## Intubator Background Information

| Current date |  
|-------------|
| Age         |
| Gender      | Male
|             | Female
|             | Non-binary
|             | Prefer not to answer
| Race/Ethnicity (check all that apply) | White or Caucasian
|             | American Indian or Alaska Native
|             | Asian
|             | Black or African American
|             | Hispanic or Latino
|             | Native Hawaiian or Other Pacific Islander
|             | Other
| Other (please specify) |  
| Position | Attending Physician
|           | Resident Physician
|           | Fellow Physician
|           | Other
| Other (please specify) |  
| Specialty | Emergency Medicine
|           | Critical Care
|           | Anesthesiology
|           | Otolaryngology
|           | Surgery
|           | Other
| Other (please specify) |  
| Number of years in practice |  

Questions related to intubation
| Question                                                                 | Options                                                                 |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| What is your primary site of intubation?                                | George Washington University Hospital                                    |
|                                                                         | Washington Hospital Center                                               |
|                                                                         | MedStar Georgetown University Hospital                                   |
|                                                                         | Holy Cross Hospital                                                      |
|                                                                         | University of Maryland Medical Center                                    |
|                                                                         | University of Maryland Prince George's Hospital Center                   |
|                                                                         | Washington DC VA Medical Center                                          |
|                                                                         | Washington Adventist                                                     |
|                                                                         | Virginia Hospital Center                                                 |
|                                                                         | Howard University Hospital                                               |
|                                                                         | Fairfax Hospital                                                         |
|                                                                         | Other                                                                   |
| Other (please specify)                                                  |                                                                        |
| Are you a part of the dedicated intubation team at your primary intubation site? | Yes                                                                     |
|                                                                         | No                                                                      |
| [Intubation team: Selected group of providers who are assigned to intubate COVID patients regardless of whether or not they are the primary providers for those patients]. |                                                                       |
| Did you receive education and/or training in donning/doffing PPE?      | Yes                                                                     |
|                                                                         | No                                                                      |
| Did the education and/or training help reduce your fear of intubating suspected or confirmed COVID-19 patients? | Yes                                                                     |
|                                                                         | No                                                                      |
|                                                                         | Not sure                                                                |
| Did you participate in simulation exercises to prepare for COVID intubations? | Yes                                                                     |
|                                                                         | No                                                                      |
| Did the simulation exercise help reduce your fear of intubating suspected or confirmed COVID-19 patients? | Yes                                                                     |
|                                                                         | No                                                                      |
|                                                                         | Not sure                                                                |
| How many confirmed or suspected COVID-19 patients have you intubated before? |                                                                        |
| The intubations I performed were done in a negative pressure environment. | No                                                                      |
|                                                                         | Sometimes                                                               |
|                                                                         | Most of the time                                                        |
|                                                                         | All of the time                                                         |
| During most intubations for confirmed/suspected COVID-19 patients, I wore a: | Powered Air Purified Respirator (PAPR)                                   |
|                                                                         | N95                                                                     |
|                                                                         | Full face shield/goggles                                                |
|                                                                         | Hair cover/bouffant                                                     |
|                                                                         | Gown                                                                    |
|                                                                         | Boot coverings                                                          |
|                                                                         | Double glove                                                           |
|                                                                         | Other                                                                   |
| Other (please specify)                                                  |                                                                        |
Did you feel that PPE was adequate during the majority of the intubation for confirmed/suspected COVID-19 patients?  
○ Yes  ○ No

How comfortable are you with intubation in general?  
[1= least comfortable, 10= most comfortable]  
○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

How comfortable are you with intubating suspected or confirmed COVID-19 patients?  
[1= least comfortable, 10= most comfortable]  
○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

On a scale from 1-10, how would you rate your fear of contracting COVID-19 during your FIRST intubation of a confirmed or suspected COVID-19 patient?  
[1= no fear of contracting COVID-19, 10= most fear of contracting COVID-19]  
○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

On a scale from 1-10, how would you rate your fear of contracting COVID-19 during SUBSEQUENT intubations of confirmed or suspected COVID-19 patients?  
[1= no fear of contracting COVID-19, 10= most fear of contracting COVID-19]  
○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

What were you MOST concerned about during COVID-19 related intubations?  
○ N/A  ○ Inadequate PPE  ○ Inadequate intubation equipment  ○ Risk of contracting COVID-19  ○ Patient’s death during intubation  ○ Other

Other (please specify)  
__________________________________________________________

Please respond to the following set of questions by responding yes or no.

I have tested positive for COVID-19  
○ Yes  ○ No

I have been in quarantine for a potential COVID-19 exposure  
○ Yes  ○ No

I am the parent or primary caregiver for a school-aged child or infant  
○ Yes  ○ No
I am the primary caretaker for or live with a person over the age of 80

I have friends/close relatives that have contracted COVID-19