

BSAC SAFETY FIRST PROGRAMME QUESTIONNAIRE

Diving Information

How many dives have you done
To date?
Last year?

When was your last dive?.....
How deep was it?.....
How long was it?.....
Where was it?.....

CORE SKILLS

BUOYANCY CONTROL

<i>Can you quickly and easily adjust your buoyancy to neutral?</i> Easily <input type="checkbox"/> OK <input type="checkbox"/> Could improve <input type="checkbox"/> Have Difficulty <input type="checkbox"/> Can't Do <input type="checkbox"/>
<i>Can you complete a fin pivot?</i> Easily <input type="checkbox"/> OK <input type="checkbox"/> Could improve <input type="checkbox"/> Have Difficulty <input type="checkbox"/> Can't Do <input type="checkbox"/>
<i>Hover above the bottom?</i> Easily <input type="checkbox"/> OK <input type="checkbox"/> Could improve <input type="checkbox"/> Have Difficulty <input type="checkbox"/> Can't Do <input type="checkbox"/>
<i>Hover in mid water?</i> Easily <input type="checkbox"/> OK <input type="checkbox"/> Could improve <input type="checkbox"/> Have Difficulty <input type="checkbox"/> Can't Do <input type="checkbox"/>
<i>Control ascent to surface without finning?</i> Easily <input type="checkbox"/> OK <input type="checkbox"/> Could improve <input type="checkbox"/> Have Difficulty <input type="checkbox"/> Can't Do <input type="checkbox"/>

MASK CLEARING

<i>In training did you have problems with mask clearing?</i> Yes <input type="checkbox"/> No <input type="checkbox"/> A little <input type="checkbox"/> Sometimes <input type="checkbox"/> A lot <input type="checkbox"/> Big Problem <input type="checkbox"/>
<i>How do you feel now about mask clearing?</i> Comfortable <input type="checkbox"/> OK <input type="checkbox"/> Need Practice <input type="checkbox"/> Unhappy <input type="checkbox"/> Terrified <input type="checkbox"/>

REGULATOR CLEARING

<i>In training did you have problems with Regulator clearing?</i> Yes <input type="checkbox"/> No <input type="checkbox"/> A little <input type="checkbox"/> Sometimes <input type="checkbox"/> A lot <input type="checkbox"/> Big Problem <input type="checkbox"/>
<i>How do you feel now about Regulator clearing?</i> Comfortable <input type="checkbox"/> OK <input type="checkbox"/> Need Practice <input type="checkbox"/> Unhappy <input type="checkbox"/> Terrified <input type="checkbox"/>

FINNING

<i>Do you have difficulty keeping up with your buddy whilst swimming underwater?</i> Yes <input type="checkbox"/> No <input type="checkbox"/> A little <input type="checkbox"/> Sometimes <input type="checkbox"/> A lot <input type="checkbox"/> Big Problem <input type="checkbox"/>
<i>How do you feel about snorkeling on the surface in full kit?</i> Comfortable <input type="checkbox"/> OK <input type="checkbox"/> Need Practice <input type="checkbox"/> Unhappy <input type="checkbox"/> Terrified <input type="checkbox"/>
<i>How do you feel about swimming on the surface on your back in full kit?</i> Comfortable <input type="checkbox"/> OK <input type="checkbox"/> Need Practice <input type="checkbox"/> Unhappy <input type="checkbox"/> Terrified <input type="checkbox"/>

RESCUE SKILLS

How long is it since you practiced rescue skills?

In the pool

In the open water

ALTERNATE AIR SOURCE

How do you feel about sharing an alternate air source?

<i>As donor?</i> Comfortable <input type="checkbox"/> OK <input type="checkbox"/> Need Practice <input type="checkbox"/> Unhappy <input type="checkbox"/> Terrified <input type="checkbox"/>
<i>As recipient?</i> Comfortable <input type="checkbox"/> OK <input type="checkbox"/> Need Practice <input type="checkbox"/> Unhappy <input type="checkbox"/> Terrified <input type="checkbox"/>
<i>Stationary?</i> Comfortable <input type="checkbox"/> OK <input type="checkbox"/> Need Practice <input type="checkbox"/> Unhappy <input type="checkbox"/> Terrified <input type="checkbox"/>
<i>Swimming horizontally?</i> Comfortable <input type="checkbox"/> OK <input type="checkbox"/> Need Practice <input type="checkbox"/> Unhappy <input type="checkbox"/> Terrified <input type="checkbox"/>
<i>Ascending?</i> Comfortable <input type="checkbox"/> OK <input type="checkbox"/> Need Practice <input type="checkbox"/> Unhappy <input type="checkbox"/> Terrified <input type="checkbox"/>

CONTROLLED BUOYANT LIFT (CBL)

Not covered in previous training **PLEASE IGNORE REST OF SECTION**

<i>In training did you have problems in controlling the rate of ascent?</i> Yes <input type="checkbox"/> No <input type="checkbox"/> A little <input type="checkbox"/> Sometimes <input type="checkbox"/> A lot <input type="checkbox"/> Big Problem <input type="checkbox"/>
<i>How do you feel now about your ability to control an ascent?</i> Comfortable <input type="checkbox"/> OK <input type="checkbox"/> Need Practice <input type="checkbox"/> Unhappy <input type="checkbox"/> Terrified <input type="checkbox"/>

TOWING

Not covered in previous training **PLEASE IGNORE REST OF SECTION**

<i>Do you find rescue tows?</i> Easy <input type="checkbox"/> OK <input type="checkbox"/> A little difficult <input type="checkbox"/> Tiring <input type="checkbox"/> Exhausting <input type="checkbox"/>
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ARTIFICIAL VENTILATION (AV)

Not covered in previous training **PLEASE IGNORE REST OF SECTION**

During Training did you have difficulty giving AV?

<i>Stationary?</i> Yes <input type="checkbox"/> No <input type="checkbox"/> A little <input type="checkbox"/> Sometimes <input type="checkbox"/> A lot <input type="checkbox"/> Big Problem <input type="checkbox"/>
<i>Whilst towing?</i> Yes <input type="checkbox"/> No <input type="checkbox"/> A little <input type="checkbox"/> Sometimes <input type="checkbox"/> A lot <input type="checkbox"/> Big Problem <input type="checkbox"/>
<i>Whilst landing a casualty?</i> Yes <input type="checkbox"/> No <input type="checkbox"/> A little <input type="checkbox"/> Sometimes <input type="checkbox"/> A lot <input type="checkbox"/> Big Problem <input type="checkbox"/>
<i>How do you feel now about your ability to provide effective AV?</i> Comfortable <input type="checkbox"/> OK <input type="checkbox"/> Need Practice <input type="checkbox"/> Unhappy <input type="checkbox"/> Terrified <input type="checkbox"/>