

COVID Isolation on Sleep and Health in Healthcare Workers

Start of Block: Completing and submitting your responses will imply your consent (HUM00180147)

Informed consent We are conducting a study to learn more about the effects of the COVID-19 stay at home policies on the sleep, health, and working behaviors in healthcare providers (HUM00180147). To gather more information, we'd like you to answer the questions below. We expect this to take about 5 minutes. Answering this survey is voluntary. You don't have to answer it if you'd rather not. It is possible that some of the questions may make you feel uncomfortable. To keep your information confidential, we are not collecting any individually identifiable information of the participants. Answering our survey won't benefit you directly. We hope what we learn will help other people in the future. If you have any questions about this survey research, you can contact Deirdre Conroy, PhD at daconroy@med.umich.edu Completing the survey and submitting your responses will imply your consent to participate in this study. Thank you for your participation! -University of Michigan Sleep Disorders Center and The Sleep and Circadian Research Laboratory

Q1 What is your age?

Q2 What is your gender?

- Male (1)
 - Female (2)
 - Transgender (3)
 - Nonbinary (4)
 - Prefer not to say (5)
-

Q3 In which state do you currently reside?

▼ Alabama (1) ... I do not reside in the United States (53)

Q4 What ethnicity do you consider yourself?

Latino/Hispanic (1)

Non Latino/Hispanic (2)

Q5 Choose one or more races that you consider yourself to be:

White (1)

Black or African American (2)

American Indian or Alaska Native (3)

Asian (4)

Native Hawaiian or Pacific Islander (5)

Other (6) _____

Q6 What is your role in the healthcare field? (e.g. psychologist, physician, nurse)

Q7 Are you a frontline worker providing care for acutely ill patients that may be infected with COVID-19?

Yes (23)

No (24)

Q8 Are you currently conducting your job mostly from home now?

Yes (1)

No (2)

Display This Question:

If Are you currently conducting your job mostly from home now? = Yes

Q8a Which week in March 2020 did you start working from home?

Week 1 March 1-7 (1)

Week 2 March 8-14 (2)

Week 3 March 15-21 (3)

Week 4 March 22-28 (4)

Week 5 March 29- April 4 (5)

Q9 Are you conducting clinical video visits with your patients from your home?

Yes (3)

No (4)

Not applicable (5)

Display This Question:

If Are you conducting clinical video visits with your patients from your home? = Yes

Q9a Please rate YOUR satisfaction with conducting video visits

- Extremely satisfied (1)
 - Somewhat satisfied (2)
 - Neither satisfied nor dissatisfied (3)
 - Somewhat dissatisfied (4)
 - Extremely dissatisfied (5)
-

Display This Question:

If Are you conducting clinical video visits with your patients from your home? = Yes

Q9b Please rate your estimation of your PATIENT's satisfaction with video visits

- Extremely satisfied (1)
 - Somewhat satisfied (2)
 - Neither satisfied nor dissatisfied (3)
 - Somewhat dissatisfied (4)
 - Extremely dissatisfied (5)
-

Q10 Does your work require you to follow a fixed work schedule while working from home?

- Yes (1)
 - No (2)
-

Q11 Are children home from school in the house?

- Yes (3)
- No (4)
- Not applicable (5)

Display This Question:

If Are children home from school in the house? = Yes

Q11a How many children are in the home?

Display This Question:

If Are children home from school in the house? = Yes

Q11b How old are the children in the home?

- Under 12 years old (4)
- 12-17 years old (5)
- 18-24 years old (6)

End of Block: Completing and submitting your responses will imply your consent (HUM00180147)

Start of Block: Please tell us about changes to your sleep and health since COVID restrictions:

Q12 Approximately how many hours did you sleep on an average work night in January 2020?

Q13 Approximately how many hours did you sleep on an average work night in the last week?

Q14 Has the number of your work hours per week changed?

Yes (1)

No (2)

Display This Question:

If Has the number of your work hours per week changed? = Yes

Q14a Please tell us how your work hours per week have changed

I am working more hours (1)

I am working fewer hours (2)

Q15 Have you varied your work schedule?

Yes (1)

No (2)

Display This Question:

If Have you varied your work schedule? = Yes

Q15a Please tell us how you have varied your work schedule.

- I am starting work earlier most days (1)
 - I am starting work later most days (2)
 - I am ending work earlier most days (4)
 - I am ending work later most days (5)
-

Q16 Have your sleep patterns changed?

- Yes (1)
 - No (2)
-

Display This Question:

If Have your sleep patterns changed? = Yes

Q16a Please tell us how your bedtime has changed

- I am going to bed later (1)
 - I am going to bed earlier (2)
 - My bedtime has not changed (4)
-

Display This Question:

If Have your sleep patterns changed? = Yes

Q16b Please tell us how your waketime has changed

- I am waking up later (1)
 - I waking up earlier (2)
 - My waketime has not changed (3)
-

Q17 Has the number of naps you are taking changed?

- Yes (1)
 - No (2)
-

Display This Question:

If Has the number of naps you are taking changed? = Yes

Q17a Please tell us how the number of the naps have changed

- I am napping more (1)
 - I am napping less (2)
-

Q18 Has the amount of alcohol you are consuming changed?

- Yes (1)
 - No (2)
-

Display This Question:

If Has the amount of alcohol you are consuming changed? = Yes

Q18a Please tell us how the amount of alcohol you are consuming has changed

- I am drinking more alcohol (1)
 - I am drinking less alcohol (2)
-

Q19 In January 2020, approximately how often did you have a drink containing alcohol?

- Never (11)
 - Once a month or less (12)
 - 2-4 times a month (13)
 - 2-3 times a week (14)
 - 4 or more times a week (15)
-

Q20 In the last month, approximately how often did you have a drink containing alcohol?

- Never (1)
 - Once a month or less (2)
 - 2-4 times a month (3)
 - 2-3 times a week (4)
 - 4 or more times a week (5)
-

Q21 In January 2020, approximately how often did you use marijuana/cannabis (recreational or medical)?

- Never (1)
 - Once a month or less (2)
 - 2-4 times a month (3)
 - 2-3 times a week (4)
 - 4 or more times a week (5)
-

Q22 In the last month, approximately how often did you use marijuana/cannabis (recreational or medical)?

- Never (1)
 - Once a month or less (2)
 - 2-4 times a month (3)
 - 2-3 times a week (4)
 - 4 or more times a week (5)
-

Q23 Has the amount of news you are consuming increased since the end of Feb, 2020?

- Yes (1)
 - No (2)
-

Q24 How many hours of COVID-19 related news or social media are you consuming on average per day?

- 0-.5 hour (1)
 - 0.51 – 1 hour (2)
 - 1-2 hours (3)
 - 2-3 hours (4)
 - 3+ hours (5)
-

Q25 Have you had more “screen time” (e.g. use of smartphone, tablet, etc.) around bedtime?

- Yes (1)
 - No (2)
-

Display This Question:

If Have you had more “screen time” (e.g. use of smartphone, tablet, etc.) around bedtime? = Yes

Q25a Please tell us how much more screen time you estimate you have been exposed to before bed

- 0-0.5 hour (1)
 - 0.51-1 hour (2)
 - 1-2 hours (3)
 - 2-3 hours (4)
 - 3+ hours (5)
-

Q26 Have you changed your movement/exercise?

- Yes (1)
 - No (2)
-

Display This Question:

If Have you changed your movement/exercise? = Yes

Q26a Please tell us how your movement/exercise habits have changed

- I am exercising/moving more (1)
 - I am exercising/moving less (2)
-

Q27 Has the quality of your diet changed?

- Yes (1)
 - No (2)
-

Display This Question:

If Has the quality of your diet changed? = Yes

Q27a Please tell us how your diet has changed?

- I am eating more healthy foods (1)
 - I am eating less healthy foods (2)
-

Q28 Has the amount of food you have been eating per day changed?

- Yes (1)
- No (2)
-

Display This Question:

If Has the amount of food you have been eating per day changed? = Yes

Q28a Please tell us how the amount of food you have been eating has changed

- I am eating more food each day (1)
- I am eating less food each day (2)
-

Q29 Has your mood changed?

- Yes (1)
- No (2)
-

Display This Question:

If Has your mood changed? = Yes

Q29a Please tell us how your mood has changed. My mood has been:

- Much better (1)
- Moderately better (2)
- Slightly better (3)
- About the same (4)
- Slightly worse (5)
- Moderately worse (6)
- Much worse (7)

Display This Question:

If Please tell us how your mood has changed. My mood has been: = Slightly worse

Q29b Please tell us how your mood has worsened

- I am slightly more depressed (1)
- I am slightly more anxious (2)
- I am slightly more irritable (3)
- All of the above (4)

Display This Question:

If Please tell us how your mood has changed. My mood has been: = Moderately worse

Q29c Please tell us how your mood has worsened

- I am moderately more depressed (1)
- I am moderately more anxious (2)
- I am moderately more irritable (3)
- All of the above (4)

Display This Question:

If Please tell us how your mood has changed. My mood has been: = Much worse

Q29d Please tell us how your mood has worsened

- I am much more depressed (1)
- I am much more anxious (2)
- I am much more irritable (3)
- All of the above (4)

End of Block: Please tell us about changes to your sleep and health since COVID restrictions:
