

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| 1. **Do you think first aid should be your responsibility?**
	1. Yes
	2. No
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| 1. **If no, why this is so?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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