

Jacobs Journal of Emergency Medicine

Survey

A Survey on Public Acceptance of Ride-along Program in a Voluntary Ambulance Service in Hong Kong

Axel Yuet-chung SIU¹*, Lucia Lai-kwan PO², Chin-hung CHUNG³

¹First Aid and Automated External Defibrillation Consultant, St John Ambulance Association, Hong Kong, China

²Training Manager, St John Ambulance Association, Hong Kong

³Director, St John Ambulance Association, Hong Kong

*Corresponding author: Dr. Axel Yuet-chung SIU, First Aid and Automated External Defibrillation Consultant, St John Ambulance Association, St John Tower, 2 Macdonnell Road, Hong Kong, China, Tel: (852) 25308011; Email: ycasiu@yahoo.com.hk

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Supplementary file



香港聖約翰救護機構

Hong Kong St. John Ambulance

香港麥當勞道二號聖約翰大廈 St. John Tower, 2 MacDonnell Road, Hong Kong

Date of Entry : _____

Questionnaire No : _____

02/2013

“HK St John Ambulance Voluntary Ambulance Ride Experience Program” Questionnaire Survey

HK St John Ambulance is planning a new platform for first aid learning –

“HK St John Ambulance Voluntary Ambulance Ride Experience Program”

- Aims :
1. To enhance the public understanding of emergency ambulance services
 2. To bring first aid training from theory into real life practice

Content : Participants will be offered the opportunity to follow St John Ambulance crew members to experience the real job nature of emergency ambulance services.

We would like to collect your views and preferences on this program. The information you provided will only be handled by authorized staff of HK St John Ambulance for the above purpose.

(A) Personal Particulars (Please fill up the selected circle $\circ \rightarrow \bullet$)

1. You are : Student Working (Please specify occupation: _____)
 Housewife Others (Please specify) : _____
2. Sex : Male Female
3. Age : 20 yr or below 21-40 yr 41-60 yr 61yr or above
4. Education level : Primary or below Secondary Post-secondary
 University or above

(B) Opinions on the Voluntary Ambulance Ride Program

5. Are you interested to join this program to experience the daily operation of HK St John Ambulance?

Yes (Please continue Questions 6-10) No (End, Thank you !)

6. If you want to join, what duration do you think is appropriate for this program?

- Half day One day Two days Three days
 Others (Please state the reason) : _____

7. If you want to join, which district do you prefer? (Please rank your priorities from 1-3)

Hong Kong Island District is my _____ choice

Kowloon District is my _____ choice

New Territories is my _____ choice

8. If you want to join, how much are you willing to pay for one day's participation fee?

- \$100 \$200 \$300 \$300 - \$500
 Others (Please specify) : _____

9. If you want to join, which day of the week do you prefer? (More than one choice is allowed)

- Monday Tuesday Wednesday Thursday
 Friday Saturday Sunday Any day

10. The reason why you want to participate in this program: (More than one choice is allowed)

- To apply first aid knowledge into reallife practice
- To experience the work in the ambulance
- To learn more about this profession for future career, full time or voluntary
- Others (Please specify) : _____

< END >

In order to facilitate the follow upof your opinions, you are welcomed to provide your contact method below.Thank you for your participation.

Name : _____ Tel : _____

Email : _____