

Data Supplement S1. Supplemental material.

Table S1. Stratification for key response questions

Characteristics	Effect of pandemic on workplace stress: median (IQR)	Effect of pandemic on home stress: median (IQR)	Pre-pandemic emotionally exhaustion and burnout: median (IQR)	Post-pandemic emotionally exhaustion and burnout: median (IQR)	Changed behavior with friends and family because of possible excess work exposure: n (%)	
Female (n = 192)	6 (5,6)	6 (5,7)	3 (2,4)	4 (3,6)	Yes	174 (90.6)
					No	13 (7.8)
					Unsure	3 (1.6)
Male (n = 229)	5 (4,6)	5 (4,6)	2 (2,4)	4 (3,6)	Yes	209 (91.3)
					No	17 (74.2)
					Unsure	2 (0.9)
Faculty (n = 236)	5 (4,6)	5 (4,6)	3 (2,4)	5 (3,6)	Yes	210 (89)
					No	21 (8.9)
					Unsure	3 (1.3)
Resident or fellow (n = 187)	5 (4,6)	5 (4,6)	3 (2,4)	4 (3,6)	Yes	175 (93.6)
					No	9 (4.8)
					Unsure	2 (1.1)
Have children < 18 in home (n = 166)	5 (4,6)	5 (4,6)	3 (2,4)	4 (3,6)	Yes	149 (89.8)
					No	13 (7.8)
					Unsure	2 (1.2)
No children in home (n = 259)	5 (4,6)	5 (4,6)	3 (2,4)	4 (3,6)	Yes	238 (91.9)
					No	18 (6.9)
					Unsure	3 (1.2)
California sites (n = 306)	5 (4,6)	5 (4,6)	3 (2,4)	4 (3,6)	Yes	279 (91.2)
					No	7 (2.3)
					Unsure	1 (0.3)
Non-California sites (n = 120)	5 (4,6)	5 (4,6)	3 (2,4)	4 (3,6)	Yes	109 (90.8)
					No	7 (5.8)
					Unsure	1 (0.8)

IQR = interquartile range

An Assessment of Anxiety Levels and Stressors in Health Care Providers during the COVID 19 Pandemic

1. Age: _____ Decline to answer _____

2. What is your gender? (check one)

- Male
- Female
- Trans Male
- Trans Female
- Genderqueer/Gender Non- binary
- Decline to answer

3. What is your race/ethnicity? (check all that apply)

- African-American
- Asian
- Hispanic/Latinx
- Native American /American Indian
- Native Hawaiian or Pacific Islander
- White (non-Latinx)
- Other _____
- Decline to answer

4. Do you have anyone living with you at your home? (Check all that apply)

- Live alone
- Roommate(s)
- My partner(s)
- Children < 18 y o
- Parent or Parents
- Friends
- Someone over the age of 70
- Decline to answer

5. What is your primary specialty? ***We used this instrument as part of a separate quality improvement project at 3 of the sites and hence gathered information on broader groups of physicians for this project**

- Anesthesia
- Emergency Medicine
- Family Medicine
- General Surgery
- Internal Medicine
- Neurology
- Obstetrics/Gynecology
- Pediatrics
- Psychiatry
- Radiology
- Surgical subspecialty
- Other _____
- Decline to answer

6. What is your faculty position or level of training?

- Resident physician
 - PGY _____
- Fellow
- Faculty full-time
- Faculty part-time or per diem

7. Have you had direct patient care/contact at work since February 15? Yes _____ No _____ (if no, skip to 15)

8. What is your primary institutional affiliation?

- UCSF
- UCLA (all campuses including Reagan, Harbor, Olive View, VA, and Bakersfield)
- UCSD (all campuses)
- Cooper Medical School of Rowan University
- LSU Health Science Center
- Other _____

9. At which of these settings have you had patient contact? Check all

- Outpatient clinic
- Emergency department
- Inpatient hospital (non-ICU)
- Intensive Care Unit
- Invasive procedure suite (e.g. cath lab)
- Other _____

10. Approximately how many days have you had patient contact since February 15? _____

11. Have you suspected COVID-19 virus infection in any of the patients that you have seen since February 15?

Yes ____ No ____ (if no, skip to question 15)

12. How many patients have you suspected of having COVID-19? _____

13. What % of these patients that you suspected of having COVID-19 received the swab test for COVID-19?

(by this we mean the test specifically for COVID – not the tests for other pathogens) _____ (0-100%)

14. Did any of these patients test + for COVID-19 (via swab test)? Yes No Unsure

15. How much has the COVID-19 pandemic affected your stress or anxiety levels in the workplace (circle one)?

1	2	3	4	5	6	7
Not at all			Somewhat			Extremely

16. To what extent are you experiencing the following worries/concerns? Provide a number for each statement using the 1-7 scale below:

1	2	3	4	5	6	7
Not at all			Somewhat			Extremely

- a) I worry that I am being exposed at work and compromising my health _____
- b) I worry that our ED, clinic, or hospital is not prepared enough for the pandemic _____

- c) I worry that we will not have enough staffing as co-workers are quarantined _____
- d) I worry that the personal protective equipment (PPE) is inadequate _____
- e) I worry about the well-being of co-workers who have been diagnosed with COVID _____
- f) I worry that we are not able to accurately diagnose COVID-19 cases quickly _____
- g) I worry that we are having to send patients home without a clear diagnosis _____
- h) I worry that patients with unclear diagnoses are exposing others in the community _____
- i) I worry that I might have to undergo quarantine and will not be able to work _____

18. How much has the COVID-19 pandemic affected your stress or anxiety levels **at home (outside of work)**?

1	2	3	4	5	6	7
Not at all			Somewhat			Extremely

19. To what extent are you experiencing the following worries and concerns about COVID-19 **at home**?
Provide a number for each statement using the 1-7 scale below:

1	2	3	4	5	6	7
Not at all			Somewhat			Extremely

- a) I worry that I may be secondarily exposing family members or others because of my work _____
- b) I worry that others at home or elsewhere are afraid to come in contact with me because I'm a health care provider _____
- c) I worry that I may have to quarantine at home and this will affect my family _____
- d) I worry about social isolation and not being able to do things outside of the home _____
- e) I worry that I will not be able to get food and other necessities for me and my household _____
- f) I worry that my home life will not be the same after resolution of this pandemic _____

20. Have you changed your behavior with friends and family **as a result of your possible excess exposure as a healthcare worker** during the pandemic? Yes No Unsure

21. If yes, what have you done?

- I have decreased my signs of affection (hugging, kissing) with romantic partner(s)
- I have decreased my signs of affection (hugging, kissing) with my family and friends
- I have decreased my activities like food preparation for family and friends
- I have decreased dependent care that involves my direct contact
- I wear gloves or a mask around the home
- I have discussed risks of my potential exposure as a health care worker with family and friends

22. Have you wanted to be tested for COVID-19? Yes No Unsure

23. Considering your answer to question 22 above, check all that apply

- I have had mild symptoms that could be COVID-19
- I would like to be able to tell my family and friends that I have been tested
- I believe that all health care workers should be screened/tested
- It would help me prepare for the next weeks to months

- My friends and family have requested this
- It would help relieve my anxiety/stress
- I don't want to know if I have COVID-19
- Other _____

25. How much do you believe that your friends and family are treating you differently **as a result of your work and potential exposure to COVID-19?**

1	2	3	4	5	6	7
Not at all			Somewhat			Extremely

26. If you believe that your friends and family are treating you differently, how? (check all that apply)

- They are showing less affection towards me
- They are reluctant to be in close contact with me
- They have avoided activities with me that they used to do
- They have expressed concerns about my health
- They have expressed concerns about their potential exposure because of me
- Other _____

27. From the list below, pick the top 5 measures (1 = highest priority) that you think would alleviate some of your anxiety/stress related to the COVID-19 pandemic:

- ___ Testing for COVID-19 for patients at my discretion (instead of as limited by current protocols)
- ___ Rapid turnaround (< 6 hours) testing
- ___ Ability to request testing of myself for COVID-19 – even if I do not have symptoms
- ___ Easily available mental health consultations
- ___ Enhanced availability of personal protection equipment
- ___ Clearer communication about changes in protocols
- ___ Assurances that my (and my dependents’) medical care will be covered by my employer
- ___ Assurances that I can take leave to care for myself and family members
- ___ Assurances about disability benefits
- ___ Greater clarity regarding my risk for exposure
- ___ Departmental ZOOM or other video sessions to discuss COVID-19 response and changes

29. **Before** the COVID-19 pandemic, to what extent were you experiencing severe, ongoing job stress where you felt emotionally exhausted, burned out, cynical about your work and fatigued, even when you wake up?

1	2	3	4	5	6	7
Not at all			Somewhat			Very much

30. **Since the pandemic started**, to what extent are you experiencing severe, ongoing job stress where you feel emotionally exhausted, burned out, cynical about your work, and fatigued even when you wake up?

1	2	3	4	5	6	7
Not at all			Somewhat			Very much

31. The following questions are to understand possible changes in your sleep **related to the COVID-19 pandemic:**

- a) How much sleep have you gotten per night, on average, this week? _____ (# of hours)
- b) How much trouble have you had falling asleep or staying asleep over the past week?

1	2	3	4	5	6	7
No trouble at all			Some trouble			Extreme trouble

- c) How rested have you felt upon awakening, on average, this week?

1	2	3	4	5	6	7
Not at all rested			Somewhat rested			Fully rest- ed

32. Since the start of the COVID-19 pandemic, have you

- a) had nightmares related to the pandemic or thought about the pandemic when you did not want to? Yes No
- b) tried hard not to think about the pandemic or gone out of your way to avoid situations that reminded you of it? Yes No
- c) been constantly on guard, watchful, or easily started? Yes No
- d) felt numb or detached from people, activities or your surroundings? Yes No
- e) felt guilty or unable to stop blaming yourself or others for the effects of the pandemic or any problems the pandemic may have caused? Yes No