

SURVEY QUESTIONS

Demographics

1. To what age group do you belong
 - a. 18-24
 - b. 25-34
 - c. 35-44
 - d. 45-54
 - e. 55-65
 - f. 65+
2. What gender are you ?
 - a. Male
 - b. Female
 - c. Other
 - d. Prefer not to say
3. What is your occupation ?
 - a. Consultant
 - b. Fellow/Registrar
 - c. SHO
 - d. Nurse
 - e. Health Care Assistant
 - f. Operating Department Practitioner
 - g. Physiotherapist
 - h. Other
4. In which clinical department do you usually work ?
 - a. Anaesthetics
 - b. Operating theatres
 - c. Intensive Care Unit
 - d. Neurosurgery
 - e. Neurology
 - f. Physiotherapy
 - g. Nursing
 - h. Other
5. What is your ethnic background ?
 - a. White
 - b. Black/Black British
 - c. Asian /Asian British
 - d. Mixed Race
 - e. Prefer Not to say
 - f. Any other ethnic background

Working hours and redeployment

6. During the pandemic I have been working more than my contracted hours?
Yes No
7. If you answered yes to above, please indicate how many hours over (approximately) per week:
 - a. 0-5 hours
 - b. 5-10 hours
 - c. 10-15 hours

- d. 15-20 hours
 - e. > 20 hours
 - f. Not applicable
8. I am working more anti-social hours than before COVID-19
- a. Strongly agree
 - b. Agree
 - c. Neither agree nor disagree
 - d. Disagree
 - e. Strongly disagree
9. Were you deployed to another clinical department?
- Yes No
10. If yes to above, which department?
- a. Intensive Care Unit
 - b. Operating theatres
 - c. Surgical Wards
 - d. Medical Wards
 - e. Hyper-acute Stroke Unit
 - f. Radiology
 - g. Not applicable
 - h. Other
11. How prepared did you feel to deliver care in your new clinical department?
- a. Completely unprepared
 - b. Somewhat prepared
 - c. Neither unprepared nor prepared
 - d. Somewhat prepared
 - e. Very prepared
 - f. Not applicable

Experience of risk:

12. I feel that my personal health is at risk
- a. None of the time
 - b. Rarely
 - c. Some of the time
 - d. Often
 - e. All of the time
13. I am worried about the potential risks to my family, loved ones or others
- f. None of the time
 - g. Rarely
 - h. Some of the time
 - i. Often
 - j. All of the time
14. I have witnessed loved ones, friends or colleagues become ill
- Yes No Other (please specify)

Experience of fatigue:

15. I get enough hours of sleep each day
 - a. None of the time
 - b. Rarely
 - c. Some of the time
 - d. Often
 - e. All of the time
16. I am able to unplug from my work when I am at home
 - a. None of the time
 - b. Rarely
 - c. Some of the time
 - d. Often
 - e. All of the time
17. Have you had any of the following due to work place fatigue?
 - a. Clinical error
 - b. Administrative error
 - c. Personal injury
 - d. Poor communication
 - e. Not applicable
 - f. Other
18. What level of work place fatigue have you experienced in the last 10 working days?
(VAS: 0-10 with 0=none 10= constant)
19. In general I feel I am in charge of the current situation I am in
 - a. None of the time
 - b. Rarely
 - c. Some of the time
 - d. Often
 - e. All of the time
20. The work I do is worthwhile and meaningful
 - a. None of the time
 - b. Rarely
 - c. Some of the time
 - d. Often
 - e. All of the time
21. My colleagues are supportive and we are working well together during this time
 - a. None of the time
 - b. Rarely
 - c. Some of the time
 - d. Often
 - e. All of the time