
Appendix A

Ambulance Service Questionnaire

To Document Experience of Pregnant Women or their Attendant or Family Member.

Name of the Patient

Your answer

Name of the Husband

Your answer

Name of Responder and Relationship

Your answer

Contact Number

Your answer

Address

Your answer

Before the ambulance service was called, did you (or the person who called the ambulance service) consider calling any other organization or service for help?

- ☐ Yes
- ☐ No
- ☐ Can't Remember

Where were you when the ambulance service was called?

- ☐ Home
- ☐ Patients home
- ☐ In a public place
- ☐ Can't Remember

Did you speak to the operator?

- ☐ Yes
- ☐ No
- ☐ Can't Remember

Was the ambulance control room operator reassuring?

- ☐ Yes
- ☐ No
- ☐ Can't Remember

Did the ambulance control room operator pass your call on to a telephone advisor to assess your situation or give you advice over the phone?

- ☐ Yes
- ☐ No
- ☐ Can't Remember

Did you feel you were given enough advice on the telephone about what to do?

- ☐ Yes
- ☐ No
- ☐ Can't Remember

How long did it take for Ambulance to reach you?

- ☐ 20 mins
- ☐ 30 mins
- ☐ 40 mins
- ☐ More

Did anyone from the Ambulance service come out to help you?

- ☐ Yes
- ☐ No
- ☐ Can't Remember

Were you told how long you would have to wait for someone from the ambulance service to arrive?

- ☐ Yes, but the wait was short
- ☐ Yes, and I had to wait about as long as I was told
- ☐ Yes, but the wait was longer
- ☐ No, I was not told
- ☐ Can't Remember

Do you think they did everything they could to help control your pain/patients' pain?

- ☐ Yes
- ☐ No
- ☐ Can't Remember

How clean was the inside of the ambulance?

- ☐ Very Clean
- ☐ Fairly Clean
- ☐ Not very clean
- ☐ Not at all clean
- ☐ Can't Remember

Overall, how would you rate the care you received from the ambulance service?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Very poor

SUBMIT

Appendix B
Ambulance Service Questionnaire

To Document Factors Affecting the Ambulance Services (Call Centre Operator)

Name

Your answer

Company

Your answer

Contact number

Your answer

Address

How much time do you take to answer a call ?

- ☐ 20 sec
- ☐ 28 sec
- ☐ 36 sec
- ☐ more

Do you ask about the case detail ?

- ☐ Yes
- ☐ No
- ☐ sometimes

How do you dispatch Ambulance?

- ☐ as per Case
- ☐ Randomly

Do you face any situation where there is shortage of Ambulance ?

- ☐ Yes
- ☐ No

Do you have telephone advisors ?

- ☐ Yes
- ☐ No

Do you let every caller talk to telephone advisors ?

- ☐ Yes
- ☐ No

What information do you provide to caller till Ambulance arrives?

- ☐ how to take care of patient
- ☐ how much time Ambulance will take
- ☐ Both
- ☐ None

Do you use real time GPS tracking ?

- ☐ Yes
- ☐ No

Do you have contact details of all hospitals, blood banks, CMO ?

- ☐ Yes
- ☐ No

Do you keep record of patient ?

- ☐ Yes
- ☐ No

Do you keep record of Driver and EMT ?

- ☐ Yes
- ☐ No

SUBMIT

Appendix C

Ambulance Service Questionnaire

To Document Factors Affecting the Ambulance Services (EMT)

Name of EMT

Your answer

Contact no

Your answer

Are you trained or qualified in handling conditions like pregnancy, child birth, post natal care ?

- ☐ Yes
- ☐ No

How do you get an ambulance ?

- ☐ As per training
- ☐ Randomly

Do you use preventive measures(hand hygiene, use of mask ,gloves) ?

- ☐ Yes
- ☐ No
- ☐ Sometimes

Do you know what you need to do in case of accidental exposure with infected patient?

- ☐ Yes
- ☐ No

Do you check the checklist for inspecting the medical equipment before /after your daily shift ?

- ☐ Yes
- ☐ No
- ☐ Sometimes

Do you check for cleaning of all equipment and patient care area of the ambulance ?

- ☐ Yes
- ☐ No
- ☐ Sometimes

Do you check for total storage capacity of oxygen ?

- ☐ Yes
- ☐ No
- ☐ Sometimes

Do you check patient condition , check vitals ?

- ☐ Yes
- ☐ No
- ☐ Sometimes

Do you maintain record of patient (location, start time , end time, medical interventions, status of patient)

- ☐ Yes
- ☐ No
- ☐ Sometimes

SUBMIT

Appendix D

Ambulance Service Questionnaire

To Document Factors Affecting the Ambulance Services (Driver)

Name of the Driver

Your answer

Ambulance

Your answer

Address

Your answer

What is your age?

- ☐ Less than 18 years
- ☐ 18 years
- ☐ More than 18 years

What is your qualification?

- ☐ Less than 10th class
- ☐ Upton 10th class
- ☐ higher than 10th class

Do you have any health condition?

- ☐ Yes
- ☐ No
- ☐ Don't Know

How many years driving experience do you have?

- ☐ less than 3 years
- ☐ more than 3 years

Do you have a valid driving license?

- ☐ Yes
- ☐ No

Do you have any training or certification?

- ☐ CPR
- ☐ First aid
- ☐ Both
- ☐ None

Is there GPS tracker in ambulance?

- ☐ Yes
- ☐ No

Do you check ambulance (Air, Fuel, Oil)?

- ☐ Yes, regularly
- ☐ Yes, sometimes
- ☐ No

Do you check for ambulance cleanliness?

- ☐ Yes, after every use
- ☐ Yes, sometimes
- ☐ No

How much time does it take to reach response site?

- ☐ 20 mins
- ☐ 30 mins
- ☐ 40 mins
- ☐ More

How many trips do you take per ambulance per day?

- ☐ less than 3
- ☐ 3 to 4
- ☐ more than 4

How much distance is travelled per ambulance per day?

- ☐ less than 80 kms
- ☐ 80 -120 kms
- ☐ more than 120 kms

Do you help EMT (in CPR or First aid)?

- ☐ Yes
- ☐ No
- ☐ Sometimes

Do you help Patient (carrying to ambulance)?

- ☐ Yes
- ☐ No
- ☐ Sometimes

Do you maintain any checklist of ambulance?

- ☐ Yes
- ☐ No
- ☐ Sometimes

Do you complete checklist at the beginning of each shift (Fuel oil, Engine oil, Brake oil, Gear oil)

- ☐ Yes
- ☐ No
- ☐ Sometimes

Do you check for following working or not (siren, communication set, head light)?

- ☐ Yes
- ☐ No
- ☐ Sometimes

Are you satisfied with your salary?

- ☐ Yes
- ☐ No

SUBMIT

Appendix E

Informed Consent

Namaste. My name is Dr Sharpi Sharma. I am working with NHSRC, New Delhi. We are conducting a survey about ambulance service in Haridwar. The information on ambulance service that we collect from individuals will help the government to plan ambulance services. I would like to ask you questions about your ambulance experience and ambulance services. The questions usually take about 15 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. Your participation in the survey is voluntary. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

Signature of Interviewer

Signature of Respondent

Date