Supplementary material

Appendix 1s. Questionnaire sent to 3300 gastrointestinal endoscopists members of the French Society of Digestive Endoscopy

Q1: In which part of France do you practice gastrointestinal endoscopy?

(Auvergne - Rhône-Alpes, Bourgogne - Franche-Comté, Bretagne, Corse, Grand Est,

Hauts de France, Ile de France, Normandie, Nouvelle aquitaine, Occitanie, Pays de la

Loire, Provence-Alpes Côte d'Azur, Outre-Mer)

Q2: What is your mode of exercise?

(Public hospital; Private Hospital; Nonprofit hospital)

Q3: What is your gender?

Q4: What is your age?

Q5: Has your hospital's emergency plan been triggered?

Q6: Has your hospital received COVID-19 patients?

Q7: What is the percentage of beds requisitioned for COVID-19 patients?

Q8: Have you been asked to participate to:

(Phone calls for COVID-19 patients?; On-call work in your department ?; On-call work in the emergency room ?)

Q9: Besides gastrointestinal endoscopy, do you take care of COVID-19 patients?

Q10: If you are taking care of COVID-19 patients, what percentage of your activity does this account for?

Q11: Has your anesthesia team been requisitioned

Q12: Have you canceled consultations?

Q13: What is the percentage of consultations canceled?

Q14: Have you performed phone consultations?

Q15: If yes, how many per day?

Q16: Did you have to postpone phone consultations requiring a clinical examination?

Q17: Did you perform phone consultations for new patients?

Q18: Did you cancel gastrointestinal endoscopy procedures?

Q19: If yes, how many?

Q20: How did you manage the cancellations?

(Cancellation without new appointment; Waiting list)

Q21: Do you have a priority ranking on the waiting list?

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Q22: Has your endoscopy outpatient clinic been closed?
Q23: Are you currently able to perform gastrointestinal endoscopic procedures:
(for any patient admitted to your hospital? for any emergency? for vital emergencies ?)
Q24: Did you perform endoscopic procedures for COVID-19 patients?
Q25: How many endoscopic procedures for COVID-19 patients have you performed in
your Department?
Q26: Did you organize a specific patient pathway for COVID-19 patients?
Q27: Have some of your ventilators been requisitioned by intensive care units for
COVID-19 patients?
Q28: Have some other materials been requisitioned for COVID-19 patients?
Q29: Have some of your staff members requisitioned to take care of COVID-19 patients?
Q30: Do you perform your endoscopic procedures without a mask?
Q31: Did you have difficulty obtaining the following equipment for endoscopy?
(Surgical mask; FFP2 mask; Eye protection; Gown; Gloves; Surgical cap; Hydroalcoholic
gel)
Q32: Have you had symptoms suggestive of the COVID-19?
Q33: If you did have a COVID-19
Have you been contaminated (at work; at home; don't know)
Have you been admitted to the hospital
Have you been tested (PCR)
• Have you been treated
What was the time between the symptom(s) onset and the positive PCR ?
Q34: Have you ever thought that your job might expose you to infections?
Q35: Have you had any conflicts with your team ?

(anesthesiologist; nurses; other gastroenterologists; other doctors; hospital administration; others; none)