Sleep patterns in health care workers during COVID-19

As two Sleep Medicine doctors that work with you at the VA and Kaleida, we have noticed the toll this pandemic is taking on the health care workers of Western New York. We performing a study to describe how you are sleeping and feeling during this time, so we can inform ways to support you now and in the future.

We are doing that through an electronic survey. The survey is short, voluntary and ANONYMOUS. None of your answers will be tied to your name nor will they affect you or your job in any way. We cannot track who answers what.

By answering the questions below, you agree to participate in this study.

Thank you,

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If you have any questions, contact Dr. Hassinger at albrooks@buffalo.edu or 716-323-0158.

What is your role in the hospital?

- ◯ Respiratory therapist
- ◯ Pharmacist
- ◯ Physician
- ◯ Registered Nurse
- ◯ Medical assistant
- ◯ Nurses' aide
- ◯ Environmental services
- ◯ Administration or registration staff
- ◯ Physical or occupational therapist
- ◯ Child life
- ◯ Other not listed here

Describe your role/job: ________________________________

At what hospitals have you been working during this pandemic (check all that apply if you work in multiple locations):

- ☐ Buffalo General Medical Center/Gates Vascular Institute
- ☐ Millard Fillmore Suburban
- ☐ Oishei Children's Hospital
- ☐ The VA of WNY
- ☐ I have been outpatient only
- ☐ Other hospital not listed here

Name of the other hospital where are working or have worked during the pandemic: ________________________________

What is your current level as a physician?

- ◯ Resident
- ◯ Fellow
- ◯ Attending

Question	Response
What type of residency are you in?	◯ Medical (eg. Pediatrics, Internal Medicine, Med/Peds) ◯ Surgical (eg. Neurosurgery, Pediatric Surgery, ENT) ◯ OB/GYN ◯ In a prelim year (e.g. for Radiology, Psych)
How often do/have you come into contact with samples, equipment or patients with COVID-19 (or suspected to have COVID)?	◯ Never ◯ At least once, but less than 5 times ◯ Once a week ◯ Every day
Do you think you had or have COVID-19?	◯ Yes ◯ No (This is anonymous and optional)
Do you work in a hospital emergency room or intensive care unit?	◯ Yes ◯ No

Describe how your job has changed during the COVID-19 pandemic (choose all that apply):

- ☐ Not at all
- ☐ Increased the amount of time that I work
- ☐ Decreased the amount of time that I work
- ☐ It has changed my work location (For example, "I have been reassigned to the ER")
- ☐ It has changed my job (For example, "I was a scheduling person and now I screen at the ER entrance.")
- ☐ I now work primarily from home
- ☐ I have been furloughed
- ☐ Other (please describe below)

Please describe how COVID-19 has changed your job: __________________________________

Choose all of the reasons that the COVID-19 pandemic has been difficult for you:

- ☐ Not at all
- ☐ Increased home responsibilities
- ☐ Demands of work during the pandemic
- ☐ Increased use of technology
- ☐ Concern about you or your loved ones getting sick
- ☐ Financial difficulties
- ☐ Emotional stress
- ☐ Other

Question	Response
Please describe the other reason this pandemic has been difficult for you:	__________________________________
For how many children are you the primary care giver (include grandchildren, cousins, foster children, etc.)?	__________________________________ (Enter "0" if none currently)

Check the age categories that include the ages of your children or the children you care for:

(For example, I have a 6-year-old and 1-year-old twins, so I would check "Preschool or toddler" and "School-age")

- ☐ Infant or newborn (less than 1 year old)
- ☐ Preschool or toddler (between 1-4 years old)
- ☐ School-age (between 5 and 12 years old)
- ☐ Adolescent still living at home (12-20 years old)
- ☐ Adult (20 years old and older)

Has the pandemic taken away or changed your child care plans?	◯ Yes ◯ No
Is there another adult in the home to help with child care?	◯ Yes ◯ No
Are you spending more than 15 minutes per day on helping with your children's schooling or educational tasks?	◯ Yes ◯ No
Has providing child care impacted your ability to do your job?	◯ Yes ◯ No
Have you changed where you live or whom you live with during the COVID pandemic? (For example, not staying at home to protect a vulnerable family member)	◯ Yes ◯ No

Answer each item with how frequently they are happening NOW, during the COVID-19 pandemic.

****If this is unchanged from before COVID-19, please check the last box as well.****

	Never	Almost Never	Sometimes	Fairly Often	Very Often	This is no different from how I felt BEFORE COVID-19
You feel upset because of something that happened unexpectedly	☐	☐	☐	☐	☐	☐
You feel that you are unable to control the important things in your life	☐	☐	☐	☐	☐	☐
You feel nervous and "stressed"	☐	☐	☐	☐	☐	☐
You feel unable to handle your personal problems	☐	☐	☐	☐	☐	☐
You feel that things are not going your way	☐	☐	☐	☐	☐	☐
You can not cope with all the things that you have to do	☐	☐	☐	☐	☐	☐
You are unable to control irritations in your life	☐	☐	☐	☐	☐	☐
You feel like you are not on top of things	☐	☐	☐	☐	☐	☐

You get angry because things are out of your control	☐	☐	☐	☐	☐	☐
Your difficulties are piling up so high that you can not overcome them	☐	☐	☐	☐	☐	☐
You feel down, depressed or hopeless	☐	☐	☐	☐	☐	☐
You have little interest or pleasure in doing things	☐	☐	☐	☐	☐	☐

How often would you agree with the statement "I have become more callous to others since the pandemic began"

◯ Never
◯ A few times or less
◯ Once a month or less
◯ A few times a month
◯ Once a week
◯ A few times a week
◯ Every day

How often would you agree with the statement "I feel burned out from my work."

◯ Never
◯ A few times or less
◯ Once a month or less
◯ A few times a month
◯ Once a week
◯ A few times a week
◯ Every day

Prior to COVID-19, had you ever been diagnosed, treated for or been suspicious that you have any of the following (Choose all that apply)?

☐ Anxiety
☐ Depression
☐ Insomnia
☐ Sleep apnea or loud snoring with pauses in breathing
☐ None of the above

BEFORE COVID-19, describe each aspect of your sleep listed below.

****If these answers are the same NOW during COVID-19 as they were BEFORE COVID-19, please check the last box. It will save you follow-up questions.****

	Never	Rarely (i.e once or twice a month)	Sometimes	Often (i.e. two or three times per week)	Usually	Always	This is has not changed DURING the pandemic
How often did you have a set sleep schedule (going to bed and waking up at the same time)?	☐	☐	☐	☐	☐	☐	☐

How often did you wake up refreshed?	☐	☐	☐	☐	☐	☐	☐
How often would you stay awake all day without napping or dozing off?	☐	☐	☐	☐	☐	☐	☐
How often would you be asleep (or trying to sleep) between 2am and 4am?	☐	☐	☐	☐	☐	☐	☐
How often would you spend less than 30 minutes awake total during the period of time that you are trying to sleep? (including time to fall asleep and nighttime awakenings)	☐	☐	☐	☐	☐	☐	☐
How often would get 6 and 8 hours of sleep per day?	☐	☐	☐	☐	☐	☐	☐
How often did you have nightmares (or vivid dreams that cause bad emotions like anxiety or fear)?	☐	☐	☐	☐	☐	☐	☐

IF YOU REPORT THIS HAS CHANGED DURING THE PANDEMIC, answer how often each of the following are happening during COVID-19:

If you reported this is the same as previous, this section will be blank. Proceed straight to the next question.

	Never	Rarely (i.e once or twice a month)	Sometimes	Often (i.e. two or three times per week)	Usually	Always
How often do you have a set sleep schedule?	○	○	○	○	○	○
How often do you wake up rested/refreshed?	○	○	○	○	○	○
How often do you need a nap or do you doze off during the day?	○	○	○	○	○	○
How often are you sleeping (or trying to sleep) between 2am and 4am?	○	○	○	○	○	○
How often do you spend less than 30 minutes awake total while you are trying to sleep?	○	○	○	○	○	○
How often are you getting 6 to 8 hours of sleep per day?	○	○	○	○	○	○

How often are you having nightmares? ○ ○ ○ ○ ○ ○

What is the biggest change in your overall sleep patterns that you have noticed since the start of the pandemic (choose only one choice)?

- ◯ There have been no changes in my sleep
- ◯ Trouble falling asleep or staying asleep
- ◯ I take more naps or doze off more during the day
- ◯ My sleep schedule has changed (For example, I sleep in later or go to bed later)
- ◯ I sleep more or less overall
- ◯ Other (not listed above)

Describe the biggest change in your sleep patterns that you have noticed during the pandemic: ______________________________

DURING the pandemic, you could be changing daytime habits which are impacting your sleep. These are a few of the examples below.

*****If this is the same as BEFORE the pandemic, check the last box as well.*****

	Never	Rarely, once or twice this rotation	Sometimes, once or twice per week	Often, several times per week	Most days	Every day	Check here if this is the SAME as BEFORE the pandemic
Drink caffeine (including iced tea, pop, coffee) within 12 hours of bed time	☐	☐	☐	☐	☐	☐	☐
Drink alcohol within 6 hours of bed time	☐	☐	☐	☐	☐	☐	☐
Use tobacco within 4-6 hours of bed time	☐	☐	☐	☐	☐	☐	☐
Look at/use a cell phone, tablet or laptop after sundown	☐	☐	☐	☐	☐	☐	☐

ALMOST THERE!

These are the last questions. Knowing who you are will help us put your previous answers into context. As with all of the previous questions, these are OPTIONAL and not MANDATORY.

How old are you? ______________________________
(In years)

Ethnicity

◯ Hispanic or Latino ◯ NOT Hispanic or Latino ◯ Unknown / Not Reported

Race

◯ American Indian/Alaska Native
◯ Asian
◯ Native Hawaiian or Other Pacific Islander
◯ Black or African American
◯ White
◯ More Than One Race
◯ Unknown / Not Reported

Sex

◯ Female ◯ Male

Which best describes your relationship status?

◯ Single
◯ Married
◯ Dating but living separately
◯ Divorced or separated
◯ Dating and living together
◯ It's complicated