

# READI Revisi•S EY

(Air Force)

A. Please rate your level of competency according to the following scale

1. I need theory, demonstration & supervised practice
2. I would need review & supervised practice
3. I would need some review & little supervision
4. I would need review only
5. I would need no review or supervision

Please select the circle

1.	How competent are you in your role as a nurse in a mass casualty (MASCAL) situation?	1	2	3	4	5
2.	How competent are you to perform in emergency situations, such as those of patients in cardiac arrest?	1	2	3	4	5
3.	How competent are you taking care of life threatening injuries?	1	2	3	4	5
4.	How competent are you in providing nursing care to a multiple trauma patient?	1	2	3	4	5
5.	How competent are you in the care of patients with ballistic missile injuries?	1	2	3	4	5
6.	How competent are you in recognition of a patient with a tension pneumothorax?	1	2	3	4	5
7.	How competent are you in the fluid resuscitation of a burn patient?	1	2	3	4	5
8.	How competent are you in performing resuscitation with blood products?	1	2	3	4	5
9.	How competent are you with performing airway management?	1	2	3	4	5

10.	How competent are you in implementing the triage categories?	1	2	3	4	5
11.	How competent are you with evacuation of patients using aeromedical evacuation procedures?	1	2	3	4	5
12.	How competent are you in understanding the capacities of each Level of Care, formerly called Echelons of Care?	1	2	3	4	5
13.	How competent are you with knowing the Law of Armed Conflict (LOAC) violations that must be reported (i.e. ordered to protect patients with force)?	1	2	3	4	5
14.	How competent are you in setting up your area for Field Sanitation and Hygiene?	1	2	3	4	5
15.	How competent are you with your ability to carry out Deployable Medical Systems (DEPMEDS) Setup (i.e. setting up tents and equipment)?	1	2	3	4	5
16.	How competent are you in dealing with the unexpected (i.e. providing patient care in a					

26.	I have confidence that my support system (i.e. family, friends or family support group) will meet all of my psychosocial needs.	1   2   3   4   5
27.	If I am deployed, I have confidence that my support system (i.e. family, friends or family support group) will maintain communication with me.	1   2   3   4   5
28.		

deployment unit.

## PART 2 - Demographics

Please select from the drop down box the answer most applicable to yourself or enter the information as indicated. This information is very important for our research and is anonymous. No names are used.

1. What is your current component?
2. What is your primary AFSC?
3. How many years of nursing experience do you have (include military and civilian experience [LP and RN])?
4. Do you have prior technical medical experience (i.e. medical technician)? Yes No
5. Are you male or female? Male Female
6. What is your military rank?
7. What is your highest education level?
8. When was the last time you provided direct patient care?
9. Do you have the following training experiences and education?
  - 9a. Do you have the following training experiences and education?
  - 9b. Do you have the following training experiences and education?
  - 9c. Do you have the following training experiences and education?
  - 9d. Do you have the following training experiences and education?
10. Are you currently assigned to a mobility platform (i.e. Unit Type Code (UTC) such as Expeditionary Medical Support/Air Force Theater Hospital (AFTH) or Aeromedical Evacuation)? Yes No
11. What is your deployment status?
12. Have you ever deployed? Yes No
13. How many times have you deployed?
14. What is the length of your deployment?
- 15a. What year did your deployment begin?
- 15b. What year did your deployment end?
16. What is your age?
17. How frequently do you exercise?
18. How long ago did you have a physical exam?
19. Are you up to date on routine gender specific (i.e. mammogram for women/prostate for men), health related exams? Yes No Not sure
20. If indicated, do you have a family care plan to make arrangements for your children (required for single parents or if both

Tobacco  
Alcohol  
Physical Exercise  
Reading  
Relaxation/Meditation Techniques

Talking with Friends  
Religious Faith  
Eating  
Sleeping  
Other (please specify below)

Thank you very much for completing this questionnaire.

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