Supplemental Figure 2: COVID-Survey Instrument

1. Date  

2. In what city/state do you work?  
- Alabama  
- California  
- Georgia  
- Louisiana  
- Michigan  
- Nebraska  
- New York  
- Rhode Island  
- Texas  
- Washington DC

3. Please select the best description of your job title  
- Emergency Medicine Resident  
- Emergency Medicine Attending  
- Emergency Medicine Nurse  
- Emergency Medical Services Provider

3. How many total years have you worked or volunteered in this profession?  

(Years)
4. What is your age?

5. What term best expresses how you describe your gender identity?
   - Man
   - Woman
   - Non-Binary
   - None of these describe me, and I want to specify
   
   **Gender Description.**

6. Which racial or ethnic group do you most identify with?
   - African American/Black (Non-Hispanic)
   - American Indian or Ileut
   - Asian/Pacific Islander
   - Latino/a or Hispanic
   - White (non-Hispanic)
   - Mixed Race
   - Other
   
   If other race, please specify.

7. Please describe your marital status.
   - Now Married
   - Widowed
   - Divorced
   - Separated
   - Never Married

8. How many people live in your household?

9. Who has lived in your household for the majority of the time during the past 6 months?
   - Child or children Age < 4
   - Child or children Age 4-12
   - Child or children Age 13-18
   - Child or children Age >18
   - Spouse or Partner
   - Parent/Elderly relative
   - Only myself

10a. Do you have primary responsibility for child care duties?
   - Yes
   - No

10. Do you live with anyone who you consider to be at increased risk of complications from COVID-19?
   - Yes
   - No

11. Do you have any chronic medical conditions that increase your risk of complications from COVID-19?
   - Yes
   - No
The following questions are about your job as a health care provider.

12. How long have you worked or volunteered with your present employer or department? [ ]

Please round up or down to the nearest number of years.

13. Select the description that comes closest to your present work shift. [ ]

- Rotating shift
- Permanent day shift
- Permanent evening shift
- Permanent night shift

14. How many hours is a typical shift on most days? [ ]

15. How many hours do you normally work or volunteer per week in this job? [ ]

17. Please answer yes/no about your thoughts about your current job conditions as a health care provider.

| Yes | No |
|-----|----|
| During the COVID-19 pandemic, the overall quality of the physical environment where I work is poor. | [ ] | [ ] |
| During the COVID-19 pandemic, I am well protected from exposure to the disease. | [ ] | [ ] |
| During the COVID-19 pandemic, my work area is awfully crowded. It is easy to get testing for COVID-19 at my work place. | [ ] | [ ] |
| At my organization, if a staff member tests positive, they are required to quarantine for a certain time period. | [ ] | [ ] |

18. Did your organization make any changes to your pay/salary at any time during the pandemic? [ ]

Select all that apply.

- No change
- Increase in hourly wage or annual salary
- Decrease in hourly wage or annual salary
- Hazard pay or bonus
- COVID-19 sick pay
- Other
- Not applicable, volunteer at my organization

If other, please describe. [ ]
19. Did your organization make any changes to your benefits at any time during the pandemic?
Select all that apply.
- No change
- Decreased or eliminated retirement coverage
- Increased retirement coverage
- Decreased or eliminated certified medical education (CME)
- Increased CME
- Decreased health insurance coverage
- Increased health insurance coverage
- Other
- Not applicable, do not get benefits through my organization

If other, please describe.

20. Did your organization make any of these changes to your work hours at any time during the pandemic?
Select all that apply.
- No change
- Increase in work hours
- Decrease in work hours
- Mandatory overtime
- Other

If other, please describe.

21. As a result of COVID-19, has staffing changed at your job?
Yes
No

Type of staff change.
Select all that apply.
- Increased staff
- Decreased staff due to budgeting or volume
- Decreased staff due to number of staff available to work

22. On your last shift, approximately how many patients with confirmed or suspected COVID-19 did you see?

23. Please answer whether you strongly disagree, disagree, are neutral, agree or strongly agree with the following:

We have adequate staffing to care for the patient load at my workplace.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

24. Which of the following personal protective equipment (PPE) has been provided to you at your job during the COVID-19 outbreak?
Select all that apply.
- Gloves
- Gown
- Goggles/Eye Protection
- Face Shield
- N95 Respirator
- Elastomeric or other respirator similar to an N95 (like a P100 or other reusable rubber respirator)
- Powered Air Purifying Respirator (PAPR)
- Surgical Mask
- Other Face Covering
- Other PPE
- Unknown

Please describe other PPE.
25. Did you have any of the following conditions or restrictions on your use of PPE? Select all that apply.

- □ Prohibition - my employer refused to supply a certain type of PPE.
- □ Restricted access - I was told I needed permission to use specified PPE.
- □ My employer extended use of PPE beyond the normal use.
- □ I had to bring in PPE from home.
- □ I had to re-use PPE that I previously wore.
- □ I had to re-use PPE previously worn by others.
- □ My PPE was not fit-tested.
- □ My employer has not imposed any conditions or restrictions on my use of PPE.
- □ Other

If other, please describe.

26. Please state whether you believe the following about the environment where you work as a health care provider.

| Statement                                                                 | Very confident | Confident that this is false | Neutral | Confident that this is true | Very confident |
|----------------------------------------------------------------------------|----------------|-------------------------------|---------|-----------------------------|----------------|
| I had adequate training to deal confidently with the situations that I faced. | ○              | ○                             | ○       | ○                           | ○              |
| Infection control procedures were adequately explained.                    | ○              | ○                             | ○       | ○                           | ○              |
| I received adequate training in                                               | ○              | ○                             | ○       | ○                           | ○              |
| protective equipment and procedures that I needed.                          | ○              | ○                             | ○       | ○                           | ○              |
| I had someone to ask when I had problems using equipment.                   | ○              | ○                             | ○       | ○                           | ○              |
| The hospital where I worked took decisions were made that affected me.       | ○              | ○                             | ○       | ○                           | ○              |
| Emotional support (e.g. counseling) was available to those who needed help.  | ○              | ○                             | ○       | ○                           | ○              |
| I felt appreciated by the hospital/my employer.                             | ○              | ○                             | ○       | ○                           | ○              |
| My hospital/workplace was supportive.                                        | ○              | ○                             | ○       | ○                           | ○              |
27. Please answer whether you strongly disagree, disagree, are neutral, agree or strongly agree with the following:

| Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
|-------------------|----------|---------|-------|----------------|
| There was more conflict among colleagues at work. | ○ | ○ | ○ | ○ | ○ |
| I felt more stressed at work. | ○ | ○ | ○ | ○ | ○ |
| I had to do work that I normally I don’t do. | ○ | ○ | ○ | ○ | ○ |
| I had an increased workload. | ○ | ○ | ○ | ○ | ○ |
| I had to work overtime. | ○ | ○ | ○ | ○ | ○ |
| My organization strongly encouraged me to get tested if I was exposed. | ○ | ○ | ○ | ○ | ○ |
| Our staff felt strongly supported if they tested positive. | ○ | ○ | ○ | ○ | ○ |
| My organization made me feel comfortable taking time off if I tested positive. | ○ | ○ | ○ | ○ | ○ |

28. Since the pandemic, how much do each of these people go out of their way to do things to make your work life easier for you?

| Very Much | Somewhat | A Little | Not At All | Don’t Have Any Person |
|-----------|----------|----------|------------|----------------------|
| Hospital administration | ○ | ○ | ○ | ○ | ○ |
| Your immediate supervisor (ED or EMS) | ○ | ○ | ○ | ○ | ○ |
| Attending physicians in ED | ○ | ○ | ○ | ○ | ○ |
| Nurses in ED | ○ | ○ | ○ | ○ | ○ |
| Your colleagues at work | ○ | ○ | ○ | ○ | ○ |
| Your spouse or significant other | ○ | ○ | ○ | ○ | ○ |
| Your relatives | ○ | ○ | ○ | ○ | ○ |
| Your friends | ○ | ○ | ○ | ○ | ○ |
29. Since the COVID-19 pandemic, how easy is it to talk with each of the following people?

|                                | Very Much | Somewhat | A Little | Not At All | Don’t Have Any Such Person |
|--------------------------------|-----------|----------|----------|------------|---------------------------|
| Hospital Administration        |           |          |          |            |                           |
| Your immediate supervisor (ED or EMS) |           |          |          |            |                           |
| Attending physicians in ED     |           |          |          |            |                           |
| Nurses in ED                   |           |          |          |            |                           |
| Your colleagues at work        |           |          |          |            |                           |
| Your spouse or significant other |         |          |          |            |                           |
| Your relatives                 |           |          |          |            |                           |
| Your friends                   |           |          |          |            |                           |

COVID Testing/Diagnosis

30. Have you ever been tested for COVID-19?  
   ○ Yes  
   ○ No

31. Have you been infected by COVID-19?  
   ○ Yes, suspected but never tested  
   ○ Yes, confirmed by test  
   ○ No  
   ○ Do not know

31a. Which of the following scenarios apply to your suspected or confirmed COVID-19 infection?  
Select all that apply.

- Physically present at work 0-4 days before my diagnosis of infection
- Home isolation, shelter in place
- Treated at a doctor's office or outpatient facility
- Treated at an emergency department
- Admitted to hospital floor (no intensive care)
- Treated in intensive care, didn't need to be on a ventilator
- Treated in intensive care, was on a ventilator
- Admitted into a specialized COVID-19 unit
- Other
- Unknown

(Select All That Apply)

If other scenario, please describe.

31b. How long were you off of your job due to your COVID-19 infection?  
   ○ 0 days  
   ○ 1-7 days  
   ○ 8-14 days  
   ○ 15-21 days  
   ○ Longer than 21 days  
   ○ Unknown

32. If a staff tests positive for COVID-19 at your organization do they get time off with pay?  
   ○ Yes, as part of normal sick pay or paid time off (PTO).  
   ○ Yes, separately from PTO (such as through worker’s compensation).  
   ○ No
### 33. Please answer whether you strongly disagree, disagree, are neutral, agree, or strongly agree with the following statements:

| Statement                                                                 | Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
|--------------------------------------------------------------------------|-------------------|----------|---------|-------|----------------|
| My job puts me at great risk.                                            | ○                 | ○        | ○       | ○     | ○              |
| I feel more stress at work.                                              | ○                 | ○        | ○       | ○     | ○              |
| I accept the risk of caring for COVID patients.                          | ○                 | ○        | ○       | ○     | ○              |
| I am afraid of falling ill with COVID.                                   | ○                 | ○        | ○       | ○     | ○              |
| I have little control of whether I get infected or not.                  | ○                 | ○        | ○       | ○     | ○              |
| I have little chance of survival if I were to get COVID.                 | ○                 | ○        | ○       | ○     | ○              |
| I am thinking of resigning or quitting because of COVID.                 | ○                 | ○        | ○       | ○     | ○              |
| I am afraid I will pass COVID to others.                                 | ○                 | ○        | ○       | ○     | ○              |
| My family and friends are worried they might get infected through me.   | ○                 | ○        | ○       | ○     | ○              |
| People avoid me or my family because of work.                            | ○                 | ○        | ○       | ○     | ○              |
### 34. Please answer whether you strongly disagree, disagree, are neutral, agree or strongly agree with the following:

| Statement                                                                 | Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
|---------------------------------------------------------------------------|-------------------|----------|---------|-------|----------------|
| Working with patients brings me satisfaction.                              | ○                 | ○        | ○       | ○     | ○              |
| I often see more than one side to an issue.                               | ○                 | ○        | ○       | ○     | ○              |
| Over the last month, I have been bothered by feeling nervous, anxious or on edge. | ○                 | ○        | ○       | ○     | ○              |
| During the last month, I have been bothered by little interest or pleasure in doing things. | ○                 | ○        | ○       | ○     | ○              |
| I feel a spiritual purpose or connection in my life’s work.               | ○                 | ○        | ○       | ○     | ○              |
| I am open to new ideas and ways of doing things in the workplace.         | ○                 | ○        | ○       | ○     | ○              |
| During the past month, my inability to control my distress has negatively affected the care I give patients. | ○                 | ○        | ○       | ○     | ○              |
| I spend time reflecting on things I can improve about myself, my life, and my professional role. | ○                 | ○        | ○       | ○     | ○              |
| Over the past month, there has been a patient encounter that distresses me. | ○                 | ○        | ○       | ○     | ○              |
| My work brings joy to my life.                                             | ○                 | ○        | ○       | ○     | ○              |
| I am generally satisfied with my career choice.                           | ○                 | ○        | ○       | ○     | ○              |
| During the past month, I have administrative demands that compete with clinical duties. | ○                 | ○        | ○       | ○     | ○              |
| Positive patient relationships outweigh negative patient relationships.   | ○                 | ○        | ○       | ○     | ○              |
| Feeling compassion for others is a regular part of how I work.            | ○                 | ○        | ○       | ○     | ○              |
35. Over the last 2 weeks, how often have you been bothered by the following problems?

| Feeling nervous or on edge. | Not at all | Several days | More than half the days | Nearly every day |
|-----------------------------|------------|--------------|-------------------------|------------------|
|                             | ○          | ○            | ○                       | ○                |
| Not being able to stop or control worrying. | ○        | ○            | ○                       | ○                |
| Little interest or pleasure in doing things. | ○        | ○            | ○                       | ○                |
| Feeling down, depressed, or hopeless. | ○        | ○            | ○                       | ○                |

36. Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully, pick the answer that indicates how much you have been bothered by that problem in the last month.

| Repeated, disturbing memories, thoughts, or images of a stressful experience from the past. | Not at all | A little bit | Moderately | Quite a bit | Extremely |
|--------------------------------------------------------------------------------------------|-----------|--------------|------------|-------------|-----------|
|                                                                                           | ○         | ○            | ○          | ○           | ○         |
| Repeated, disturbing dreams of a stressful experience from the past.                        | ○         | ○            | ○          | ○           | ○         |
| Trouble falling or staying asleep.                                                          | ○         | ○            | ○          | ○           | ○         |
| Having difficulty concentrating.                                                            | ○         | ○            | ○          | ○           | ○         |
| Fatigue or tiredness.                                                                      | ○         | ○            | ○          | ○           | ○         |

37. Please answer how often you experience the following:

| I feel burned out from my work.                                                            | Never | A few times a year or less | Once a month or less | A few times a month | Once a week | A few times a week | Every day |
|--------------------------------------------------------------------------------------------|-------|-----------------------------|-----------------------|---------------------|-------------|-------------------|-----------|
|                                                                                           | ○     | ○                           | ○                     | ○                   | ○           | ○                 | ○         |

38. Knowing what you know now after dealing with COVID-19, if you had to decide all over again whether to take the type of job you now have, what would you decide?

- ○ I would decide without hesitation to take the same job.
- ○ I would have some second thoughts.
- ○ I would decide definitely NOT to take this type of job.
39. During the LAST MONTH, how often you felt or thought a certain way:

|                                    | Never | Almost Never | Sometimes | Fairly Often | Often |
|------------------------------------|-------|--------------|-----------|--------------|-------|
| In the last month, how often       |       |              |           |              |       |
| ○ have you felt that you were      |       |              |           |              |       |
| unable to control the important    |       |              |           |              |       |
| things in your life?               |       |              |           |              |       |
| In the last month, how often       |       |              |           |              |       |
| ○ have you felt confident about    |       |              |           |              |       |
| your ability to handle your        |       |              |           |              |       |
| personal problems?                 |       |              |           |              |       |
| In the last month, how often       |       |              |           |              |       |
| ○ have you felt that things were   |       |              |           |              |       |
| going your way?                    |       |              |           |              |       |
| In the last month, how often       |       |              |           |              |       |
| ○ have you felt difficulties were  |       |              |           |              |       |
| piling up so high that you could   |       |              |           |              |       |
| not overcome them?                 |       |              |           |              |       |

40. Please answer how often you have been doing the following:

|                                    | I haven't been doing this at all | I've been doing this a little bit | I've been doing this a medium amount | I've been doing this a lot |
|------------------------------------|----------------------------------|-----------------------------------|-------------------------------------|--------------------------|
| I've been turning to work or       |       |      |                  |                                     |
| ○ other activities to take my mind |       |      |                  |                                     |
| off things.                        |       |      |                  |                                     |
| I've been using alcohol or other   |       |      |                  |                                     |
| ○ drugs to make myself feel better.|       |      |                  |                                     |
| I've been getting emotional        |       |      |                  |                                     |
| support from others.               |       |      |                  |                                     |
| I've been saying things to let my  |       |      |                  |                                     |
| ○ unpleasant feelings escape.      |       |      |                  |                                     |
| I've been getting help and         |       |      |                  |                                     |
| ○ advice from other people.        |       |      |                  |                                     |
| I've been using alcohol or other   |       |      |                  |                                     |
| ○ drugs to help me get through it. |       |      |                  |                                     |
| I've been getting comfort and      |       |      |                  |                                     |
| ○ understanding from someone.      |       |      |                  |                                     |
| I've been doing something to       |       |      |                  |                                     |
| ○ to movies, watching tv, reading, |       |      |                  |                                     |
| daydreaming, sleeping, or shopping.|       |      |                  |                                     |
| I've been expressing my ○          |       |      |                  |                                     |
| negative feelings.                 |       |      |                  |                                     |

I've been expressing my negative feelings.
I've been trying to find comfort in my religion or spiritual beliefs.

I've been trying to get advice or help from other people about what to do.

I've been praying or meditating.

41. The next 3 questions are about how you feel about different aspects of your life. For each one, tell me how often you feel that way. Is it hardly ever, some of the time, or often?

|                                      | Hardly ever | Some of the time | Often |
|--------------------------------------|-------------|------------------|-------|
| First, how often do you feel that you lack companionship? |             |                  |       |
| How often do you feel left out?      |             |                  |       |
| How often do you feel isolated from others? |             |                  |       |

42. Please tell us how often you feel anxious about each of the following:

|                                                                 | Extremely anxious | Somewhat anxious | Not that anxious | Not anxious at all |
|------------------------------------------------------------------|-------------------|------------------|------------------|--------------------|
| Paying my bills or expenses during COVID-19.                     | ○                 | ○                | ○                | ○                  |
| The government/public health response to COVID-19.               | ○                 | ○                | ○                | ○                  |
| People in my community not adhering to public health guidelines. | ○                 | ○                | ○                | ○                  |
| Misinformation in the news or in social media.                  | ○                 | ○                | ○                | ○                  |

43. Which of the following types of mental health resources are offered by your employer during the COVID-19 pandemic?

Select all that apply.

- Employee Assistance Programs
- Primary care that offers mental health coverage
- Mental health days
- Mental health first aid training
- Holistic wellness programs
- Virtual coaching such as headspace
- Debriefing programs
- Other
- Don't Know
- None of the Above

If other, please describe.

__________________________________________________________________________

Have you used any of these resources during the pandemic?

- Yes
- No

Why not?

Select all that apply.

- My insurance does not cover.
- Too difficult to find/access.
- I do not have time.
- I worry about whether it will affect my job.
- I am embarrassed to use it.
- I do not feel I need to use it.
- Other
If other, please describe.  

44. Have you used any mental health resources OUTSIDE of your work during the pandemic?  
☐ Yes  
☐ No  

45. What other resources have you used that have helped during this time?  
Select all that apply.  
☐ Free childcare  
☐ Free lodging  
☐ Free meals  
☐ Rest periods/time off at work  
☐ Rest area at work  
☐ None  
☐ Other  

If other, please describe.  

46. Please add any other comments you may have.  

Please enter your email address for receipt of a $10 Amazon gift card to thank you for completing the study.  

Would you be interested in participating in followup studies related to this project?  
☐ Yes  
☐ No  

Thank you for participating in our survey. If you are interested in further mental health resources, in addition to local resources available in your community, the following provide support for first responders. George Washington University does not specifically endorse any of these resources. It is only to provide you with further information.

SAMHSA Disaster Distress Line "Talk with Us"
https://www.samhsa.gov/find-help/disaster-distress-helpline
1-800-985-5990

Code Green: codegreencampaign.org/covid19

Contains links to resources for first responders

Crisis Text Line

Text "Frontline" to 741741

American College of Emergency Physicians

Provides up to 3 free counseling sessions for members https://www.acep.org/corona/covid-19-benefits/

Project Parachute

Telehealth/video support chat line with volunteer psychiatrists https://project-parachute.org/