

Supplemental Figure 2: COVID-Survey Instrument

1. Date

2. In what city/state do you work?

- Alabama
 - California
 - Georgia
 - Louisiana
 - Michigan
 - Nebraska
 - New York
 - Rhode Island
 - Texas
 - Washington DC
-

3. Please select the best description of your job title

- Emergency Medicine Resident
 - Emergency Medicine Attending
 - Emergency Medicine Nurse
 - Emergency Medical Services Provider
-

3. How many total years have you worked or volunteered in this profession?

(Years)

4. What is your age?

5. What term best expresses how you describe your gender identity?

- Man
- Woman
- Non-Binary
- None of these describe me, and I want to specify

Gender Description.

6. Which racial or ethnic group do you most identify with?

Check all that apply.

- African American/Black (Non-Hispanic)
- American Indian or Aleut
- Asian/Pacific Islander
- Latino/a or Hispanic
- White (non-Hispanic)
- Mixed Race
- Other

If other race, please specify.

7. Please describe your marital status.

- Now Married
- Widowed
- Divorced
- Separated
- Never Married

8. How many people live in your household?

9. Who has lived in your household for the majority of the time during the past 6 months?

Select all that apply.

- Child or children Age < 4
- Child or children Age 4-12
- Child or children Age 13-18
- Child or children Age >18
- Spouse or Partner
- Parent/Elderly relative
- Only myself

10a. Do you have primary responsibility for child care duties?

- Yes
- No

10. Do you live with anyone who you consider to be at increased risk of complications from COVID-19?

- Yes
- No

11. Do you have any chronic medical conditions that increase your risk of complications from COVID-19?

- Yes
- No

The following questions are about your job as a health care provider.

12. How long have you worked or volunteered with your present employer or department? _____

Please round up or down to the nearest number of years.

13. Select the description that comes closest to your present work shift.

- Rotating shift
- Permanent day shift
- Permanent evening shift
- Permanent night shift

14. How many hours is a typical shift on most days? _____

15. How many hours do you normally work or volunteer per week in this job? _____

17. Please answer yes/no about your thoughts about your current job conditions as a health care provider.

	Yes		No
During the COVID-19 pandemic, <input type="radio"/> the overall quality of the physical environment where I work is poor.	<input type="radio"/>		
During the COVID-19 pandemic, I <input type="radio"/> am well protected from exposure to the disease.	<input type="radio"/>		
During the COVID-19 pandemic, <input type="radio"/> my work area is awfully crowded.	<input type="radio"/>		
It is easy to get testing for COVID-19 at my work place. <input type="radio"/>	<input type="radio"/>		<input type="radio"/>
At my organization, if a staff <input type="radio"/> member tests positive, they are required to quarantine for a certain time period.	<input type="radio"/>		

18. Did your organization make any changes to your pay/salary at any time during the pandemic? _____

Select all that apply.

- No change
- Increase in hourly wage or annual salary
- Decrease in hourly wage or annual salary
- Hazard pay or bonus
- COVID-19 sick pay
- Other
- Not applicable, volunteer at my organization

If other, please describe. _____

19. Did your organization make any changes to your benefits at any time during the pandemic?

Select all that apply.

- No change
- Decreased or eliminated retirement coverage
- Increased retirement coverage
- Decreased or eliminated certified medical education (CME)
- Increased CME
- Decreased health insurance coverage
- Increased health insurance coverage
- Other
- Not applicable, do not get benefits through my organization

If other, please describe.

20. Did your organization make any of these changes to your work hours at any time during the pandemic?

Select all that apply.

- No change
- Increase in work hours
- Decrease in work hours
- Mandatory overtime
- Other

If other, please describe.

21. As a result of COVID-19, has staffing changed at your job?

- Yes
- No

Type of staff change.

Select all that apply.

- Increased staff
- Decreased staff due to budgeting or volume
- Decreased staff due to number of staff available to work

22. On your last shift, approximately how many patients with confirmed or suspected COVID-19 did you see?

23. Please answer whether you strongly disagree, disagree, are neutral, agree or strongly agree with the following:

We have adequate staffing to care for the patient load at my workplace.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

24. Which of the following personal protective equipment (PPE) has been provided to you at your job during the COVID-19 outbreak?

Select all that apply.

- Gloves
- Gown
- Goggles/Eye Protection
- Face Shield
- N95 Respirator
- Elastomeric or other respirator similar to an N95 (like a P100 or other reusable rubber respirator)
- Powered Air Purifying Respirator (PAPR)
- Surgical Mask
- Other Face Covering
- Other PPE
- Unknown

Please describe other PPE.

25. Did you have any of the following conditions or restrictions on your use of PPE?

Select all that apply.

- Prohibition-my employer refused to supply a certain type of PPE.
- Restricted access-I was told I needed permission to use specified PPE.
- My employer extended use of PPE beyond the normal use.
- I had to bring in PPE from home.
- I had to re-use PPE that I previously wore.
- I had to re-use PPE previously worn by others.
- My PPE was not fit-tested.
- My employer has not imposed any conditions or restrictions on my use of PPE.
- Other

If other, please describe.

26. Please state whether you believe the following about the environment where you work as a health care provider.

	Very confident that this is false	Confident that this is false	Neutral	Confident that this is true	Very confident that this is true
I had adequate training to deal confidently with the situations that I faced.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infection control procedures <input type="radio"/> were adequately explained.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
I received adequate training in <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
I was provided with the <input type="radio"/> protective equipment and procedures that I needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
I had someone to ask when I had <input type="radio"/> problems using equipment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
The hospital where I worked took <input type="radio"/> decisions were made that affected me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	my well-being into account when
Emotional support (e.g. <input type="radio"/> those who needed help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	counseling) was available to
I felt appreciated by the <input type="radio"/> hospital/my employer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
My hospital/workplace was <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	supportive.

27. Please answer whether you strongly disagree, disagree, are neutral, agree or strongly agree with the following:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
There was more conflict among colleagues at work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt more stressed at work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had to do work that I normally I don't do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had an increased workload.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had to work overtime.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My organization strongly encouraged me to get tested if I was exposed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our staff felt strongly supported <input type="radio"/> by our organization if they tested positive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
My organization made me feel <input type="radio"/> comfortable taking time off if I tested positive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

28. Since the pandemic, how much do each of these people go out of their way to do things to make your work life easier for you?

	Very Much	Somewhat	A Little	Not At All	Don't Have Any Such Person
Hospital administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your immediate supervisor (ED or EMS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attending physicians in ED	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nurses in ED	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your colleagues at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your spouse or significant other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your relatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. Since the COVID-19 pandemic, how easy is it to talk with each of the following people?

	Very Much	Somewhat	A Little	Not At All	Don't Have Any Such Person
Hospital Administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your immediate supervisor (ED or EMS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attending physicians in ED	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nurses in ED	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your colleagues at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your spouse or significant other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your relatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

COVID Testing/Diagnosis

30. Have you ever been tested for COVID-19? Yes No

31. Have you been infected by COVID-19? Yes, suspected but never tested Yes, confirmed by test No Do not know

31a. Which of the following scenarios apply to your suspected or confirmed COVID-19 infection?

Select all that apply.

- Physically present at work 0-4 days before my diagnosis of infection
 - Home isolation, shelter in place
 - Treated at a doctor's office or outpatient facility
 - Treated at an emergency department
 - Admitted to hospital floor (no intensive care)
 - Treated in intensive care, didn't need to be on a ventilator
 - Treated in intensive care, was on a ventilator
 - Admitted into a specialized COVID-19 unit
 - Other
 - Unknown
- (Select All That Apply)

If other scenario, please describe.

31b. How long were you off of your job due to your COVID-19 infection?

- 0 days
- 1-7 days
- 8-14 days
- 15-21 days
- Longer than 21 days
- Unknown

32. If a staff tests positive for COVID-19 at your organization do they get time off with pay?

Please choose the most appropriate answer.

- Yes, as part of normal sick pay or paid time off (PTO).
- Yes, separately from PTO (such as through worker's compensation).
- No

33. Please answer whether you strongly disagree, disagree, are neutral, agree, or strongly agree with the following statements:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
My job puts me at great risk.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel more stress at work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I accept the risk of caring for COVID patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am afraid of falling ill with COVID.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have little control of whether I get infected or not.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have little chance of survival if I were to get COVID.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am thinking of resigning or quitting because of COVID.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am afraid I will pass COVID to others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family and friends are worried they might get infected through me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People avoid me or my family <input type="radio"/> because of work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

34. Please answer whether you strongly disagree, disagree, are neutral, agree or strongly agree with the following:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Working with patients brings me satisfaction.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often see more than one side to an issue.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Over the last month, I have been bothered by feeling nervous, anxious or on edge.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the last month, I have <input type="radio"/> been bothered by little interest or pleasure in doing things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
I feel a spiritual purpose or <input type="radio"/> connection in my life's work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
I am open to new ideas and <input type="radio"/> ways of doing things in the workplace.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
During the past month, my inability to control my distress has negatively affected the care I give patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I spend time reflecting on things <input type="radio"/> I can improve about myself, my life, and my professional role.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Over the past month, there has <input type="radio"/> been a patient encounter that distresses me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
My work brings joy to my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am generally satisfied with my <input type="radio"/> career choice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
During the past month, I have <input type="radio"/> administrative demands that compete with clinical duties.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	often been distressed by
Positive patient relationships <input type="radio"/> outweigh negative patient relationships.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Feeling compassion for others is <input type="radio"/> a regular part of how I work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

35. Over the last 2 weeks, how often have you been bothered by the following problems?

	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous or on edge.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to stop or control worrying.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Little interest or pleasure in doing things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed, or hopeless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

36. Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully, pick the answer that indicates how much you have been bothered by that problem in the last month.

	Not at all	A little bit	Moderately	Quite a bit	Extremely
Repeated, disturbing memories, thoughts, or images of a stressful experience from the past.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Repeated, disturbing dreams of <input type="radio"/> a stressful experience from the past.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Trouble falling or staying asleep.	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Having difficulty concentrating.	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Fatigue or tiredness.	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
<input type="radio"/>					

37. Please answer how often you experience the following:

	Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day
I feel burned out from my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

38. Knowing what you know now after dealing with COVID-19, if you had to decide all over again whether to take the type of job you now have, what would you decide?

- I would decide without hesitation to take the same job.
- I would have some second thoughts.
- I would decide definitely NOT to take this type of job.

39. During the LAST MONTH, how often you felt or thought a certain way:

	Never	Almost Never	Sometimes	Fairly Often	Often
In the last month, how often <input type="radio"/> have you felt that you were unable to control the important things in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
In the last month, how often <input type="radio"/> have you felt confident about your ability to handle your personal problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
In the last month, how often <input type="radio"/> have you felt that things were going your way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
In the last month, how often <input type="radio"/> have you felt difficulties were piling up so high that you could not overcome them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

40. Please answer how often you have been doing the following:

	I haven't been doing this at all	I've been doing this a little bit	I've been doing this a medium amount	I've been doing this a lot
I've been turning to work or <input type="radio"/> other activities to take my mind off things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
I've been using alcohol or other <input type="radio"/> drugs to make myself feel better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
I've been getting emotional support from others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been saying things to let my <input type="radio"/> unpleasant feelings escape.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
I've been getting help and <input type="radio"/> advice from other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
I've been using alcohol or other <input type="radio"/> drugs to help me get through it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
I've been getting comfort and <input type="radio"/> understanding from someone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
I've been doing something to <input type="radio"/> to movies, watching tv, reading, daydreaming, sleeping, or shopping.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been expressing my <input type="radio"/> negative feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

I've been trying to find comfort in my religion or spiritual beliefs.

I've been trying to get advice or help from other people about what to do.

I've been praying or meditating.

41. The next 3 questions are about how you feel about different aspects of your life. For each one, tell me how often you feel that way. Is it hardly ever, some of the time, or often?

	Hardly ever	Some of the time	Often
First, how often do you feel that you lack companionship?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel left out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel isolated from others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

42. Please tell us how often you feel anxious about each of the following:

	Extremely anxious	Somewhat anxious	Not that anxious	Not anxious at all
Paying my bills or expenses during COVID-19.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The government/public health response to COVID-19.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People in my community not adhering to public health guidelines.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Misinformation in the news or in <input type="radio"/> social media.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

43. Which of the following types of mental health resources are offered by your employer during the COVID-19 pandemic?

Select all that apply.

- Employee Assistance Programs
- Primary care that offers mental health coverage
- Mental health days
- Mental health first aid training
- Holistic wellness programs
- Virtual coaching such as headspace
- Debriefing programs
- Other
- Don't Know
- None of the Above

If other, please describe.

Have you used any of these resources during the pandemic?

- Yes
- No

Why not?

Select all that apply.

- My insurance does not cover.
- Too difficult to find/access.
- I do not have time.
- I worry about whether it will affect my job.
- I am embarrassed to use it.
- I do not feel I need to use it.
- Other

If other, please describe.

44. Have you used any mental health resources OUTSIDE of your work during the pandemic?

- Yes
 No

45. What other resources have you used that have helped during this time?

Select all that apply.

- Free childcare
 Free lodging
 Free meals
 Rest periods/time off at work
 Rest area at work
 None
 Other

If other, please describe.

46. Please add any other comments you may have.

Please enter your email address for receipt of a \$10 Amazon gift card to thank you for completing the study.

Would you be interested in participating in followup studies related to this project?

- Yes
 No

Thank you for participating in our survey. If you are interested in further mental health resources, in addition to local resources available in your community, the following provide support for first responders. George Washington University does not specifically endorse any of these resources. It is only to provide you with further information.

SAMHSA Disaster Distress Line "Talk with Us"

<https://www.samhsa.gov/find-help/disaster-distress-helpline>

1-800-985-5990

Code Green: codegreencampaign.org/covid19

Contains links to resources for first responders

Crisis Text Line

Text "Frontline" to 741741

American College of Emergency Physicians

Provides up to 3 free counseling sessions for members <https://www.acep.org/corona/covid-19-benefits/>

Project Parachute

Telehealth/video support chat line with volunteer psychiatrists <https://project-parachute.org/>