

Figure 1A. Instrument (Coping with Covid April and May, 2020)

**Coping with COVID-19 for Caregivers Survey:**

A brief survey designed to assess the impact of COVID-19 on clinical and nonclinical staff. This survey should take less than 3 minutes to complete and can be deployed every 4-6 weeks to provide ongoing monitoring.

**1. The stress I experienced today is**

- a. Minimal
- b. Modest
- c. High
- d. Very high

**2. I worry about exposing myself and my family to COVID**

- a. Not at all
- b. Somewhat
- c. Moderately
- d. To a great extent

**3. Due to the impact of COVID 19, I am experiencing the following:**

- a. Anxiety or depression [not at all, somewhat, moderately, to a great extent]
- b. Work overload [not at all, somewhat, moderately, to a great extent]
- c. Concerns about childcare [not at all, somewhat, moderately, to a great extent]

**4. How would the following improve your ability to sustain through the COVID crisis?**

- a. Staff or colleague support for inbox, documentation, and order entry [not at all, somewhat, moderately, to a great extent, N/A]
- b. Healthy food available at all hours [not at all, somewhat, moderately, to a great extent, N/A]
- c. Personal access to mental health care [not at all, somewhat, moderately, to a great extent, N/A]

**5. Being part of the COVID-19 response has increased my sense of meaning and purpose**

- a. Not at all
- b. Somewhat
- c. Moderately
- d. To a great extent

**6. I feel valued by my organization**

- a. Not at all
- b. Somewhat
- c. Moderately
- d. To a great extent

**7. Using your own definition of “burnout,” please choose one of the answers below:**

*[[added April 30]]*

- a. I enjoy my work. I have no symptoms of burnout
- b. I am under stress, and don't always have as much energy as I did, but I don't feel burned out.
- c. I am beginning to burn out and have one or more symptoms of burnout, e.g. emotional exhaustion
- d. The symptoms of burnout that I'm experiencing won't go away. I think about work frustrations a lot.
- e. I feel completely burned out. I am at a point where I may need to seek help

**8. What else would you like to tell us about how your experience during the COVID 19**

**crisis?** (Note: Your anonymous answers may be viewed by your institution or practice

manager) If you are feeling severe distress, please contact your local Employee

Assistance Plan, mental health resource or the national suicide prevention helpline at 1-

800-273-8255.

- a. *[[free text]]*

**9. Please specify your gender**

- a. Female
- b. Male
- c. Non-Binary/Third Gender
- d. Prefer not to answer

**10. Which of the following best describes you?**

- a. Administrative
- b. Advanced Practice Provider
- c. Housekeeping
- d. Laboratory staff
- e. Medical Assistant
- f. Nurse
- g. Nursing Assistant
- h. Occupational Therapist
- i. Receptionist/Scheduler
- j. Pharmacist
- k. Physical Therapist
- l. Physician
- m. Respiratory Therapist
- n. Social worker
- o. Speech Therapist
- p. Other (write-in)

**11. Please specify your ethnicity**

- f. White/Caucasian
- g. Hispanic/Latino
- h. Black/African American

- i. Native American or American Indian
- j. Asian/Pacific Islander
- k. Prefer not to answer
- l. Other (please specify)

**12. How many years after training have you been in practice?**

- a. 1-5 years
- b. 6-10 years
- c. 11-15 years
- d. 16-20 years
- e. More than 20 years
- f. N/A

**13. Please indicate which of the following best describes your medical specialty.**

- a. Allergy and Immunology
- b. Anesthesiology
- c. Cardiac/Thoracic Surgery
- d. Cardiovascular Diseases
- e. Critical Care Medicine
- f. Dentistry/Oral Surgery
- g. Dermatology
- h. Emergency Medicine
- i. Family Medicine

- j. Gastroenterology
- k. General Practice
- l. Hematology/Oncology
- m. Hospitalist
- n. Infectious Disease
- o. Internal Medicine – General, Primary Care
- p. Nephrology
- q. Neurological Surgery
- r. Neurology
- s. Obstetrics and Gynecology
- t. Oncology
- u. Ophthalmology
- v. Orthopedic Surgery
- w. Otolaryngology
- x. Palliative Care
- y. Pathology
- z. Pediatrics
- aa. Physical and Occupational Therapy
- bb. Physical and Rehabilitation Medicine
- cc. Plastic Surgery
- dd. Podiatry
- ee. Psychiatry
- ff. Pulmonary Disease

- gg. Radiation Oncology
- hh. Radiology
- ii. Rheumatology
- jj. Surgery, General
- kk. Urological Surgery
- ll. Vascular Surgery
- mm. Other, surgery-related specialty
- nn. Other, non-surgery-related specialty
- oo. N/A

**14. In what setting(s) do you currently spend your clinical/staff time? (“select all apply”)** (*answer options changed on April 30*)

- a. Inpatient**
- b. Outpatient**
- c. Hospital-based: ER or ICU*
- d. Hospital-based: non-ER, non-ICU*
- e. Ambulatory-based: COVID care*
- f. Ambulatory-based: Non-COVID care*
- g. Other (i.e. remote/telemedicine, etc.) (write-in)*