

Consent

Please indicate whether you consent to take this survey. You may print the consent sheet if you would like to keep record of your participation.

Thank you!

Response was added on 02/02/2021 3:13pm.

1) UTMB Health

FAST FACT SHEET IRB#: 20-0316

Study Name: Non-physician Medical Worker Experience

Contact Information:

Principal Investigator: Richard Rupp, MD

E-mail: rrupp@utmb.edu

What is the purpose of this research study?

The purpose of the study is to examine the extent of the COVID-19 pandemic on the mental health of non-physician medical workers, including nurses, physician assistants, and medical assistants. This information will help healthcare institutions to respond better to emergencies in the future.

What are the Research Procedures?

If you choose to participate, you will respond to an online survey at your convenience using your personal computer or smartphone in a place you choose. This survey will take approximately 30 minutes.

What are the Risks and Benefits?

Any time information is collected, there is a potential risk for loss of confidentiality. Every effort will be made to keep your information confidential. However, this cannot be guaranteed. You may not receive any personal benefits from being in this study. We hope the information learned from this study will help healthcare institutions to better understand how healthcare workers have been coping with the SARS CoV-2 pandemic and how they could potentially improve healthcare worker outcomes in the current and future pandemics.

Will I be given any compensation for my time?

We will donate \$1 in Amazon gift cards to the Red Cross for each survey that is completed, up to \$2000.

How will my information be protected?

All data gathered will be stored in a password-protected site by the University of Texas Medical Branch. No data will be released that can identify participants through their responses. All studies using these data will be reported in aggregate form to reduce likelihood of disclosure. Information we learn about you in this study will be handled in a confidential manner. If we publish the results of the study in a scientific journal or book, we will not identify you.

Who can I contact with questions about this research study?

This study has been approved by the UTMB Institutional Review Board (IRB). If you have any complaints, concerns, input or questions regarding your rights as a subject participating in this research study or you would like more information about the protection of human subjects in research, you may contact the IRB Office at (409) 266-9400 or irb@utmb.edu

For questions about the study, contact Dr. Richard Rupp at the email address listed above.

Before you agree to participate, make sure you have read the information provided above; your questions have been answered to your satisfaction; you have been informed that your participation is voluntary, and you have read

decided to participate in this research. Please print this page for your records.

If you have read and agree with the above information, please indicate by marking the corresponding box below.

- I consent to participate in this study.
- I do not consent to participate in this study.

Demographic information

Please tell us a little about yourself.

Response was added on 02/02/2021 3:13pm.

Are you Hispanic or Latino?

- Hispanic or Latino
- Not Hispanic or Latino

What is your race? (Mark all that apply.)

- White
- Black or African American
- American Indian
- Asian
- Hawaiian or Pacific Islander
- Other

What is your age (in years)?

What is your gender?

- Male
- Female
- Non-binary

What is your current relationship status?

- Married
- Divorced
- Single (never married)
- Widowed
- Living with a partner, not married
- Other

Where in the United States do you currently live?

- Outside the US
- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- Washington D. C.
- West Virginia
- Wisconsin
- Wyoming

What medical credential(s) do you currently possess
(mark all that apply)?

- Licensed practical nurse (LPN) or Licensed Vocational Nurse (LVN)
- Registered nurse (RN)
- Advanced practice registered nurse (APRN)
- Physician Assistant (PA)
- Certified Physician Assistant (PA-C)
- Certified Medical Assistant (CMA)
- Registered Medical Assistant (RMA)
- National Certified Medical Assistant (NCMA)
- Certified Clinical Medical Assistant (CCMA)
- Doctor of Nursing Practice (DNP)
- Certified Nurse Practitioner (CNP)
- Clinical Nurse Specialist (CNS)
- Certified Nursing Assistant (CNA)
- I currently do not have any of the medical credentials described above

Questions about SARS-CoV-2 interactions

Please respond with the answer that is the most true for you in the questions below.

Response was added on 02/02/2021 3:18pm.

Official names have been announced for the virus responsible for COVID-19 (previously known as "2019 novel coronavirus") and the disease it causes.

SARS-CoV-2 is the virus that causes COVID-19 disease.

COVID-19, which is caused by the SARS-CoV-2 virus, has a range of symptoms according to the CDC. These symptoms include: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea.

Anyone can have mild to severe symptoms, although older adults and people with underlying medical conditions may be at higher risk for developing more serious complications from COVID-19 illness.

SARS-CoV-2 infections reached a point where it was declared to be a pandemic by the WHO on March 11, 2020 due to its sudden emergence and expansion around the world.

Do you directly engage with patients as a part of your job (e.g. speaking with patients face-to-face, administering medications, performing medical procedures or testing)?

- Yes
- No

Approximately how many hours each week do you interact with patients?

- 1-5 hours
- 6-10 hours
- 11-15 hours
- 16-20 hours
- 21-25 hours
- 26-30 hours
- 31-35 hours
- 36-40 hours
- more than 40 hours

	Never	Rarely (less than 1 day per week)	Some or a little of the time (1-2 days per week)	Occasionally or a moderate amount of time (3-4 days per week)	All of the time (5-7 days per week)
How often do you interact with people (in-person) outside of your job who are suspected to have the SARS-CoV-2 virus?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you interact with patients (in-person) as part of your job who have or who are suspected of having the SARS-CoV-2 virus?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you interact with patients who are currently hospitalized due to COVID-19?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you are experiencing difficulties with stress or mental health related to your experiences during the COVID-19 Pandemic, there is help. Magellan Health has a free crisis hotline. The toll-free number for critical workers for mental health support is

1-800-327-7451 (TTY 711).

Find more information at: <https://www.businesswire.com/news/home/20200410005179/en/>

Since March of 2020, how many patients have you treated or interacted with who later passed away due to COVID-19?

- No patients
 1 patient
 More than 1 patient
 I am not sure

During the SARS-COV-2 pandemic, have you conducted or scheduled any telemedicine appointments?

- Yes
 No

How concerned are you about potentially transmitting the SARS-CoV-2 virus to your friends or family members?

- Very concerned
 Somewhat concerned
 Not concerned at all

Please answer the following questions about your personal experience.

	Yes	No	I don't know
Have you ever suspected that you were infected with the SARS-CoV-2 virus?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever tested positive for the SARS-CoV-2 virus?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you had a family member (parent, sibling, child, cousin, aunt, uncle) who has tested positive for the SARS-CoV-2 virus?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you had a family member (parent, sibling, child, cousin, aunt, uncle) or friend who was hospitalized due to COVID-19?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you had a family member (parent, sibling, child, cousin, aunt, uncle) or friend who passed away due to COVID-19?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have you ever quit a job because you felt unsafe treating or working with patients suspected to be infected with SARS-CoV-2 or who had COVID-19?

Yes
 No
 I am thinking about quitting my job due to the pandemic now

Have you ever reduced your hours or decided not to take a position because you felt it would be unsafe treating or working with patients suspected to be infected with SARS-CoV-2 or who have COVID-19?

Yes
 No
 I thought about it, but didn't

In the past month, how often were you able to access appropriate personal protective equipment (PPE) that prevents transmission of respiratory diseases?

Never
 Rarely
 Sometimes
 Frequently
 Always

In the past month, how often did you participate in activities at your job beyond what you would normally be expected to do?

Never
 Rarely
 Sometimes
 Frequently
 Always

Does the place where you work have established protocols (written rules and recommendations) to prevent transmission of the SARS-CoV-2 virus?

Yes
 No

How well do you feel you understand protocols at your job related to preventing transmission of the SARS-CoV-2 virus?

Not at all
 A little
 Somewhat
 Mostly
 Completely

How well do you feel your employer has prepared you to follow protocols that aim to prevent transmission of the SARS-CoV-2 virus?

- Not at all
- A little
- Somewhat
- Mostly
- Completely

How well do you understand your work-related protocols for avoiding infection with the SARS-CoV-2 virus?

- Not at all
- A little
- Somewhat
- Mostly
- Completely

How adequate are the resources you have been given to be able to follow SARS-CoV-2 related protocols are?

- Very adequate
- Somewhat adequate
- Neither adequate nor inadequate
- Somewhat inadequate
- Not adequate at all

Have you received training or formally reviewed protocols related to the SARS-CoV-2 virus?

- Yes
- No

How much more information do you feel you need about how to keep yourself safe from the SARS-CoV-2 virus at work?

- I need a lot more information
- I need a little more information
- The information I have is adequate

How much more information do you feel you need about how to keep yourself safe from the SARS-CoV-2 virus during normal daily activities?

- I need a lot more information
- I need a little more information
- The information I have is adequate

What sources of information do you trust to give you more information about the SARS-CoV-2 virus and COVID-19? (Mark all that apply)

- Centers for Disease Control and Prevention (CDC)
- World Health Organization (WHO)
- Peer-reviewed scientific literature
- Associated press
- Social media, like Facebook, Instagram, etc.
- Doctors or nurses
- Family
- Magazines
- Health sites on the internet
- Johns Hopkins
- The place where I work
- Other

Have you ever felt that you were discriminated against because you work with patients who may have exposed you to the SARS-CoV-2 infection?

- Yes
- No

How well do your friends and family take your advice to wear masks and social distance from others?

- Very well
- Somewhat well
- Neither well nor unwell
- Not very well
- Not well at all

How likely do you think it will be that your family and friends will be infected with the SARS-CoV-2 virus in the next month?

- Extremely likely
- Very likely
- Somewhat likely
- Not very likely
- Not likely at all

Now we would like for you to respond to some questions about your feelings on getting vaccinated or vaccinating others to prevent infection with the SARS-CoV-2 virus in the future.

Have you received at least one dose of an FDA approved vaccine for the SARS-CoV-2 virus?

- Yes
- No

If you had access to vaccines that have been approved by the FDA to prevent SARS-CoV-2 infection, would you administer them to patients?

- Yes
- No
- Yes, I have administered them already
- I am not certified to administer vaccines
- I am not sure

Perceived Stress Scale

Please complete the survey below.

Thank you!

Response was added on 02/02/2021 3:18pm.

In the LAST MONTH,

	Never	Almost Never	Sometimes	Fairly Often	Very Often
40) how often have you been upset because of something that happened unexpectedly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41) how often 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"/>	<input type="radio"/>
42) how often have you felt nervous and "stressed"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43) how often have you felt confident about your ability to handle your personal problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44) how often have you felt that things were going your way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45) how often have you found that you could not cope with all the things that you had to do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46) how often have you been able to control irritations in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47) how often have you felt that you were on top of things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48) how often have you been angered because of things that were outside of your control?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49) how often 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"/>	<input type="radio"/>

Fatigue Assessment Scale (FAS)

Please complete the survey below.

Thank you!

Response was added on 02/02/2021 3:19pm.

Fatigue Assessment Scale

The following 10 statements refer to how you usually feel. For each statement you can choose one out of five answer categories, varying from Never to Always.

	Never	Rarely	Sometimes	Frequently	Always
50) I am bothered by fatigue.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51) I get tired very quickly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52) I don't do much during the day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53) I have enough energy for everyday life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54) Physically, I feel exhausted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55) I have problems starting things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
56) I have problems thinking clearly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
57) I feel no desire to do anything.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58) Mentally, I feel exhausted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
59) When I am doing something, I can concentrate quite well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Center for Epidemiologic Studies Short Depression Scale (CES-D-R 10)

Please complete the survey below.

Thank you!

Response was added on 02/02/2021 3:20pm.

**Below is a list of some of the ways you may have felt or behaved.
Please indicate how often you have felt this way during the PAST WEEK by checking the appropriate box for each question.**

	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of time (3-4 days)	All of the time (5-7 days)
60) I was bothered by things that usually don't bother me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
61) I had trouble keeping my mind on what I was doing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
62) I felt depressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
63) I felt that everything I did was an effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
64) I felt hopeful about the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
65) I felt fearful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
66) My sleep was restless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
67) I was happy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
68) I felt lonely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
69) I could not "get going."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Pittsburgh Sleep Quality Index (PSQI)

Please complete the survey below.

Thank you!

Response was added on 02/02/2021 3:21pm.

The following questions relate to your usual sleep habits during the past month only. Your answers should indicate the most accurate reply for the majority of days and nights in the past month. Please answer all questions.

During the past month, how often have you had trouble sleeping because you...

	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week
cannot get to sleep within 30 minutes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
wake up in the middle of the night or early morning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
have to get up to use the bathroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
cough or snore loudly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
feel too cold	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
feel too hot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
have bad dreams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
have pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please describe any other reasons you had trouble sleeping in the past month:

I work night shift and it's hard to sleep during the day, people are making noise in the neighborhood and it's light out even with black out curtains.

During the past month, how often have you taken medicine to help you sleep (prescribed or "over the counter")?

- Not during the past month
 Less than once a week
 Once or twice a week
 Three or more times a week

During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done?

- No problem at all
 Only a very slight problem
 Somewhat of a problem
 A very big problem

During the past month, how would you rate your sleep quality overall?

- Very good
 Fairly good
 Fairly bad
 Very bad

Do you have a bed partner or room mate?

- No bed partner or room mate
- Partner/room mate in other room
- Partner in same room but not same bed
- Partner in same bed

Please describe any other sleep related problems you have experienced in the past month:
