**AUTONOMIC DYSREFLEXIA (AD) - PRE – EDUCATION SESSION SURVEY**

Thank you for taking a couple of minutes to complete this survey at the commencement of the AD Education Session. This education session has been designed as part of a statewide education strategy for frontline clinicians working in emergency, acute hospital and community settings who are likely to be required to manage people with a spinal cord injury who are experiencing an episode of Autonomic Dysreflexia presenting to their service.

**What is your area of employment?**
- [ ] ED
- [ ] ICU
- [ ] Acute Hospital (ward). Please specify ………………………………………………………………………
- [ ] Community
- [ ] Other Please specify ………………………………………………………………………

**What is your discipline?**
- [ ] Paramedic
- [ ] Nurse
- [ ] Allied Health Professional
- [ ] Doctor
- [ ] Case Manager
- [ ] Other …………………………………………………

### Please circle appropriate number

<table>
<thead>
<tr>
<th>On a scale of 1-10:</th>
<th>Not at all confident</th>
<th>Very confident</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 How confident are you in recognising signs and symptoms of autonomic dysreflexia (AD) in a person with a spinal cord injury?</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>2 How confident are you that you could effectively treat a person with a spinal cord injury presenting with signs/symptoms of autonomic dysreflexia?</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
</tbody>
</table>

### On a scale of 1-10

| 3 How would you rate your current knowledge about the topic of ‘autonomic dysreflexia’? | 1 2 3 4 5 6 7 8 9 10 |
| 4 Are you aware of any clinical guidelines for the management of autonomic dysreflexia in a person with spinal cord injury? | Yes / No (please circle). |

If yes, please specify which guidelines and in what format are they available to you.

…………………………………………………………………………………………………………………………

### What do you think are the important clinical practice principles when managing a person with a spinal cord injury at risk of AD? Please list:

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- 
- 

### What expectations do you have of an education package around this topic? Please list:

- 
- 
- 

Thank you for completing this POST AD Education Session Evaluation form.

Please FAX both completed forms to Fax 02 8644 2148 Attention Manager, SSCIS
(PRE – AD Education Session Survey & POST AD Education Session Evaluation Form)