Appendix 2 – Departmental survey questions

1. Have you either requested or plan to request a parental leave?

Yes to either

No to either - please enter any comments in the next screen. Thank you for your time!

2. If you have requested or plan to request a parental leave, are you the

Birthing parent (Continue to question 3)

Non-birthing parent (Skip to question 12)

3. Ideally, how much time off would you like (last leave if more than one leave)?

None

1 month

3 months

6 months

9 months

12 months

Other (please specify length)

4. How much time did you end up having as your leave?

None

1 month

3 months

6 months

9 months

12 months

Not applicable

If there is a difference between your two answers, please elaborate.

5. What type of accommodations did you request during your pregnancy?

No resuscitation shifts after week \_\_

No night shifts after week \_\_

Fewer shift requests after week \_\_

Other - please describe

6. What accommodations did you end up having after your return from parental leave?

No night shifts

Fixed shift schedule

Specific night shifts

No early morning (6am) shifts

No late evening (8pm) shifts

Splitting half urgent care shifts

Other (please specify)

#### 7. If there were specific accommodations from Q6 and 7, how long did these accommodations last for?

####  8. If you had to pump, were you able to do so? Would you have used a pumping room in the Department versus one outside the Department?

9. What accommodations would you have liked after returning from parental leave?

No night shifts

Fixed shift schedule

Specific night shifts

No early morning (6am) shifts

No late evening (8pm) shifts

No resuscitation shifts

Skill refresher course prior to starting

Splitting half shifts

Other (please specify)

10. Were you aware of a Department policy for pregnant EPs before you requested your leave and accommodations?

Yes

No

Other (please specify)

11. Do you have other comments regarding the DEM parental leave policy?

I have comments

I have no further comments

(End of survey for this option)

12. If you are the non-birthing parent, how much time off did you request for your last leave or plan to request?

None

None - use own vacation time

1-2 weeks

1 month

2 months

3 months

4 months

Other (please specify)

13. How much time off did you end up getting?

None

1-2 weeks

1 month

2 months

3 months

4 months

Not applicable

Other (please specify)

4. If you ended up taking time off, were these weeks consecutive?

Yes

No

Other (please specify)

15. What accommodations did you ask for pre-birth?

Time off for appointments

No night shifts

Other (please specify)

#### 16. What accommodations did you ask for post-birth? And how long were these accommodations?

#### 17. Please enter any comments you have about the DEM parental policy.