**WILLINGNESS TO WORK AMONGST AUSTRALIAN FRONTLINE HEALTHCARE WORKERS DURING AUSTRALIA’S FIRST WAVE OF COVID-19 COMMUNITY TRANSMISSION: SURVEY INSTRUMENT**

**How old are you?**

[sliding scale]

**What is you gender?**

Male

Female

Other

Prefer not to say

**What Australian State or Territory do you presently live and work in?**

Australian Capital Territory

New South Whales

Northern Territory

Queensland

South Australia

Tasmania Victoria

Western Australia

**How would you best describe your primary professional role?**

Medical Doctor

Nurse/Midwife

Paramedic

Other: Please specify [text box]

**Which best describes your primary workplace?**

Hospital

General Practice (GP) clinic

Ambulance Service

Other: Please specify [text box]

**How many years have you been employed in your primary professional role (if more than 30 years, please answer 30)?**

Years [sliding scale]

**Have you been working in your primary professional role during the COVID-19 pandemic?**

Yes

No

**For what reason have you not been working in your primary professional role during the COVID-19 pandemic?**

[text box]

**Have you received any communication from your workplace concerning obligation to work during the pandemic?**

Yes

No

Unsure

**Can you (briefly) describe the nature of this communication?**

[open text]

**To what extent do you agree with the following statements with respect to working during the COVID-19 coronavirus pandemic?**

|  |  |
| --- | --- |
|  | Very strongly agree Very strongly disagree |
|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| I have weighed my professional obligation (I should work) with personal risk (I could get infected, I could infect my family).  |  |  |  |  |  |  |  |
| As a healthcare worker some level of risk regarding exposure to infectious disease is acceptable.  |  |  |  |  |  |  |  |
| My willingness to work at the present time is no different to before the COVID-19 coronavirus pandemic |  |  |  |  |  |  |  |

**To what extent are any of the following aspects negatively impacting your willingness to work at the present time?**

|  |  |
| --- | --- |
|  | Not impacting Highly impacting |
|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Availability of PPE  |  |  |  |  |  |  |  |
| Risk of COVID-19 exposure |  |  |  |  |  |  |  |
| Inability to social distance from family  |  |  |  |  |  |  |  |
| Inability to social distance from other members of the community  |  |  |  |  |  |  |  |
| Concern expressed from family members  |  |  |  |  |  |  |  |
| Caring responsibilities  |  |  |  |  |  |  |  |

**Are there any other issues negatively impacting your willingness to work at the present time not mentioned in the previous question?**

[text box]

**Is there anything your employer could be doing to increase your willingness to work at the present time?**

[text box]

END SURVEY