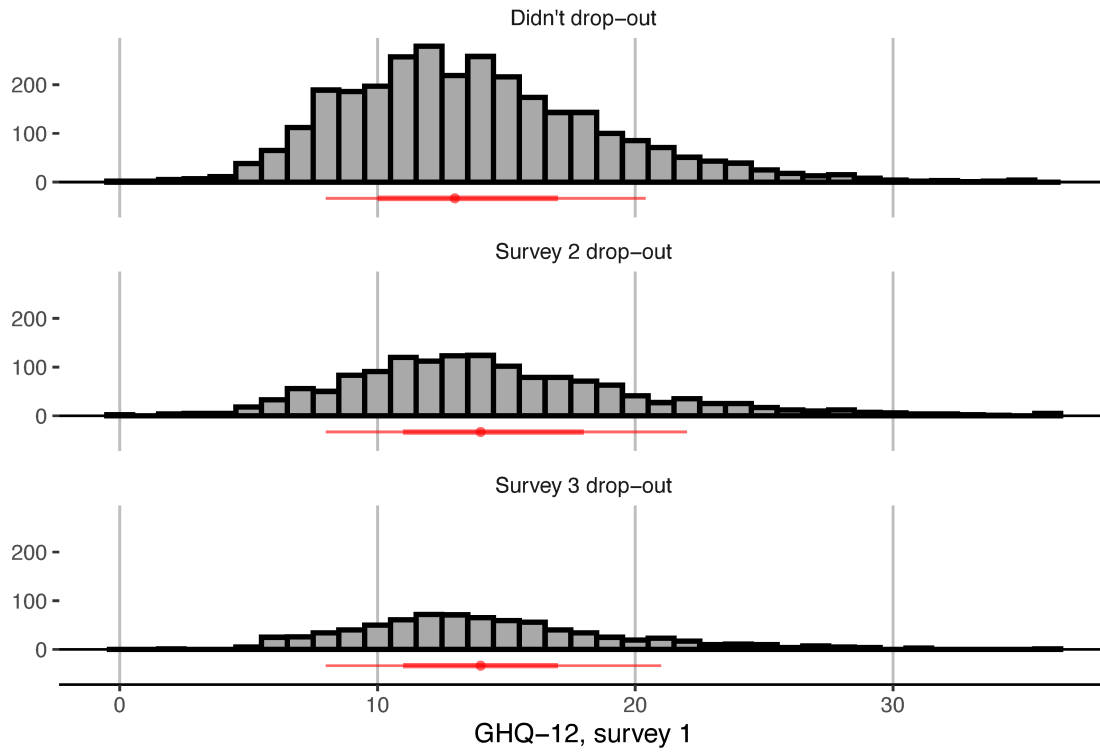


*CERA Online Supplement - Content*

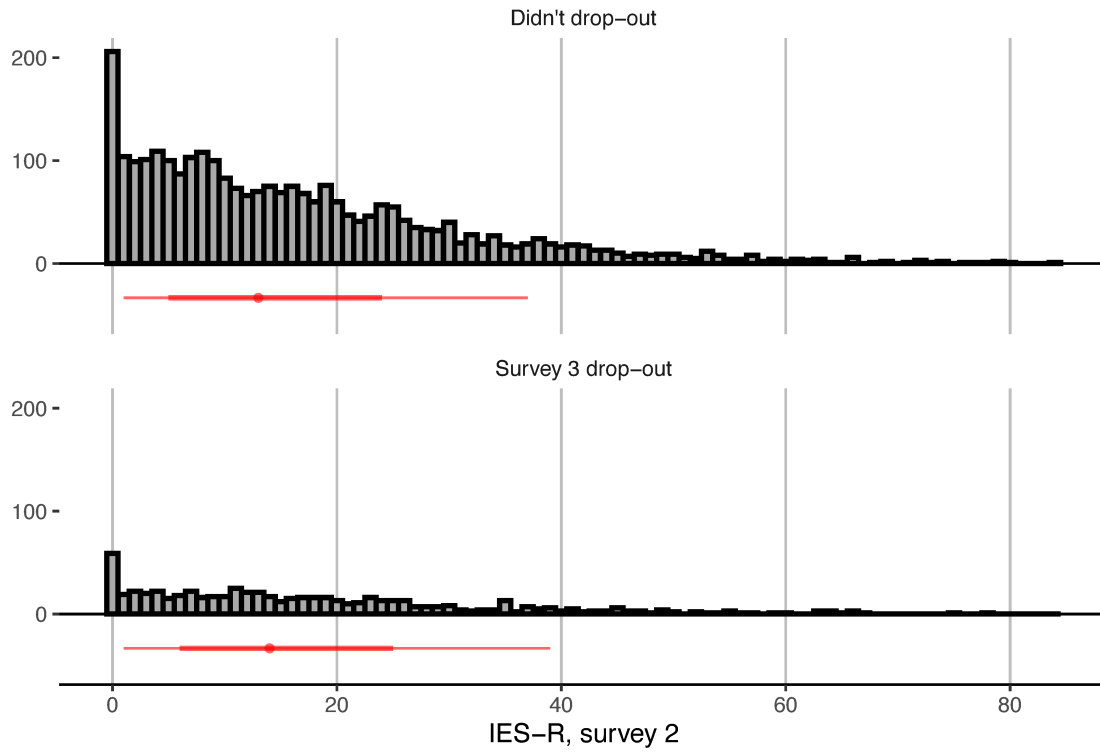
*Page 2 - 3: Drop out GHQ-12 and IES-R for those participants who did not complete all surveys compared to those who did*

*Page 4 till end: CERA survey 1,2 and 3*

### Drop out rate for surveys 2 and 3 by survey 1 GHQ-12 score



### Drop out rate for survey 3 by survey 2 IES-R score



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Page 1

## CERA Survey

Thank you for taking the time to answer these questions. This survey will take less than 4 minutes.

---

Thank you for taking the time to consider taking part in the COVID-19 Emergency Response Assessment (CERA Study).

It is important that you read this information, so that you understand the purpose of the study and how we will treat your data.

What is the CERA study?

The CERA study consists of three questionnaires that will be conducted during the current COVID-19 outbreak. The CERA study will assess how you are feeling about your general health, anxiety levels, and mood at three points in time. Separate questionnaires will be issued before, during, and after the peak of the current COVID-19 outbreak.

What is the purpose of the CERA study?

This study will provide information regarding how staff working in Emergency care settings are feeling whilst working during the current COVID-19 outbreak. Full analysis of data will help identify how emergency staff can be better supported during future disease outbreaks.

Who has organised the CERA study?

The CERA study is led by the Trainee Emergency Research Network (TERN), in association with the Paediatric Emergency Research in the UK and Ireland (PERUKI) and Research and Audit Federation of Trainees (RAFT). The CERA study is supported by the UK Royal College of Emergency Medicine (RCEM).

Has the CERA study received external approval?

Yes, the CERA study has received University Ethics Approval from the University of Bath (Ref: 4421). The CERA study has been approved by the Health Research Authority (HRA).

What will happen if I take part?

There will be three separate e-surveys to complete, including this one. Each survey is completed online, and will take between about 3 and 5 minutes. Surveys will be issued at different times.

You be required to submit your email address as part of this survey, which will allow us to invite you to participate in the other two surveys. You are not required to submit any additional personal identifiable information. We will remove your email address from data, prior to analysis.

Are there any potential risks?

Some of the issues explored will be sensitive, and we understand that this may be a challenging time for you. We have included some information about sources that you might wish to contact within this survey.

How will you protect my data and ensure confidentiality?

North Bristol NHS Trust is supporting this study and will be responsible for looking after your information and using it properly. The data collected will be stored for 5 years after the study has finished.

Your rights to access, change or move your information are limited, as we need to manage your information in specific ways in order for the research to be reliable and accurate. If you withdraw from the study, we will keep the information about you that we have already obtained. We will collect only personal identifiable information possible.

This study is also compliant with the General Data Protection Regulations (GDPR).

Do I have to take part?

You are under no obligation to take part, and you may withdraw at any point without giving a reason.

What will happen to my data if I withdraw my involvement?

If you choose to withdraw your involvement in the study, any results that you have submitted will be kept for analysis. However, you will not be required to input further into the study. We will need to use information from you for this research project. This information will include your email address. People will use this information to do the research or to check your records to make sure that the research is being done properly. Once we have finished the study, we will keep some of the data so we can check the results. We will write our reports in a way that no-one can work out that you took part in the study.

What are your choices about how your information is used?

You can stop being part of the study at any time, without giving a reason, but we will keep information about you that we already have.

Where can you find out more about how your information is used?

You can find out more about how we use your information

at [www.nhs.uk/information-about-patients/](https://www.nhs.uk/information-about-patients/)

projectredcap.org



- our leaflet available from [www.nbt.nhs.uk/PatientResearchdata](http://www.nbt.nhs.uk/PatientResearchdata)
- by asking one of the research team
- by contacting Helen Williamson (Head of Information Governance) at [helen.e.williamson@nbt.nhs.uk](mailto:helen.e.williamson@nbt.nhs.uk), or by ringing 0117 41 44767.

Who can I contact if I have any questions?

Please contact Dr Tom Roberts (Chief Investigator) at [tern@rcem.ac.uk](mailto:tern@rcem.ac.uk) if you have any questions.

What to do if you need support about wellbeing

The following organisations can help provide advice and support with regards to your wellbeing.

- Your occupational health department (contact details available via your employer)
- Your general practitioner
- <https://anaesthetists.org/Home/Wellbeing-support>
- BMA Counselling Service (24 Hours). Telephone 0330 123 1245. (Note that you do not have to be a member of the BMA to access this service)
- The Samaritans (24 Hours). Telephone 116 123.

For the attention of Irish Clinicians:

The following organisations can help provide advice and support with regards to your wellbeing in the Republic of Ireland.

- HSE Workplace Health and Wellbeing Unit - Contact Dr Lynda Sisson [HR.wellbeing@hse.ie](mailto:HR.wellbeing@hse.ie)
- The Employee Assistance and Counselling Service (EAC)
- Pieta House [www.pieta.ie](http://www.pieta.ie) or call 188 247 247
- Your Mental Health [www.yourmentalhealth.ie](http://www.yourmentalhealth.ie)
- Practitioner Health (Ireland). Telephone 01 297 0356

Specific Consent statement for the Republic of Ireland

I consent to the processing of my personal data as set out in the information leaflet for the research purposes that are part of the CERA study - Consent using the button in the next question.

---

Do you want to read the participant information sheet now?  Yes  No

---

If you would like to download the patient information sheet to read later, please download the link below.

[Attachment: "CERA PIS V 1.1.docx"]

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**Consent and Identifiers**

---

By checking this box, I certify that I am at least 18 years old and that I give my consent freely to participate in this study.

I consent

---

What is your e-mail address?

(This will only be used for the delivery of survey 2 + 3, which you will receive over the coming months)

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Page 4

**About you**

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Page 5

What is the name of the hospital where you currently work?

Please type and your hospital should appear, if not present select "other"

- Aberdeen Royal Infirmary
- Addenbrooke's Cambridge University Hospital
- Aintree University Hospital
- Airedale NHS Foundation Trust
- Alder Hey Children's Hospital NHS Foundation Trust
- Altnagelvin Area Hospital
- Aneurin Bevan Health Board
- Ayr University Hospital Ayr. NHS A&A
- Havering & Redbridge University Hospitals NHS Trust
- Barnsley hospital NHS foundation trust
- Basingstoke (Hampshire Hospitals NHS Foundation Trust)
- Bedford hospital NHS trust
- Betsi Cadwaladr University Health Board
- Birmingham Children's Hospital
- Bon secours Hospital
- Bradford Teaching Hospitals Foundation Trust
- Brighton and Sussex University Hospitals NHS Trust
- Bristol Royal Hospital for Children
- Bristol Royal Infirmary
- Calderdale Hospital
- Central Manchester NHS trust
- Chelsea & Westminster Hospital
- Children's Health Ireland at Crumlin
- Children's Health Ireland at Tallaght
- Children's Health Ireland at Temple Street
- City Hospitals Sunderland NHS Foundation Trust
- Connolly Blanchardstown Hospital
- Conquest and Easborne Hospitals
- Cork University Hospital
- Countess of Chester NHS Foundation Trust
- County Durham & Darlington NHS Foundation Trust
- Craigavon Hospital
- Croydon
- Cumberland Infirmary
- Daisy Hill Hospital
- Derriford Hospital
- East and North Hertfordshire NHS Trust
- East Lancashire NHS Hospital Trust
- East Sussex Healthcare NHS Trust
- Epsom and St Helier Hospitals
- Evelina London Children's Hospital
- Fairfield
- Forth Valley Hospital
- Frimley Park Hospital
- Galway
- Gateshead Health NHS Foundation Trust
- Gloucestershire Hospitals NHS Foundation Trust
- Good Hope
- Great North Children's Hospital, Newcastle Upon Tyne
- Great Western Hospital, Swindon
- Guy's & St Thomas NHS Foundation Trust
- Harrogate & District NHS Foundation Trust
- Heartlands's Hospital
- Hillingdon Hospital
- Homerton University Hospital
- HSE Ireland - Cork University Hospital
- Huddersfield Royal Infirmary and Calderdale Royal Hospital
- Hull University Hospital
- Inverclyde Royal Hospital
- Ipswich Hospital
- James Cook University Hospital
- James Paget Hospital and NHS Trust Gorleston
- John Radcliffe Hospital
- King's College Hospital
- Kingston University Hospital and NHS Foundation Trust

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- Lancashire Teaching Hospitals (Royal Preston Hospital)
- Leeds teaching hospitals NHS Trust
- Leicester Royal Infirmary
- Leighton (mid cheshire)
- Lister Hospital
- Liverpool University Hospitals NHS Trust
- Luton and Dunstable University Hospital
- Macclesfield Hospital
- Maidstone and Tunbridge Wells NHS Trust
- Manchester Univeristy NHS Foundation Trust
- Mater Misericordiae University Hospital
- Medway NHS Foundation Trust
- Mid Cheshire Hospitals NHS Foundation Trust
- Milton Keynes University Hospital
- Morrision Hospital
- Musgrove Park Hospital, Taunton
- Newcastle upon Tyne Hospitals NHS Foundation Trust
- Newham University Hospital
- Norfolk & Norwich University Hospital
- Southmead Hospital, North Bristol NHS Trust
- North Hampshire Hospital, Basingstoke
- North Manchester General Hospital
- North Middlesex Hospital
- North Tees and Hartlepool Hospitals NHS Foundation Trust
- Northern Devon Healthcare NHS Trust
- Northern general, Sheffield
- Northumbria Healthcare NHS Trust
- Northwick Park Hospital
- Nottingham University Hospitals NHS Trust
- Oldham
- Ormskirk & District General Hospital
- Peterborough City Hospital
- Portsmouth Hospitals Trust
- Princess Royal Univeristy Hospital
- Queen Alexandra Hospital
- Queen Elizabeth Hospital, Birmingham
- Queen Elizabeth Hospital, Woolwich
- Queen Elizabeth Queen's mother hospital Margate
- Queen Elizabeth University Hospital Glasgow
- Queens Medical Centre (Nottingham)
- Rotherham
- Royal Aberdeen Children's Hospital
- Royal Alexandra Children's Hospital, Brighton
- Royal Alexandra Hospital, Paisley
- Royal Belfast Hospital for Sick Children
- Royal Berkshire Hospital NHS Foundation Trust
- Royal Bolton Foundation Trust
- Royal Cornwall NHS Trust
- Royal Devon & Exeter Hospital
- Royal Free Hospital
- Royal Gwent hospital
- Royal Hampshire County Hospital
- Royal Hospital for Children, Glasgow
- Royal Hospital for Sick Children, Edinburgh
- Royal Infirmary of Edinburgh
- Royal Liverpool
- Royal London Hospital
- Royal Manchester Children's Hospital
- Royal Preston Hospital
- Royal Stoke University Hospital
- Royal Surrey County Hospital
- Royal Surrey NHS Foundation Trust
- Royal Sussex county hospital
- Royal United Hospital, Bath
- Royal Victoria Hospital, Belfast
- Royal Victoria Infirmary, Newcastle
- Royal Wolverhampton NHS Trust
- Salford Royal NHS Foundation Trust
- Salisbury NHS Foundation Trust

- Sandwell and West Birmingham NHS Foundation Trust
- Scarborough Hospital
- Sheffield Children's Hospital
- Sheffield Teaching Hospitals Foundation NHS Trust
- South Eastern Health and Social Care Trust
- Southampton Children's Hospital
- Southport
- Southport & Ormskirk Hospital
- St George's Hospital London
- St Helen's and Knowsley NHS trust
- St John's Hospital, Livingston
- St Mary's Hospital
- Stockport NHS Trust
- Stoke Mandeville Hospital
- Sunderland and South Tyneside NHS Foundation Trust
- Surrey and Sussex Healthcare NHS Trust
- Torbay and South Devon NHS Trust
- Tunbridge Wells NHS Trust
- Ulster Hospital Dundonald
- University College London Hospitals NHS Trust
- University Hospital Ayr
- University Hospital Coventry
- University Hospital Crosshouse
- University Hospital Lewisham
- University Hospital Monklands
- University Hospital of Wales, Cardiff
- University hospital Southampton
- University Hospital Waterford
- University Hospital Wishaw
- University Hospitals Birmingham
- University Hospitals Coventry & Warwickshire NHS
- University Hospitals Derby and Burton NHS Foundation
- University Hospitals of Leicester NHS Trust
- University Hospitals of North Midlands
- University Hospitals Plymouth
- Warwick Hospital
- Watford General Hospital (West Herts NHS Trust)
- West Middlesex
- Western Sussex Hospitals NHS Trust
- Wexham Park Hospital
- Whipp's Cross Hospital
- Whiston Hospital
- Whittington Health NHS Trust
- William Harvey Hospital
- Wrexham Maelor Hospital
- Yeovil District Hospital NHS Foundation Trust
- York Teaching Hospital NHSFT
- Other
- Wythenshawe Hospital
- Antrim Area Hospital
- Arrows park hospital
- St Peter's Hospital
- Balfour Hospital, Orkney
- Barking haring and redbridge university hospitals NHS foundation trust
- Barnet Hospital
- Basildon
- Belfast City Hospital
- Blackpool Victoria Hospital
- BMI Sarum Rd Winchester
- Broomfield Hospital
- Causeway hospital
- Charing Cross Hospital, London
- Chesterfield Royal Hospital
- Colchester General Hospital
- Darent Valley Hospital
- Dartford and Gravesham NHS Trust
- Diana Princess of Wales, Grimsby
- Doncaster Royal Infirmary
- Dorset County Hospital

- Dudley Group NHS Foundation Trust
- Dumfries and Galloway Royal Infirmary
- Ealing
- East Surrey Hospital
- Freeman Hospital, Newcastle
- Galngwili General Hospital
- George Eliot Hospital Nuneaton
- Glan Clwyd hospital
- Glangwili General Hospital Carmarthen Wales
- Glasgow Royal Infirmary
- Glen field Leicester
- GP Woodlands primary care sidcup
- Great Ormond Street Hospital
- Grimsby hospital.
- Hammersmith Hospital London
- Harefield
- Hereford County Hospital
- HMS Raleigh
- Horton General Hospital Banbury
- Hull University Teaching hospitals NHS Trust
- Kent and Canterbury Hospital
- Kettering General Hospital
- Kings Mill Hospital
- Lincoln county hospital
- Liverpool Heart and Chest Hospital
- Liverpool Women's Hospital
- Mid Essex NHS Trust
- Mid yorkshire hospital
- Moorfields Eye Hospital
- National Hospital for Neurology and Neurosurgery
- Nevill Hall Hospital
- New Cross Hospital
- Ninewells Hospital, Dundee
- Northampton General Hspital
- Northern Lincolnshire and Goole NHS Foundation Trust
- Oxford University Hospital
- Perth Royal Infirmary
- Pilgrim Hospital Boston Lincolnshire
- Pinderfields general Hospital, Wakefield
- Poole
- Prince Charles Hospital
- Princess of Wales Hospital, Bridgend
- Princess Royal Hospital, Shrewsbury and Telford Hospitals NHS Trust
- Queen Charlotte's and Chelsea Hospital
- Queen Elizabeth Hospital Gateshead
- Queen Elizabeth Hospital King's Lynn
- Queen Victoria Hospital, East Grinstead
- Queens Hospital - Romford
- Raigmore Hospital
- Raigmore Hospital, Inverness
- Robert Jones & Agnes Hunt Orthopaedic Hospital
- Royal Blackburn
- Royal Bournemouth NHS Trust
- Royal Brompton
- Royal Glamorgan Hospital
- Royal Lancaster Infirmary
- Royal Marsden hospital
- Royal National Orthopaedic Hospital
- Royal Orthopaedic Hospital Birmingham
- Royal Papworth Hospital
- Royal Shrewsbury Hospital
- Russells Hall Hospital, Dudley
- Scunthorpe General Hospital
- Sherwood Forest nhs trust
- Southend University Hospital
- St Bartholomew's Hospital London
- St Peter's, Chertsey (Ashford and St Peter's Trust)
- St. Bartholomew's Hospital
- St. Mary's Hospital, Imperial College Healthcare

- NHS Trust
- Tameside and Glossop
  - The Balfour , Orkney
  - The Horton General Hospital
  - The Porch Surgery
  - The Queen Elizabeth Hospital, King's Lynn
  - The Royal Oldham Hospital
  - University Hospitals of Morecambe Bay Foundation trust
  - Walton centre
  - Warrington and Halton Teaching Hospitals NHS Foundation Trust
  - Wasall Manor Hospital
  - West cumberland hospital
  - West Middlesex University Hospital
  - West Suffolk hospital
  - Western General Hospital Edinburgh
  - Wirral University Teaching Hospital
  - Worcestershire Royal Hospital
  - Worthing Hospital
  - Wrightington Wigan and Leigh NHS Foundation Trust
  - Wycombe Hospital Buckinghamshire NHS Trust
  - Ysbyty Gwynedd
  - University Hospital Hairmyres

---

You have selected other, please specify.

---

What is your professional grade?

- GP Trainee
- ST1
- ST2
- ST3
- ST4
- ST5
- ST6
- ST7
- ST8
- F1
- F2
- Clinical Fellow (F2-ST3 Level)
- Clinical Fellow (>=ST4 Level)
- Consultant
- Associate Specialist
- Staff Grade
- CESR Doctor
- GP
- Other

---

You have selected other, please specify.

---

What is your gender?

- Male
- Female
- Other
- Prefer not to say

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How old are you?

- 20-25  
 26-30  
 31-35  
 36-40  
 41-45  
 46-50  
 51-55  
 56-60  
 61-65  
 66-70  
 >70

---

What is your 'parent speciality'?

- Emergency Medicine  
 Anaesthetics  
 Intensive Care Medicine  
 Paediatrics  
 General Practice  
 Surgery  
 Foundation Programme  
 Acute Internal Medicine  
 Other

---

What is your 'parent speciality'?

- Emergency Medicine  
 Anaesthetics  
 Intensive Care Medicine  
 Paediatrics  
 General Practice  
 Surgery  
 Foundation Programme  
 Acute Internal Medicine  
 Other

---

You have selected other, please specify.

---

---

In what Department were you working as of March 1st 2020?

- Emergency Department (adult or paediatric)  
 Anaesthetic Department (adult or paediatric)  
 Intensive Care Department (adult or paediatric)  
 Acute Medical Unit  
 Hospital ward (adult or paediatric)  
 Other

---

In what Department were you working as of March 1st 2020?

Select all that apply

- Emergency Department (adult or paediatric)  
 Anaesthetic Department (adult or paediatric)  
 Intensive Care Department (adult or paediatric)  
 Acute Medical Unit  
 Hospital ward (adult or paediatric)  
 Other

---

You selected other, in which Department where you working as of March 1st 2020?

---

---

Have you been deployed to a different clinical area as a result of the COVID-19 outbreak?

- Yes  
 No

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Where have you been redeployed to?

- Emergency Department (adult or paediatric)
- Anaesthetic Department (adult or paediatric)
- Intensive Care Department (adult or paediatric)
- Acute Medical Unit
- Hospital ward (adult or paediatric)
- Other

---

You have selected other, please specify.

---

---

How satisfied are you with this redeployment?

- Very dissatisfied
- Somewhat dissatisfied
- Neither satisfied nor dissatisfied
- Somewhat satisfied
- Very satisfied

---

Have you previously provided direct clinical care to any patients affected by these infectious disease outbreaks? (please select all that apply)

- None of the below
- Ebola virus
- MERS-CoV
- SARS
- Chikungunya
- Cholera
- Influenza (swine, avian, zoonotic)
- Zika virus
- Other

---

You have selected other, please specify.

---

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**Personal Protective Equipment (PPE) and General Training****What training have you received in regards to personal protective equipment (PPE) since the COVID-19 outbreak was declared? (select all that apply)**

	No training	Formal instructional video	Written instruction	Simulation training	Departmental guidance	Other
Donning and doffing (gloves, gown, facemask, eye protection)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formal fit testing for mask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PPE training for exposure to aerosol generating procedure (e.g. intubation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other. Please specify.

\_\_\_\_\_

If you have had any further PPE training please specify

\_\_\_\_\_

What practical education have you received in regards to the clinical care of patients presenting with suspected/diagnosed COVID-19?

- None  
 Simulation training of a possible case  
 Simulation training of a case requiring aerosol procedure  
 Other

You selected other. Please specify.

\_\_\_\_\_

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### How frequently do you access the following sources of information regarding policy and clinical aspects of COVID-19?

	Hourly	Up to twice a day	Daily	Several times a week	Weekly	Less than weekly	Never
Government Guidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
College Guidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trust Guidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Departmental guidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online blogs and podcasts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer review literature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How confident do you feel in the infection control training that has been provided to you?

- Not confident at all  
 Somewhat not confident  
 Neither not confident or confident  
 Somewhat confident  
 Very confident

How prepared do you feel to provide direct care to suspected cases?

- Completely unprepared  
 Somewhat unprepared  
 Neither unprepared or prepared  
 Somewhat prepared  
 Very prepared

How do you feel the care received by patients who are NOT presenting with either symptoms or a diagnosis of COVID-19 is?

- Significantly worse than before Covid-19  
 Slightly worse than before Covid-19  
 The same as before Covid-19  
 Slightly better than before Covid-19  
 Significantly better than before Covid-19

How many suspected cases of COVID-19 have you had direct clinical contact with since March 1st 2020?

- 0  
 1-5  
 6-10  
 11-15  
 16-20  
 21-25  
 26-30  
 31-35  
 > 36

As far as you are aware, how many of these suspected cases have turned out to be confirmed cases of COVID-19?

- 0  
 1-5  
 6-10  
 11-15  
 16-20  
 21-25  
 26-30  
 31-35  
 > 36



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**Personal Factors**

Are you concerned that the exposure to the COVID-19 outbreak may increase symptoms of any established medical health conditions?

- Yes  
 No  
 Prefer not to disclose  
 I do not have an established medical condition

Are you concerned that the exposure to the COVID-19 outbreak may increase symptoms of any established mental health conditions?

- Yes  
 No  
 Prefer not to disclose  
 I do not have an established mental health condition

I feel that my personal health is at risk during the COVID-19 outbreak due to my clinical role?

- Strongly disagree  
 Disagree  
 Neither agree nor disagree  
 Agree  
 Strongly agree

How worried are you about the potential risks if you were to become infected with COVID-19?

- Extremely worried  
 Generally worried  
 Neither worried or not worried  
 Generally not worried  
 Not worried at all

How worried are you about the potential risks to your family, loved ones or others due to your clinical role in the COVID-19 outbreak?

- Extremely worried  
 Generally worried  
 Neither worried or not worried  
 Generally not worried  
 Not worried at all

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**PERA Questions: Self-isolate**

Have you had to self-isolate?  Yes  
 No

For what reason did you have to self-isolate?

- Personal symptoms
- Personal diagnosis of COVID-19
- Symptoms of a member of the household
- Exposure to a positive case of COVID-19 in the work environment
- Exposure to a positive case of COVID-19 in your personal environment
- Other (eg return from travel to high risk area)

Other - please specify \_\_\_\_\_

How many clinical shifts in your rota have you missed due to self-isolation?

- 0
- 1
- 2
- 3
- 4
- 5-7
- 8-10
- >10

Date survey completed \_\_\_\_\_

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Page 1

## CERA Survey 2

Thank you for taking the time to complete the CERA survey part 2.

---

This is part 2 of the CERA study. Thank you for taking the time to fill out the questions below. It will take between 5 to 7 minutes.

We recommend using either a tablet or computer screen but the questions are accessible via mobile phones.

The Impact of Events Scale - Revised (page 3) should be answered in reference to the COVID-19 peak and your feelings over the last 7 days. All other questions should be answered in reference to the COVID-19 peak and your feelings over the past few weeks.

The definition of COVID-19 "peak", for the purpose of this study, uses nationally reported hospital death figures. This has been estimated between April 10th - April 15th. It is understood this will vary regionally.

Finally, we understand that throughout the COVID-19 pandemic many of you may have experienced very challenging events both in your personal and professional lives. We thank you for taking the time to complete this study and hope it offers an anonymised opportunity to report the psychological impact of this pandemic. If you need any further support there are details highlighted in the participant information leaflet that can be downloaded below.

---

If you want to download the participant information leaflet, which outlines the study and available support, please download below.

[Attachment: "CERA PIS V 1.1.docx"]

---

I consent to taking part in CERA survey 2.

- Yes  
 No

---

What is your ethnicity?

- English / Welsh / Scottish / Northern Irish / British  
 Irish  
 Gypsy or Irish Traveller  
 Any other White background  
 White and Black Caribbean  
 White and Black African  
 White and Asian  
 Any other Mixed / Multiple ethnic background  
 Indian  
 Pakistani  
 Bangladeshi  
 Chinese  
 Any other Asian background  
 African  
 Caribbean  
 Any other Black / African / Caribbean background  
 Arab  
 Any other ethnic group  
 Prefer not to disclose

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Page 4

**Impact of Events Scale - Revised**

**Below is a list of difficulties people sometimes have after stressful life events. Please read each item, and then indicate how distressing each difficulty has been for you DURING THE PAST SEVEN DAYS with respect to the COVID-19 PANDEMIC PEAK.**

**How much have you been distressed or bothered by these difficulties?**

	Not at all	A little bit	Moderately	Quite a bit	Extremely
Any reminder brought back feelings about it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had trouble staying asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other things kept me thinking about it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt irritable and angry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I avoided letting myself get upset when I thought about it or was reminded of it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I thought about it when I didn't mean to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt as if it hadn't happened or wasn't real	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I stayed away from reminders of it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pictures about it popped into my head	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was jumpy and easily startled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tried not to think about it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was aware that I still had a lot of feelings about it, but I didn't deal with them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My feelings about it were kind of numb	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I found myself acting or feeling like I was back at that time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had trouble falling asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had waves of strong feelings about it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tried to remove it from my memory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had trouble concentrating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea or a pounding heart	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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I had dreams about it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt watchful and on-guard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tried not to talk about it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**Personal Protective Equipment (PPE) and General Training****What training have you received in regards to personal protective equipment (PPE) since the COVID-19 outbreak was declared? (select all that apply)**

	No training	Formal instructional video	Written instruction	Simulation training	Departmental guidance	Other
Donning and doffing (gloves, gown, facemask, eye protection)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formal fit testing for mask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PPE training for exposure to aerosol generating procedure (e.g. intubation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What practical education have you received in regards to the clinical care of patients presenting with suspected/diagnosed COVID-19? (select all that apply)

- None  
 Simulation training of a possible case  
 Simulation training of a case requiring aerosol generating procedure  
 Other

You have selected other, please specify.

---

How confident do you feel in the infection control training that has been provided to you?

- Not confident at all  
 Somewhat not confident  
 Neither not confident or confident  
 Somewhat confident  
 Very confident

How prepared do you feel to provide direct care to suspected cases?

- Completely unprepared  
 Somewhat unprepared  
 Neither unprepared or prepared  
 Somewhat prepared  
 Very prepared

How do you feel the care received by patients who are NOT presenting with either symptoms or a diagnosis of COVID-19 is?

- Significantly worse than before Covid-19  
 Slightly worse than before Covid-19  
 The same as before Covid-19  
 Slightly better than before Covid-19  
 Significantly better than before Covid-19

Have you been deployed to a different clinical area as a result of the COVID-19 outbreak?

- Yes  
 No

Where have you been redeployed to?

- Emergency Department (adult or paediatric)  
 Anaesthetic Department (adult or paediatric)  
 Intensive Care Department (adult or paediatric)  
 Acute Medical Unit  
 Hospital ward (adult or paediatric)  
 Other

You have selected other, please specify.

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How satisfied are you with this redeployment?

- Very dissatisfied
- Somewhat dissatisfied
- Neither satisfied nor dissatisfied
- Somewhat satisfied
- Very satisfied

---

In survey 1, you stated you had been re-deployed. How satisfied are you with this redeployment now?

- Very dissatisfied
- Somewhat dissatisfied
- Neither satisfied nor dissatisfied
- Somewhat satisfied
- Very satisfied
- I am no longer re-deployed

---

How many suspected cases of COVID-19 have you had direct clinical contact with since March 1st 2020?

- 0
- 1-5
- 6-10
- 11-15
- 16-20
- 21-25
- 26-30
- 31-35
- > 36

---

As far as you are aware, how many of these suspected cases have turned out to be confirmed cases of COVID-19?

- 0
- 1-5
- 6-10
- 11-15
- 16-20
- 21-25
- 26-30
- 31-35
- > 36

---

How many patients have you witnessed dying with COVID-19?

- 0
- 1-5
- 6-10
- 11-15
- 16-20
- 21-25
- 26-30
- 31-35
- > 36

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**Personal Factors**

Do you have a pre-existing physical health condition(s) that may increase your chances of suffering more severe COVID-19 disease?

- Yes  
 No  
 Prefer not to disclose

Are you concerned that the exposure to the COVID-19 outbreak may increase symptoms of any established mental health conditions?

- Yes  
 No  
 Prefer not to disclose  
 I do not have an established mental health condition

Over the course of your life prior to the recent pandemic, have you experienced what you would characterise as a significant trauma?

- Yes  
 No

During the COVID-19 pandemic, have you felt at high risk of dying/death?

- Yes  
 No

I feel that my personal health is at risk during the COVID-19 outbreak due to my clinical role?

- Strongly disagree  
 Disagree  
 Neither agree nor disagree  
 Agree  
 Strongly agree

How worried are you about the potential risks if you were to become infected with COVID-19?

- Extremely worried  
 Generally worried  
 Neither worried or not worried  
 Generally not worried  
 Not worried at all

How worried are you about the potential risks to your family, loved ones or others due to your clinical role in the COVID-19 outbreak?

- Extremely worried  
 Generally worried  
 Neither worried or not worried  
 Generally not worried  
 Not worried at all

Have any of your family, friends or loved ones become unwell or died due to COVID-19 or its complications? (select all that apply)

- Unwell at home  
 Unwell and required ward level/HDU hospital treatment  
 Unwell and required ICU treatment  
 Died  
 None of the above

Have any of your colleagues become unwell or died due to COVID-19 or its complications? (select all that apply)

- Unwell at home  
 Unwell and required ward level/HDU hospital treatment  
 Unwell and required ICU treatment  
 Died  
 None of the above

In the last 2 weeks I have felt well supported by friends and family

- Strongly disagree  
 Disagree  
 Neither agree nor disagree  
 Agree  
 Strongly agree



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In the last 2 weeks I have felt well supported by the senior clinical leadership team

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

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**Personal Coronavirus**

Have you received a positive diagnosis of Coronavirus during this pandemic?  Yes  
 No

Have you been admitted to hospital due to your diagnosis of Coronavirus?  Yes  
 No

Have you had to self-isolate?  Yes  
 No

For what reason did you have to self-isolate? (select all that apply)

- Personal symptoms
- Personal diagnosis of COVID-19
- Symptoms of a member of the household
- Exposure to a positive case of COVID-19 in the work environment
- Exposure to a positive case of COVID-19 in your personal environment
- Other (eg return from travel to high risk area)

How many clinical shifts in your rota have you missed due to self-isolation?

- 0
- 1
- 2
- 3
- 4
- 5-7
- 8-10
- >10

Have you been offered any of the following psychological interventions via your current place of work? (Select all that apply)

- Structured individual therapy with a therapist (in person/on telephone)
- Advice line / helpline
- Internet based psychological intervention
- Well-being app / website
- Brief TRiM / "safe space" session (trauma risk management)
- Other please state

Other, please specify \_\_\_\_\_

During your time working in the COVID-19 pandemic have you experienced any of the following? (Select all that apply)

- Feelings that you made a contribution
- A sense of personal accomplishment
- Improved confidence and self esteem
- Increased compassion
- Re-evaluation of self and purpose
- Work satisfaction
- A sense of team cohesion

Would you be happy to be contacted about any further COVID-19 related research focusing on the psychological impact on Doctors?  Yes  
 No

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Page 1

## CERA Survey 3

Please complete the survey below.

Thank you!

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This is part 3 of the CERA study. Thank you for taking the time to fill out the questions below. It will take between 5 to 7 minutes.

We recommend using either a tablet or computer screen but the questions are accessible via mobile phones.

All questions should be answered in reference to the COVID-19 pandemic. The Impact of Events Scale - Revised, should be answered in reference to your feelings over the last 7 days and all other questions should be answered in reference to your feelings over the past few weeks.

Finally, we understand that throughout the COVID-19 pandemic many of you may have experienced very challenging events both in your personal and professional lives. We thank you for taking the time to complete this study and hope it offers an anonymised opportunity to report the psychological impact of this pandemic. If you need any further support there are details highlighted in the participant information leaflet that can be downloaded below.

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If you want to download the participant information leaflet, which outlines the study and available support, please download below.

[Attachment: "CERA PIS V 1.1.docx"]

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I consent to taking part in CERA survey 3.

- Yes  
 No

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**Impact of Events Scale - Revised**

**Below is a list of difficulties people sometimes have after stressful life events. Please read each item, and then indicate how distressing each difficulty has been for you DURING THE PAST SEVEN DAYS with respect to the COVID-19 PANDEMIC.**

**How much have you been distressed or bothered by these difficulties?**

	Not at all	A little bit	Moderately	Quite a bit	Extremely
Any reminder brought back feelings about it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had trouble staying asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other things kept me thinking about it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt irritable and angry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I avoided letting myself get upset when I thought about it or was reminded of it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I thought about it when I didn't mean to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt as if it hadn't happened or wasn't real	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I stayed away from reminders of it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pictures about it popped into my head	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was jumpy and easily startled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tried not to think about it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was aware that I still had a lot of feelings about it, but I didn't deal with them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My feelings about it were kind of numb	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I found myself acting or feeling like I was back at that time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had trouble falling asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had waves of strong feelings about it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tried to remove it from my memory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had trouble concentrating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea or a pounding heart	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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I had dreams about it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt watchful and on-guard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tried not to talk about it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**Occupational Factors**

How confident do you feel in the infection control training that has been provided to you?

- Not confident at all  
 Somewhat not confident  
 Neither not confident or confident  
 Somewhat confident  
 Very confident

How prepared do you feel to provide direct care to suspected cases?

- Completely unprepared  
 Somewhat unprepared  
 Neither unprepared or prepared  
 Somewhat prepared  
 Very prepared

How do you feel the care received by patients who are NOT presenting with either symptoms or a diagnosis of COVID-19 is?

- Significantly worse than before Covid-19  
 Slightly worse than before Covid-19  
 The same as before Covid-19  
 Slightly better than before Covid-19  
 Significantly better than before Covid-19

Have you been deployed back to your usual clinical area after re-deployment?

- Yes  
 No

How many suspected cases of COVID-19 have you had direct clinical contact with since March 1st 2020?

- 0  
 1-5  
 6-10  
 11-15  
 16-20  
 21-25  
 26-30  
 31-35  
 > 36

As far as you are aware, how many of these suspected cases have turned out to be confirmed cases of COVID-19?

- 0  
 1-5  
 6-10  
 11-15  
 16-20  
 21-25  
 26-30  
 31-35  
 > 36

How many patients have you witnessed dying with COVID-19?

- 0  
 1-5  
 6-10  
 11-15  
 16-20  
 21-25  
 26-30  
 31-35  
 > 36

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**Personal Factors**

Do you feel exposure to the COVID-19 pandemic has increased symptoms of any established mental health condition(s) you have personally?

- Yes  
 No  
 Prefer not to disclose  
 I do not have an established mental health condition

Do you feel exposure to the COVID-19 pandemic has increased symptoms of any established physical health condition(s) you have personally?

- Yes  
 No  
 Prefer not to disclose  
 I do not have an established physical health condition

During the COVID-19 pandemic, have you felt at high risk of dying/death?

- Yes  
 No

I feel that my personal health is at risk during the COVID-19 outbreak due to my clinical role?

- Strongly disagree  
 Disagree  
 Neither agree nor disagree  
 Agree  
 Strongly agree

How worried are you about the potential risks if you were to become infected with COVID-19?

- Extremely worried  
 Generally worried  
 Neither worried or not worried  
 Generally not worried  
 Not worried at all

How worried are you about the potential risks to your family, loved ones or others due to your clinical role in the COVID-19 outbreak?

- Extremely worried  
 Generally worried  
 Neither worried or not worried  
 Generally not worried  
 Not worried at all

Have any of your family, friends, or loved ones become unwell or died due to COVID-19 or its complications? (select all that apply)

- Unwell at home  
 Unwell and required non-ICU hospital treatment  
 Unwell and required ICU treatment  
 Died

Have any of your colleagues become unwell or died due to COVID-19 or its complications? (select all that apply)

- Unwell at home  
 Unwell and required non-ICU hospital treatment  
 Unwell and required ICU treatment  
 Died

In the last 2 weeks I have felt well supported by friends and family

- Strongly disagree  
 Disagree  
 Neither agree nor disagree  
 Agree  
 Strongly agree

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In the last 2 weeks I have felt well supported by the senior clinical leadership team

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree



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**Personal Coronavirus**

Have you received a positive diagnosis of Coronavirus during this pandemic?  Yes  
 No

Have you been admitted to hospital due to your diagnosis of Coronavirus?  Yes  
 No

Have you had to self-isolate?  Yes  
 No

For what reason did you have to self-isolate? (select all that apply)

- Personal symptoms
- Personal diagnosis of COVID-19
- Symptoms of a member of the household
- Exposure to a positive case of COVID-19 in the work environment
- Exposure to a positive case of COVID-19 in your personal environment
- Other (eg return from travel to high risk area)

How many clinical shifts in your rota have you missed due to self-isolation?

- 0
- 1
- 2
- 3
- 4
- 5-7
- 8-10
- >10

Have you had a COVID-19 antibody test?  Yes  
 No  
 Prefer not to disclose

What was the result of your COVID-19 antibody test  Positive  
 Negative  
 I have not yet received the result  
 Prefer not to disclose

Have you been offered any of the following psychological interventions via your current place of work? (Select all that apply)

- Structured individual therapy with a therapist (in person/on telephone)
- Advice line / helpline
- Internet based psychological intervention
- Well-being app / website
- Brief TRiM / "safe space" session (trauma risk management)
- Other please state

Other, please specify \_\_\_\_\_

During your time working in the COVID-19 pandemic have you experienced any of the following? (Select all that apply)

- Feelings that you made a contribution
- A sense of personal accomplishment
- Improved confidence and self esteem
- Increased compassion
- Re-evaluation of self and purpose
- Work satisfaction
- A sense of team cohesion

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Have you experienced any other factors during the COVID-19 pandemic that have made a positive impact on your psychological health? \_\_\_\_\_

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**The last 3 questions are optional and not related to the CERA study but will inform future planning for psychological interventions.**

**We would like to know more about the type of psychological support doctors prefer. If you needed psychological support in relation to the impact from the COVID-19 pandemic, what would your preferences be in relation to:**

- a) Format
- Face to face individual
  - Face to face group therapy
  - Individual online therapy
  - Online support groups
  - Self help
  - Guided self help
- 
- b) Timing
- Immediate support during the COVID-19 pandemic
  - Immediately after the COVID-19 pandemic
  - After the COVID-19 pandemic following a period of rest and recuperation
- 
- c) Mode of therapy
- Structured therapy e.g. CBT
  - Counselling
  - Peer support
  - Other

Please specify

---