


Project COVERED

Codebook ▾

Data Dictionary Codebook

06/10/2020 10:37am

^ Collapse all instruments

#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)														
Instrument: Participant Interest Screening Form (participant_interest_screening_form)			 Enabled as survey ^ Collapse														
1	record_id	Record ID <i>ps_1529</i>	text														
2	participate	This project is designed to help us understand the risk of developing COVID-19 among emergency department staff including physicians, nurses and non-clinical ED staff. Your participation in this 12-week project would include: a series of weekly online surveys, 7 blood draws and self-administered nasal swabs to measure COVID-19 exposure (you will be informed of the results) In order to learn as much as we can during this pandemic, we need all participants to be committed to answering all surveys and completing all blood draws and nasal swabs. You will be compensated for your time. Based on your understanding of this project, would you like to continue with the screening process? <i>ps_3948</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Stop actions on 0	1	Yes	0	No										
1	Yes																
0	No																
3	infected_covid	Section Header: <i>COVID-19 Infection</i> Do you believe that you have been personally infected with COVID-19? This includes presumed positive regardless of whether you had testing done. <i>ps_4367</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No										
1	Yes																
0	No																
4	positive_pcr Show the field ONLY if: [infected_covid] = '1'	Have you had a positive COVID-19 PCR test (throat or nose swab) ? <i>ps_1266</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No										
1	Yes																
0	No																
5	ps_covid_antib Show the field ONLY if: [infected_covid]=1	Have you had a positive antibody (blood) test for COVID-19? <i>ps_6013</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No										
1	Yes																
0	No																
6	primary_job	Section Header: <i>Job Information</i> What is your primary job? <i>ps_1995</i>	radio, Required <table><tr><td>1</td><td>Emergency Medicine Attending or Fellow</td></tr><tr><td>2</td><td>Emergency Medicine Resident</td></tr><tr><td>3</td><td>Advanced Practice Provider (PA, NP, CRNA)</td></tr><tr><td>4</td><td>Non-Emergency Medicine Faculty or Fellow</td></tr><tr><td>5</td><td>Non-Emergency Medicine Resident</td></tr><tr><td>6</td><td>Emergency Department Nurse</td></tr><tr><td>7</td><td>Emergency Department Non-Clinical Staff Member (any ED worker with little direct patient contact)</td></tr></table>	1	Emergency Medicine Attending or Fellow	2	Emergency Medicine Resident	3	Advanced Practice Provider (PA, NP, CRNA)	4	Non-Emergency Medicine Faculty or Fellow	5	Non-Emergency Medicine Resident	6	Emergency Department Nurse	7	Emergency Department Non-Clinical Staff Member (any ED worker with little direct patient contact)
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6	Emergency Department Nurse																
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7	primary_job_4cat	Role as four categories	calc Calculation: (if([primary_job]='1', 1, (if([primary_job]='2', 5, (if([primary_job]='4', 1, (if([primary_job]='5', 5, (if([primary_job]='3', 2, (if([primary_job]='6', 3, 4)))))))))) Field Annotation: @HIDDEN																				
8	int_team Show the field ONLY if: [primary_job] = '1' or [primary_job] = '2' or [primary_job] = '3' or [primary_job] = '4' or [primary_job] = '5' or [primary_job] = '6'	Does your institution have a dedicated intubation team for COVID-19 patients who comes to the ED to perform endotracheal intubation? <i>ps_4946</i>	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>I don't know</td></tr> </table>	1	Yes	0	No	2	I don't know														
1	Yes																						
0	No																						
2	I don't know																						
9	member_int_team Show the field ONLY if: [int_team] = '1'	Are you a member of the COVID-19 intubation team? <i>ps_4863</i>	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																
1	Yes																						
0	No																						
10	pt_bedside Show the field ONLY if: [primary_job] = '6'	In your usual nursing practice, do you regularly provide direct patient care in the ED? <i>ps_1469</i>	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																
1	Yes																						
0	No																						
11	non_clin_confirm Show the field ONLY if: [primary_job] = '7'	To be eligible for the project, non-clinical care staff must currently work among caregivers but have: a) no routine close patient contact (i.e., within 6 feet of a patient in which the patient or staff member is not wearing a mask or separated by a barrier [e.g., window]) and b) no prolonged patient contact (i.e., more than 10 minutes per encounter). Please confirm that you meet these criteria as a Non-Clinical Care staff? <i>ps_1900</i>	radio, Required <table border="1"> <tr><td>1</td><td>Yes, I meet these criteria</td></tr> <tr><td>0</td><td>No, I do not meet these criteria</td></tr> </table> Stop actions on 0	1	Yes, I meet these criteria	0	No, I do not meet these criteria																
1	Yes, I meet these criteria																						
0	No, I do not meet these criteria																						
12	non_clin_edtime Show the field ONLY if: [non_clin_confirm] = '1'	How much of your work time (not including breaks) is spent in any emergency department area? <i>ps_5001</i>	radio, Required <table border="1"> <tr><td>1</td><td>0-25%</td></tr> <tr><td>2</td><td>26-50%</td></tr> <tr><td>3</td><td>51-75%</td></tr> <tr><td>4</td><td>76-100%</td></tr> </table>	1	0-25%	2	26-50%	3	51-75%	4	76-100%												
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2	26-50%																						
3	51-75%																						
4	76-100%																						
13	primary_role Show the field ONLY if: [non_clin_confirm] = '1'	Which of the following jobs describes your role best? <i>ps_2474</i>	radio, Required <table border="1"> <tr><td>1</td><td>Unit Clerk - answers and places calls, enter data into the computer, file paperwork</td></tr> <tr><td>2</td><td>Registration/Financial Clerk - obtains initial information from patients, such as contact information, insurance, and general consent for treatment</td></tr> <tr><td>3</td><td>Scribe</td></tr> <tr><td>4</td><td>Technician - stock the care areas and other work without patient contact</td></tr> <tr><td>5</td><td>Social worker</td></tr> <tr><td>6</td><td>Pharmacist - verify orders and communicate with other ED staff without frequent patient contact</td></tr> <tr><td>7</td><td>Case manager or clinical care coordinator</td></tr> <tr><td>8</td><td>Security staff</td></tr> <tr><td>9</td><td>Other administrative staff not described above</td></tr> <tr><td>10</td><td>Other</td></tr> </table>	1	Unit Clerk - answers and places calls, enter data into the computer, file paperwork	2	Registration/Financial Clerk - obtains initial information from patients, such as contact information, insurance, and general consent for treatment	3	Scribe	4	Technician - stock the care areas and other work without patient contact	5	Social worker	6	Pharmacist - verify orders and communicate with other ED staff without frequent patient contact	7	Case manager or clinical care coordinator	8	Security staff	9	Other administrative staff not described above	10	Other
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9	Other administrative staff not described above																						
10	Other																						
14	non_clin_role_other Show the field ONLY if: [primary_role] = '10'	Please describe your job role. <i>ps_5010</i>	text, Required																				

15	int_performed Show the field ONLY if: [primary_job] = '1' or [primary_job] = '2' or [primary_job] = '3' or [primary_job] = '4' or [primary_job] = '5'	How many emergency endotracheal intubations have you personally performed in the last 3 months? Please include intubations in a supervisory capacity if you were within 3 feet of the intubation procedure. <i>ps_4436</i>	radio, Required <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1-3</td></tr> <tr><td>2</td><td>4-6</td></tr> <tr><td>3</td><td>6-10</td></tr> <tr><td>4</td><td>Greater than 10</td></tr> </table>	0	0	1	1-3	2	4-6	3	6-10	4	Greater than 10																														
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1	1-3																																										
2	4-6																																										
3	6-10																																										
4	Greater than 10																																										
16	covid_int Show the field ONLY if: [primary_job] = '1' or [primary_job] = '2' or [primary_job] = '3' or [primary_job] = '4' or [primary_job] = '5'	In your hospital/setting, do you anticipate performing endotracheal intubation in the ED for COVID-19 positive patients in the next 3 months? <i>ps_1195</i>	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																				
1	Yes																																										
0	No																																										
17	cont_employment	Do you intend to be working in your current place of employment through August 2020? <i>ps_4094</i>	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																				
1	Yes																																										
0	No																																										
18	work_site	At which site do you work? <i>ps_2769</i>	dropdown, Required <table border="1"> <tr><td>1</td><td>Allegheny General Hospital</td></tr> <tr><td>2</td><td>Baystate Medical Center</td></tr> <tr><td>3</td><td>Denver Health</td></tr> <tr><td>4</td><td>Detroit Medical Center (Detroit Receiving/Sinai-Grace)</td></tr> <tr><td>5</td><td>Hennepin County Medical Center</td></tr> <tr><td>6</td><td>Jackson Memorial Hospital</td></tr> <tr><td>7</td><td>Johns Hopkins Medical Institute</td></tr> <tr><td>8</td><td>Louisiana State University</td></tr> <tr><td>9</td><td>Mount Sinai Health System (Mount Sinai Manhattan/Elmhurst)</td></tr> <tr><td>10</td><td>Orlando Regional Medical Center</td></tr> <tr><td>11</td><td>UAB Hospital</td></tr> <tr><td>12</td><td>UCLA (Ronald Reagan/Olive View)</td></tr> <tr><td>13</td><td>UCSF Zuckerberg San Francisco General</td></tr> <tr><td>14</td><td>University of Iowa</td></tr> <tr><td>15</td><td>UMass Memorial Medical Center</td></tr> <tr><td>16</td><td>University of Mississippi Medical Center</td></tr> <tr><td>17</td><td>UT Southwestern Medical Center- Parkland Memorial Hospital</td></tr> <tr><td>18</td><td>Thomas Jefferson University</td></tr> <tr><td>19</td><td>Truman Medical Center</td></tr> <tr><td>20</td><td>Washington University/Barnes-Jewish Hospital</td></tr> </table>	1	Allegheny General Hospital	2	Baystate Medical Center	3	Denver Health	4	Detroit Medical Center (Detroit Receiving/Sinai-Grace)	5	Hennepin County Medical Center	6	Jackson Memorial Hospital	7	Johns Hopkins Medical Institute	8	Louisiana State University	9	Mount Sinai Health System (Mount Sinai Manhattan/Elmhurst)	10	Orlando Regional Medical Center	11	UAB Hospital	12	UCLA (Ronald Reagan/Olive View)	13	UCSF Zuckerberg San Francisco General	14	University of Iowa	15	UMass Memorial Medical Center	16	University of Mississippi Medical Center	17	UT Southwestern Medical Center- Parkland Memorial Hospital	18	Thomas Jefferson University	19	Truman Medical Center	20	Washington University/Barnes-Jewish Hospital
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19	avg_wkly_hrs	On average, over the last three months, have you worked at least 24 hours per week? <i>ps_6517</i>	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																				
1	Yes																																										
0	No																																										
20	wkly_hours	Over the next 12 weeks, how many hours per week, on average, do you expect to be working in the ED? <i>ps_1671</i>	radio, Required <table border="1"> <tr><td>1</td><td>Less than 10 hours</td></tr> <tr><td>2</td><td>11-20 hours</td></tr> <tr><td>3</td><td>21-30 hours</td></tr> <tr><td>4</td><td>31-40 hours</td></tr> <tr><td>5</td><td>Over 40 hours</td></tr> </table>	1	Less than 10 hours	2	11-20 hours	3	21-30 hours	4	31-40 hours	5	Over 40 hours																														
1	Less than 10 hours																																										
2	11-20 hours																																										
3	21-30 hours																																										
4	31-40 hours																																										
5	Over 40 hours																																										


21	<div>clin_weeks</div> <div>Show the field ONLY if: [participate] = '1' and ([primary_job] = '1' or [primary_job] = '2' or [primary_job] = '3' or [primary_job] = '4' or [primary_job] = '5' or [primary_job] = '6')</div>	<div>Over the next 12 weeks, how many weeks do you anticipate working clinically in the ED? Please do not include weeks when you have vacation, leaves of absence, sabbatical, academic time, or off-service rotations.</div> <div>ps_4489</div>	<div>radio, Required</div> <table><tr><td>1</td><td>11-12 weeks (every week)</td></tr><tr><td>2</td><td>8-10 weeks</td></tr><tr><td>3</td><td>4-7 weeks</td></tr><tr><td>4</td><td>Fewer than 4 weeks</td></tr></table>	1	11-12 weeks (every week)	2	8-10 weeks	3	4-7 weeks	4	Fewer than 4 weeks
1	11-12 weeks (every week)										
2	8-10 weeks										
3	4-7 weeks										
4	Fewer than 4 weeks										
22	<div>firstname</div>	<div>What is your first name?</div> <div>ps_1152</div>	text, Required, Identifier								
23	<div>lastname</div>	<div>What is your last name?</div> <div>ps_3259</div>	text, Required, Identifier								
24	<div>email</div>	<div>What is your e-mail address?</div> <div>ps_1635</div>	text (email), Required, Identifier								
25	<div>email_verify</div>	<div>Please verify your e-mail address.</div> <div>ps_6704</div>	text (email), Identifier								
26	<div>email_verifymsg</div> <div>Show the field ONLY if: [email_verify]<>" and ([email] <> [email_verify])</div>	<div>Your e-mail addresses does not match, please verify them.</div>	descriptive								
27	<div>pre_screen_eligible</div>	<div>Pre-screen eligible</div>	<div>calc</div> <div>Calculation: (if([primary_job_4cat]='1' or [primary_job_4cat]='2') and [participate]='1' and [infected_covid]='0' and [cont_employment]='1' and [avg_wkly_hrs]='1', 1, (if([primary_job_4cat]='5' and [participate]='1' and [infected_covid]='0' and [avg_wkly_hrs]='1', 1, (if([primary_job_4cat]='3' and [participate]='1' and [infected_covid]='0' and [cont_employment]='1' and [pt_bedside]='1' and [avg_wkly_hrs]='1', 1, (if([primary_job_4cat]='4' and [participate]='1' and [infected_covid]='0' and [cont_employment]='1' and [non_clin_confirm]='1' and ([non_clin_edtime]='3' or [non_clin_edtime]='4') and [avg_wkly_hrs]='1', 1, 0)))))))</div> <div>Field Annotation: @HIDDEN-SURVEY</div>								
28	<div>participant_interest_screening_form_complete</div>	<div>Section Header: Form Status</div> <div>Complete?</div>	<div>dropdown</div> <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete		
0	Incomplete										
1	Unverified										
2	Complete										

Instrument: **Eligibility** (eligibility) Enabled as survey[^ Collapse](#)

29	eligible	This individual is eligible to participate in this project.	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Field Annotation: @HIDDEN-SURVEY	1	Yes	0	No		
1	Yes								
0	No								
30	eligibility_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: **Informed Consent Document** (informed_consent_document) Enabled as survey[^ Collapse](#)

31	consent	<i>ic_2681</i>	descriptive				
32	consent_acknowledge	<p>By selecting 'yes', you acknowledge that you have read the information presented to you, and that you agree to participate in this project.</p> <p><i>ic_2228</i></p>	<p>yesno, Required</p> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <p>Stop actions on 0</p>	1	Yes	0	No
1	Yes						
0	No						

33	informed_consent_document_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete		
0	Incomplete										
1	Unverified										
2	Complete										
Instrument: Participant Enrollment Form (participant_enrollment_form)  Enabled as survey ^ Collapse											
34	pe_comp	Enrollment Compensation	calc Calculation: if([screening_arm_1][primary_job] < 7, 15, 10) Field Annotation: @HIDDEN								
35	pe_survey_name	Survey name	text Field Annotation: @HIDDEN @DEFAULT='Enrollment Form'								
36	pe_date_complete	Enrollment completion date	text (date_mdy) Field Annotation: @HIDDEN-SURVEY @TODAY								
37	name_confirm	Section Header: <i>Personal Information</i> Please confirm that your name is accurate: [screening_arm_1][firstname] [screening_arm_1][lastname] <i>pe_2280</i>	yesno, Required, Identifier <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes										
0	No										
38	name_correction Show the field ONLY if: [name_confirm] = '0'	Please correct your name here <i>pe_1726</i>	text, Required, Identifier								
39	email_confirm	Section Header: <i>Contact Information. The project team needs reliable ways of reaching you quickly (within 24 hours). This information will not be shared outside the project team.</i> Please confirm that your primary e-mail address is accurate: [screening_arm_1][email] <i>pe_1365</i>	yesno, Required, Identifier <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes										
0	No										
40	email_correct Show the field ONLY if: [email_confirm] = '0'	Please correct your e-mail address here <i>pe_2856</i>	text (email), Required								
41	cell_number	Cell phone number (###-###-####) <i>pe_3891</i>	text (phone), Required, Identifier								
42	sec_phone	Please provide a secondary phone number. This could be your office phone number, home phone or an additional cell phone number. (###-###-####) <i>pe_1237</i>	text (phone)								
43	type_sec_phone Show the field ONLY if: [sec_phone] <>""	What type of phone number is this? <i>pe_1916</i>	radio <table border="1"> <tr><td>1</td><td>Home</td></tr> <tr><td>2</td><td>Office</td></tr> <tr><td>3</td><td>Secondary cell phone</td></tr> <tr><td>4</td><td>Other</td></tr> </table>	1	Home	2	Office	3	Secondary cell phone	4	Other
1	Home										
2	Office										
3	Secondary cell phone										
4	Other										
44	other_secondary_phone Show the field ONLY if: [type_sec_phone] = '4'	Please specify what type of phone this is. <i>pe_4840</i>	text								
45	comm_preference	Please select your communication preference for site coordinators. <i>pe_6432</i>	radio <table border="1"> <tr><td>1</td><td>E-mail</td></tr> <tr><td>2</td><td>Cell phone</td></tr> <tr><td>3</td><td>Secondary phone number</td></tr> </table>	1	E-mail	2	Cell phone	3	Secondary phone number		
1	E-mail										
2	Cell phone										
3	Secondary phone number										
46	street_address	Section Header: <i>Please provide your mailing address. This will be used for mailing compensation.</i> Please provide your street address (include apt/unit# as applicable) <i>pe_3295</i>	text, Required, Identifier								
47	city_address	Please provide your city. <i>pe_1391</i>	text, Required, Identifier								
48	state_address	Please provide your state. <i>pe_1392</i>	dropdown, Required, Identifier <table border="1"> <tr><td>AL</td><td>Alabama</td></tr> <tr><td>AK</td><td>Alaska</td></tr> </table>	AL	Alabama	AK	Alaska				
AL	Alabama										
AK	Alaska										

AZ	Arizona
AR	Arkansas
CA	California
CO	Colorado
CT	Connecticut
DE	Delaware
DC	District of Columbia
FL	Florida
GA	Georgia
HI	Hawaii
ID	Idaho
IL	Illinois
IN	Indiana
IA	Iowa
KS	Kansas
KY	Kentucky
LA	Louisiana
ME	Maine
MD	Maryland
MA	Massachusetts
MI	Michigan
MN	Minnesota
MS	Mississippi
MO	Missouri
MT	Montana
NE	Nebraska
NV	Nevada
NH	New Hampshire
NJ	New Jersey
NM	New Mexico
NY	New York
NC	North Carolina
ND	North Dakota
OH	Ohio
OK	Oklahoma
OR	Oregon
PA	Pennsylvania
RI	Rhode Island
SC	South Carolina
SD	South Dakota
TN	Tennessee
TX	Texas
UT	Utah
VT	Vermont
VA	Virginia
WA	Washington
WV	West Virginia
WI	Wisconsin
WY	Wyoming

49	zip_address	Please provide your zip code. <i>pe_2607</i>	text (zipcode), Required, Identifier																		
50	em_contact1_name	Section Header: <i>Emergency contact information. We would also like to collect a few other ways to reach you, just in case we can't reach you by the above means. This contact information will not be released outside the project and we will not contact these people unless we are unable to reach you after multiple attempts. We will not release any information regarding your project participation or test results to your emergency contacts.</i> Emergency Contact 1: Name <i>pe_3164</i>	text, Required, Identifier																		
51	em_contact1_phone	Emergency Contact 1: Phone number <i>pe_1881</i>	text (phone), Required, Identifier																		
52	em_contact1_email	Emergency Contact 1: E-mail address <i>pe_2755</i>	text (email), Identifier																		
53	em_contact2_name	Emergency Contact 2: Name <i>pe_2195</i>	text, Identifier																		
54	em_contact2_phone	Emergency Contact 2: Phone number <i>pe_3063</i>	text (phone), Identifier																		
55	em_contact2_email	Emergency Contact 2: E-mail address <i>pe_4447</i>	text (email), Identifier																		
56	dob	Section Header: <i>Demographics</i> What is your date of birth (M-D-Y)? <i>pe_4534</i>	text (date_mdy, Min: 1940-01-01, Max: 2000-01-01), Required, Identifier Field Annotation: @HIDEBUTTON																		
57	gender	What is your gender? <i>pe_2094</i>	radio, Required <table><tr><td>1</td><td>Male</td></tr><tr><td>2</td><td>Female</td></tr><tr><td>3</td><td>Transgender Male</td></tr><tr><td>4</td><td>Transgender Female</td></tr><tr><td>5</td><td>Gender Variant/Non-Conforming</td></tr><tr><td>6</td><td>Not Listed</td></tr><tr><td>7</td><td>Prefer Not to Answer</td></tr></table>	1	Male	2	Female	3	Transgender Male	4	Transgender Female	5	Gender Variant/Non-Conforming	6	Not Listed	7	Prefer Not to Answer				
1	Male																				
2	Female																				
3	Transgender Male																				
4	Transgender Female																				
5	Gender Variant/Non-Conforming																				
6	Not Listed																				
7	Prefer Not to Answer																				
58	gender_no_listed Show the field ONLY if: [gender]='6'	What gender identity do you most identify with? <i>pe_4640</i>	text																		
59	race	What is your race? [Check all that apply] <i>pe_2338</i>	checkbox <table><tr><td>1</td><td>race__1</td><td>White</td></tr><tr><td>2</td><td>race__2</td><td>Black or African American</td></tr><tr><td>3</td><td>race__3</td><td>American Indian or Alaska Native</td></tr><tr><td>4</td><td>race__4</td><td>Asian</td></tr><tr><td>5</td><td>race__5</td><td>Native Hawaiian or Other Pacific Islander</td></tr><tr><td>6</td><td>race__6</td><td>Other</td></tr></table>	1	race__1	White	2	race__2	Black or African American	3	race__3	American Indian or Alaska Native	4	race__4	Asian	5	race__5	Native Hawaiian or Other Pacific Islander	6	race__6	Other
1	race__1	White																			
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4	race__4	Asian																			
5	race__5	Native Hawaiian or Other Pacific Islander																			
6	race__6	Other																			
60	race_other Show the field ONLY if: [race(6)] = '1'	Please indicate your race. <i>pe_4751</i>	text																		
61	ethnicity	What is your ethnicity? <i>pe_3899</i>	radio <table><tr><td>1</td><td>Hispanic or Latino</td></tr><tr><td>2</td><td>Not Hispanic or Latino</td></tr></table>	1	Hispanic or Latino	2	Not Hispanic or Latino														
1	Hispanic or Latino																				
2	Not Hispanic or Latino																				
62	medical_school Show the field ONLY if: [screening_arm_1][primary_job] = '1' or [screening_arm_1][primary_job] = '2' or [screening_arm_1][primary_job] = '3' or [screening_arm_1][primary_job] = '4' or [screening_arm_1][primary_job] = '5'	Section Header: <i>Practice Characteristics</i> What year did you graduate from medical school or with your advanced practice provider degree? <i>pe_2579</i>	text (number, Min: 1970, Max: 2019), Required																		

63	<p>practice_speciality</p> <p>Show the field ONLY if: [screening_arm_1][primary_job] = '1' or [screening_arm_1][primary_job] = '2' or [screening_arm_1][primary_job] = '3' or [screening_arm_1][primary_job] = '4' or [screening_arm_1][primary_job] = '5'</p>	<p>What is your primary practice specialty? If you are an emergency physician (regardless of other practice settings), please select "Emergency Medicine".</p> <p><i>pe_1042</i></p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Emergency Medicine</td></tr> <tr><td>2</td><td>Critical Care Medicine</td></tr> <tr><td>3</td><td>Internal Medicine</td></tr> <tr><td>4</td><td>Pediatrics</td></tr> <tr><td>5</td><td>Anesthesiology</td></tr> <tr><td>6</td><td>Other</td></tr> </table>	1	Emergency Medicine	2	Critical Care Medicine	3	Internal Medicine	4	Pediatrics	5	Anesthesiology	6	Other
1	Emergency Medicine														
2	Critical Care Medicine														
3	Internal Medicine														
4	Pediatrics														
5	Anesthesiology														
6	Other														
64	<p>other_practice_specialty</p> <p>Show the field ONLY if: [practice_speciality] = '6'</p>	<p>Please indicate your practice specialty here</p> <p><i>pe_4107</i></p>	<p>text</p>												
65	<p>nursing_school</p> <p>Show the field ONLY if: [screening_arm_1][primary_job] = '6'</p>	<p>What year did you graduate from nursing school (when did you first receive your RN or similar certification)?</p> <p><i>pe_4986</i></p>	<p>text, Required</p>												
66	<p>practice_level</p> <p>Show the field ONLY if: [screening_arm_1][primary_job] = '1' or [screening_arm_1][primary_job] = '2' or [screening_arm_1][primary_job] = '3' or [screening_arm_1][primary_job] = '4' or [screening_arm_1][primary_job] = '5'</p>	<p>At what level of training/practice are you?</p> <p><i>pe_1852</i></p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Attending/Advanced Practice Provider</td></tr> <tr><td>2</td><td>First-year resident</td></tr> <tr><td>3</td><td>Second-year resident</td></tr> <tr><td>4</td><td>Third- or fourth-year resident</td></tr> <tr><td>5</td><td>Fellow</td></tr> </table>	1	Attending/Advanced Practice Provider	2	First-year resident	3	Second-year resident	4	Third- or fourth-year resident	5	Fellow		
1	Attending/Advanced Practice Provider														
2	First-year resident														
3	Second-year resident														
4	Third- or fourth-year resident														
5	Fellow														
67	<p>est_career_intubation</p> <p>Show the field ONLY if: [screening_arm_1][primary_job] = '1' or [screening_arm_1][primary_job] = '2' or [screening_arm_1][primary_job] = '3' or [screening_arm_1][primary_job] = '4' or [screening_arm_1][primary_job] = '5'</p>	<p>In your career, estimate how many intubations have you personally performed?</p> <p><i>pe_3210</i></p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>10 or fewer</td></tr> <tr><td>2</td><td>11-30</td></tr> <tr><td>3</td><td>31-60</td></tr> <tr><td>4</td><td>61-100</td></tr> <tr><td>5</td><td>101-200</td></tr> <tr><td>6</td><td>Over 200</td></tr> </table>	1	10 or fewer	2	11-30	3	31-60	4	61-100	5	101-200	6	Over 200
1	10 or fewer														
2	11-30														
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4	61-100														
5	101-200														
6	Over 200														
68	<p>baseline_avg_clinical_hrs</p> <p>Show the field ONLY if: [screening_arm_1][primary_job] = '1' or [screening_arm_1][primary_job] = '2' or [screening_arm_1][primary_job] = '3' or [screening_arm_1][primary_job] = '4' or [screening_arm_1][primary_job] = '5' or [screening_arm_1][primary_job] = '6'</p>	<p>On average, over the last 2 weeks, not including today, how many clinical hours have you worked per week?</p> <p><i>pe_4577</i></p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>10 or fewer</td></tr> <tr><td>2</td><td>11-20</td></tr> <tr><td>3</td><td>21-30</td></tr> <tr><td>4</td><td>31-40</td></tr> <tr><td>5</td><td>Over 40</td></tr> </table>	1	10 or fewer	2	11-20	3	21-30	4	31-40	5	Over 40		
1	10 or fewer														
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3	21-30														
4	31-40														
5	Over 40														
69	<p>baseline_avg_nonclinical_hrs</p> <p>Show the field ONLY if: [screening_arm_1][primary_job] = '7'</p>	<p>On average, over the last 2 weeks, not including today, how many hours have you worked in the ED per week?</p> <p><i>pe_4578</i></p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>10 or fewer</td></tr> <tr><td>2</td><td>11-20</td></tr> <tr><td>3</td><td>21-30</td></tr> <tr><td>4</td><td>31-40</td></tr> <tr><td>5</td><td>Over 40</td></tr> </table>	1	10 or fewer	2	11-20	3	21-30	4	31-40	5	Over 40		
1	10 or fewer														
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3	21-30														
4	31-40														
5	Over 40														
70	<p>baseline_fatigue</p> <p>Show the field ONLY if: [screening_arm_1][primary_job] = '1' or [screening_arm_1][primary_job] = '2' or [screening_arm_1][primary_job] = '3' or [screening_arm_1][primary_job] = '4' or [screening_arm_1][primary_job] = '5' or [screening_arm_1][primary_job] = '6'</p>	<p>Based on your current work schedule, how fatigued (physically, mentally or emotionally) do you feel while you are at work?</p> <p><i>pe_4347</i></p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little</td></tr> <tr><td>3</td><td>Somewhat</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>Very fatigued</td></tr> </table>	1	Not at all	2	A little	3	Somewhat	4	A lot	5	Very fatigued		
1	Not at all														
2	A little														
3	Somewhat														
4	A lot														
5	Very fatigued														

71	<p>baseline_ppe_training</p> <p>Show the field ONLY if: [screening_arm_1][primary_job] = '1' or [screening_arm_1][primary_job] = '2' or [screening_arm_1][primary_job] = '3' or [screening_arm_1][primary_job] = '4' or [screening_arm_1][primary_job] = '5' or [screening_arm_1][primary_job] = '6'</p>	<p>Section Header: <i>Use of personal protective equipment (PPE)</i></p> <p>What type of training have you had in the use of PPE at your current place of employment [check all that apply]? <i>pe_3161</i></p>	<p>checkbox, Required</p> <table border="1"> <tr> <td>0</td> <td>baseline_ppe_training__0</td> <td>None - I have not completed any online training or employer required/directed training</td> </tr> <tr> <td>1</td> <td>baseline_ppe_training__1</td> <td>Self-taught using online training</td> </tr> <tr> <td>2</td> <td>baseline_ppe_training__2</td> <td>Online training (video, reading material) required/directed by employer</td> </tr> <tr> <td>3</td> <td>baseline_ppe_training__3</td> <td>In-person group demonstration in which I only watched</td> </tr> <tr> <td>4</td> <td>baseline_ppe_training__4</td> <td>In-person group session in which I was observed putting PPE on and removing it properly</td> </tr> <tr> <td>5</td> <td>baseline_ppe_training__5</td> <td>In-person individual demonstration in which I only watched</td> </tr> <tr> <td>6</td> <td>baseline_ppe_training__6</td> <td>In-person individual session in which I was observed putting PPE on and removing it properly</td> </tr> </table> <p>Field Annotation: @NONEOFTHEABOVE = '0'</p>	0	baseline_ppe_training__0	None - I have not completed any online training or employer required/directed training	1	baseline_ppe_training__1	Self-taught using online training	2	baseline_ppe_training__2	Online training (video, reading material) required/directed by employer	3	baseline_ppe_training__3	In-person group demonstration in which I only watched	4	baseline_ppe_training__4	In-person group session in which I was observed putting PPE on and removing it properly	5	baseline_ppe_training__5	In-person individual demonstration in which I only watched	6	baseline_ppe_training__6	In-person individual session in which I was observed putting PPE on and removing it properly
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6	baseline_ppe_training__6	In-person individual session in which I was observed putting PPE on and removing it properly																						
72	<p>comfort_ppe_use</p> <p>Show the field ONLY if: [screening_arm_1][primary_job] = '1' or [screening_arm_1][primary_job] = '2' or [screening_arm_1][primary_job] = '3' or [screening_arm_1][primary_job] = '4' or [screening_arm_1][primary_job] = '5' or [screening_arm_1][primary_job] = '6'</p>	<p>Please rate your comfort with being able to use recommended PPE without contaminating yourself. <i>pe_4700</i></p>	<p>radio, Required</p> <table border="1"> <tr> <td>1</td> <td>Very comfortable</td> </tr> <tr> <td>2</td> <td>Somewhat comfortable</td> </tr> <tr> <td>3</td> <td>Somewhat uncomfortable</td> </tr> <tr> <td>4</td> <td>Very uncomfortable</td> </tr> </table>	1	Very comfortable	2	Somewhat comfortable	3	Somewhat uncomfortable	4	Very uncomfortable													
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3	Somewhat uncomfortable																							
4	Very uncomfortable																							
73	<p>ppe_protocol_confidence</p> <p>Show the field ONLY if: [screening_arm_1][primary_job] = '1' or [screening_arm_1][primary_job] = '2' or [screening_arm_1][primary_job] = '3' or [screening_arm_1][primary_job] = '4' or [screening_arm_1][primary_job] = '5' or [screening_arm_1][primary_job] = '6'</p>	<p>Please rate your confidence in your facility's PPE protocol: <i>pe_1793</i></p>	<p>radio</p> <table border="1"> <tr> <td>1</td> <td>I am confident that our PPE protocol will keep me completely safe.</td> </tr> <tr> <td>2</td> <td>I think my facility's protocol puts me at risk and that I should use better PPE than is available, or more often than required by protocol.</td> </tr> <tr> <td>3</td> <td>I think my facility's PPE protocol is too restrictive, and I feel that I can safely practice without wearing PPE every time that it is required by my institution's protocol.</td> </tr> <tr> <td>4</td> <td>I am unsure about the safety of our PPE protocol and feel neither safe or unsafe.</td> </tr> </table>	1	I am confident that our PPE protocol will keep me completely safe.	2	I think my facility's protocol puts me at risk and that I should use better PPE than is available, or more often than required by protocol.	3	I think my facility's PPE protocol is too restrictive, and I feel that I can safely practice without wearing PPE every time that it is required by my institution's protocol.	4	I am unsure about the safety of our PPE protocol and feel neither safe or unsafe.													
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74	<p>fitted_n95</p> <p>Show the field ONLY if: [screening_arm_1][primary_job] = '1' or [screening_arm_1][primary_job] = '2' or [screening_arm_1][primary_job] = '3' or [screening_arm_1][primary_job] = '4' or [screening_arm_1][primary_job] = '5' or [screening_arm_1][primary_job] = '6'</p>	<p>I have been fit-tested for an N95 mask/respirator or powered air-purifying respirator (PAPR) within the last 12 months. <i>pe_3343</i></p>	<p>yesno, Required</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																	
1	Yes																							
0	No																							

75	<p>ppe_nonptcare</p> <p>Show the field ONLY if: [screening_arm_1][primary_job] = '1' or [screening_arm_1][primary_job] = '2' or [screening_arm_1][primary_job] = '3' or [screening_arm_1][primary_job] = '4' or [screening_arm_1][primary_job] = '5' or [screening_arm_1][primary_job] = '6'</p>	<p>When you are in your ED but not providing patient care (e.g., charting, making telephone calls, etc.), what personal precautions are you currently using [check all that apply]? <i>pe_2273</i></p>	<p>checkbox, Required</p> <table border="1"> <tr><td>1</td><td>ppe_nonptcare__1</td><td>Standard precautions (handwashing, distancing from patients)</td></tr> <tr><td>2</td><td>ppe_nonptcare__2</td><td>Reusable face shields</td></tr> <tr><td>3</td><td>ppe_nonptcare__3</td><td>Disposable face-shields (single use)</td></tr> <tr><td>4</td><td>ppe_nonptcare__4</td><td>Safety glasses/goggles</td></tr> <tr><td>5</td><td>ppe_nonptcare__5</td><td>Surgical masks</td></tr> <tr><td>6</td><td>ppe_nonptcare__6</td><td>Reusable fabric masks</td></tr> <tr><td>7</td><td>ppe_nonptcare__7</td><td>N-95 masks/respirators</td></tr> <tr><td>16</td><td>ppe_nonptcare__16</td><td>Elastomeric respirators</td></tr> <tr><td>8</td><td>ppe_nonptcare__8</td><td>Powered air-purifying respirator systems (PAPR, CAPR)</td></tr> <tr><td>9</td><td>ppe_nonptcare__9</td><td>Disposable surgical hat</td></tr> <tr><td>10</td><td>ppe_nonptcare__10</td><td>Reusable surgical hat</td></tr> <tr><td>11</td><td>ppe_nonptcare__11</td><td>Standard disposable isolation gown</td></tr> <tr><td>12</td><td>ppe_nonptcare__12</td><td>Full-body impermeable suit</td></tr> <tr><td>13</td><td>ppe_nonptcare__13</td><td>Gloves</td></tr> <tr><td>14</td><td>ppe_nonptcare__14</td><td>Double gloves</td></tr> <tr><td>15</td><td>ppe_nonptcare__15</td><td>Foot coverings</td></tr> <tr><td>0</td><td>ppe_nonptcare__0</td><td>None of the above</td></tr> </table> <p>Field Annotation: @NONEOFTHEABOVE = '0'</p>	1	ppe_nonptcare__1	Standard precautions (handwashing, distancing from patients)	2	ppe_nonptcare__2	Reusable face shields	3	ppe_nonptcare__3	Disposable face-shields (single use)	4	ppe_nonptcare__4	Safety glasses/goggles	5	ppe_nonptcare__5	Surgical masks	6	ppe_nonptcare__6	Reusable fabric masks	7	ppe_nonptcare__7	N-95 masks/respirators	16	ppe_nonptcare__16	Elastomeric respirators	8	ppe_nonptcare__8	Powered air-purifying respirator systems (PAPR, CAPR)	9	ppe_nonptcare__9	Disposable surgical hat	10	ppe_nonptcare__10	Reusable surgical hat	11	ppe_nonptcare__11	Standard disposable isolation gown	12	ppe_nonptcare__12	Full-body impermeable suit	13	ppe_nonptcare__13	Gloves	14	ppe_nonptcare__14	Double gloves	15	ppe_nonptcare__15	Foot coverings	0	ppe_nonptcare__0	None of the above
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76	<p>ppe_noncovid</p> <p>Show the field ONLY if: [screening_arm_1][primary_job] = '1' or [screening_arm_1][primary_job] = '2' or [screening_arm_1][primary_job] = '3' or [screening_arm_1][primary_job] = '4' or [screening_arm_1][primary_job] = '5' or [screening_arm_1][primary_job] = '6'</p>	<p>When you are providing direct patient care in non-COVID-19 suspected patients, what precautions are you currently using [check all that apply]? <i>pe_2763</i></p>	<p>checkbox, Required</p> <table border="1"> <tr><td>1</td><td>ppe_noncovid__1</td><td>Standard precautions (handwashing, distancing from patients)</td></tr> <tr><td>2</td><td>ppe_noncovid__2</td><td>Reusable face shields</td></tr> <tr><td>3</td><td>ppe_noncovid__3</td><td>Disposable face-shields (single use)</td></tr> <tr><td>4</td><td>ppe_noncovid__4</td><td>Safety glasses/goggles</td></tr> <tr><td>5</td><td>ppe_noncovid__5</td><td>Surgical masks</td></tr> <tr><td>6</td><td>ppe_noncovid__6</td><td>Reusable fabric masks</td></tr> <tr><td>7</td><td>ppe_noncovid__7</td><td>N-95 masks/respirators</td></tr> <tr><td>16</td><td>ppe_noncovid__16</td><td>Elastomeric respirators</td></tr> <tr><td>8</td><td>ppe_noncovid__8</td><td>Powered positive-pressure air purification systems (PAPR, CAPR, etc.)</td></tr> <tr><td>9</td><td>ppe_noncovid__9</td><td>Disposable surgical hat</td></tr> <tr><td>10</td><td>ppe_noncovid__10</td><td>Reusable surgical hat</td></tr> <tr><td>11</td><td>ppe_noncovid__11</td><td>Standard disposable isolation gown</td></tr> <tr><td>12</td><td>ppe_noncovid__12</td><td>Full-body impermeable suit</td></tr> <tr><td>13</td><td>ppe_noncovid__13</td><td>Gloves</td></tr> <tr><td>14</td><td>ppe_noncovid__14</td><td>Double gloves</td></tr> <tr><td>15</td><td>ppe_noncovid__15</td><td>Foot coverings</td></tr> <tr><td>0</td><td>ppe_noncovid__0</td><td>None of the above</td></tr> </table> <p>Field Annotation: @NONEOFTHEABOVE=0</p>	1	ppe_noncovid__1	Standard precautions (handwashing, distancing from patients)	2	ppe_noncovid__2	Reusable face shields	3	ppe_noncovid__3	Disposable face-shields (single use)	4	ppe_noncovid__4	Safety glasses/goggles	5	ppe_noncovid__5	Surgical masks	6	ppe_noncovid__6	Reusable fabric masks	7	ppe_noncovid__7	N-95 masks/respirators	16	ppe_noncovid__16	Elastomeric respirators	8	ppe_noncovid__8	Powered positive-pressure air purification systems (PAPR, CAPR, etc.)	9	ppe_noncovid__9	Disposable surgical hat	10	ppe_noncovid__10	Reusable surgical hat	11	ppe_noncovid__11	Standard disposable isolation gown	12	ppe_noncovid__12	Full-body impermeable suit	13	ppe_noncovid__13	Gloves	14	ppe_noncovid__14	Double gloves	15	ppe_noncovid__15	Foot coverings	0	ppe_noncovid__0	None of the above
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78	<p>ppe_aerosol_covid</p> <p>Show the field ONLY if: [screening_arm_1][primary_job] = '1' or [screening_arm_1][primary_job] = '2' or [screening_arm_1][primary_job] = '3' or [screening_arm_1][primary_job] = '4' or [screening_arm_1][primary_job] = '5' or [screening_arm_1][primary_job] = '6'</p>	<p>When you are performing or within 6 feet of an aerosol-generating procedure for a confirmed or suspected COVID-19 patient, what precautions are you currently using [check all that apply]? Commonly performed medical procedures that are often considered AGPs, or that create uncontrolled respiratory secretions, include: open suctioning of airways sputum induction cardiopulmonary resuscitation endotracheal intubation and extubation non-invasive ventilation (e.g., BiPAP, CPAP) bronchoscopy manual ventilation</p> <p><i>pe_3175</i></p>	<p>checkbox, Required</p> <table border="1"> <tr><td>1</td><td>ppe_aerosol_covid__1</td><td>Standard precautions (handwashing, distancing from patients)</td></tr> <tr><td>2</td><td>ppe_aerosol_covid__2</td><td>Reusable face shields</td></tr> <tr><td>3</td><td>ppe_aerosol_covid__3</td><td>Disposable face-shields (single use)</td></tr> <tr><td>4</td><td>ppe_aerosol_covid__4</td><td>Safety glasses/goggles</td></tr> <tr><td>5</td><td>ppe_aerosol_covid__5</td><td>Surgical masks</td></tr> <tr><td>6</td><td>ppe_aerosol_covid__6</td><td>Reusable fabric masks</td></tr> <tr><td>7</td><td>ppe_aerosol_covid__7</td><td>N-95 masks/respirators</td></tr> <tr><td>16</td><td>ppe_aerosol_covid__16</td><td>Elastomeric respirators</td></tr> <tr><td>8</td><td>ppe_aerosol_covid__8</td><td>Powered positive-pressure air purification systems (PAPR, CAPR, etc.)</td></tr> <tr><td>9</td><td>ppe_aerosol_covid__9</td><td>Disposable surgical hat</td></tr> <tr><td>10</td><td>ppe_aerosol_covid__10</td><td>Reusable surgical hat</td></tr> <tr><td>11</td><td>ppe_aerosol_covid__11</td><td>Standard disposable isolation gown</td></tr> <tr><td>12</td><td>ppe_aerosol_covid__12</td><td>Full-body impermeable suit</td></tr> <tr><td>13</td><td>ppe_aerosol_covid__13</td><td>Gloves</td></tr> <tr><td>14</td><td>ppe_aerosol_covid__14</td><td>Double gloves</td></tr> <tr><td>15</td><td>ppe_aerosol_covid__15</td><td>Foot coverings</td></tr> </table>	1	ppe_aerosol_covid__1	Standard precautions (handwashing, distancing from patients)	2	ppe_aerosol_covid__2	Reusable face shields	3	ppe_aerosol_covid__3	Disposable face-shields (single use)	4	ppe_aerosol_covid__4	Safety glasses/goggles	5	ppe_aerosol_covid__5	Surgical masks	6	ppe_aerosol_covid__6	Reusable fabric masks	7	ppe_aerosol_covid__7	N-95 masks/respirators	16	ppe_aerosol_covid__16	Elastomeric respirators	8	ppe_aerosol_covid__8	Powered positive-pressure air purification systems (PAPR, CAPR, etc.)	9	ppe_aerosol_covid__9	Disposable surgical hat	10	ppe_aerosol_covid__10	Reusable surgical hat	11	ppe_aerosol_covid__11	Standard disposable isolation gown	12	ppe_aerosol_covid__12	Full-body impermeable suit	13	ppe_aerosol_covid__13	Gloves	14	ppe_aerosol_covid__14	Double gloves	15	ppe_aerosol_covid__15	Foot coverings
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79	<p>baseline_reusing_ppe</p> <p>Show the field ONLY if: [screening_arm_1][primary_job] = '1' or [screening_arm_1][primary_job] = '2' or [screening_arm_1][primary_job] = '3' or [screening_arm_1][primary_job] = '4' or [screening_arm_1][primary_job] = '5' or [screening_arm_1][primary_job] = '6'</p>	<p>Is your ED currently reusing disposable PPE that you would not have been reusing prior to the COVID-19 outbreak?</p> <p>pe_2666</p>	<p>yesno, Required</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																										
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80	<p>baseline_reuse_ppe</p> <p>Show the field ONLY if: [baseline_reusing_ppe] = '1'</p>	<p>Please check all of the following that you are reusing:</p> <p>pe_4204</p>	<p>checkbox, Required</p> <table border="1"> <tr> <td>3</td> <td>baseline_reuse_ppe__3</td> <td>Disposable face-shields (single use)</td> </tr> <tr> <td>4</td> <td>baseline_reuse_ppe__4</td> <td>Safety glasses/goggles</td> </tr> <tr> <td>5</td> <td>baseline_reuse_ppe__5</td> <td>Surgical masks</td> </tr> <tr> <td>7</td> <td>baseline_reuse_ppe__7</td> <td>N-95 masks/respirators</td> </tr> <tr> <td>16</td> <td>baseline_reuse_ppe__16</td> <td>Elastomeric respirators</td> </tr> <tr> <td>8</td> <td>baseline_reuse_ppe__8</td> <td>Face shield/hood/shroud for powered air-purifying respirator systems(PAPR, CAPR, etc.)</td> </tr> <tr> <td>11</td> <td>baseline_reuse_ppe__11</td> <td>Standard disposable isolation gown</td> </tr> <tr> <td>12</td> <td>baseline_reuse_ppe__12</td> <td>Full-body impermeable suit</td> </tr> <tr> <td>13</td> <td>baseline_reuse_ppe__13</td> <td>Gloves</td> </tr> <tr> <td>15</td> <td>baseline_reuse_ppe__15</td> <td>Foot coverings</td> </tr> </table>	3	baseline_reuse_ppe__3	Disposable face-shields (single use)	4	baseline_reuse_ppe__4	Safety glasses/goggles	5	baseline_reuse_ppe__5	Surgical masks	7	baseline_reuse_ppe__7	N-95 masks/respirators	16	baseline_reuse_ppe__16	Elastomeric respirators	8	baseline_reuse_ppe__8	Face shield/hood/shroud for powered air-purifying respirator systems(PAPR, CAPR, etc.)	11	baseline_reuse_ppe__11	Standard disposable isolation gown	12	baseline_reuse_ppe__12	Full-body impermeable suit	13	baseline_reuse_ppe__13	Gloves	15	baseline_reuse_ppe__15	Foot coverings
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81	<p>baseline_ppe_shortage</p> <p>Show the field ONLY if: [screening_arm_1][primary_job] = '1' or [screening_arm_1][primary_job] = '2' or [screening_arm_1][primary_job] = '3' or [screening_arm_1][primary_job] = '4' or [screening_arm_1][primary_job] = '5' or [screening_arm_1][primary_job] = '6'</p>	<p>In the last 1 week, not including today, has your ED had sufficient PPE for clinical use?</p> <p>pe_4831</p>	<p>yesno, Required</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																										
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82	baseline_ppe_runout Show the field ONLY if: [baseline_ppe_shortage] = '0'	Please check all of the following PPE that have been out of stock or otherwise unavailable for clinical use: <i>pe_1718</i>	checkbox, Required <table border="1"> <tr> <td>2</td> <td>baseline_ppe_runout__2</td> <td>Reusable face shields</td> </tr> <tr> <td>3</td> <td>baseline_ppe_runout__3</td> <td>Disposable face-shields (single use)</td> </tr> <tr> <td>4</td> <td>baseline_ppe_runout__4</td> <td>Safety glasses/goggles</td> </tr> <tr> <td>5</td> <td>baseline_ppe_runout__5</td> <td>Surgical masks</td> </tr> <tr> <td>6</td> <td>baseline_ppe_runout__6</td> <td>Reusable fabric masks</td> </tr> <tr> <td>7</td> <td>baseline_ppe_runout__7</td> <td>N-95 masks/respirators</td> </tr> <tr> <td>16</td> <td>baseline_ppe_runout__16</td> <td>Elastomeric respirators</td> </tr> <tr> <td>8</td> <td>baseline_ppe_runout__8</td> <td>Powered air-purifying respirator systems (PAPR, CAPR, etc.)</td> </tr> <tr> <td>9</td> <td>baseline_ppe_runout__9</td> <td>Disposable surgical hat</td> </tr> <tr> <td>10</td> <td>baseline_ppe_runout__10</td> <td>Reusable surgical hat</td> </tr> <tr> <td>11</td> <td>baseline_ppe_runout__11</td> <td>Standard disposable isolation gown</td> </tr> <tr> <td>12</td> <td>baseline_ppe_runout__12</td> <td>Full-body impermeable suit</td> </tr> <tr> <td>13</td> <td>baseline_ppe_runout__13</td> <td>Gloves</td> </tr> <tr> <td>15</td> <td>baseline_ppe_runout__15</td> <td>Foot coverings</td> </tr> </table>	2	baseline_ppe_runout__2	Reusable face shields	3	baseline_ppe_runout__3	Disposable face-shields (single use)	4	baseline_ppe_runout__4	Safety glasses/goggles	5	baseline_ppe_runout__5	Surgical masks	6	baseline_ppe_runout__6	Reusable fabric masks	7	baseline_ppe_runout__7	N-95 masks/respirators	16	baseline_ppe_runout__16	Elastomeric respirators	8	baseline_ppe_runout__8	Powered air-purifying respirator systems (PAPR, CAPR, etc.)	9	baseline_ppe_runout__9	Disposable surgical hat	10	baseline_ppe_runout__10	Reusable surgical hat	11	baseline_ppe_runout__11	Standard disposable isolation gown	12	baseline_ppe_runout__12	Full-body impermeable suit	13	baseline_ppe_runout__13	Gloves	15	baseline_ppe_runout__15	Foot coverings
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83	ppe_removal_monitor Show the field ONLY if: [screening_arm_1][primary_job] = '1' or [screening_arm_1][primary_job] = '2' or [screening_arm_1][primary_job] = '3' or [screening_arm_1][primary_job] = '4' or [screening_arm_1][primary_job] = '5' or [screening_arm_1][primary_job] = '6'	In your ED, is PPE doffing (removal) monitored by an observer to identify breaks in doffing technique after care for COVID-19 patients? <i>pe_1582</i>	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																																						
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84	scenario1 Show the field ONLY if: [screening_arm_1][primary_job] = '1' or [screening_arm_1][primary_job] = '2' or [screening_arm_1][primary_job] = '3' or [screening_arm_1][primary_job] = '4' or [screening_arm_1][primary_job] = '5' or [screening_arm_1][primary_job] = '6'	Consider the following scenario: You care for a 65-year old patient with shortness of breath and orthopnea thought to be related to heart failure. Vital signs show oxygen saturation of 90% and respiratory rate of 28. After your initial assessment, how do you decontaminate yourself when you leave the patient's room? [choose answer that best applies] <i>pe_4415</i>	radio, Required <table border="1"> <tr> <td>1</td> <td>I remove none of my PPE for the entire shift.</td> </tr> <tr> <td>2</td> <td>I remove some of my PPE (gloves, gown), but reuse some of my PPE (masks).</td> </tr> <tr> <td>3</td> <td>I remove all my PPE between patients and replace PPE before the next patient.</td> </tr> </table>	1	I remove none of my PPE for the entire shift.	2	I remove some of my PPE (gloves, gown), but reuse some of my PPE (masks).	3	I remove all my PPE between patients and replace PPE before the next patient.																																				
1	I remove none of my PPE for the entire shift.																																												
2	I remove some of my PPE (gloves, gown), but reuse some of my PPE (masks).																																												
3	I remove all my PPE between patients and replace PPE before the next patient.																																												

85	baseline_hh_betweenpts Show the field ONLY if: [screening_arm_1][primary_job] = '1' or [screening_arm_1][primary_job] = '2' or [screening_arm_1][primary_job] = '3' or [screening_arm_1][primary_job] = '4' or [screening_arm_1][primary_job] = '5' or [screening_arm_1][primary_job] = '6'	How do you perform hand hygiene between patients that you have touched? <i>pe_1193</i>	radio, Required	
			1	Soap and water after I leave every patient
			2	Alcohol-based hand sanitizer after I leave every patient
			3	Soap and water only if my hands are visibly soiled, otherwise alcohol-based hand sanitizer
			4	Hand hygiene (handwashing or hand sanitizer) sometimes based on degree of contact
			6	Change gloves but do not wash my hands or use alcohol sanitizer
			5	I don't have the resources to perform hand hygiene between every patient because we are running out of supplies.
86	baseline_decontaminate Show the field ONLY if: [screening_arm_1][primary_job] = '1' or [screening_arm_1][primary_job] = '2' or [screening_arm_1][primary_job] = '3' or [screening_arm_1][primary_job] = '4' or [screening_arm_1][primary_job] = '5' or [screening_arm_1][primary_job] = '6'	After your clinical shift, how do you decontaminate? [check all that apply] <i>pe_2926</i>	checkbox, Required	
			1	baseline_decontaminate__1 Wash my hands with soap and water before I leave my place of employment
			2	baseline_decontaminate__2 Change out of my work clothing before I leave my place of employment
			3	baseline_decontaminate__3 Shower before I leave my place of employment
			4	baseline_decontaminate__4 Take my work clothing off prior to walking into my home so that it can be immediately washed
			5	baseline_decontaminate__5 Shower immediately when I get home
			6	baseline_decontaminate__6 I am staying at the hospital because of my risk of infecting my family/roommates(s)
			7	baseline_decontaminate__7 I am staying someplace other than home and other than the hospital because of the risk of infecting my family/roommate(s)
			8	baseline_decontaminate__8 Other
87	baseline_decontaminate_oth Show the field ONLY if: [baseline_decontaminate(8)] = '1'	Please specify 'other' <i>pe_6543</i>	text	
88	endotrach_int_photo Show the field ONLY if: [screening_arm_1][primary_job] = '1' or [screening_arm_1][primary_job] = '2' or [screening_arm_1][primary_job] = '3' or [screening_arm_1][primary_job] = '4' or [screening_arm_1][primary_job] = '5' or [screening_arm_1][primary_job] = '6'	Please refer to this photo when answering the following question	descriptive	

89	<p>endotrach_int</p> <p>Show the field ONLY if: [screening_arm_1][primary_job] = '1' or [screening_arm_1][primary_job] = '2' or [screening_arm_1][primary_job] = '3' or [screening_arm_1][primary_job] = '4' or [screening_arm_1][primary_job] = '5' or [screening_arm_1][primary_job] = '6'</p>	<p>For endotracheal intubation, which of the following (if any) is your ED using all or most of the time for patients with confirmed or suspected COVID-19 [check all that apply]? <i>pe_2528</i></p>	<p>checkbox, Required</p> <table border="1"> <tr> <td>1</td> <td>endotrach_int__1</td> <td>Negative pressure rooms</td> </tr> <tr> <td>2</td> <td>endotrach_int__2</td> <td>Video laryngoscopy</td> </tr> <tr> <td>3</td> <td>endotrach_int__3</td> <td>Intubation barrier protection (e.g., intubating boxes, intubating bags, etc.)</td> </tr> <tr> <td>4</td> <td>endotrach_int__4</td> <td>Intubation barrier protection with integrated suction (e.g., intubating boxes connected to suction; negative pressure hood)</td> </tr> <tr> <td>5</td> <td>endotrach_int__5</td> <td>Intubation response teams (with dedicated staff)</td> </tr> <tr> <td>6</td> <td>endotrach_int__6</td> <td>Intubation through a supraglottic device (e.g., intubating LMA, etc.)</td> </tr> <tr> <td>7</td> <td>endotrach_int__7</td> <td>Other</td> </tr> <tr> <td>0</td> <td>endotrach_int__0</td> <td>None of these</td> </tr> </table> <p>Field Annotation: @NONEOFTHEABOVE = '0'</p>	1	endotrach_int__1	Negative pressure rooms	2	endotrach_int__2	Video laryngoscopy	3	endotrach_int__3	Intubation barrier protection (e.g., intubating boxes, intubating bags, etc.)	4	endotrach_int__4	Intubation barrier protection with integrated suction (e.g., intubating boxes connected to suction; negative pressure hood)	5	endotrach_int__5	Intubation response teams (with dedicated staff)	6	endotrach_int__6	Intubation through a supraglottic device (e.g., intubating LMA, etc.)	7	endotrach_int__7	Other	0	endotrach_int__0	None of these
1	endotrach_int__1	Negative pressure rooms																									
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7	endotrach_int__7	Other																									
0	endotrach_int__0	None of these																									
90	<p>other_endotrach_int</p> <p>Show the field ONLY if: [endotrach_int(7)] = '1'</p>	<p>Please specify other things your ED is doing for endotracheal intubation. <i>pe_3518</i></p>	<p>text</p>																								
91	<p>ooh_cardiacarrest_pts</p> <p>Show the field ONLY if: [screening_arm_1][primary_job] = '1' or [screening_arm_1][primary_job] = '2' or [screening_arm_1][primary_job] = '3' or [screening_arm_1][primary_job] = '4' or [screening_arm_1][primary_job] = '5' or [screening_arm_1][primary_job] = '6'</p>	<p>Is your ED receiving out-of-hospital cardiac arrest patients prior to return of spontaneous circulation (with chest compressions ongoing, intra-arrest)? <i>pe_2521</i></p>	<p>yesno, Required</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																				
1	Yes																										
0	No																										
92	<p>baseline_covid_hfnc</p> <p>Show the field ONLY if: [screening_arm_1][primary_job] = '1' or [screening_arm_1][primary_job] = '2' or [screening_arm_1][primary_job] = '3' or [screening_arm_1][primary_job] = '4' or [screening_arm_1][primary_job] = '5' or [screening_arm_1][primary_job] = '6'</p>	<p>For patients with confirmed or suspected COVID-19, is your ED practice/protocol that patients will be treated with high-flow nasal cannula (HFNC), if needed? <i>pe_4417</i></p>	<p>yesno, Required</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																				
1	Yes																										
0	No																										
93	<p>baseline_covid_nippv</p> <p>Show the field ONLY if: [screening_arm_1][primary_job] = '1' or [screening_arm_1][primary_job] = '2' or [screening_arm_1][primary_job] = '3' or [screening_arm_1][primary_job] = '4' or [screening_arm_1][primary_job] = '5' or [screening_arm_1][primary_job] = '6'</p>	<p>For patients with confirmed or suspected COVID-19, is your ED practice/protocol that patients will be treated with noninvasive positive pressure ventilation (NIPPV, including CPAP or BiPAP), if needed? <i>pe_1755</i></p>	<p>yesno, Required</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																				
1	Yes																										
0	No																										
94	<p>baseline_nippv</p> <p>Show the field ONLY if: [baseline_covid_nippv] = '1'</p>	<p>Under what circumstances might NIPPV be used in a COVID-19 confirmed or suspected patient [check all that apply]? <i>pe_4187</i></p>	<p>checkbox, Required</p> <table border="1"> <tr> <td>1</td> <td>baseline_nippv__1</td> <td>Any patient with respiratory failure that I think will benefit from NIPPV (if indicated)</td> </tr> <tr> <td>2</td> <td>baseline_nippv__2</td> <td>Only patients who have a "Do Not Intubate" or a "Do Not Resuscitate" order</td> </tr> <tr> <td>3</td> <td>baseline_nippv__3</td> <td>Only when mechanical ventilators are scarce</td> </tr> </table>	1	baseline_nippv__1	Any patient with respiratory failure that I think will benefit from NIPPV (if indicated)	2	baseline_nippv__2	Only patients who have a "Do Not Intubate" or a "Do Not Resuscitate" order	3	baseline_nippv__3	Only when mechanical ventilators are scarce															
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3	baseline_nippv__3	Only when mechanical ventilators are scarce																									

95	baseline_intubation_covid Show the field ONLY if: [screening_arm_1][primary_job] = '1' or [screening_arm_1][primary_job] = '2' or [screening_arm_1][primary_job] = '3' or [screening_arm_1][primary_job] = '4' or [screening_arm_1][primary_job] = '5'	Section Header: COVID-19 exposures Have you ever personally intubated a suspected or confirmed COVID-19 patient? <i>pe_1561</i>	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No				
1	Yes										
0	No										
96	baseline_intubation_2wks Show the field ONLY if: [baseline_intubation_covid] = '1'	How many times in the last 2 weeks, not including today? <i>pe_2995</i>	radio, Required <table border="1"> <tr> <td>0</td> <td>0</td> </tr> <tr> <td>1</td> <td>1-5</td> </tr> <tr> <td>2</td> <td>5-10</td> </tr> <tr> <td>3</td> <td>Over 10</td> </tr> </table>	0	0	1	1-5	2	5-10	3	Over 10
0	0										
1	1-5										
2	5-10										
3	Over 10										
97	baseline_cardiac_covid Show the field ONLY if: [screening_arm_1][primary_job] = '1' or [screening_arm_1][primary_job] = '2' or [screening_arm_1][primary_job] = '3' or [screening_arm_1][primary_job] = '4' or [screening_arm_1][primary_job] = '5'	Have you ever personally managed cardiac arrest in a suspected or confirmed COVID-19 patient? <i>pe_2758</i>	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No				
1	Yes										
0	No										
98	baseline_cardiac_2wks Show the field ONLY if: [baseline_cardiac_covid] = '1'	How many times in the last 2 weeks, not including today? <i>pe_3742</i>	radio, Required <table border="1"> <tr> <td>0</td> <td>0</td> </tr> <tr> <td>1</td> <td>1-5</td> </tr> <tr> <td>2</td> <td>5-10</td> </tr> <tr> <td>3</td> <td>Over 10</td> </tr> </table>	0	0	1	1-5	2	5-10	3	Over 10
0	0										
1	1-5										
2	5-10										
3	Over 10										
99	baseline_covid_2wks Show the field ONLY if: [screening_arm_1][primary_job] = '1' or [screening_arm_1][primary_job] = '2' or [screening_arm_1][primary_job] = '3' or [screening_arm_1][primary_job] = '4' or [screening_arm_1][primary_job] = '5' or [screening_arm_1][primary_job] = '6'	In the last 2 weeks, not including today, estimate how many confirmed COVID-19-positive patients or persons under investigation (PUI) you have personally cared for? <i>pe_1011</i>	radio, Required <table border="1"> <tr> <td>0</td> <td>0</td> </tr> <tr> <td>1</td> <td>1-5</td> </tr> <tr> <td>2</td> <td>6-10</td> </tr> <tr> <td>3</td> <td>More than 10</td> </tr> </table>	0	0	1	1-5	2	6-10	3	More than 10
0	0										
1	1-5										
2	6-10										
3	More than 10										
100	baseline_covid_nomask_2wks Show the field ONLY if: [baseline_covid_2wks] = '1' or [baseline_covid_2wks] = '2' or [baseline_covid_2wks] = '3'	In the last 2 weeks, not including today, how many times have you been within 6 feet of a confirmed COVID-19-positive patient without wearing an N-95 mask/respirator or PAPR during an aerosol-generating procedure. Commonly performed medical procedures that are often considered AGPs, or that created uncontrolled respiratory secretions, include: open suctioning of airways sputum induction cardiopulmonary resuscitation endotracheal intubation and extubation non-invasive ventilation (e.g., BiPAP, CPAP) bronchoscopy manual ventilation <i>pe_1071</i>	radio, Required <table border="1"> <tr> <td>0</td> <td>0</td> </tr> <tr> <td>1</td> <td>1-3</td> </tr> <tr> <td>2</td> <td>4-10</td> </tr> <tr> <td>3</td> <td>More than 10</td> </tr> </table>	0	0	1	1-3	2	4-10	3	More than 10
0	0										
1	1-3										
2	4-10										
3	More than 10										
101	baseline_covid_noppe_2wks Show the field ONLY if: [baseline_covid_2wks] = '1' or [baseline_covid_2wks] = '2' or [baseline_covid_2wks] = '3'	In the last 2 weeks, not including today, how many times have you cared for a confirmed COVID-19 patient with close personal contact (physical examination, etc.) with no protective equipment (e.g., gloves, surgical mask, etc.)? <i>pe_4449</i>	radio, Required <table border="1"> <tr> <td>0</td> <td>0</td> </tr> <tr> <td>1</td> <td>1-3</td> </tr> <tr> <td>2</td> <td>4-10</td> </tr> <tr> <td>3</td> <td>More than 10</td> </tr> </table>	0	0	1	1-3	2	4-10	3	More than 10
0	0										
1	1-3										
2	4-10										
3	More than 10										
102	other_employment	Do you have any other employment? <i>pe_1248</i>	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No				
1	Yes										
0	No										
103	other_employ_hlthcare Show the field ONLY if: [other_employment] = '1'	Is your other employment in healthcare? <i>pe_2905</i>	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No				
1	Yes										
0	No										

104	other_employ_covid Show the field ONLY if: [other_employ_hlthcare] = '1'	Do you care for patients with COVID-19 (suspected or confirmed) in your other employment? <i>pe_1420</i>	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes										
0	No										
105	other_employ_public Show the field ONLY if: [other_employment] = '1' and [other_employ_hlthcare] = '0'	In your other job, do you have regular contact with the public? <i>pe_2499</i>	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes										
0	No										
106	baseline_contact_sx_noppe	Have you had any known personal contact (e.g., within 6 feet without PPE) with friends or community members who had symptoms consistent with COVID-19 in the last 2 weeks, not including today? <i>pe_4865</i>	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes										
0	No										
107	baseline_gathering_2wks	Have you attended any mass gathering (e.g., religious event, wedding, party, dance, concert, banquet, funeral, festival, sports event, professional meeting, or other event with more than 10 people) in the last 2 weeks, not including today? <i>pe_4504</i>	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes										
0	No										
108	baseline_publictrans_2wks	In the last 2 weeks, not including today, have you used any public transportation (bus, train, airplane, boat)? <i>pe_3091</i>	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes										
0	No										
109	baseline_publictrans_crowd Show the field ONLY if: [baseline_publictrans_2wks] = '1'	Did your use of public transportation occur when it was crowded (e.g., crowded means you were unable to maintain at least 6 feet between you and other passengers)? <i>pe_2097</i>	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes										
0	No										
110	baseline_wearmask	Outside of work, while in public, how often do you currently wear face masks or face coverings to cover your mouth and nose? <i>pe_4602</i>	radio <table border="1"> <tr><td>1</td><td>Always</td></tr> <tr><td>2</td><td>Sometimes</td></tr> <tr><td>3</td><td>Rarely</td></tr> <tr><td>4</td><td>Never</td></tr> </table>	1	Always	2	Sometimes	3	Rarely	4	Never
1	Always										
2	Sometimes										
3	Rarely										
4	Never										
111	baseline_covid_infect	Section Header: <i>COVID-19 infection</i> I have been infected by COVID-19. <i>pe_3015</i>	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes										
0	No										
112	baseline_pcr_pos Show the field ONLY if: [baseline_covid_infect] = '1'	Did you have a PCR test (throat or nose swab)? <i>pe_1114</i>	radio, Required <table border="1"> <tr><td>1</td><td>Yes, it was positive</td></tr> <tr><td>2</td><td>Yes, it was negative</td></tr> <tr><td>3</td><td>I have not had a PCR test</td></tr> </table> Stop actions on 1	1	Yes, it was positive	2	Yes, it was negative	3	I have not had a PCR test		
1	Yes, it was positive										
2	Yes, it was negative										
3	I have not had a PCR test										
113	baseline_covid_isolate Show the field ONLY if: [baseline_pcr_pos] = '1'	Have you been quarantined because of an active infection with COVID-19? <i>pe_4253</i>	radio, Required <table border="1"> <tr><td>1</td><td>Yes, by a public health authority</td></tr> <tr><td>2</td><td>Yes, by my employer</td></tr> <tr><td>3</td><td>Yes, by my own decision</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes, by a public health authority	2	Yes, by my employer	3	Yes, by my own decision	0	No
1	Yes, by a public health authority										
2	Yes, by my employer										
3	Yes, by my own decision										
0	No										
114	baseline_isolation_release Show the field ONLY if: [baseline_covid_isolate] = '1' or [baseline_covid_isolate]=2'	When were you released from quarantined? <i>pe_4502</i>	radio, Required <table border="1"> <tr><td>1</td><td>Within the last 2 weeks</td></tr> <tr><td>2</td><td>Prior to the last 2 weeks</td></tr> </table>	1	Within the last 2 weeks	2	Prior to the last 2 weeks				
1	Within the last 2 weeks										
2	Prior to the last 2 weeks										
115	baseline_quar_requested	Have you been quarantined because of an exposure or potential exposure to COVID-19? <i>pe_2898</i>	radio, Required <table border="1"> <tr><td>1</td><td>Yes, by a public health authority</td></tr> <tr><td>2</td><td>Yes, by my employer</td></tr> <tr><td>3</td><td>Yes, by my own decision</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes, by a public health authority	2	Yes, by my employer	3	Yes, by my own decision	0	No
1	Yes, by a public health authority										
2	Yes, by my employer										
3	Yes, by my own decision										
0	No										

116	baseline_ed_infected	To the best of your knowledge, since the onset of the pandemic, how many health care personnel in your ED have been infected with COVID-19? <i>pe_4147</i>	radio <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1-5</td></tr> <tr><td>2</td><td>6-10</td></tr> <tr><td>3</td><td>More than 10</td></tr> </table>	0	0	1	1-5	2	6-10	3	More than 10						
0	0																
1	1-5																
2	6-10																
3	More than 10																
117	baseline_covidstress	Section Header: <i>COVID-19 related stress & anxiety</i> In the past week, how much has the COVID-19 pandemic affected your stress or anxiety levels? <i>pe_8317</i>	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all (1)</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>Somewhat (4)</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>Extremely (7)</td></tr> </table>	1	Not at all (1)	2	2	3	3	4	Somewhat (4)	5	5	6	6	7	Extremely (7)
1	Not at all (1)																
2	2																
3	3																
4	Somewhat (4)																
5	5																
6	6																
7	Extremely (7)																
118	baseline_jobstress	In the past week, to what extent are you experiencing severe, ongoing job stress where you felt emotionally exhausted, burned out, cynical about your work and fatigued, even when you wake up? <i>pe_8291</i>	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all (1)</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>Somewhat (4)</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>Very much (7)</td></tr> </table>	1	Not at all (1)	2	2	3	3	4	Somewhat (4)	5	5	6	6	7	Very much (7)
1	Not at all (1)																
2	2																
3	3																
4	Somewhat (4)																
5	5																
6	6																
7	Very much (7)																
119	baseline_priorex	To what extent do you agree or disagree with the following statement: Knowing my prior exposure and immunity to COVID-19 by serologic (blood) testing would decrease my anxiety. <i>pe_7498</i>	radio, Required <table border="1"> <tr><td>1</td><td>Strongly disagree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Somewhat disagree</td></tr> <tr><td>4</td><td>Neither disagree or agree</td></tr> <tr><td>5</td><td>Somewhat agree</td></tr> <tr><td>6</td><td>Agree</td></tr> <tr><td>7</td><td>Strongly agree</td></tr> </table>	1	Strongly disagree	2	Disagree	3	Somewhat disagree	4	Neither disagree or agree	5	Somewhat agree	6	Agree	7	Strongly agree
1	Strongly disagree																
2	Disagree																
3	Somewhat disagree																
4	Neither disagree or agree																
5	Somewhat agree																
6	Agree																
7	Strongly agree																
120	nightmares	Section Header: <i>In the past week, have you ...</i> had nightmares related to the pandemic or thought about the pandemic when you did not want to? <i>pe_6658</i>	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Field Annotation: <i>pe_6658</i>	1	Yes	0	No										
1	Yes																
0	No																
121	avoid	tried hard not to think about the pandemic or gone out of your way to avoid situations that reminded you of it? <i>pe_5473</i>	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Field Annotation: <i>pe_5473</i>	1	Yes	0	No										
1	Yes																
0	No																
122	on_edge	been constantly on guard, watchful, or easily startled? <i>pe_8964</i>	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Field Annotation: <i>pe_8964</i>	1	Yes	0	No										
1	Yes																
0	No																
123	numb	felt numb or detached from people, activities or your surroundings? <i>pe_5721</i>	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Field Annotation: <i>pe_5721</i>	1	Yes	0	No										
1	Yes																
0	No																

124	guilty	felt guilty or unable to stop blaming yourself or others for the effects of the pandemic or any problems and the pandemic may have caused?pe_5587	radio (Matrix), Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Field Annotation: pe_5587	1	Yes	0	No										
1	Yes																
0	No																
125	sec_expose	Section Header: <i>To what extent are you experiencing the following worries and concerns about COVID-19?</i> I worry that I may be secondarily exposing family members or others because of my work.pe_6633	radio (Matrix), Required <table border="1"> <tr> <td>1</td> <td>Not at all</td> </tr> <tr> <td>2</td> <td>2</td> </tr> <tr> <td>3</td> <td>3</td> </tr> <tr> <td>4</td> <td>Somewhat</td> </tr> <tr> <td>5</td> <td>5</td> </tr> <tr> <td>6</td> <td>6</td> </tr> <tr> <td>7</td> <td>Extremely</td> </tr> </table> Field Annotation: pe_6633	1	Not at all	2	2	3	3	4	Somewhat	5	5	6	6	7	Extremely
1	Not at all																
2	2																
3	3																
4	Somewhat																
5	5																
6	6																
7	Extremely																
126	pts_expose	I worry that patients with unclear diagnoses are exposing others in the community.pe_8014	radio (Matrix), Required <table border="1"> <tr> <td>1</td> <td>Not at all</td> </tr> <tr> <td>2</td> <td>2</td> </tr> <tr> <td>3</td> <td>3</td> </tr> <tr> <td>4</td> <td>Somewhat</td> </tr> <tr> <td>5</td> <td>5</td> </tr> <tr> <td>6</td> <td>6</td> </tr> <tr> <td>7</td> <td>Extremely</td> </tr> </table> Field Annotation: pe_8014	1	Not at all	2	2	3	3	4	Somewhat	5	5	6	6	7	Extremely
1	Not at all																
2	2																
3	3																
4	Somewhat																
5	5																
6	6																
7	Extremely																
127	afraid_contact	I worry that others at home or elsewhere are afraid to come in contact with me because I work in an emergency department.pe_9208	radio (Matrix), Required <table border="1"> <tr> <td>1</td> <td>Not at all</td> </tr> <tr> <td>2</td> <td>2</td> </tr> <tr> <td>3</td> <td>3</td> </tr> <tr> <td>4</td> <td>Somewhat</td> </tr> <tr> <td>5</td> <td>5</td> </tr> <tr> <td>6</td> <td>6</td> </tr> <tr> <td>7</td> <td>Extremely</td> </tr> </table> Field Annotation: pe_9208	1	Not at all	2	2	3	3	4	Somewhat	5	5	6	6	7	Extremely
1	Not at all																
2	2																
3	3																
4	Somewhat																
5	5																
6	6																
7	Extremely																
128	unclear_dx	I worry that we are having to send patients home without a clear diagnosis.pe_3322	radio (Matrix), Required <table border="1"> <tr> <td>1</td> <td>Not at all</td> </tr> <tr> <td>2</td> <td>2</td> </tr> <tr> <td>3</td> <td>3</td> </tr> <tr> <td>4</td> <td>Somewhat</td> </tr> <tr> <td>5</td> <td>5</td> </tr> <tr> <td>6</td> <td>6</td> </tr> <tr> <td>7</td> <td>Extremely</td> </tr> </table> Field Annotation: pe_3322	1	Not at all	2	2	3	3	4	Somewhat	5	5	6	6	7	Extremely
1	Not at all																
2	2																
3	3																
4	Somewhat																
5	5																
6	6																
7	Extremely																

129	not_prepared	I worry that our ED, clinic, or hospital is not prepared enough for the pandemic.pe_1606	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>Somewhat</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>Extremely</td></tr> </table> Field Annotation: pe_1606	1	Not at all	2	2	3	3	4	Somewhat	5	5	6	6	7	Extremely
1	Not at all																
2	2																
3	3																
4	Somewhat																
5	5																
6	6																
7	Extremely																
130	staff_quar	I worry that we will not have enough staffing as co-workers are quarantined.pe_1022	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>Somewhat</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>Extremely</td></tr> </table> Field Annotation: pe_1022	1	Not at all	2	2	3	3	4	Somewhat	5	5	6	6	7	Extremely
1	Not at all																
2	2																
3	3																
4	Somewhat																
5	5																
6	6																
7	Extremely																
131	worry_ppe	I worry that personal protective equipment is unavailable or inadequate.pe_5201	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>Somewhat</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>Extremely</td></tr> </table> Field Annotation: pe_5201	1	Not at all	2	2	3	3	4	Somewhat	5	5	6	6	7	Extremely
1	Not at all																
2	2																
3	3																
4	Somewhat																
5	5																
6	6																
7	Extremely																
132	cowrker_dx	I worry about the well-being of co-workers who have been diagnosed with COVID-19.pe_1808	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>Somewhat</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>Extremely</td></tr> </table> Field Annotation: pe_1808	1	Not at all	2	2	3	3	4	Somewhat	5	5	6	6	7	Extremely
1	Not at all																
2	2																
3	3																
4	Somewhat																
5	5																
6	6																
7	Extremely																
133	worry_dx	I worry that we are not able to accurately diagnose COVID-19 cases quickly enough.pe_7237	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>Somewhat</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>Extremely</td></tr> </table> Field Annotation: pe_7237	1	Not at all	2	2	3	3	4	Somewhat	5	5	6	6	7	Extremely
1	Not at all																
2	2																
3	3																
4	Somewhat																
5	5																
6	6																
7	Extremely																

134	worry_quar	I worry that I might have to undergo quarantine and will not be able to work. pe_1607	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>Somewhat</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>Extremely</td></tr> </table> Field Annotation: pe_1607	1	Not at all	2	2	3	3	4	Somewhat	5	5	6	6	7	Extremely	
1	Not at all																	
2	2																	
3	3																	
4	Somewhat																	
5	5																	
6	6																	
7	Extremely																	
135	baseline_live_with	Section Header: <i>Living situation. For the purpose of this survey, an individual should be included as a household member if they slept in the household at least half of the nights in the last 2 weeks.</i> I currently live with [check all that apply]: pe_1187	checkbox, Required <table border="1"> <tr> <td>0</td> <td>baseline_live_with__0</td> <td>No one (I live alone)</td> </tr> <tr> <td>1</td> <td>baseline_live_with__1</td> <td>Spouse or significant other</td> </tr> <tr> <td>2</td> <td>baseline_live_with__2</td> <td>Roommate(s)</td> </tr> <tr> <td>3</td> <td>baseline_live_with__3</td> <td>Children</td> </tr> <tr> <td>4</td> <td>baseline_live_with__4</td> <td>Parents, grandparents, aunts, uncles, or other family not including a spouse/significant other and/or children</td> </tr> </table> Field Annotation: @NONEOFTHEABOVE = '0'	0	baseline_live_with__0	No one (I live alone)	1	baseline_live_with__1	Spouse or significant other	2	baseline_live_with__2	Roommate(s)	3	baseline_live_with__3	Children	4	baseline_live_with__4	Parents, grandparents, aunts, uncles, or other family not including a spouse/significant other and/or children
0	baseline_live_with__0	No one (I live alone)																
1	baseline_live_with__1	Spouse or significant other																
2	baseline_live_with__2	Roommate(s)																
3	baseline_live_with__3	Children																
4	baseline_live_with__4	Parents, grandparents, aunts, uncles, or other family not including a spouse/significant other and/or children																
136	baseline_housing	I currently live in: pe_4803	radio, Required <table border="1"> <tr><td>1</td><td>Single family home</td></tr> <tr><td>2</td><td>Multi-unit housing, owned</td></tr> <tr><td>3</td><td>Multi-unit housing, rented</td></tr> </table>	1	Single family home	2	Multi-unit housing, owned	3	Multi-unit housing, rented									
1	Single family home																	
2	Multi-unit housing, owned																	
3	Multi-unit housing, rented																	
137	baseline_hhold_size	How many total people, including yourself, live in your home or unit? If you live in a multi-unit housing, do not include the total number of people in your complex. pe_1899	text (number, Min: 1, Max: 10), Required															
138	baseline_sleep_home	In the last 7 days, how many nights did you sleep at home? If working night shifts, please consider post-night shift sleep as the "night" for this question. pe_2153	text (number, Max: 7), Required															
139	baseline_where_sleep	If you did not sleep at home, where did you stay? pe_1163 Show the field ONLY if: [baseline_sleep_home] <> "" and [baseline_sleep_home]<7	radio <table border="1"> <tr><td>1</td><td>Hospital</td></tr> <tr><td>2</td><td>Hotel</td></tr> <tr><td>3</td><td>Friend's House</td></tr> <tr><td>4</td><td>Other</td></tr> </table>	1	Hospital	2	Hotel	3	Friend's House	4	Other							
1	Hospital																	
2	Hotel																	
3	Friend's House																	
4	Other																	
140	baseline_sleep_other	Please specify where you have been sleeping. pe_2517 Show the field ONLY if: [baseline_where_sleep] = '4'	text															
141	baseline_home_iso	While at home, did you isolate yourself from others in your household? For the purpose of this question, this means that you used a separate bedroom and did not share any common areas (e.g., kitchen, bathroom)? pe_4433 Show the field ONLY if: [baseline_live_with(1)] <> '0'	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No											
1	Yes																	
0	No																	
142	baseline_hhold_covid	Do any of your household members, excluding yourself, believe they have been infected by COVID-19? pe_4329 Show the field ONLY if: [baseline_live_with(1)] <> '0'	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No											
1	Yes																	
0	No																	
143	baseline_hhold_covidpos	Did any of your household members have a positive COVID-19 test? pe_4848 Show the field ONLY if: [baseline_hhold_covid] = '1' and [baseline_live_with(1)] <> '0'	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No											
1	Yes																	
0	No																	

144	<div>baseline_hhold_sxend</div> <div>Show the field ONLY if: [baseline_hhold_covid] = '1' and d [baseline_live_with(1)] <> '0'</div>	<div>When did their symptoms consistent with COVID-19 end? If multiple people were thought to be infected, please refer to when symptoms ended for the LAST one?</div> <div>pe_4045</div>	<div>radio</div> <table><tr><td>1</td><td>Within the last 2 weeks</td></tr><tr><td>2</td><td>Prior to the last 2 weeks</td></tr><tr><td>3</td><td>Ongoing</td></tr></table>	1	Within the last 2 weeks	2	Prior to the last 2 weeks	3	Ongoing
1	Within the last 2 weeks								
2	Prior to the last 2 weeks								
3	Ongoing								
145	<div>baseline_hhold_contact</div> <div>Show the field ONLY if: [baseline_hhold_covid] = '1' and d [baseline_live_with(1)] <> '0'</div>	<div>Did you have close personal contact (defined as sharing a bedroom or using a common area) with this person during the time that he/she had symptoms?</div> <div>pe_2260</div>	<div>yesno, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No		
1	Yes								
0	No								
146	<div>baseline_hhold_quar</div> <div>Show the field ONLY if: [baseline_live_with(1)] <> '0'</div>	<div>Has a household member been quarantined by request of a public health authority because of an exposure or potential exposure to COVID-19?</div> <div>pe_1017</div>	<div>yesno</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No		
1	Yes								
0	No								
147	<div>participant_enrollment_form complete</div>	<div>Section Header: <i>Form Status</i></div> <div>Complete?</div>	<div>dropdown</div> <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: **Medical History** (medical_history)  Enabled as survey[^ Collapse](#)

148	medhx_datetime	Date completed <i>mh_1980</i>	text (date_mdy) Field Annotation: @TODAY @HIDDEN-SURVEY		
149	baseline_medhx	Section Header: <i>Personal Medical History.</i> Have you been diagnosed by a healthcare provider with the following chronic medical conditions? Please do not include mental health conditions [check all that apply] <i>mh_1267</i>	checkbox, Required		
			1	baseline_medhx__1	Asthma
			2	baseline_medhx__2	Allergic rhinitis
			3	baseline_medhx__3	COPD/Emphysema
			4	baseline_medhx__4	Other chronic lung disease
			5	baseline_medhx__5	Hypertension (high blood pressure)
			6	baseline_medhx__6	Coronary artery disease
			7	baseline_medhx__7	Other heart condition (valve abnormality, history of non-coronary heart surgery, pacemaker)
			8	baseline_medhx__8	History of stroke
			9	baseline_medhx__9	Diabetes mellitus, type I
			10	baseline_medhx__10	Diabetes mellitus, type II
			11	baseline_medhx__11	Chronic kidney disease
			12	baseline_medhx__12	Dialysis
			13	baseline_medhx__13	Organ transplant (kidney, liver, lungs, heart)
			14	baseline_medhx__14	Autoimmune disease
			15	baseline_medhx__15	Active cancer
			18	baseline_medhx__18	Deep vein thrombosis or pulmonary embolism
			16	baseline_medhx__16	Other medical conditions
0	baseline_medhx__0	None of these			
17	baseline_medhx__17	Prefer not to answer			
		Field Annotation: @NONEOFTHEABOVE = '0'			
150	baseline_other_med Show the field ONLY if: [baseline_medhx(16)]=1	Please specify your other medical conditions. <i>mh_4098</i>	text, Required		

151	baseline_immune_med	Do you currently take any immune suppressing medications (for autoimmune disease, organ transplant, or otherwise)? <i>mh_1019</i>	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	2	Prefer not to answer																								
1	Yes																																
0	No																																
2	Prefer not to answer																																
152	baseline_chemo	Are you currently undergoing chemotherapy treatment? <i>mh_1524</i>	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	2	Prefer not to answer																								
1	Yes																																
0	No																																
2	Prefer not to answer																																
153	baseline_tob	Which best characterizes your smoking status? <i>mh_1162</i>	radio, Required <table border="1"> <tr><td>0</td><td>Never smoked</td></tr> <tr><td>1</td><td>Current smoker (defined as any tobacco smoking within the last 30 days)</td></tr> <tr><td>2</td><td>Former smoker (defined as a previous tobacco smoker with no tobacco use within the last 30 days)</td></tr> <tr><td>3</td><td>Prefer not to answer</td></tr> </table>	0	Never smoked	1	Current smoker (defined as any tobacco smoking within the last 30 days)	2	Former smoker (defined as a previous tobacco smoker with no tobacco use within the last 30 days)	3	Prefer not to answer																						
0	Never smoked																																
1	Current smoker (defined as any tobacco smoking within the last 30 days)																																
2	Former smoker (defined as a previous tobacco smoker with no tobacco use within the last 30 days)																																
3	Prefer not to answer																																
154	baseline_pg Show the field ONLY if: [gender] = '2' or [gender]='4' or [gender]='5' or [gender]='6' or [gender]='7'	Are you currently pregnant? <i>mh_1525</i>	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Prefer not to answer</td></tr> </table>	1	Yes	0	No	2	Prefer not to answer																								
1	Yes																																
0	No																																
2	Prefer not to answer																																
155	baseline_covid_meds	Have you taken any medications (prescribed or as part of a study protocol) specifically for the prevention or treatment of COVID-19? <i>mh_3466</i>	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																										
1	Yes																																
0	No																																
156	baseline_covid_medlist Show the field ONLY if: [baseline_covid_meds] = '1'	Which one(s)? For those taking medications on a study protocol, please indicate the active ingredient of the study, even if you may be allocated to a placebo group [check all that apply]. <i>mh_2002</i>	checkbox <table border="1"> <tr><td>1</td><td>baseline_covid_medlist__1</td><td>Chloroquine</td></tr> <tr><td>2</td><td>baseline_covid_medlist__2</td><td>Hydroxychloroquine</td></tr> <tr><td>3</td><td>baseline_covid_medlist__3</td><td>Azithromycin</td></tr> <tr><td>4</td><td>baseline_covid_medlist__4</td><td>Ivermectin</td></tr> <tr><td>5</td><td>baseline_covid_medlist__5</td><td>Remdesivir</td></tr> <tr><td>6</td><td>baseline_covid_medlist__6</td><td>Zinc</td></tr> <tr><td>7</td><td>baseline_covid_medlist__7</td><td>Other</td></tr> </table>	1	baseline_covid_medlist__1	Chloroquine	2	baseline_covid_medlist__2	Hydroxychloroquine	3	baseline_covid_medlist__3	Azithromycin	4	baseline_covid_medlist__4	Ivermectin	5	baseline_covid_medlist__5	Remdesivir	6	baseline_covid_medlist__6	Zinc	7	baseline_covid_medlist__7	Other									
1	baseline_covid_medlist__1	Chloroquine																															
2	baseline_covid_medlist__2	Hydroxychloroquine																															
3	baseline_covid_medlist__3	Azithromycin																															
4	baseline_covid_medlist__4	Ivermectin																															
5	baseline_covid_medlist__5	Remdesivir																															
6	baseline_covid_medlist__6	Zinc																															
7	baseline_covid_medlist__7	Other																															
157	baseline_covid_med_other Show the field ONLY if: [baseline_covid_medlist(7)]=1	Please specify what other medications you are taking for the prevention or treatment of COVID-19. <i>mh_2980</i>	text																														
158	baseline_sx	I have or have had the following symptoms within the past 2 weeks [check all that apply]: <i>mh_1340</i>	checkbox, Required <table border="1"> <tr><td>1</td><td>baseline_sx__1</td><td>Cough (dry)</td></tr> <tr><td>2</td><td>baseline_sx__2</td><td>Cough (productive)</td></tr> <tr><td>3</td><td>baseline_sx__3</td><td>Sore throat</td></tr> <tr><td>4</td><td>baseline_sx__4</td><td>Runny nose</td></tr> <tr><td>5</td><td>baseline_sx__5</td><td>Shortness of breath</td></tr> <tr><td>6</td><td>baseline_sx__6</td><td>Muscle aches</td></tr> <tr><td>7</td><td>baseline_sx__7</td><td>Fatigue</td></tr> <tr><td>8</td><td>baseline_sx__8</td><td>Fever/chills (subjective)</td></tr> <tr><td>9</td><td>baseline_sx__9</td><td>Loss of smell or taste</td></tr> <tr><td>0</td><td>baseline_sx__0</td><td>None</td></tr> </table> <p>Field Annotation: @NONEOFTHEABOVE = '0'</p>	1	baseline_sx__1	Cough (dry)	2	baseline_sx__2	Cough (productive)	3	baseline_sx__3	Sore throat	4	baseline_sx__4	Runny nose	5	baseline_sx__5	Shortness of breath	6	baseline_sx__6	Muscle aches	7	baseline_sx__7	Fatigue	8	baseline_sx__8	Fever/chills (subjective)	9	baseline_sx__9	Loss of smell or taste	0	baseline_sx__0	None
1	baseline_sx__1	Cough (dry)																															
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9	baseline_sx__9	Loss of smell or taste																															
0	baseline_sx__0	None																															
159	baseline_temp_2wks	Have you taken your temperature within the last 2 weeks? <i>mh_4742</i>	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																										
1	Yes																																
0	No																																

160	baseline_hightemp_2wks Show the field ONLY if: [baseline_temp_2wks] = '1'	What was your highest temperature recorded within the last 2 weeks (Fahrenheit, ##.#)? <i>mh_1299</i>	text (number_1dp)						
161	password	Section Header: <i>Serology and COVID-19 PCR testing results password</i> Please enter the password you would like to use to access your serology and COVID-19 PCR testing results. Please remember this password so that you are able to access your test results. You will be asked to login every 2 weeks to receive your test results, after they are reported. <i>mh_5013</i>	text, Required						
162	password_verify	Please re-enter your password. <i>mh_5114</i>	text, Required						
163	pass_not_match Show the field ONLY if: [password_verify] <> "" and ([password]<>[password_verif yl])	Your passwords do not match. Please verify your password.	descriptive						
164	day_since_med	Days since med completed	calc Calculation: (datediff ([baseline_arm_1] [medhx_datetime], "TODAY", "d", "mdy")) Field Annotation: @HIDDEN-SURVEY						
165	medical_history_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: **Baseline Positive Follow-up** (withdrawal_followup)

Enabled as survey

[^ Collapse](#)

166	post_b_comp	Post-baseline withdrawal comp	text Field Annotation: @HIDDEN-SURVEY @DEFAULT='25'																									
167	post_b_date	Post-baseline withdrawal date	text Field Annotation: @HIDDEN-SURVEY @TODAY																									
168	postb_suspect	Section Header: <i>SYMPTOMS</i> Prior to receiving your test results from Project COVERED, did you suspect that you might have had COVID-19 infection? <i>pb_6872</i>	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>		1	Yes	0	No																				
1	Yes																											
0	No																											
169	postb_why Show the field ONLY if: [postb_suspect] = '1'	Why did you think you may have had COVID-19 [select all that apply]? <i>pb_1522</i>	checkbox <table><tr><td>1</td><td>postb_why__1</td><td>I had symptoms in the past I thought could have been from COVID-19</td></tr><tr><td>2</td><td>postb_why__2</td><td>I have symptoms currently I thought might be from COVID-19</td></tr><tr><td>3</td><td>postb_why__3</td><td>I have had known unprotected exposures to COVID-19 positive individuals</td></tr><tr><td>4</td><td>postb_why__4</td><td>I believe that a family member or household contact had COVID-19</td></tr><tr><td>5</td><td>postb_why__5</td><td>The ED I work in has/had a high prevalence of COVID-19-positive cases</td></tr><tr><td>6</td><td>postb_why__6</td><td>I live(d) in a community with high COVID-19 prevalence</td></tr><tr><td>7</td><td>postb_why__7</td><td>I believe that I had an asymptomatic infection or was never infected</td></tr><tr><td>8</td><td>postb_why__8</td><td>Other</td></tr></table>		1	postb_why__1	I had symptoms in the past I thought could have been from COVID-19	2	postb_why__2	I have symptoms currently I thought might be from COVID-19	3	postb_why__3	I have had known unprotected exposures to COVID-19 positive individuals	4	postb_why__4	I believe that a family member or household contact had COVID-19	5	postb_why__5	The ED I work in has/had a high prevalence of COVID-19-positive cases	6	postb_why__6	I live(d) in a community with high COVID-19 prevalence	7	postb_why__7	I believe that I had an asymptomatic infection or was never infected	8	postb_why__8	Other
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7	postb_why__7	I believe that I had an asymptomatic infection or was never infected																										
8	postb_why__8	Other																										
170	postb_whyother Show the field ONLY if: [postb_why(8)] = '1'	Why do you think you had COVID-19? <i>pb_6234</i>	text																									

171	postb_sx	Since December 31, 2019, have you had ANY symptoms that could be consistent with COVID-19 at any point? <i>pb_1654</i>	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																																																		
1	Yes																																																								
0	No																																																								
172	postb_sxlist Show the field ONLY if: [postb_sx]= '1'	Which symptoms have you had [check all that apply]? <i>pb_1822</i>	checkbox <table border="1"> <tr> <td>1</td> <td>postb_sxlist__1</td> <td>Cough (dry)</td> </tr> <tr> <td>2</td> <td>postb_sxlist__2</td> <td>Cough (productive)</td> </tr> <tr> <td>3</td> <td>postb_sxlist__3</td> <td>Sore throat</td> </tr> <tr> <td>4</td> <td>postb_sxlist__4</td> <td>Runny nose</td> </tr> <tr> <td>5</td> <td>postb_sxlist__5</td> <td>Shortness of breath</td> </tr> <tr> <td>6</td> <td>postb_sxlist__6</td> <td>Muscle aches</td> </tr> <tr> <td>7</td> <td>postb_sxlist__7</td> <td>Fatigue/weakness</td> </tr> <tr> <td>8</td> <td>postb_sxlist__8</td> <td>Fever (subjective or measured)</td> </tr> <tr> <td>17</td> <td>postb_sxlist__17</td> <td>Chills</td> </tr> <tr> <td>9</td> <td>postb_sxlist__9</td> <td>Diarrhea</td> </tr> <tr> <td>10</td> <td>postb_sxlist__10</td> <td>Loss of smell or taste</td> </tr> <tr> <td>11</td> <td>postb_sxlist__11</td> <td>Vomiting</td> </tr> <tr> <td>12</td> <td>postb_sxlist__12</td> <td>Dizziness</td> </tr> <tr> <td>13</td> <td>postb_sxlist__13</td> <td>Confusion</td> </tr> <tr> <td>14</td> <td>postb_sxlist__14</td> <td>Malaise</td> </tr> <tr> <td>15</td> <td>postb_sxlist__15</td> <td>Rash</td> </tr> <tr> <td>16</td> <td>postb_sxlist__16</td> <td>I had a symptom not listed here</td> </tr> <tr> <td>0</td> <td>postb_sxlist__0</td> <td>None of these</td> </tr> </table> Field Annotation: @NONEOFTHEABOVE = '0'	1	postb_sxlist__1	Cough (dry)	2	postb_sxlist__2	Cough (productive)	3	postb_sxlist__3	Sore throat	4	postb_sxlist__4	Runny nose	5	postb_sxlist__5	Shortness of breath	6	postb_sxlist__6	Muscle aches	7	postb_sxlist__7	Fatigue/weakness	8	postb_sxlist__8	Fever (subjective or measured)	17	postb_sxlist__17	Chills	9	postb_sxlist__9	Diarrhea	10	postb_sxlist__10	Loss of smell or taste	11	postb_sxlist__11	Vomiting	12	postb_sxlist__12	Dizziness	13	postb_sxlist__13	Confusion	14	postb_sxlist__14	Malaise	15	postb_sxlist__15	Rash	16	postb_sxlist__16	I had a symptom not listed here	0	postb_sxlist__0	None of these
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16	postb_sxlist__16	I had a symptom not listed here																																																							
0	postb_sxlist__0	None of these																																																							
173	postb_sxother Show the field ONLY if: [postb_sxlist(16)] = '1'	What additional symptom(s) have you experienced? <i>pb_1862</i>	text																																																						
174	postb_lengthsx Show the field ONLY if: [postb_sx] = '1'	How many days did your symptoms last (estimated)? If you had more than one episode of symptoms, please estimate the total number of days with symptoms since December 31, 2019. <i>pb_1657</i>	text (integer)																																																						
175	postb_fever	Since December 31, 2019, have you measured a fever (a temperature great than 100.4 F or 38 C) at any point? <i>pb_1758</i>	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																																																		
1	Yes																																																								
0	No																																																								
176	postb_feverdate Show the field ONLY if: [postb_fever] = '1'	What was the date (estimated) of your first fever? <i>pb_1957</i>	text (date_mdy, Min: 2019-12-31) Field Annotation: @HIDEBUTTON																																																						
177	postb_lengthfever Show the field ONLY if: [postb_fever] = '1'	How many days did your fever last (estimated)? <i>pb_2058</i>	text (integer)																																																						
178	postb_episodes Show the field ONLY if: [postb_sx] = '1' or [postb_fever] = '1'	How many discrete episodes of symptoms (including fever) have you had since December 31, 2019? A discrete episode is a period of symptoms followed by full recovery. <i>pb_1547</i>	radio <table border="1"> <tr> <td>1</td> <td>1</td> </tr> <tr> <td>2</td> <td>2</td> </tr> <tr> <td>3</td> <td>3</td> </tr> <tr> <td>4</td> <td>4 or more</td> </tr> </table>	1	1	2	2	3	3	4	4 or more																																														
1	1																																																								
2	2																																																								
3	3																																																								
4	4 or more																																																								


179	postb_attributesx Show the field ONLY if: [postb_sx] = '1' or [postb_fever] = '1'	To which of the following did you attribute your symptoms [select all that apply]? <i>pb_1689</i>	checkbox <table border="1"> <tr> <td>10</td> <td>postb_attributesx__10</td> <td>COVID-19</td> </tr> <tr> <td>1</td> <td>postb_attributesx__1</td> <td>Common cold</td> </tr> <tr> <td>2</td> <td>postb_attributesx__2</td> <td>Influenza</td> </tr> <tr> <td>3</td> <td>postb_attributesx__3</td> <td>Seasonal allergies</td> </tr> <tr> <td>4</td> <td>postb_attributesx__4</td> <td>Gastroenteritis/stomach flu</td> </tr> <tr> <td>5</td> <td>postb_attributesx__5</td> <td>Food poisoning</td> </tr> <tr> <td>6</td> <td>postb_attributesx__6</td> <td>Other infection</td> </tr> <tr> <td>7</td> <td>postb_attributesx__7</td> <td>Exacerbation of a chronic medical condition</td> </tr> <tr> <td>8</td> <td>postb_attributesx__8</td> <td>Medications</td> </tr> <tr> <td>12</td> <td>postb_attributesx__12</td> <td>Asthma</td> </tr> <tr> <td>9</td> <td>postb_attributesx__9</td> <td>Inadequate sleep, overwork, schedule changes, or stress</td> </tr> <tr> <td>11</td> <td>postb_attributesx__11</td> <td>Other</td> </tr> </table>	10	postb_attributesx__10	COVID-19	1	postb_attributesx__1	Common cold	2	postb_attributesx__2	Influenza	3	postb_attributesx__3	Seasonal allergies	4	postb_attributesx__4	Gastroenteritis/stomach flu	5	postb_attributesx__5	Food poisoning	6	postb_attributesx__6	Other infection	7	postb_attributesx__7	Exacerbation of a chronic medical condition	8	postb_attributesx__8	Medications	12	postb_attributesx__12	Asthma	9	postb_attributesx__9	Inadequate sleep, overwork, schedule changes, or stress	11	postb_attributesx__11	Other
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11	postb_attributesx__11	Other																																					
180	postb_othercond Show the field ONLY if: [postb_attributesx(11)] = '1'	To what other condition(s) did you attribute your symptoms? <i>pb_1232</i>	text																																				
181	postb_seekcare Show the field ONLY if: [postb_sx] = '1'	Did you seek care of any health care provider for any of these symptoms? (regardless of whether COVID-19 was suspected or testing was performed) <i>pb_1185</i>	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																																
1	Yes																																						
0	No																																						
182	postb_dayspriorcare Show the field ONLY if: [postb_seekcare] = '1'	How many days did you have symptoms prior to seeking care? If you sought care multiple times or had multiple episodes of symptoms, please estimate the time of symptoms prior to seeking care in the FIRST VISIT. <i>pb_1568</i>	text (number)																																				
183	postb_sxstart Show the field ONLY if: [postb_sx] = '1'	What is the FIRST date (estimated) that you had ANY symptoms that might have been consistent with COVID-19 since December 31, 2019. If you had multiple discrete episodes with symptoms that could be consistent with COVID-19, please list the date the FIRST episode STARTED. <i>pb_2552</i>	text (date_mdy, Min: 2019-12-31) Field Annotation: @HIDEBUTTON																																				
184	postb_sxend Show the field ONLY if: [postb_sx] = '1'	What is the LAST date (estimated) that you had ANY symptoms that might have been consistent with COVID-19 since December 31, 2019. If you had multiple discrete episodes with symptoms that could be consistent with COVID-19, please list the date the MOST RECENT episode ENDED. <i>pb_2785</i>	text (date_mdy) Field Annotation: @HIDEBUTTON																																				
185	postb_sxdesc Show the field ONLY if: [postb_sx] = '1'	Please provide a narrative of your symptoms, with dates, providing as much detail as you are able. <i>pb_2058</i>	notes																																				
186	postb_sxwork Show the field ONLY if: [postb_sx] = '1'	During the time period(s) that you had ANY symptoms (even minimal, minor, or atypical symptoms), did you go to work at your place of employment? <i>pb_2485</i>	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																																
1	Yes																																						
0	No																																						
187	postb_sxwrkdays Show the field ONLY if: [postb_sxwork] = '1'	How many days do you estimate you were at work while you were symptomatic? <i>pb_2332</i>	text (number)																																				
188	postb_addppe Show the field ONLY if: [postb_addppe] = '1'	Did you use any additional personal protective equipment (PPE) during any days you were symptomatic at work?	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																																
1	Yes																																						
0	No																																						
189	postb_addppelist Show the field ONLY if: [postb_addppe] = '1'	What additional PPE did you use?	text																																				

190	postb_priorcovidtest	Have you had ANY COVID-19 testing (nasal test, blood test, or any other test) before participation in this project? <i>pb_1857</i>	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No						
1	Yes												
0	No												
191	postb_priortestresults Show the field ONLY if: [postb_priorcovidtest] = '1'	Please provide the date(s), test type, and results (example: 3/10, nasal swab, negative). <i>pb_2057</i>	notes										
192	postb_ptsexp	Section Header: <i>WORK EXPOSURES</i> Since December 31, 2019 at work estimate how many PATIENTS with confirmed COVID-19 infection you had unprotected exposure (i.e., without using the personal protective equipment [PPE] recommended by your health system for a COVID-19 positive patient at the time of your exposure). This could have occurred because a patient was not known to have COVID-19 at the time of your encounter, because you did not have appropriate PPE available, or for any other reason. <i>pb_2011</i>	radio <table border="1"> <tr> <td>0</td> <td>0</td> </tr> <tr> <td>1</td> <td>1-5</td> </tr> <tr> <td>2</td> <td>6-10</td> </tr> <tr> <td>3</td> <td>Greater than 10</td> </tr> </table>	0	0	1	1-5	2	6-10	3	Greater than 10		
0	0												
1	1-5												
2	6-10												
3	Greater than 10												
193	postb_expcoworker	Since December 31, 2019, AT WORK, have you had close and unprotected exposure, defined as within 6 feet for greater than 10 minutes without a mask, to a co-worker known to subsequently diagnosed to have COVID-19 infection? <i>pb_6421</i>	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No						
1	Yes												
0	No												
194	postb_exp	Section Header: <i>PUBLIC EXPOSURES</i> Since December 31, 2019, OUTSIDE OF WORK, estimate how many people known to have tested positive for COVID-19 you had a close and unprotected exposure, defined as within 6 feet for greater than 10 minutes without a mask? This does not include possible exposures to people whose testing status you do not know (e.g., grocery store, public transportation). <i>pb_2254</i>	radio <table border="1"> <tr> <td>0</td> <td>0</td> </tr> <tr> <td>1</td> <td>1-5</td> </tr> <tr> <td>2</td> <td>6-10</td> </tr> <tr> <td>3</td> <td>Greater than 10</td> </tr> </table>	0	0	1	1-5	2	6-10	3	Greater than 10		
0	0												
1	1-5												
2	6-10												
3	Greater than 10												
195	postb_famsx	Since December 31, 2019, have any of your family members/roommates had symptoms consistent with COVID-19? <i>pb_2547</i>	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No						
1	Yes												
0	No												
196	postb_famsxstart Show the field ONLY if: [postb_famsx] = '1'	When did your family members/roommates start having symptoms consistent with COVID-19? If ANY of your family members started having symptoms prior to your symptoms, please select "before my symptoms." <i>pb_2147</i>	radio <table border="1"> <tr> <td>1</td> <td>Before the onset of my symptoms</td> </tr> <tr> <td>2</td> <td>At the same time my symptoms started</td> </tr> <tr> <td>3</td> <td>After the onset of my symptoms</td> </tr> <tr> <td>4</td> <td>I never had symptoms</td> </tr> </table>	1	Before the onset of my symptoms	2	At the same time my symptoms started	3	After the onset of my symptoms	4	I never had symptoms		
1	Before the onset of my symptoms												
2	At the same time my symptoms started												
3	After the onset of my symptoms												
4	I never had symptoms												
197	postb_travel	Since December 31, 2019, have you traveled outside the United States? <i>pb_1872</i>	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No						
1	Yes												
0	No												
198	postb_intrtravel Show the field ONLY if: [postb_travel] = '1'	Please provide a brief description of any international travel locations and dates of travel (example: Barcelona, Spain - January 24-February 9). Include all international trips. <i>pb_1257</i>	notes										
199	postb_contracted	Section Header: <i>POST-PROJECT TEST RESULTS</i> If you have contracted COVID-19 as your test result suggests, where do you think you MOST LIKELY contracted COVID-19 infection? <i>pb_5321</i>	radio <table border="1"> <tr> <td>1</td> <td>At work</td> </tr> <tr> <td>2</td> <td>At home</td> </tr> <tr> <td>3</td> <td>In the community</td> </tr> <tr> <td>4</td> <td>Travel outside the country</td> </tr> <tr> <td>5</td> <td>I don't know</td> </tr> </table>	1	At work	2	At home	3	In the community	4	Travel outside the country	5	I don't know
1	At work												
2	At home												
3	In the community												
4	Travel outside the country												
5	I don't know												

200	postb_workfactors Show the field ONLY if: [postb_contracted] = '1'	If you think you contracted COVID-19 infection AT WORK, please select what factors you think were related to being exposed to COVID-19? [Select all that apply] <i>pb_4758</i>	radio <table border="1"> <tr> <td>1</td> <td>Wearing inadequate PPE (i.e., mask, face shield, gown, etc.) for patient(s) not suspected to be COVID-19 infected</td> </tr> <tr> <td>2</td> <td>Inadequate time to place needed PPE</td> </tr> <tr> <td>3</td> <td>Adequate PPE not available</td> </tr> <tr> <td>4</td> <td>Accidental PPE doffing exposure</td> </tr> <tr> <td>5</td> <td>Exposure to COVID-19 infected staff member</td> </tr> <tr> <td>6</td> <td>Other</td> </tr> </table>	1	Wearing inadequate PPE (i.e., mask, face shield, gown, etc.) for patient(s) not suspected to be COVID-19 infected	2	Inadequate time to place needed PPE	3	Adequate PPE not available	4	Accidental PPE doffing exposure	5	Exposure to COVID-19 infected staff member	6	Other		
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6	Other																
201	postb_otherexpfactors	Describe other factors that you believe contributed to your COVID-19 exposure. <i>pb_1528</i>	notes														
202	postb_decanx	To what extent do you agree or disagree with the following statement: Knowing my prior exposure and immunity to COVID-19 by serologic (blood) testing has decreased my anxiety? <i>pb_1298</i>	radio <table border="1"> <tr> <td>1</td> <td>Strongly disagree</td> </tr> <tr> <td>2</td> <td>Disagree</td> </tr> <tr> <td>3</td> <td>Somewhat disagree</td> </tr> <tr> <td>4</td> <td>Neither disagree or agree</td> </tr> <tr> <td>5</td> <td>Somewhat agree</td> </tr> <tr> <td>6</td> <td>Agree</td> </tr> <tr> <td>7</td> <td>Strongly agree</td> </tr> </table>	1	Strongly disagree	2	Disagree	3	Somewhat disagree	4	Neither disagree or agree	5	Somewhat agree	6	Agree	7	Strongly agree
1	Strongly disagree																
2	Disagree																
3	Somewhat disagree																
4	Neither disagree or agree																
5	Somewhat agree																
6	Agree																
7	Strongly agree																
203	postb_contactclinic	After you received the results of your Project COVERED testing, did you contact your local employee health/occupational health clinic? <i>pb_1957</i>	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
204	postb_addtesting	Have you had any COVID-19 testing performed SINCE your Project COVERED testing? <i>pb_2052</i>	radio <table border="1"> <tr> <td>1</td> <td>Yes, I had a repeat nasal, nasopharyngeal, or oral swab</td> </tr> <tr> <td>2</td> <td>Yes, I had a repeat blood test</td> </tr> <tr> <td>3</td> <td>Yes, I had both a repeat nasal, nasopharyngeal, or oral swab AND a blood test</td> </tr> <tr> <td>4</td> <td>No, I have not had any repeat testing</td> </tr> </table>	1	Yes, I had a repeat nasal, nasopharyngeal, or oral swab	2	Yes, I had a repeat blood test	3	Yes, I had both a repeat nasal, nasopharyngeal, or oral swab AND a blood test	4	No, I have not had any repeat testing						
1	Yes, I had a repeat nasal, nasopharyngeal, or oral swab																
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4	No, I have not had any repeat testing																
205	postb_swabdate Show the field ONLY if: [postb_addtesting] = '1' or [postb_addtesting] = '3'	My nasal, nasopharyngeal, or oral swab result was performed on the following date: <i>pb_2254</i>	text (date_dmy)														
206	postb_swabresult Show the field ONLY if: [postb_addtesting] = '1' or [postb_addtesting] = '3'	My nasal, nasopharyngeal, or oral swab result was: <i>pb_2780</i>	radio <table border="1"> <tr> <td>1</td> <td>Positive</td> </tr> <tr> <td>0</td> <td>Negative</td> </tr> </table>	1	Positive	0	Negative										
1	Positive																
0	Negative																
207	postb_blooddate Show the field ONLY if: [postb_addtesting] = '2' or [postb_addtesting] = '3'	My blood test was performed on the following date: <i>pb_2354</i>	text (date_mdy)														
208	postb_bloodresult Show the field ONLY if: [postb_addtesting] = '2' or [postb_addtesting] = '3'	My blood test result was: <i>pb_2468</i>	radio <table border="1"> <tr> <td>1</td> <td>Positive</td> </tr> <tr> <td>0</td> <td>Negative</td> </tr> </table>	1	Positive	0	Negative										
1	Positive																
0	Negative																
209	postb_missedshifts	Have you missed shifts as a result of your positive Project COVERED result? <i>pb_1198</i>	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
210	postb_returnwork Show the field ONLY if: [postb_missedshifts] = '1'	Have you returned to work? <i>pb_2354</i>	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No										
1	Yes																
0	No																

211	postb_daysmissed Show the field ONLY if: [postb_missedshifts] = '1' and [postb_returnwork] = '1'	How many days (estimated) were you unable to work? <i>pb_1268</i>	text (number)																					
212	postb_changeptcare	In response to your positive test result, please indicate how you intend to change your activities at work or your willingness to interact with patients with known COVID-19 infection? [check all that apply] <i>pb_2472</i>	checkbox <table border="1"> <tr> <td>1</td> <td>postb_changeptcare__1</td> <td>I do not intend to change my work behavior/activities</td> </tr> <tr> <td>2</td> <td>postb_changeptcare__2</td> <td>I will have the same work/clinical responsibilities, but I will feel more comfortable interacting with COVID-19 infected and COVID-19 suspected patients</td> </tr> <tr> <td>3</td> <td>postb_changeptcare__3</td> <td>I actively will interact with and care for more COVID-19 patients to decrease my co-workers' risk</td> </tr> <tr> <td>4</td> <td>postb_changeptcare__4</td> <td>I will join a COVID-19 intubation team, code team, or other high-risk COVID-19 response team</td> </tr> <tr> <td>5</td> <td>postb_changeptcare__5</td> <td>I will have the same work/clinical responsibilities, but I will feel LESS comfortable caring for COVID-19 positive and suspected patients</td> </tr> <tr> <td>6</td> <td>postb_changeptcare__6</td> <td>I will actively avoid interacting with COVID-19 patients</td> </tr> <tr> <td>7</td> <td>postb_changeptcare__7</td> <td>Other</td> </tr> </table> Field Annotation: @NONEOFTHEABOVE = '1'	1	postb_changeptcare__1	I do not intend to change my work behavior/activities	2	postb_changeptcare__2	I will have the same work/clinical responsibilities, but I will feel more comfortable interacting with COVID-19 infected and COVID-19 suspected patients	3	postb_changeptcare__3	I actively will interact with and care for more COVID-19 patients to decrease my co-workers' risk	4	postb_changeptcare__4	I will join a COVID-19 intubation team, code team, or other high-risk COVID-19 response team	5	postb_changeptcare__5	I will have the same work/clinical responsibilities, but I will feel LESS comfortable caring for COVID-19 positive and suspected patients	6	postb_changeptcare__6	I will actively avoid interacting with COVID-19 patients	7	postb_changeptcare__7	Other
1	postb_changeptcare__1	I do not intend to change my work behavior/activities																						
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6	postb_changeptcare__6	I will actively avoid interacting with COVID-19 patients																						
7	postb_changeptcare__7	Other																						
213	postb_otherchange Show the field ONLY if: [postb_changeptcare(7)] = 1	Please describe other changes in your job responsibilities or your willingness to care for patients with known or suspected COVID-19 infection. <i>pb_1926</i>	notes																					

214	postb_changeppe	In response to your positive test result, please indicate how you intend to change your use of PPE? [check all that apply] <i>pb_1659</i>	<div>checkbox</div> <table border="1"> <tr> <td>1</td> <td>postb_changeppe__1</td> <td>I do not intend to change my use of PPE</td> </tr> <tr> <td>2</td> <td>postb_changeppe__2</td> <td>I will no longer always wear a mask when in my workplace but outside of patient rooms</td> </tr> <tr> <td>3</td> <td>postb_changeppe__3</td> <td>I will wear a surgical mask instead of an N95 mask when in my workplace but outside of patient rooms</td> </tr> <tr> <td>4</td> <td>postb_changeppe__4</td> <td>I will no longer always wear a mask when in a patient room</td> </tr> <tr> <td>5</td> <td>postb_changeppe__5</td> <td>I will wear a surgical mask instead of an N95 mask when in a patient room</td> </tr> <tr> <td>6</td> <td>postb_changeppe__6</td> <td>I will wear a surgical mask instead of an N95 mask when performing intubations or other high-risk aerosol-generating procedures</td> </tr> <tr> <td>7</td> <td>postb_changeppe__7</td> <td>Other</td> </tr> </table> <div>Field Annotation: @NONEOFTHEABOVE = '1'</div>	1	postb_changeppe__1	I do not intend to change my use of PPE	2	postb_changeppe__2	I will no longer always wear a mask when in my workplace but outside of patient rooms	3	postb_changeppe__3	I will wear a surgical mask instead of an N95 mask when in my workplace but outside of patient rooms	4	postb_changeppe__4	I will no longer always wear a mask when in a patient room	5	postb_changeppe__5	I will wear a surgical mask instead of an N95 mask when in a patient room	6	postb_changeppe__6	I will wear a surgical mask instead of an N95 mask when performing intubations or other high-risk aerosol-generating procedures	7	postb_changeppe__7	Other
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7	postb_changeppe__7	Other																						
215	postb_otherppe Show the field ONLY if: [postb_changeppe(7)] = '1'	Please describe other changes in your PPE practice. <i>pb_1925</i>	notes																					
216	postb_changeliving	In response to your positive test result, how will your living situation (where or with whom you live) change? [check all that apply] <i>pb_1757</i>	<div>checkbox</div> <table border="1"> <tr> <td>1</td> <td>postb_changeliving__1</td> <td>My living situation will not change</td> </tr> <tr> <td>2</td> <td>postb_changeliving__2</td> <td>I will moved back to the same residence with my family or previous roommates</td> </tr> <tr> <td>3</td> <td>postb_changeliving__3</td> <td>I will change where I sleep in my residence</td> </tr> <tr> <td>4</td> <td>postb_changeliving__4</td> <td>I will no longer wear a mask while at my residence with my family or roommates</td> </tr> <tr> <td>5</td> <td>postb_changeliving__5</td> <td>Other</td> </tr> </table> <div>Field Annotation: @NONEOFTHEABOVE = '1'</div>	1	postb_changeliving__1	My living situation will not change	2	postb_changeliving__2	I will moved back to the same residence with my family or previous roommates	3	postb_changeliving__3	I will change where I sleep in my residence	4	postb_changeliving__4	I will no longer wear a mask while at my residence with my family or roommates	5	postb_changeliving__5	Other						
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4	postb_changeliving__4	I will no longer wear a mask while at my residence with my family or roommates																						
5	postb_changeliving__5	Other																						
217	postb_whatliving Show the field ONLY if: [postb_changeliving(5)] = '1'	Please describe other changes in your living situation. <i>pb_1342</i>	notes																					

218	postb_changepublicbeh	In response to your positive test result, how do you intend to change your practices in public? [check all that apply] <i>pb_2056</i>	checkbox <table border="1"> <tr> <td>1</td> <td>postb_changepublicbeh__1</td> <td>I do not intend to change practices in public</td> </tr> <tr> <td>2</td> <td>postb_changepublicbeh__2</td> <td>I no longer intend to wear a mask in public places</td> </tr> <tr> <td>3</td> <td>postb_changepublicbeh__3</td> <td>I am now more willing to go to restaurants, places of worship, and other places where groups of people gather</td> </tr> <tr> <td>4</td> <td>postb_changepublicbeh__4</td> <td>I am now more willing to invite friends and relatives over to my house</td> </tr> <tr> <td>5</td> <td>postb_changepublicbeh__5</td> <td>Other</td> </tr> </table> Field Annotation: @NONEOFTHEABOVE = '1'	1	postb_changepublicbeh__1	I do not intend to change practices in public	2	postb_changepublicbeh__2	I no longer intend to wear a mask in public places	3	postb_changepublicbeh__3	I am now more willing to go to restaurants, places of worship, and other places where groups of people gather	4	postb_changepublicbeh__4	I am now more willing to invite friends and relatives over to my house	5	postb_changepublicbeh__5	Other
1	postb_changepublicbeh__1	I do not intend to change practices in public																
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5	postb_changepublicbeh__5	Other																
219	postb_howpublic Show the field ONLY if: [postb_changepublicbeh(5)] = '1'	Please describe any other changes to your practices in public. <i>pb_2342</i>	notes															
220	postb_changelife	In response to your positive test result, do you expect anything else to change how you live your life? <i>pb_3337</i>	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No											
1	Yes																	
0	No																	
221	postb_howlife Show the field ONLY if: [postb_changelife] = '1'	How? <i>pb_1577</i>	notes															
222	withdrawal_followup_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete									
0	Incomplete																	
1	Unverified																	
2	Complete																	
Instrument: Facility Characteristics (facility_characteristics)  Enabled as survey ^ Collapse																		
223	fac_site_det Show the field ONLY if: [user-dag-id]='7349'	Section Header: <i>Facility Size</i> Please indicate which site you are providing information about. <i>fc_2007</i>	radio, Required <table border="1"> <tr> <td>1</td> <td>Detroit Receiving Hospital</td> </tr> <tr> <td>2</td> <td>Sinai-Grace Hospital</td> </tr> </table>	1	Detroit Receiving Hospital	2	Sinai-Grace Hospital											
1	Detroit Receiving Hospital																	
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224	fac_site_ucla Show the field ONLY if: [user-dag-id]='7357'	Please indicate which site you are providing information about. <i>fc_1852</i>	radio, Required <table border="1"> <tr> <td>1</td> <td>UCLA Olive View</td> </tr> <tr> <td>2</td> <td>UCLA Ronald Reagan</td> </tr> </table>	1	UCLA Olive View	2	UCLA Ronald Reagan											
1	UCLA Olive View																	
2	UCLA Ronald Reagan																	
225	fac_site_mtsinai Show the field ONLY if: [user-dag-id]='7354'	Please indicate which site you are providing information about. <i>fc_3516</i>	radio, Required <table border="1"> <tr> <td>1</td> <td>Mount Sinai Hospital</td> </tr> <tr> <td>2</td> <td>Elmhurst Hospital Center</td> </tr> </table>	1	Mount Sinai Hospital	2	Elmhurst Hospital Center											
1	Mount Sinai Hospital																	
2	Elmhurst Hospital Center																	
226	fac_site_washu Show the field ONLY if: [user-dag-id]='7365'	Please indicate which site you are providing information about. <i>fc_3271</i>	radio, Required <table border="1"> <tr> <td>1</td> <td>Washington University</td> </tr> <tr> <td>2</td> <td>Barnes-Jewish Hospital</td> </tr> </table>	1	Washington University	2	Barnes-Jewish Hospital											
1	Washington University																	
2	Barnes-Jewish Hospital																	
227	fac_site_uab Show the field ONLY if: [user-dag-id]='7356'	Please indicate which site you are providing information about. <i>fc_1498</i>	radio, Required <table border="1"> <tr> <td>1</td> <td>University of Alabama at Birmingham</td> </tr> <tr> <td>2</td> <td>Highlands</td> </tr> </table>	1	University of Alabama at Birmingham	2	Highlands											
1	University of Alabama at Birmingham																	
2	Highlands																	

228	fac_site_thomjeff Show the field ONLY if: [user-dag-id]='7363'	Please indicate which site you are providing information about. <i>fc_1165</i>	radio, Required <table border="1"> <tr> <td>1</td> <td>Jefferson Center City</td> </tr> <tr> <td>2</td> <td>Jefferson Methodist Hospital</td> </tr> </table>	1	Jefferson Center City	2	Jefferson Methodist Hospital
1	Jefferson Center City						
2	Jefferson Methodist Hospital						
229	fac_site_ucsf Show the field ONLY if: [user-dag-id]='7358'	Please indicate which site you are providing information about. <i>fc_1562</i>	radio, Required <table border="1"> <tr> <td>1</td> <td>Zuckerberg San Francisco Medical</td> </tr> <tr> <td>2</td> <td>UCSF Medical Center (Parnassus campus)</td> </tr> </table>	1	Zuckerberg San Francisco Medical	2	UCSF Medical Center (Parnassus campus)
1	Zuckerberg San Francisco Medical						
2	UCSF Medical Center (Parnassus campus)						
230	fac_beds_pre	How many beds did you have in your ED pre-COVID? (Bed is defined as a dedicated patient care space during normal operations-may include "hall beds" if used routinely) <i>fc_2822</i>	text (number, Min: 0), Required				
231	fac_beds_covid	How many beds do you have in your ED now?(Bed is defined as a dedicated patient care space during normal operations-may include "hall beds" if used routinely) <i>fc_4325</i>	text (number, Min: 1), Required				
232	fac_negpress_beds	How many of those beds are in negative pressure rooms? <i>fc_3599</i>	text (number), Required				
233	fac_shared_hall_beds	How many of those beds are in hallways or are shared rooms? <i>fc_1751</i>	text (number), Required				
234	fac_ptvol_total19	Section Header: <i>Please provide total ED patient volume for the following time periods:</i> Annual ED patient volume in calendar year 2019 <i>fc_4406</i>	text (number), Required				
235	fac_ptvol_jan20	January 2020 <i>fc_2244</i>	text (number), Required				
236	fac_ptvol_feb20	February 2020 <i>fc_2451</i>	text (number), Required				
237	fac_ptvol_mar20	March 2020 <i>fc_1471</i>	text (number), Required				
238	fac_ptvol_apr20	April 2020 <i>fc_1471</i>	text (number), Required				
239	fac_attendhrs_norm	Section Header: <i>Coverage hours prior to COVID-19 Prior to COVID-19, how many total hours of coverage were provided by all providers in each category during one week? (e.g., if the ED has a single physician covering 24-hours daily, this response would be 168 hours; if there were 2 physicians covering 12-hours during the day and only one covering 12-hours at night, this response would be 252)</i> Attending physicians <i>fc_2065</i>	text (number), Required				
240	fac_reshrs_norm	Resident physicians <i>fc_1315</i>	text (number), Required				
241	fac_advprachrs_norm	Advanced practice providers <i>fc_5032</i>	text (number), Required				
242	fac_rnhrs_norm	Nurses <i>fc_5001</i>	text (number), Required				
243	fac_na_norm	Nurses aides/paramedics <i>fc_5103</i>	text (number, Min: 0), Required				
244	fac_pharm_norm	ED pharmacists <i>fc_6147</i>	text (number, Min: 0), Required				
245	fac_nonclin_norm	Non-clinical staff (i.e., clerks, case managers, social workers, finance, etc.) <i>fc_4671</i>	text (number, Min: 0), Required				
246	fac_attend_hrs	Section Header: <i>COVID-19-specific Operations How many total hours in each category were worked by all providers in a category in the last 1 week, not including today? (e.g., if the ED has a single physician covering 24-hours daily, this response would be 168 hours; if there were 2 physicians covering 12-hours during the day and only one covering 12-hours at night, this response would be 252)</i> Attending physicians <i>fc_1421</i>	text (number), Required				
247	fac_res_hrs	Resident physicians <i>fc_1136</i>	text (number), Required				
248	fac_advprac_hrs	Advanced practice providers <i>fc_4080</i>	text (number), Required				
249	fac_rn_hrs	Nurses <i>fc_2432</i>	text (number), Required				

250	fac_na_hrs	Nursing aides/paramedics <i>fc_4972</i>	text (number), Required						
251	fac_pharm_hrs	ED pharmacists <i>fc_1430</i>	text (number), Required						
252	fac_nonclin_hrs	Non-clinical staff (i.e., clerks, case managers, social workers, finance, etc.) <i>fc_2249</i>	text (number), Required						
253	fac_aggreg_covid	Section Header: <i>Please indicate the number of ED personnel in each group that have been diagnosed with COVID-19 since the beginning of the pandemic, not including today.</i> If you are unable to obtain the numbers via category, please report the total number of ALL ED personnel that have been diagnosed with COVID-19 in the last 1 week, including today.If unable to obtain the aggregate number, please enter '999'. <i>fc_4271</i>	text						
254	fac_attend_covid	Attending physicians <i>fc_3212</i>	text (number)						
255	fac_res_covid	Resident physicians <i>fc_3603</i>	text (number)						
256	fac_advprac_covid	Advanced practice providers <i>fc_2507</i>	text (number)						
257	fac_rn_covid	Nurses <i>fc_2609</i>	text (number)						
258	fac_na_covid	Nursing aides/paramedics <i>fc_2578</i>	text (number)						
259	fac_pharm_covid	ED Pharmacists <i>fc_2389</i>	text (number)						
260	fac_nonclin_covid	Non-clinical staff (i.e., clerk, case managers, social workers, finance, etc) <i>fc_2108</i>	text (number)						
261	fac_separate_covid	Section Header: <i>COVID-19 patients</i> Are COVID-19-positive or suspected patients cohorted in a separate part of the ED? <i>fc_1755</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No		
1	Yes								
0	No								
262	fac_intteam_covid	Does your site use a dedicated intubation team for intubating COVID-19 patients? <i>fc_1520</i>	radio, Required <table><tr><td>1</td><td>Always</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>0</td><td>Never</td></tr></table>	1	Always	2	Sometimes	0	Never
1	Always								
2	Sometimes								
0	Never								
263	fac_attendres_intteam Show the field ONLY if: [fac_intteam_covid] = '1' or [fac_intteam_covid] = '2'	Are emergency medicine attendings or residents on the intubation team? <i>fc_4753</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No		
1	Yes								
0	No								
264	fac_covidpos_1wk	Has your ED treated a COVID-19-positive patient within the last 1 week,not including today? <i>fc_1988</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No		
1	Yes								
0	No								
265	fac_covidpos_total1wk Show the field ONLY if: [fac_covidpos_1wk] = '1'	How many total COVID-19-positive patients, confirmed by a PCR test, have been treated in your ED in the last 1 week, not including today? <i>fc_4500</i>	text (number), Required						
266	fac_covidpos_int1wk Show the field ONLY if: [fac_covidpos_1wk] = '1'	How many COVID-19-positive patients have been intubated in your ED in the last 1 week, not including today? <i>fc_1640</i>	text (number), Required						
267	fac_covidpos_card1wk Show the field ONLY if: [fac_covidpos_1wk] = '1'	How many COVID-19-positive cardiac arrest patients were managed in your ED in the last 1 week, not including today? <i>fc_2835</i>	text (number), Required						
268	fc_covidpos_adm1wk	How many cases of COVID-19 were admitted to your hospital (admitted through the ED or from outside) in the last 1 week, not including today? <i>fc_2301</i>	text (number), Required						
269	fc_covidpos_hosp1wk	In your hospital, how many COVID-19 patients were hospitalized on Monday of this week? <i>fc_1833</i>	text (number), Required						

270

facility_characteristics_complete

Section Header: *Form Status*
Complete?

dropdown

0

Incomplete

1

Unverified

2

Complete

Instrument: **Weekly Participant Survey** (weekly_participant_survey)

Enabled as survey

^ Collapse

271

wps_comp

Weekly survey compensation

calc
Calculation: if([screening_arm_1][primary_job] < 7, 10, 5)
Field Annotation: @HIDDEN

272

wps_title

Weekly survey title

text
Field Annotation: @DEFAULT='weekly survey'
@HIDDEN

273

wps_date

Weekly survey completion date

text (date_mdy)
Field Annotation: @TODAY @HIDDEN-SURVEY

274

first_wps

first weekly participant survey

calc
Calculation: if([first-event-name]
[weekly_participant_survey_complete]<>2, 1,0)
Field Annotation: @HIDDEN

275

last_wps_date
Show the field ONLY if:
[first_wps]<>1

For this survey, please think about the time since you completed your last survey on [previous-event-name][wps_date], but not including today.

descriptive

276

wkly_returnwork
Show the field ONLY if:
[previous-event-name][wkly_stopwrk]='1' or ([first_wps]=0 and [previous-event-name][wkly_stopwrk]='') or [previous-event-name][wkly_returnwork]='0'

Have you resumed working?
wps_2347

radio, Required

1

Yes

0

No

9

N/A (missed last week's survey)

277

wkly_returndate
Show the field ONLY if:
[wkly_returnwork] = '1'

Please provide the date you returned to work.
wps_2188

text (date_mdy, Min: 2020-04-13, Max: 2021-04-15)

278

wkly_sx

Section Header: *COVID Diagnoses*
Have you had any symptoms possibly related to COVID-19 in the last 1 week, not including today?
wps_4298

yesno, Required

1

Yes

0

No

279

wkly_sxpresent
Show the field ONLY if:
[wkly_sx] = '1'

Which of the following symptoms have you had in the last 1 week, not including today [check all that apply]:
wps_4509

checkbox, Required

1

wkly_sxpresent__1Cough (dry)

2

wkly_sxpresent__2Cough (productive)

3

wkly_sxpresent__3Sore throat

4

wkly_sxpresent__4Runny nose

5

wkly_sxpresent__5Shortness of breath

6

wkly_sxpresent__6Muscle aches

7

wkly_sxpresent__7Fatigue

8

wkly_sxpresent__8Fever/chills (subjective)

9

wkly_sxpresent__9Diarrhea

10

wkly_sxpresent__10Loss of smell or taste

11

wkly_sxpresent__11Other

280

wkly_sxpresent_other
Show the field ONLY if:
[wkly_sxpresent(11)]=1

Please list what other symptoms you have been having.
wps_4304

text

281

wkly_temptaken

Have you taken your temperature in the last 1 week, not including today?
wps_2208

yesno, Required

1

Yes

0

No

282	wkly_fever Show the field ONLY if: [wkly_temptaken] = '1'	Have you measured a fever (a temperature greater than 100.4 F or 38 C)? <i>wps_1466</i>	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No											
1	Yes																	
0	No																	
283	wkly_pcrtest	Outside this project, have you been personally tested for COVID-19 with a PCR test(s) (throat or nose swab) in the last 1 week, not including today? <i>wps_2546</i>	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No											
1	Yes																	
0	No																	
284	wkly_pcrpos Show the field ONLY if: [wkly_pcrtest] = '1'	For testing outside this project, what was your test result? If any test result was positive, please select 'positive'. <i>wps_4559</i>	radio, Required <table border="1"> <tr> <td>1</td> <td>Positive</td> </tr> <tr> <td>0</td> <td>Negative</td> </tr> <tr> <td>2</td> <td>Pending</td> </tr> </table>	1	Positive	0	Negative	2	Pending									
1	Positive																	
0	Negative																	
2	Pending																	
285	wkly_pcrdate Show the field ONLY if: [wkly_pcrpos] = '1'	For testing outside this project, what was the date of the positive test? <i>wps_1169</i>	text (date_mdy, Min: 2020-04-13, Max: 2021-04-15), Required															
286	wkly_pcrdate_neg Show the field ONLY if: [wkly_pcrpos] = '0' and [wkly_returnwork]<>'0'	For testing outside this project, what was the date of the first negative test after your COVID-19 infection? <i>wps_1170</i>	text (date_mdy, Min: 2020-04-13, Max: 2021-04-15), Required															
287	wkly_antib	Outside this project, within the last 1 week, not including today, have you personally had a COVID-19 antibody (blood) test? <i>wps_6479</i>	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No											
1	Yes																	
0	No																	
288	wkly_antib_pos Show the field ONLY if: [wkly_antib]=1	For testing outside this project, what was your antibody (blood) test result? <i>wps_4558</i>	radio, Required <table border="1"> <tr> <td>1</td> <td>Positive</td> </tr> <tr> <td>0</td> <td>Negative</td> </tr> <tr> <td>2</td> <td>Pending</td> </tr> </table>	1	Positive	0	Negative	2	Pending									
1	Positive																	
0	Negative																	
2	Pending																	
289	wkly_antib_date Show the field ONLY if: [wkly_antib_pos]=1	For testing outside this project, what was the date of the positive antibody (blood) test? <i>wps_1168</i>	text (date_mdy, Min: 2020-04-13, Max: 2021-04-15), Required															
290	wkly_stopwrk Show the field ONLY if: [wkly_returnwork]<>'0'	In the last 1 week, not including today, have you worked in your ED? <i>wps_1052</i>	radio, Required <table border="1"> <tr> <td>0</td> <td>Yes, I worked at least one shift this week</td> </tr> <tr> <td>1</td> <td>No, I had COVID-19 symptoms or suspected/confirmed infection</td> </tr> <tr> <td>2</td> <td>No, I was not scheduled</td> </tr> <tr> <td>3</td> <td>No, I was on vacation/holiday</td> </tr> </table>	0	Yes, I worked at least one shift this week	1	No, I had COVID-19 symptoms or suspected/confirmed infection	2	No, I was not scheduled	3	No, I was on vacation/holiday							
0	Yes, I worked at least one shift this week																	
1	No, I had COVID-19 symptoms or suspected/confirmed infection																	
2	No, I was not scheduled																	
3	No, I was on vacation/holiday																	
291	wkly_stopwrk_date Show the field ONLY if: [wkly_stopwrk] = '1'	When did you stop working? <i>wps_3854</i>	text (date_mdy, Min: 2020-04-13, Max: 2021-04-15), Required															
292	wkly_stopwrk_reason Show the field ONLY if: [wkly_stopwrk] = '1'	What was the reason you stopped working? [check all that apply] <i>wps_1529</i>	checkbox, Required <table border="1"> <tr> <td>1</td> <td>wkly_stopwrk_reason__1</td> <td>Symptoms</td> </tr> <tr> <td>2</td> <td>wkly_stopwrk_reason__2</td> <td>Positive PCR test (throat or nose swab) related to this project</td> </tr> <tr> <td>5</td> <td>wkly_stopwrk_reason__5</td> <td>Positive PCR test (throat or nose swab) from another source (not related to this project)</td> </tr> <tr> <td>3</td> <td>wkly_stopwrk_reason__3</td> <td>Serology (blood test) related to this project</td> </tr> <tr> <td>4</td> <td>wkly_stopwrk_reason__4</td> <td>Serology (blood test) from another source (not related to this project)</td> </tr> </table>	1	wkly_stopwrk_reason__1	Symptoms	2	wkly_stopwrk_reason__2	Positive PCR test (throat or nose swab) related to this project	5	wkly_stopwrk_reason__5	Positive PCR test (throat or nose swab) from another source (not related to this project)	3	wkly_stopwrk_reason__3	Serology (blood test) related to this project	4	wkly_stopwrk_reason__4	Serology (blood test) from another source (not related to this project)
1	wkly_stopwrk_reason__1	Symptoms																
2	wkly_stopwrk_reason__2	Positive PCR test (throat or nose swab) related to this project																
5	wkly_stopwrk_reason__5	Positive PCR test (throat or nose swab) from another source (not related to this project)																
3	wkly_stopwrk_reason__3	Serology (blood test) related to this project																
4	wkly_stopwrk_reason__4	Serology (blood test) from another source (not related to this project)																

293	wkly_hospadmit Show the field ONLY if: [wkly_stopwrk] = '1' or [wkly_pcrpos]='1' or [wkly_antib_pos]='1' or [wkly_returnwork]='0'	In the last 1 week, not including today, have you been admitted to the hospital for COVID-19 for at least 24 hours? <i>wps_4484</i>	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																	
1	Yes																							
0	No																							
294	wkly_icuadmit Show the field ONLY if: [wkly_hospadmit] = '1'	At any point during your hospital stay, were you admitted to an intensive care unit (ICU) or ICU-level care if no ICU bed was available? <i>wps_4709</i>	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																	
1	Yes																							
0	No																							
295	wkly_icu_int Show the field ONLY if: [wkly_icuadmit] = '1'	During your stay in the ICU or ICU-level care, if no ICU bed was available, were you ever intubated? <i>wps_4641</i>	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																	
1	Yes																							
0	No																							
296	wkly_stopwrk_hholdquar Show the field ONLY if: [wkly_stopwrk] = '1' and [baseline_arm_1][baseline_live_with(1)] <> '0'	Because of your suspected or confirmed COVID-19 diagnosis, have any of your household members been quarantined, isolated, or been unable to work? <i>wps_3000</i>	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																	
1	Yes																							
0	No																							
297	wkly_stopwrk_numhholdq Show the field ONLY if: [wkly_stopwrk_hholdquar] = '1' and [baseline_arm_1][baseline_live_with(1)] <> '0'	How many household members, not including you? <i>wps_4999</i>	text (number)																					
298	wkly_covid_med 	During the last week, not including today, have you taken any medications (prescribed or as part of a study protocol) specifically for the prevention or treatment of COVID-19? <i>wps_2134</i>	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																	
1	Yes																							
0	No																							
299	wkly_covid_medtype Show the field ONLY if: [wkly_covid_med] = '1'	Which medication(s)? For those taking medications on a study protocol, please indicate the active ingredient of the study, even if you may be allocated to a placebo group [check all that apply]. <i>wps_1337</i>	checkbox, Required <table border="1"> <tr> <td>1</td> <td>wkly_covid_medtype__1</td> <td>Chloroquine</td> </tr> <tr> <td>2</td> <td>wkly_covid_medtype__2</td> <td>Hydroxychloroquine</td> </tr> <tr> <td>3</td> <td>wkly_covid_medtype__3</td> <td>Azithromycin</td> </tr> <tr> <td>4</td> <td>wkly_covid_medtype__4</td> <td>Ivermectin</td> </tr> <tr> <td>5</td> <td>wkly_covid_medtype__5</td> <td>Remdesivir</td> </tr> <tr> <td>6</td> <td>wkly_covid_medtype__6</td> <td>Zinc</td> </tr> <tr> <td>7</td> <td>wkly_covid_medtype__7</td> <td>Other</td> </tr> </table>	1	wkly_covid_medtype__1	Chloroquine	2	wkly_covid_medtype__2	Hydroxychloroquine	3	wkly_covid_medtype__3	Azithromycin	4	wkly_covid_medtype__4	Ivermectin	5	wkly_covid_medtype__5	Remdesivir	6	wkly_covid_medtype__6	Zinc	7	wkly_covid_medtype__7	Other
1	wkly_covid_medtype__1	Chloroquine																						
2	wkly_covid_medtype__2	Hydroxychloroquine																						
3	wkly_covid_medtype__3	Azithromycin																						
4	wkly_covid_medtype__4	Ivermectin																						
5	wkly_covid_medtype__5	Remdesivir																						
6	wkly_covid_medtype__6	Zinc																						
7	wkly_covid_medtype__7	Other																						
300	wkly_covid_medother Show the field ONLY if: [wkly_covid_medtype(7)] = '1'	Please specify 'other' <i>wps_3843</i>	text																					
301	wkly_site_det Show the field ONLY if: [screening_arm_1][work_site] = '4' and ([wkly_returnwork]<'0' or [wkly_sx]='0') and ([wkly_stopwrk]='0')	Section Header: COVID Exposures Which of the following 2 sites did you work at the most in the last 1 week, not including today? <i>wps_3541</i>	radio, Required <table border="1"> <tr> <td>1</td> <td>Detroit Receiving Hospital</td> </tr> <tr> <td>2</td> <td>Sinai-Grace Hospital</td> </tr> <tr> <td>3</td> <td>Equal time at both sites</td> </tr> </table>	1	Detroit Receiving Hospital	2	Sinai-Grace Hospital	3	Equal time at both sites															
1	Detroit Receiving Hospital																							
2	Sinai-Grace Hospital																							
3	Equal time at both sites																							
302	wkly_site_ucla Show the field ONLY if: [screening_arm_1][work_site] = '12' and ([wkly_returnwork]<'0' or [wkly_sx]='0') and ([wkly_stopwrk]='0')	Which of the following 2 sites did you work at the most in the last 1 week, not including today? <i>wps_7145</i>	radio, Required <table border="1"> <tr> <td>1</td> <td>UCLA Olive View</td> </tr> <tr> <td>2</td> <td>UCLA Ronald Reagan</td> </tr> <tr> <td>3</td> <td>Equal time at both sites</td> </tr> </table>	1	UCLA Olive View	2	UCLA Ronald Reagan	3	Equal time at both sites															
1	UCLA Olive View																							
2	UCLA Ronald Reagan																							
3	Equal time at both sites																							
303	wkly_site_mtsinai Show the field ONLY if: [screening_arm_1][work_site] = '9' and ([wkly_returnwork]<'0' or [wkly_sx]='0') and ([wkly_stopwrk]='0')	Which of the following 2 sites did you work at the most in the last 1 week, not including today? <i>wps_2018</i>	radio, Required <table border="1"> <tr> <td>1</td> <td>Mount Sinai Hospital</td> </tr> <tr> <td>2</td> <td>Elmhurst Hospital Center</td> </tr> <tr> <td>3</td> <td>Equal time at both sites</td> </tr> </table>	1	Mount Sinai Hospital	2	Elmhurst Hospital Center	3	Equal time at both sites															
1	Mount Sinai Hospital																							
2	Elmhurst Hospital Center																							
3	Equal time at both sites																							

304	wkly_site_washu Show the field ONLY if: [screening_arm_1][work_site] = '20' and ([wkly_returnwork]< >'0' or [wkly_sx]='0') and ([wkly _stopwrk]='0')	Which of the following 2 sites did you work at the most in the last 1 week, not including today? <i>wps_2032</i>	radio, Required <table border="1"> <tr><td>1</td><td>Washington University</td></tr> <tr><td>2</td><td>Barnes-Jewish Hospital</td></tr> <tr><td>3</td><td>Equal time at both sites</td></tr> </table> Field Annotation: @HIDDEN-SURVEY	1	Washington University	2	Barnes-Jewish Hospital	3	Equal time at both sites		
1	Washington University										
2	Barnes-Jewish Hospital										
3	Equal time at both sites										
305	wkly_site_uab Show the field ONLY if: [screening_arm_1][work_site] = '11' and ([wkly_returnwork]< >'0' or [wkly_sx]='0') and ([wkly _stopwrk]='0')	Which of the following 2 sites did you work at the most in the last 1 week, not including today? <i>wps_4320</i>	radio, Required <table border="1"> <tr><td>1</td><td>University of Alabama at Birmingham</td></tr> <tr><td>2</td><td>Highlands</td></tr> <tr><td>3</td><td>Equal time at both sites</td></tr> </table>	1	University of Alabama at Birmingham	2	Highlands	3	Equal time at both sites		
1	University of Alabama at Birmingham										
2	Highlands										
3	Equal time at both sites										
306	wkly_site_thomjeff Show the field ONLY if: [screening_arm_1][work_site] = '18' and ([wkly_returnwork]< >'0' or [wkly_sx]='0') and ([wkly _stopwrk]='0')	Which of the following 2 sites did you work at the most in the last 1 week, not including today? <i>wps_2222</i>	radio, Required <table border="1"> <tr><td>1</td><td>Jefferson Center City</td></tr> <tr><td>2</td><td>Jefferson Methodist Hospital</td></tr> <tr><td>3</td><td>Equal time at both sites</td></tr> </table>	1	Jefferson Center City	2	Jefferson Methodist Hospital	3	Equal time at both sites		
1	Jefferson Center City										
2	Jefferson Methodist Hospital										
3	Equal time at both sites										
307	wkly_site_ucsf Show the field ONLY if: [screening_arm_1][work_site] = '13' and ([wkly_returnwork]< >'0' or [wkly_sx]='0') and ([wkly _stopwrk]='0')	Which of the following 2 sites did you work at the most in the last 1 week, not including today? <i>wps_2620</i>	radio, Required <table border="1"> <tr><td>1</td><td>Zuckerberg San Francisco Medical Center</td></tr> <tr><td>2</td><td>UCSF Medical Center (Parnassus campus)</td></tr> <tr><td>3</td><td>Equal time at both sites</td></tr> </table>	1	Zuckerberg San Francisco Medical Center	2	UCSF Medical Center (Parnassus campus)	3	Equal time at both sites		
1	Zuckerberg San Francisco Medical Center										
2	UCSF Medical Center (Parnassus campus)										
3	Equal time at both sites										
308	wkly_covidpts Show the field ONLY if: ([wkly_sx] = '0' or [wkly_return work]<>'0') and [wkly_stopwr k] = '0' and [screening_arm_1] [primary_job] <> '7'	How many suspected or confirmed COVID-19 patients did you personally care for in the last 1 week, not including today? <i>wps_3754</i>	radio, Required <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1-5</td></tr> <tr><td>2</td><td>6-10</td></tr> <tr><td>3</td><td>More than 10</td></tr> </table>	0	0	1	1-5	2	6-10	3	More than 10
0	0										
1	1-5										
2	6-10										
3	More than 10										
309	wkly_ptcare_exp Show the field ONLY if: [wkly_covidpts] = '1' or [wkly_c ovidpts] = '2' or [wkly_covidpt s] = '3'	Did you perform routine care within 6 feet of these patients without a surgical mask and gloves? <i>wps_3290</i>	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes										
0	No										
310	wkly_rncovid_int Show the field ONLY if: ([wkly_sx] = '0' or [wkly_return work]<>'0') and [wkly_stopwr k] = '0' and [screening_arm_1] [primary_job] = '6'	For how many patients with COVID-19 were you within 6 feet of during intubation in the last 1 week, not including today? <i>wps_3772</i>	text (number), Required								
311	wkly_rncovid_cpr Show the field ONLY if: ([wkly_sx] = '0' or [wkly_return work]<>'0') and [wkly_stopwr k] = '0' and [screening_arm_1] [primary_job] = '6'	For how many patients with COVID-19 did you personally perform CPR (meaning e.g., doing chest compressions for cardiac arrest) in the last 1 week, not including today? <i>wps_1751</i>	text (number), Required								
312	wkly_rncovid_rmcpr Show the field ONLY if: ([wkly_sx] = '0' or [wkly_return work]<>'0') and [wkly_stopwr k] = '0' and [screening_arm_1] [primary_job] = '6'	For how many patients with COVID-19 were you within 6 feet of during CPR in the last 1 week, not including today? <i>wps_2248</i>	text (number), Required								

313	wkly_int Show the field ONLY if: ([wkly_sx] = '0' or [wkly_return work]<>'0') and [wkly_stopwr k] = '0' and ([screening_arm_1] [primary_job] = '1' or [screeni ng_arm_1][primary_job] = '2' o r [screening_arm_1][primary_j ob] = '3' or [screening_arm_1] [primary_job] = '4' or [screeni ng_arm_1][primary_job] = '5')	Have you performed any intubations in the last 1 week, not including today? <i>wps_1290</i>	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
314	wkly_int_outside_ed Show the field ONLY if: [wkly_int]=1	How many of your intubations occurred outside of the study ED? (e.g., hospital inpatients, other ED) <i>wps_5015</i>	text (number), Required																		
315	wkly_phys_highriskrecord Show the field ONLY if: [wkly_int] = '1'	Have all of your ED intubations been recorded on appropriate project forms for the last 1 week, not including today? <i>wps_4274</i>	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No (please record those event(s) now)</td> </tr> </table>	1	Yes	0	No (please record those event(s) now)														
1	Yes																				
0	No (please record those event(s) now)																				
316	wkly_covid_aerosol Show the field ONLY if: ([wkly_sx] = '0' or [wkly_return work]<>'0') and [wkly_stopwr k] = '0' and [screening_arm_1] [primary_job] <> '7'	Were you within 6 feet for any other aerosol-generating procedures (not recorded as intubations or CPR) for patients with COVID-19 this week? Commonly performed medical procedures that are often considered aerosol-generating procedures, or that create uncontrolled respiratory secretions, include: open suctioning of airways sputum induction non-invasive ventilation (e.g., BiPAP, CPAP) bronchoscopy manual ventilation <i>wps_1740</i>	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
317	wkly_covid_aerosolproc Show the field ONLY if: [wkly_covid_aerosol] = '1'	Which procedures? <i>wps_1478</i>	checkbox, Required <table border="1"> <tr> <td>1</td> <td>wkly_covid_aerosolproc__1</td> <td>Open suctioning of airways</td> </tr> <tr> <td>2</td> <td>wkly_covid_aerosolproc__2</td> <td>Sputum induction</td> </tr> <tr> <td>5</td> <td>wkly_covid_aerosolproc__5</td> <td>Noninvasive ventilation (e.g., BiPap, CPAP)</td> </tr> <tr> <td>6</td> <td>wkly_covid_aerosolproc__6</td> <td>Bronchoscopy</td> </tr> <tr> <td>7</td> <td>wkly_covid_aerosolproc__7</td> <td>Manual ventilation</td> </tr> <tr> <td>8</td> <td>wkly_covid_aerosolproc__8</td> <td>Other</td> </tr> </table>	1	wkly_covid_aerosolproc__1	Open suctioning of airways	2	wkly_covid_aerosolproc__2	Sputum induction	5	wkly_covid_aerosolproc__5	Noninvasive ventilation (e.g., BiPap, CPAP)	6	wkly_covid_aerosolproc__6	Bronchoscopy	7	wkly_covid_aerosolproc__7	Manual ventilation	8	wkly_covid_aerosolproc__8	Other
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7	wkly_covid_aerosolproc__7	Manual ventilation																			
8	wkly_covid_aerosolproc__8	Other																			
318	wkly_covid_aerosolother Show the field ONLY if: [wkly_covid_aerosolproc(8)] = '1'	Please specify 'other' <i>wps_4960</i>	text																		
319	wkly_aerosol_exp Show the field ONLY if: [wkly_covid_aerosol] = '1'	Were you present for any of these procedures without wearing all of the following: an N-95 mask/respirator or PAPR, gown, and gloves? <i>wps_1420</i>	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
320	wkly_clinhrs Show the field ONLY if: ([wkly_sx] = '0' or [wkly_return work]<>'0') and [wkly_stopwr k] = '0' and [screening_arm_1] [primary_job] <> '7'	How many clinical hours did you work in the Project COVERED(s) ED this last 1 week, not including today? <i>wps_1288</i>	text (number, Min: 1, Max: 168), Required																		
321	wkly_nonclinhrs Show the field ONLY if: ([wkly_sx] = '0' or [wkly_return work]<>'0') and [wkly_stopwr k] = '0' and [screening_arm_1] [primary_job] = '7'	How many hours did you work in the Project COVERED ED this last 1 week, not including today? <i>wps_1289</i>	text (number, Min: 1, Max: 100), Required																		

322	wkly_shifts Show the field ONLY if: ([wkly_sx] = '0' or [wkly_return work]<>'0') and [wkly_stopwr k] = '0' and [screening_arm_1] [primary_job] <> '7'	How many shifts did you work in the Project COVERED(s) ED this last 1 week, not including today? <i>wps_2305</i>	text (number), Required										
323	wkly_ed_outside Show the field ONLY if: ([baseline_arm_1][other_employ _hlthcare]='1') and ([wkly_s x] = '0' or [wkly_returnwork]< >'0') and [wkly_stopwrk] = '0'	In the last 1 week, not including today, how many hours have you worked in an emergency department outside a Project COVERED site?If you have not worked in another emergency department, please enter '0'. <i>wps_9999</i>	text (number, Min: 0, Max: 168), Required										
324	wkly_ed_outside_2 Show the field ONLY if: ([wkly_sx] = '0' or [wkly_return work]<>'0') and [wkly_stopwr k] = '0'	In the last 1 week, not including today, how many hours have you worked providing clinical care in your Project COVERED hospital outside the ED (e.g., staffing intensive care unit, other inpatient services, or clinics).If you have not worked outside the ED, please enter '0'. <i>wps_9998</i>	text (number, Min: 0, Max: 168), Required										
325	wkly_fatigue Show the field ONLY if: ([wkly_sx] = '0' or [wkly_return work]<>'0') and [wkly_stopwr k] = '0' and [screening_arm_1] [primary_job] <> '7'	Based on your current work schedule, how fatigued (physically, mentally or emotionally) do you feel while you are at work? <i>wps_2537</i>	radio <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>A little</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>A lot</td></tr> <tr><td>4</td><td>Very fatigued</td></tr> </table>	0	Not at all	1	A little	2	Somewhat	3	A lot	4	Very fatigued
0	Not at all												
1	A little												
2	Somewhat												
3	A lot												
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326	wkly_ppecomfort Show the field ONLY if: ([wkly_sx] = '0' or [wkly_return work]<>'0') and [wkly_stopwr k] = '0' and [screening_arm_1] [primary_job] <> '7'	Section Header: <i>Use of personal protective equipment (PPE)</i> Over the last 1 week, not including today, rate your comfort with being able to safely use recommended PPE without contaminating yourself. <i>wps_2025</i>	radio <table border="1"> <tr><td>1</td><td>Very comfortable</td></tr> <tr><td>2</td><td>Somewhat comfortable</td></tr> <tr><td>3</td><td>Somewhat uncomfortable</td></tr> <tr><td>4</td><td>Very uncomfortable</td></tr> </table>	1	Very comfortable	2	Somewhat comfortable	3	Somewhat uncomfortable	4	Very uncomfortable		
1	Very comfortable												
2	Somewhat comfortable												
3	Somewhat uncomfortable												
4	Very uncomfortable												
327	wkly_ppeprotocol Show the field ONLY if: ([wkly_sx] = '0' or [wkly_return work]<>'0') and [wkly_stopwr k] = '0' and [screening_arm_1] [primary_job] <> '7'	Over the last 1 week, not including today, rate your confidence in your facility's PPE protocol: <i>wps_3722</i>	radio, Required <table border="1"> <tr><td>1</td><td>I am confident that our PPE protocol will keep me completely safe.</td></tr> <tr><td>2</td><td>I think my facility's protocol puts me at risk and that I should use PPE more often than required by protocol.</td></tr> <tr><td>3</td><td>I think my facility's PPE protocol is too restrictive, and I feel that I can safely practice without wearing PPE every time that it is required by my institution's protocol.</td></tr> <tr><td>4</td><td>I am unsure about the safety of our PPE protocol and feel neither safe or unsafe.</td></tr> </table>	1	I am confident that our PPE protocol will keep me completely safe.	2	I think my facility's protocol puts me at risk and that I should use PPE more often than required by protocol.	3	I think my facility's PPE protocol is too restrictive, and I feel that I can safely practice without wearing PPE every time that it is required by my institution's protocol.	4	I am unsure about the safety of our PPE protocol and feel neither safe or unsafe.		
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4	I am unsure about the safety of our PPE protocol and feel neither safe or unsafe.												
328	wkly_insuff_ppe Show the field ONLY if: ([wkly_sx] = '0' or [wkly_return work]<>'0') and [wkly_stopwr k] = '0' and [screening_arm_1] [primary_job] <> '7'	In the last 1 week, not including today, has your ED had sufficient PPE for clinical use? <i>wps_1969</i>	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No						
1	Yes												
0	No												

329	wkly_insuff_ppe_items	Please check all of the following that have run out:	checkbox, Required		
	Show the field ONLY if: [wkly_insuff_ppe] = '0'	wps_4494	2	wkly_insuff_ppe_items__2	Reusable face shields
			3	wkly_insuff_ppe_items__3	Disposable face-shields (single use)
			4	wkly_insuff_ppe_items__4	Safety glasses/goggles
			5	wkly_insuff_ppe_items__5	Surgical masks
			6	wkly_insuff_ppe_items__6	Reusable fabric masks
			7	wkly_insuff_ppe_items__7	N-95 masks/respirators
			16	wkly_insuff_ppe_items__16	Elastomeric respirators
			8	wkly_insuff_ppe_items__8	Powered air-purifying respirator (PAPR, CAPR, etc.)
			9	wkly_insuff_ppe_items__9	Disposable surgical hat
			10	wkly_insuff_ppe_items__10	Reusable surgical hat
			11	wkly_insuff_ppe_items__11	Standard disposable isolation gown
			17	wkly_insuff_ppe_items__17	Reusable/washable isolation gown
			12	wkly_insuff_ppe_items__12	Full-body impermeable suit
			13	wkly_insuff_ppe_items__13	Gloves
15	wkly_insuff_ppe_items__15	Foot coverings			
330	wkly_routineppe	Has your routine PPE use changed in the last 1 week, not including today?	yesno, Required		
	Show the field ONLY if: ([wkly_sx] = '0' or [wkly_return work]<>'0') and [wkly_stopwrk] = '0' and [screening_arm_1][primary_job] <> '7'	wps_2534	1	Yes	
			0	No	

331	<div>wkly_ppe_nonptcare</div> <div>Show the field ONLY if: [wkly_routineppe] = '1'</div>	<div>When you are in your ED but not providing patient care (e.g., charting, making telephone calls, etc.), what personal precautions are you currently using [check all that apply]?</div> <div>wps_4943</div>	<div>checkbox, Required</div> <table><tr><td>1</td><td>wkly_ppe_nonptcare__1</td><td>Standard precautions (handwashing, distancing from patients)</td></tr><tr><td>2</td><td>wkly_ppe_nonptcare__2</td><td>Reusable face shields</td></tr><tr><td>3</td><td>wkly_ppe_nonptcare__3</td><td>Disposable face-shields (single use)</td></tr><tr><td>4</td><td>wkly_ppe_nonptcare__4</td><td>Safety glasses/goggles</td></tr><tr><td>5</td><td>wkly_ppe_nonptcare__5</td><td>Surgical masks</td></tr><tr><td>6</td><td>wkly_ppe_nonptcare__6</td><td>Reusable fabric masks</td></tr><tr><td>7</td><td>wkly_ppe_nonptcare__7</td><td>N-95 masks/respirators</td></tr><tr><td>16</td><td>wkly_ppe_nonptcare__16</td><td>Elastomeric respirators</td></tr><tr><td>8</td><td>wkly_ppe_nonptcare__8</td><td>Powered air-purifying respirator systems (PAPR, CAPR, etc.)</td></tr><tr><td>9</td><td>wkly_ppe_nonptcare__9</td><td>Disposable surgical hat</td></tr><tr><td>10</td><td>wkly_ppe_nonptcare__10</td><td>Reusable surgical hat</td></tr><tr><td>11</td><td>wkly_ppe_nonptcare__11</td><td>Standard disposable isolation gown</td></tr><tr><td>17</td><td>wkly_ppe_nonptcare__17</td><td>Reusable/washable isolation gown</td></tr><tr><td>12</td><td>wkly_ppe_nonptcare__12</td><td>Full-body impermeable suit</td></tr><tr><td>13</td><td>wkly_ppe_nonptcare__13</td><td>Gloves</td></tr><tr><td>14</td><td>wkly_ppe_nonptcare__14</td><td>Double gloves</td></tr><tr><td>15</td><td>wkly_ppe_nonptcare__15</td><td>Foot coverings</td></tr><tr><td>0</td><td>wkly_ppe_nonptcare__0</td><td>None of the above</td></tr></table> <div>Field Annotation: @NONEOFTHEABOVE = '0'</div>	1	wkly_ppe_nonptcare__1	Standard precautions (handwashing, distancing from patients)	2	wkly_ppe_nonptcare__2	Reusable face shields	3	wkly_ppe_nonptcare__3	Disposable face-shields (single use)	4	wkly_ppe_nonptcare__4	Safety glasses/goggles	5	wkly_ppe_nonptcare__5	Surgical masks	6	wkly_ppe_nonptcare__6	Reusable fabric masks	7	wkly_ppe_nonptcare__7	N-95 masks/respirators	16	wkly_ppe_nonptcare__16	Elastomeric respirators	8	wkly_ppe_nonptcare__8	Powered air-purifying respirator systems (PAPR, CAPR, etc.)	9	wkly_ppe_nonptcare__9	Disposable surgical hat	10	wkly_ppe_nonptcare__10	Reusable surgical hat	11	wkly_ppe_nonptcare__11	Standard disposable isolation gown	17	wkly_ppe_nonptcare__17	Reusable/washable isolation gown	12	wkly_ppe_nonptcare__12	Full-body impermeable suit	13	wkly_ppe_nonptcare__13	Gloves	14	wkly_ppe_nonptcare__14	Double gloves	15	wkly_ppe_nonptcare__15	Foot coverings	0	wkly_ppe_nonptcare__0	None of the above
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332	wkly_ppe_noncovid Show the field ONLY if: [wkly_routineppe] = '1'	When you are providing direct patient care in non-COVID-19 suspected patients, what precautions are you currently using [check all that apply]? <i>wps_4974</i>	<table border="1"> <thead> <tr> <th colspan="3">checkbox, Required</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>wkly_ppe_noncovid__1</td> <td>Standard precautions (handwashing, distancing from patients)</td> </tr> <tr> <td>2</td> <td>wkly_ppe_noncovid__2</td> <td>Reusable face shields</td> </tr> <tr> <td>3</td> <td>wkly_ppe_noncovid__3</td> <td>Disposable face-shields (single use)</td> </tr> <tr> <td>4</td> <td>wkly_ppe_noncovid__4</td> <td>Safety glasses/goggles</td> </tr> <tr> <td>5</td> <td>wkly_ppe_noncovid__5</td> <td>Surgical masks</td> </tr> <tr> <td>6</td> <td>wkly_ppe_noncovid__6</td> <td>Reusable fabric masks</td> </tr> <tr> <td>7</td> <td>wkly_ppe_noncovid__7</td> <td>N-95 masks/respirators</td> </tr> <tr> <td>16</td> <td>wkly_ppe_noncovid__16</td> <td>Elastomeric respirators</td> </tr> <tr> <td>8</td> <td>wkly_ppe_noncovid__8</td> <td>Powered air-purifying respirator systems (PAPR, CAPR, etc.)</td> </tr> <tr> <td>9</td> <td>wkly_ppe_noncovid__9</td> <td>Disposable surgical hat</td> </tr> <tr> <td>10</td> <td>wkly_ppe_noncovid__10</td> <td>Reusable surgical hat</td> </tr> <tr> <td>11</td> <td>wkly_ppe_noncovid__11</td> <td>Standard disposable isolation gown</td> </tr> <tr> <td>17</td> <td>wkly_ppe_noncovid__17</td> <td>Reusable/washable isolation gown</td> </tr> <tr> <td>12</td> <td>wkly_ppe_noncovid__12</td> <td>Full-body impermeable suit</td> </tr> <tr> <td>13</td> <td>wkly_ppe_noncovid__13</td> <td>Gloves</td> </tr> <tr> <td>14</td> <td>wkly_ppe_noncovid__14</td> <td>Double gloves</td> </tr> <tr> <td>15</td> <td>wkly_ppe_noncovid__15</td> <td>Foot coverings</td> </tr> <tr> <td>0</td> <td>wkly_ppe_noncovid__0</td> <td>None of the above</td> </tr> </tbody> </table> <p>Field Annotation: @NONEOFTHEABOVE = '0'</p>	checkbox, Required			1	wkly_ppe_noncovid__1	Standard precautions (handwashing, distancing from patients)	2	wkly_ppe_noncovid__2	Reusable face shields	3	wkly_ppe_noncovid__3	Disposable face-shields (single use)	4	wkly_ppe_noncovid__4	Safety glasses/goggles	5	wkly_ppe_noncovid__5	Surgical masks	6	wkly_ppe_noncovid__6	Reusable fabric masks	7	wkly_ppe_noncovid__7	N-95 masks/respirators	16	wkly_ppe_noncovid__16	Elastomeric respirators	8	wkly_ppe_noncovid__8	Powered air-purifying respirator systems (PAPR, CAPR, etc.)	9	wkly_ppe_noncovid__9	Disposable surgical hat	10	wkly_ppe_noncovid__10	Reusable surgical hat	11	wkly_ppe_noncovid__11	Standard disposable isolation gown	17	wkly_ppe_noncovid__17	Reusable/washable isolation gown	12	wkly_ppe_noncovid__12	Full-body impermeable suit	13	wkly_ppe_noncovid__13	Gloves	14	wkly_ppe_noncovid__14	Double gloves	15	wkly_ppe_noncovid__15	Foot coverings	0	wkly_ppe_noncovid__0	None of the above
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333	wkly_ppe_covid Show the field ONLY if: [wkly_routineppe] = '1'	When you are providing direct patient care in your ED for COVID-19 suspected or confirmed patients, what precautions are you currently using [check all that apply]? <i>wps_2975</i>	<table border="1"> <thead> <tr> <th colspan="3">checkbox, Required</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>wkly_ppe_covid__1</td> <td>Standard precautions (handwashing, distancing from patients)</td> </tr> <tr> <td>2</td> <td>wkly_ppe_covid__2</td> <td>Reusable face shields</td> </tr> <tr> <td>3</td> <td>wkly_ppe_covid__3</td> <td>Disposable face-shields (single use)</td> </tr> <tr> <td>4</td> <td>wkly_ppe_covid__4</td> <td>Safety glasses/goggles</td> </tr> <tr> <td>5</td> <td>wkly_ppe_covid__5</td> <td>Surgical masks</td> </tr> <tr> <td>6</td> <td>wkly_ppe_covid__6</td> <td>Reusable fabric masks</td> </tr> <tr> <td>7</td> <td>wkly_ppe_covid__7</td> <td>N-95 masks/respirators</td> </tr> <tr> <td>16</td> <td>wkly_ppe_covid__16</td> <td>Elastomeric respirators</td> </tr> <tr> <td>8</td> <td>wkly_ppe_covid__8</td> <td>Powered air-purifying respirator systems (PAPR, CAPR)</td> </tr> <tr> <td>9</td> <td>wkly_ppe_covid__9</td> <td>Disposable surgical hat</td> </tr> <tr> <td>10</td> <td>wkly_ppe_covid__10</td> <td>Reusable surgical hat</td> </tr> <tr> <td>11</td> <td>wkly_ppe_covid__11</td> <td>Standard disposable isolation gown</td> </tr> <tr> <td>17</td> <td>wkly_ppe_covid__17</td> <td>Reusable/washable isolation gown</td> </tr> <tr> <td>12</td> <td>wkly_ppe_covid__12</td> <td>Full-body impermeable suit</td> </tr> <tr> <td>13</td> <td>wkly_ppe_covid__13</td> <td>Gloves</td> </tr> <tr> <td>14</td> <td>wkly_ppe_covid__14</td> <td>Double gloves</td> </tr> <tr> <td>15</td> <td>wkly_ppe_covid__15</td> <td>Foot coverings</td> </tr> </tbody> </table>	checkbox, Required			1	wkly_ppe_covid__1	Standard precautions (handwashing, distancing from patients)	2	wkly_ppe_covid__2	Reusable face shields	3	wkly_ppe_covid__3	Disposable face-shields (single use)	4	wkly_ppe_covid__4	Safety glasses/goggles	5	wkly_ppe_covid__5	Surgical masks	6	wkly_ppe_covid__6	Reusable fabric masks	7	wkly_ppe_covid__7	N-95 masks/respirators	16	wkly_ppe_covid__16	Elastomeric respirators	8	wkly_ppe_covid__8	Powered air-purifying respirator systems (PAPR, CAPR)	9	wkly_ppe_covid__9	Disposable surgical hat	10	wkly_ppe_covid__10	Reusable surgical hat	11	wkly_ppe_covid__11	Standard disposable isolation gown	17	wkly_ppe_covid__17	Reusable/washable isolation gown	12	wkly_ppe_covid__12	Full-body impermeable suit	13	wkly_ppe_covid__13	Gloves	14	wkly_ppe_covid__14	Double gloves	15	wkly_ppe_covid__15	Foot coverings
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334	wkly_ppe_aerosol_covid	When you are performing or within 6 feet of an aerosol-generating procedure (intubation, CPR, etc.) for a confirmed or suspected COVID-19 patient, what precautions are you currently using [check all that apply]? <i>wps_4450</i>	checkbox, Required																																																			
	Show the field ONLY if: [wkly_routineppe] = '1'		<table border="1"> <tr> <td data-bbox="1039 128 1079 254">1</td><td data-bbox="1079 128 1356 254">wkly_ppe_aerosol_covid__1</td><td data-bbox="1356 128 1536 254">Standard precautions (handwashing, distancing from patients)</td></tr> <tr> <td data-bbox="1039 254 1079 317">2</td><td data-bbox="1079 254 1356 317">wkly_ppe_aerosol_covid__2</td><td data-bbox="1356 254 1536 317">Reusable face shields</td></tr> <tr> <td data-bbox="1039 317 1079 380">3</td><td data-bbox="1079 317 1356 380">wkly_ppe_aerosol_covid__3</td><td data-bbox="1356 317 1536 380">Disposable face-shields (single use)</td></tr> <tr> <td data-bbox="1039 380 1079 443">4</td><td data-bbox="1079 380 1356 443">wkly_ppe_aerosol_covid__4</td><td data-bbox="1356 380 1536 443">Safety glasses/goggles</td></tr> <tr> <td data-bbox="1039 443 1079 495">5</td><td data-bbox="1079 443 1356 495">wkly_ppe_aerosol_covid__5</td><td data-bbox="1356 443 1536 495">Surgical masks</td></tr> <tr> <td data-bbox="1039 495 1079 558">6</td><td data-bbox="1079 495 1356 558">wkly_ppe_aerosol_covid__6</td><td data-bbox="1356 495 1536 558">Reusable fabric masks</td></tr> <tr> <td data-bbox="1039 558 1079 621">7</td><td data-bbox="1079 558 1356 621">wkly_ppe_aerosol_covid__7</td><td data-bbox="1356 558 1536 621">N-95 masks/respirators</td></tr> <tr> <td data-bbox="1039 621 1079 684">16</td><td data-bbox="1079 621 1356 684">wkly_ppe_aerosol_covid__16</td><td data-bbox="1356 621 1536 684">Elastomeric respirators</td></tr> <tr> <td data-bbox="1039 684 1079 810">8</td><td data-bbox="1079 684 1356 810">wkly_ppe_aerosol_covid__8</td><td data-bbox="1356 684 1536 810">Powered air-purifying respirator systems (PAPR, CAPR)</td></tr> <tr> <td data-bbox="1039 810 1079 873">9</td><td data-bbox="1079 810 1356 873">wkly_ppe_aerosol_covid__9</td><td data-bbox="1356 810 1536 873">Disposable surgical hat</td></tr> <tr> <td data-bbox="1039 873 1079 936">10</td><td data-bbox="1079 873 1356 936">wkly_ppe_aerosol_covid__10</td><td data-bbox="1356 873 1536 936">Reusable surgical hat</td></tr> <tr> <td data-bbox="1039 936 1079 1031">11</td><td data-bbox="1079 936 1356 1031">wkly_ppe_aerosol_covid__11</td><td data-bbox="1356 936 1536 1031">Standard disposable isolation gown</td></tr> <tr> <td data-bbox="1039 1031 1079 1094">17</td><td data-bbox="1079 1031 1356 1094">wkly_ppe_aerosol_covid__17</td><td data-bbox="1356 1031 1536 1094">Reusable/washable isolation gown</td></tr> <tr> <td data-bbox="1039 1094 1079 1157">12</td><td data-bbox="1079 1094 1356 1157">wkly_ppe_aerosol_covid__12</td><td data-bbox="1356 1094 1536 1157">Full-body impermeable suit</td></tr> <tr> <td data-bbox="1039 1157 1079 1199">13</td><td data-bbox="1079 1157 1356 1199">wkly_ppe_aerosol_covid__13</td><td data-bbox="1356 1157 1536 1199">Gloves</td></tr> <tr> <td data-bbox="1039 1199 1079 1241">14</td><td data-bbox="1079 1199 1356 1241">wkly_ppe_aerosol_covid__14</td><td data-bbox="1356 1199 1536 1241">Double gloves</td></tr> <tr> <td data-bbox="1039 1241 1079 1283">15</td><td data-bbox="1079 1241 1356 1283">wkly_ppe_aerosol_covid__15</td><td data-bbox="1356 1241 1536 1283">Foot coverings</td></tr> </table>	1	wkly_ppe_aerosol_covid__1	Standard precautions (handwashing, distancing from patients)	2	wkly_ppe_aerosol_covid__2	Reusable face shields	3	wkly_ppe_aerosol_covid__3	Disposable face-shields (single use)	4	wkly_ppe_aerosol_covid__4	Safety glasses/goggles	5	wkly_ppe_aerosol_covid__5	Surgical masks	6	wkly_ppe_aerosol_covid__6	Reusable fabric masks	7	wkly_ppe_aerosol_covid__7	N-95 masks/respirators	16	wkly_ppe_aerosol_covid__16	Elastomeric respirators	8	wkly_ppe_aerosol_covid__8	Powered air-purifying respirator systems (PAPR, CAPR)	9	wkly_ppe_aerosol_covid__9	Disposable surgical hat	10	wkly_ppe_aerosol_covid__10	Reusable surgical hat	11	wkly_ppe_aerosol_covid__11	Standard disposable isolation gown	17	wkly_ppe_aerosol_covid__17	Reusable/washable isolation gown	12	wkly_ppe_aerosol_covid__12	Full-body impermeable suit	13	wkly_ppe_aerosol_covid__13	Gloves	14	wkly_ppe_aerosol_covid__14	Double gloves	15	wkly_ppe_aerosol_covid__15	Foot coverings
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335	wkly_scenario1	Consider the following scenario: You care for a 65-year old patient with shortness of breath and orthopnea thought to be related to heart failure. Vital signs show oxygen saturation of 90% and respiratory rate of 28. After your initial assessment, how do you decontaminate yourself when you leave the patient's room? <i>wps_2221</i>	radio, Required																																																			
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336	wkly_hh_btwnpts	In the last 1 week, not including today, how are you performing hand hygiene between patients that you have touched? <i>wps_3700</i>	radio, Required																																																			
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337	wkly_decontaminate Show the field ONLY if: [wkly_routineppe] = '1'	After your clinical shifts over the last 1 week, not including today, how are you decontaminating? [check all that apply] <i>wps_4427</i>	checkbox, Required <table border="1"> <tr> <td>1</td> <td>wkly_decontaminate__1</td> <td>Wash my hands with soap and water before I leave my place of employment</td> </tr> <tr> <td>2</td> <td>wkly_decontaminate__2</td> <td>Change out of my work clothing before I leave my place of employment</td> </tr> <tr> <td>3</td> <td>wkly_decontaminate__3</td> <td>Shower before I leave my place of employment</td> </tr> <tr> <td>4</td> <td>wkly_decontaminate__4</td> <td>Take my work clothing off prior to walking into my home so that it can be immediately washed</td> </tr> <tr> <td>5</td> <td>wkly_decontaminate__5</td> <td>Shower immediately when I get home</td> </tr> <tr> <td>6</td> <td>wkly_decontaminate__6</td> <td>I am staying at the hospital because of my risk of infecting my family/roommates(s)</td> </tr> <tr> <td>7</td> <td>wkly_decontaminate__7</td> <td>I am staying someplace other than home and other than the hospital because of the risk of infecting my family/roommate(s)</td> </tr> <tr> <td>8</td> <td>wkly_decontaminate__8</td> <td>Other</td> </tr> </table>	1	wkly_decontaminate__1	Wash my hands with soap and water before I leave my place of employment	2	wkly_decontaminate__2	Change out of my work clothing before I leave my place of employment	3	wkly_decontaminate__3	Shower before I leave my place of employment	4	wkly_decontaminate__4	Take my work clothing off prior to walking into my home so that it can be immediately washed	5	wkly_decontaminate__5	Shower immediately when I get home	6	wkly_decontaminate__6	I am staying at the hospital because of my risk of infecting my family/roommates(s)	7	wkly_decontaminate__7	I am staying someplace other than home and other than the hospital because of the risk of infecting my family/roommate(s)	8	wkly_decontaminate__8	Other						
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338	wkly_decontaminate_oth Show the field ONLY if: [wkly_decontaminate(8)]=1	Please specify other <i>wps_7435</i>	text																														
339	wkly_reusing_ppe Show the field ONLY if: [wkly_routineppe] = '1'	Is your ED currently reusing disposable personal protective equipment that you would not have been reusing prior to the COVID-19 outbreak? <i>wps_2078</i>	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																										
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340	wkly_reuse_ppe Show the field ONLY if: [wkly_reusing_ppe] = '1'	Please check all of the following that you are reusing: <i>wps_4228</i>	checkbox, Required <table border="1"> <tr> <td>3</td> <td>wkly_reuse_ppe__3</td> <td>Disposable face-shields (single use)</td> </tr> <tr> <td>4</td> <td>wkly_reuse_ppe__4</td> <td>Safety glasses/goggles</td> </tr> <tr> <td>5</td> <td>wkly_reuse_ppe__5</td> <td>Surgical masks</td> </tr> <tr> <td>7</td> <td>wkly_reuse_ppe__7</td> <td>N-95 masks/respirators</td> </tr> <tr> <td>16</td> <td>wkly_reuse_ppe__16</td> <td>Elastomeric respirators</td> </tr> <tr> <td>8</td> <td>wkly_reuse_ppe__8</td> <td>Face shield/hood/shroud for powered air-purifying respirator systems(PAPR, CAPR, etc.)</td> </tr> <tr> <td>11</td> <td>wkly_reuse_ppe__11</td> <td>Standard disposable isolation gown</td> </tr> <tr> <td>12</td> <td>wkly_reuse_ppe__12</td> <td>Full-body impermeable suit</td> </tr> <tr> <td>13</td> <td>wkly_reuse_ppe__13</td> <td>Gloves</td> </tr> <tr> <td>15</td> <td>wkly_reuse_ppe__15</td> <td>Foot coverings</td> </tr> </table>	3	wkly_reuse_ppe__3	Disposable face-shields (single use)	4	wkly_reuse_ppe__4	Safety glasses/goggles	5	wkly_reuse_ppe__5	Surgical masks	7	wkly_reuse_ppe__7	N-95 masks/respirators	16	wkly_reuse_ppe__16	Elastomeric respirators	8	wkly_reuse_ppe__8	Face shield/hood/shroud for powered air-purifying respirator systems(PAPR, CAPR, etc.)	11	wkly_reuse_ppe__11	Standard disposable isolation gown	12	wkly_reuse_ppe__12	Full-body impermeable suit	13	wkly_reuse_ppe__13	Gloves	15	wkly_reuse_ppe__15	Foot coverings
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15	wkly_reuse_ppe__15	Foot coverings																															
341	wkly_endotrach_int_photo Show the field ONLY if: [wkly_routineppe] = '1'	Please refer to this photo when answering the next question.	descriptive																														


342	wkly_endotrach_int Show the field ONLY if: [wkly_routineppe] = '1'	For endotracheal intubations in the last week, not including today, which of the following (if any) is your ED using [check all that apply]? <i>wps_2796</i>	checkbox, Required <table border="1"> <tr> <td>1</td> <td>wkly_endotrach_int__1</td> <td>Negative pressure rooms</td> </tr> <tr> <td>2</td> <td>wkly_endotrach_int__2</td> <td>Video laryngoscopy</td> </tr> <tr> <td>3</td> <td>wkly_endotrach_int__3</td> <td>Intubation barrier protection (e.g., intubating boxes, intubating bags, etc.)</td> </tr> <tr> <td>4</td> <td>wkly_endotrach_int__4</td> <td>Intubation barrier protection with integrated suction (e.g., intubating boxes connected to suction; negative pressure hood)</td> </tr> <tr> <td>5</td> <td>wkly_endotrach_int__5</td> <td>Intubation response teams (with dedicated staff)</td> </tr> <tr> <td>6</td> <td>wkly_endotrach_int__6</td> <td>Intubation through a supraglottic device (e.g., intubating LMA, etc.)</td> </tr> <tr> <td>7</td> <td>wkly_endotrach_int__7</td> <td>Other</td> </tr> <tr> <td>0</td> <td>wkly_endotrach_int__0</td> <td>None of these</td> </tr> </table> Field Annotation: @NONEOFTHEABOVE = '0'	1	wkly_endotrach_int__1	Negative pressure rooms	2	wkly_endotrach_int__2	Video laryngoscopy	3	wkly_endotrach_int__3	Intubation barrier protection (e.g., intubating boxes, intubating bags, etc.)	4	wkly_endotrach_int__4	Intubation barrier protection with integrated suction (e.g., intubating boxes connected to suction; negative pressure hood)	5	wkly_endotrach_int__5	Intubation response teams (with dedicated staff)	6	wkly_endotrach_int__6	Intubation through a supraglottic device (e.g., intubating LMA, etc.)	7	wkly_endotrach_int__7	Other	0	wkly_endotrach_int__0	None of these
1	wkly_endotrach_int__1	Negative pressure rooms																									
2	wkly_endotrach_int__2	Video laryngoscopy																									
3	wkly_endotrach_int__3	Intubation barrier protection (e.g., intubating boxes, intubating bags, etc.)																									
4	wkly_endotrach_int__4	Intubation barrier protection with integrated suction (e.g., intubating boxes connected to suction; negative pressure hood)																									
5	wkly_endotrach_int__5	Intubation response teams (with dedicated staff)																									
6	wkly_endotrach_int__6	Intubation through a supraglottic device (e.g., intubating LMA, etc.)																									
7	wkly_endotrach_int__7	Other																									
0	wkly_endotrach_int__0	None of these																									
343	wkly_other_endotrachint Show the field ONLY if: [wkly_endotrach_int(7)] = '1'	Please specify 'other' <i>wps_3524</i>	text																								
344	wkly_sleep_home	Section Header: <i>Living situation</i> In the last 1 week, not including today, how many nights did you sleep at home? If working night shifts, please consider post-night shift sleep as the "night" for this question. <i>wps_1640</i>	text (number, Max: 7), Required																								
345	wkly_where_sleep Show the field ONLY if: [wkly_sleep_home] <>" and [wkly_sleep_home] < '7'	If you did not go home, where did you stay? <i>wps_4815</i>	radio <table border="1"> <tr> <td>1</td> <td>Hospital</td> </tr> <tr> <td>2</td> <td>Hotel</td> </tr> <tr> <td>3</td> <td>Friend's House</td> </tr> <tr> <td>4</td> <td>Other</td> </tr> </table>	1	Hospital	2	Hotel	3	Friend's House	4	Other																
1	Hospital																										
2	Hotel																										
3	Friend's House																										
4	Other																										
346	wkly_sleep_other Show the field ONLY if: [wkly_where_sleep] = '4'	Please specify 'other' <i>wps_3372</i>	text																								
347	wkly_home_iso Show the field ONLY if: [baseline_arm_1][baseline_live_with(1)] <> '0'	While at home, did you isolate yourself from others in your household? <i>wps_2018</i>	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																				
1	Yes																										
0	No																										
348	wkly_living_change	Has your living situation changed in the last week, not including today? <i>wps_1618</i>	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																				
1	Yes																										
0	No																										

349	wkly_live_with Show the field ONLY if: [wkly_living_change] = '1'	I currently live with [check all that apply] <i>wps_4026</i>	checkbox, Required <table border="1"> <tr> <td>0</td> <td>wkly_live_with__0</td> <td>No one (I live alone)</td> </tr> <tr> <td>1</td> <td>wkly_live_with__1</td> <td>Spouse or significant other</td> </tr> <tr> <td>2</td> <td>wkly_live_with__2</td> <td>Roommate(s)</td> </tr> <tr> <td>3</td> <td>wkly_live_with__3</td> <td>Children</td> </tr> <tr> <td>4</td> <td>wkly_live_with__4</td> <td>Parents, grandparents, aunts, uncles, or other family not including a spouse/significant other and/or children</td> </tr> </table> Field Annotation: @NONEOFTHEABOVE = '0'	0	wkly_live_with__0	No one (I live alone)	1	wkly_live_with__1	Spouse or significant other	2	wkly_live_with__2	Roommate(s)	3	wkly_live_with__3	Children	4	wkly_live_with__4	Parents, grandparents, aunts, uncles, or other family not including a spouse/significant other and/or children
0	wkly_live_with__0	No one (I live alone)																
1	wkly_live_with__1	Spouse or significant other																
2	wkly_live_with__2	Roommate(s)																
3	wkly_live_with__3	Children																
4	wkly_live_with__4	Parents, grandparents, aunts, uncles, or other family not including a spouse/significant other and/or children																
350	wkly_housing Show the field ONLY if: [wkly_living_change] = '1'	I currently live in: <i>wps_3549</i>	radio, Required <table border="1"> <tr> <td>1</td> <td>Single family home</td> </tr> <tr> <td>2</td> <td>Multi-unit housing, owned</td> </tr> <tr> <td>3</td> <td>Multi-unit housing, rented</td> </tr> </table>	1	Single family home	2	Multi-unit housing, owned	3	Multi-unit housing, rented									
1	Single family home																	
2	Multi-unit housing, owned																	
3	Multi-unit housing, rented																	
351	weekly_hhold_size Show the field ONLY if: [wkly_living_change] = '1' and [wkly_live_with(0)] <> '1'	How many total people, including you, live at this residence? If you live in a multi-unit housing, do not include the total number of people in your complex. <i>wps_2117</i>	text (number, Min: 1, Max: 15), Required															
352	wkly_hhold_covidsx Show the field ONLY if: [wkly_live_with(0)] <> '1'	Has anyone with whom you live, not including yourself, had symptoms consistent with COVID-19 or believe they have been infected with COVID-19 in the last 1 week, not including today? <i>wps_2787</i>	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No											
1	Yes																	
0	No																	
353	wkly_hhold_sxstart Show the field ONLY if: [wkly_hhold_covidsx] = '1'	What date did symptoms start (M-D-Y)? <i>wps_1841</i>	text (date_mdy, Min: 2020-04-13, Max: 2021-04-15) Field Annotation: @HIDEBUTTON															
354	wkly_hhold_contact Show the field ONLY if: ([wkly_sx] = '0') and ([wkly_hhold_covidsx]='1') and [wkly_live_with(0)] <> '1'	Did you have close personal contact (defined as sharing a bedroom or using a common area) with this person during the time he/she had symptoms? <i>wps_1776</i>	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No											
1	Yes																	
0	No																	
355	wkly_hhold_covidtest Show the field ONLY if: [wkly_hhold_contact] = '1' or [wkly_hhold_covidsx]='1'	Did that person have a COVID-19 test? <i>wps_3161</i>	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No											
1	Yes																	
0	No																	
356	wkly_hhold_covidpos Show the field ONLY if: [wkly_hhold_covidtest] = '1'	Was the COVID-19 test positive? (if multiple people were test for COVID-19, please respond YES if ANY of the tests were positive) <i>wps_1864</i>	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No											
1	Yes																	
0	No																	
357	wkly_quar_request Show the field ONLY if: [wkly_sx] = '0' or [wkly_stopwrk] <> '1'	I have personally been quarantined within the last 1 week by request of a public health authority because of an exposure or potential exposure to COVID-19. <i>wps_1316</i>	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No											
1	Yes																	
0	No																	
358	wkly_contact_simsx	Have you had any known contact with other friends or community members who had a respiratory illness consistent with the symptoms of COVID-19 in the last week, not including today? <i>wps_2589</i>	radio <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No											
1	Yes																	
0	No																	
359	wkly_gathering	Have you attended any mass gathering (e.g., religious event, wedding, party, dance, concert, banquet, festival, sports event, professional meeting, or other event) in the last week, not including today? <i>wps_4453</i>	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No											
1	Yes																	
0	No																	
360	wkly_publictrans	In the last week, not including today, have you used any public transportations (bus, train, airplane)? <i>wps_4603</i>	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No											
1	Yes																	
0	No																	

361	wkly_publictrans_crowd Show the field ONLY if: [wkly_publictrans] = '1'	Did you travel when it was crowded (e.g., crowded for this question means you were unable to maintain at least 6 feet between you and other passengers)? wps_2491	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																																						
1	Yes																																												
0	No																																												
362	wkly_wearmask	Outside of work while in public, how often do you currently wear face masks or face coverings to cover your mouth and nose? wps_4208	radio <table border="1"> <tr> <td>1</td> <td>Always</td> </tr> <tr> <td>2</td> <td>Sometimes</td> </tr> <tr> <td>3</td> <td>Rarely</td> </tr> <tr> <td>4</td> <td>Never</td> </tr> </table>	1	Always	2	Sometimes	3	Rarely	4	Never																																		
1	Always																																												
2	Sometimes																																												
3	Rarely																																												
4	Never																																												
363	wkly_contact_change	Section Header: <i>Contact Information</i> Have you had any changes in your contact information in the last week? [check all that apply] wps_2280	checkbox, Required <table border="1"> <tr> <td>0</td> <td>wkly_contact_change__0</td> <td>No</td> </tr> <tr> <td>1</td> <td>wkly_contact_change__1</td> <td>Yes, my e-mail has changed</td> </tr> <tr> <td>2</td> <td>wkly_contact_change__2</td> <td>Yes, my phone number has changed</td> </tr> <tr> <td>3</td> <td>wkly_contact_change__3</td> <td>Yes, my mailing address has changed</td> </tr> </table> Field Annotation: @NONEOFTHEABOVE = '0'	0	wkly_contact_change__0	No	1	wkly_contact_change__1	Yes, my e-mail has changed	2	wkly_contact_change__2	Yes, my phone number has changed	3	wkly_contact_change__3	Yes, my mailing address has changed																														
0	wkly_contact_change__0	No																																											
1	wkly_contact_change__1	Yes, my e-mail has changed																																											
2	wkly_contact_change__2	Yes, my phone number has changed																																											
3	wkly_contact_change__3	Yes, my mailing address has changed																																											
364	wkly_updated_email Show the field ONLY if: [wkly_contact_change(1)] = '1'	Please provide your updated e-mail address: wps_1886	text (email), Required																																										
365	wkly_updated_phone Show the field ONLY if: [wkly_contact_change(2)] = '1'	Please provide your updated phone number: wps_1712	text (phone), Required																																										
366	wkly_streetaddress_update Show the field ONLY if: [wkly_contact_change(3)] = '1'	Please provide your updated street address (include apt/unit# as applicable). wps_2042	text, Required																																										
367	wkly_cityaddress_update Show the field ONLY if: [wkly_contact_change(3)] = '1'	Please provide your city. wps_5063	text, Required																																										
368	wkly_stateaddress_update Show the field ONLY if: [wkly_contact_change(3)] = '1'	Please provide your state. wps_5104	dropdown, Required <table border="1"> <tr><td>AL</td><td>Alabama</td></tr> <tr><td>AK</td><td>Alaska</td></tr> <tr><td>AZ</td><td>Arizona</td></tr> <tr><td>AR</td><td>Arkansas</td></tr> <tr><td>CA</td><td>California</td></tr> <tr><td>CO</td><td>Colorado</td></tr> <tr><td>CT</td><td>Connecticut</td></tr> <tr><td>DE</td><td>Delaware</td></tr> <tr><td>DC</td><td>District of Columbia</td></tr> <tr><td>FL</td><td>Florida</td></tr> <tr><td>GA</td><td>Georgia</td></tr> <tr><td>HI</td><td>Hawaii</td></tr> <tr><td>ID</td><td>Idaho</td></tr> <tr><td>IL</td><td>Illinois</td></tr> <tr><td>IN</td><td>Indiana</td></tr> <tr><td>IA</td><td>Iowa</td></tr> <tr><td>KS</td><td>Kansas</td></tr> <tr><td>KY</td><td>Kentucky</td></tr> <tr><td>LA</td><td>Louisiana</td></tr> <tr><td>ME</td><td>Maine</td></tr> <tr><td>MD</td><td>Maryland</td></tr> </table>	AL	Alabama	AK	Alaska	AZ	Arizona	AR	Arkansas	CA	California	CO	Colorado	CT	Connecticut	DE	Delaware	DC	District of Columbia	FL	Florida	GA	Georgia	HI	Hawaii	ID	Idaho	IL	Illinois	IN	Indiana	IA	Iowa	KS	Kansas	KY	Kentucky	LA	Louisiana	ME	Maine	MD	Maryland
AL	Alabama																																												
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MA	Massachusetts
MI	Michigan
MN	Minnesota
MS	Mississippi
MO	Missouri
MT	Montana
NE	Nebraska
NV	Nevada
NH	New Hampshire
NJ	New Jersey
NM	New Mexico
NY	New York
NC	North Carolina
ND	North Dakota
OH	Ohio
OK	Oklahoma
OR	Oregon
PA	Pennsylvania
RI	Rhode Island
SC	South Carolina
SD	South Dakota
TN	Tennessee
TX	Texas
UT	Utah
VT	Vermont
VA	Virginia
WA	Washington
WV	West Virginia
WI	Wisconsin
WY	Wyoming

369	wkly_zipaddress_update Show the field ONLY if: [wkly_contact_change(3)] = '1'	Please provide your zip code. <i>wps_5194</i>	text (zipcode), Required						
370	weekly_participant_survey_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: Weekly Facility Survey (weekly_facility_survey)  Enabled as survey ^ Collapse			
371	dag_label	Site: [record-dag-label]	descriptive
372	det Show the field ONLY if: [baseline_facility_arm_2][fac_site_det]=1	Hospital Facility: Detroit Receiving Hospital	descriptive
373	sg Show the field ONLY if: [baseline_facility_arm_2][fac_site_det]=2	Hospital Facility: Sinai-Grace Hospital	descriptive

374	ucla_ov Show the field ONLY if: [baseline_facility_arm_2][fac_site_ucla]=1	Hospital Facility: UCLA Olive View	descriptive				
375	ucla_rr Show the field ONLY if: [baseline_facility_arm_2][fac_site_ucla]=2	Hospital Facility: UCLA Ronald Reagan	descriptive				
376	mtsin Show the field ONLY if: [baseline_facility_arm_2][fac_site_mtsinai]=1	Hospital Facility: Mount Sinai Hospital	descriptive				
377	mtsin_2 Show the field ONLY if: [baseline_facility_arm_2][fac_site_mtsinai]=2	Hospital Facility: Elmhurst Hospital Center	descriptive				
378	washu Show the field ONLY if: [baseline_facility_arm_2][fac_site_washu]=1	Hospital Facility: Washington University/Barnes-Jewish Hospital	descriptive				
379	washu_2 Show the field ONLY if: [baseline_facility_arm_2][fac_site_washu]=2	Hospital Facility: Barnes-Jewish Hospital	descriptive Field Annotation: @HIDDEN-FORM				
380	uab Show the field ONLY if: [baseline_facility_arm_2][fac_site_uab]=1	Hospital Facility: University of Alabama at Birmingham	descriptive				
381	uab_2 Show the field ONLY if: [baseline_facility_arm_2][fac_site_uab]=2	Hospital Facility: Highlands	descriptive				
382	thomjeff Show the field ONLY if: [baseline_facility_arm_2][fac_site_thomjeff]=1	Hospital Facility: Jefferson Center City	descriptive				
383	thomjeff_2 Show the field ONLY if: [baseline_facility_arm_2][fac_site_thomjeff]=2	Hospital Facility: Jefferson Methodist Hospital	descriptive				
384	ucsf Show the field ONLY if: [baseline_facility_arm_2][fac_site_ucsf]=1	Hospital Facility: Zuckerberg San Francisco Medical	descriptive				
385	ucsf_2 Show the field ONLY if: [baseline_facility_arm_2][fac_site_ucsf]=2	Hospital Facility: UCSF Medical Center (Parnassus campus)	descriptive				
386	wkly_fac_det Show the field ONLY if: [screening_arm_1][work_site] = '4'	Please indicate which site you are providing information about. <i>wfs_1998</i>	radio, Required <table><tr><td>1</td><td>Detroit Receiving Hospital</td></tr><tr><td>2</td><td>Sinai-Grace Hospital</td></tr></table>	1	Detroit Receiving Hospital	2	Sinai-Grace Hospital
1	Detroit Receiving Hospital						
2	Sinai-Grace Hospital						
387	wkly_fac_ucla Show the field ONLY if: [screening_arm_1][work_site] = '12'	Please indicate which site you are providing information about. <i>wfs_2005</i>	radio, Required <table><tr><td>1</td><td>UCLA Olive View</td></tr><tr><td>2</td><td>UCLA Ronald Reagan</td></tr></table>	1	UCLA Olive View	2	UCLA Ronald Reagan
1	UCLA Olive View						
2	UCLA Ronald Reagan						

388	wkly_fac_mtsinai Show the field ONLY if: [screening_arm_1][work_site] = '9'	Please indicate which site you are providing information about. <i>wfs_1854</i>	radio, Required <table border="1"> <tr> <td>1</td> <td>Mount Sinai Hospital</td> </tr> <tr> <td>2</td> <td>Elmhurst Hospital Center</td> </tr> </table>	1	Mount Sinai Hospital	2	Elmhurst Hospital Center
1	Mount Sinai Hospital						
2	Elmhurst Hospital Center						
389	wkly_fac_washu Show the field ONLY if: [screening_arm_1][work_site] = '20'	Please indicate which site you are providing information about. <i>wfs_2022</i>	radio, Required <table border="1"> <tr> <td>1</td> <td>Washington University</td> </tr> <tr> <td>2</td> <td>Barnes-Jewish Hospital</td> </tr> </table> Field Annotation: @HIDDEN-FORM	1	Washington University	2	Barnes-Jewish Hospital
1	Washington University						
2	Barnes-Jewish Hospital						
390	wkly_fac_uab Show the field ONLY if: [screening_arm_1][work_site] = '11'	Please indicate which site you are providing information about. <i>wfs_3521</i>	radio, Required <table border="1"> <tr> <td>1</td> <td>University of Alabama at Birmingham</td> </tr> <tr> <td>2</td> <td>Highlands</td> </tr> </table>	1	University of Alabama at Birmingham	2	Highlands
1	University of Alabama at Birmingham						
2	Highlands						
391	wkly_fac_thomjeff Show the field ONLY if: [screening_arm_1][work_site] = '18'	Please indicate which site you are providing information about. <i>wfs_3333</i>	radio, Required <table border="1"> <tr> <td>1</td> <td>Jefferson Center City</td> </tr> <tr> <td>2</td> <td>Jefferson Methodist Hospital</td> </tr> </table>	1	Jefferson Center City	2	Jefferson Methodist Hospital
1	Jefferson Center City						
2	Jefferson Methodist Hospital						
392	wkly_fac_ucsf Show the field ONLY if: [screening_arm_1][work_site] = '13'	Please indicate which site you are providing information about. <i>wfs_1817</i>	radio, Required <table border="1"> <tr> <td>1</td> <td>Zuckerberg San Francisco Medical Center</td> </tr> <tr> <td>2</td> <td>Jefferson Methodist Hospital</td> </tr> </table>	1	Zuckerberg San Francisco Medical Center	2	Jefferson Methodist Hospital
1	Zuckerberg San Francisco Medical Center						
2	Jefferson Methodist Hospital						
393	wkly_fac_covidpos Section Header: <i>Please complete this form with information from the past calendar week - midnight Sunday through 23:59 Saturday</i> How many total COVID-19 positive patients, confirmed by a PCR test, have been treated in your ED in the last 1 week, not including today? <i>wfs_3899</i>		text (number), Required				
394	wkly_fac_covidpos_int How many COVID-19 positive intubations occurred in your ED in the last 1 week, not including today? <i>wfs_1359</i>		text (number), Required				
395	wkly_fac_covidpos_card How many COVID-19 positive cardiac arrest patients were managed in your ED in the last 1 week, not including today? <i>wfs_4520</i>		text (number), Required				
396	wkly_fac_covidpos_adm How many cases of COVID-19 were admitted to the hospital (whether in the ED or outside) in the last 1 week, not including today? <i>wfs_3671</i>		text (number), Required				
397	wkly_fac_covidhosp In your hospital, how many COVID-19 patients were hospitalized on Monday of this week? <i>wfs_2409</i>		text (number), Required				
398	wkly_fac_agggreg_covid Section Header: <i>Please indicate the number of ED personnel in each group that have been diagnosed with COVID-19 in the last 1 week, including today.</i> If you are unable to obtain the numbers via category, please report the total number of ALL ED personnel that have been diagnosed with COVID-19 in the last 1 week, including today. If unable to obtain the aggregate number, please enter '999'. <i>wfs_6575</i>		text				
399	wkly_fac_attend_covid Attending physicians <i>wfs_3126</i>		text (number)				
400	wkly_fac_res_covid Resident physicians <i>wfs_4626</i>		text (number)				
401	wkly_fac_advprac_covid Advanced practice providers <i>wfs_4397</i>		text (number)				
402	wkly_fac_rn_covid Nurses <i>wfs_1790</i>		text (number)				
403	wkly_fac_na_covid Nursing aides/paramedics <i>wfs_4421</i>		text (number)				
404	wkly_fac_pharm_covid ED pharmacists <i>wfs_4057</i>		text (number)				
405	wkly_fac_nonclin_covid Non-clinical staff (i.e., clerks, case managers, social workers, finance, etc.) <i>wfs_1179</i>		text (number)				

406	wkly_fac_attend_hrs	<div>Section Header: <i>How many total hours in each category were worked by all providers in a category in the last 1 week, including today? (e.g., if the ED has a single physician covering 24-hours daily, this response would be 168 hours; if there were 2 physicians covering 12-hours during the day and only one covering 12-hours at night, this response would be 252 hours)</i></div> <div>Attending physicians</div> <div>wfs_4301</div>	text (number), Required						
407	wkly_fac_res_hrs	<div>Resident physicians</div> <div>wfs_3982</div>	text (number), Required						
408	wkly_fac_advprac_hrs	<div>Advanced practice providers</div> <div>wfs_2900</div>	text (number), Required						
409	wkly_fac_rn_hrs	<div>Nurses</div> <div>wfs_1735</div>	text (number), Required						
410	wkly_fac_na_hrs	<div>Nursing aides/paramedics</div> <div>wfs_3990</div>	text (number), Required						
411	wkly_fac_pharm_hrs	<div>ED pharmacists</div> <div>wfs_4709</div>	text (number), Required						
412	wkly_fac_nonclin_hrs	<div>Non-clinical staff (i.e., clerks, case managers, social workers, finance, etc.)</div> <div>wfs_1279</div>	text (number), Required						
413	weekly_facility_survey_complete	<div>Section Header: <i>Form Status</i></div> <div>Complete?</div>	<div>dropdown</div> <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: **Intubation/Cardiac Arrest Form** (intubationcardiac_arrest_form) Enabled as survey Collapse

414	int_form_comp	<p>Section Header: <i>The purpose of this form is to collect event specific information about each intubation that is performed. Please answer all questions as completely as you can. This form does include some PHI. This data will be maintained in a secure database that is only accessible to your site personnel and analysts at the University of Iowa. If you have questions or concerns about any of the questions you were asked, please contact the COVERED study team at EmergencyIDNet-Covered@uiowa.edu.</i></p> <p>Intubation compensation</p>	calc Calculation: if([screening_arm_1][primary_job] < 6, 10, 0) Field Annotation: @HIDDEN				
415	int_form_name	Form name	text Field Annotation: @DEFAULT ='intubation or cardiac arrest form' @HIDDEN				
416	ica_det Show the field ONLY if: [screening_arm_1][work_site] = '4'	Please indicate at which site this event occurred: <i>ica_6258</i>	radio, Required <table><tr><td>1</td><td>Detroit Receiving Hospital</td></tr><tr><td>2</td><td>Sinai-Grace Hospital</td></tr></table>	1	Detroit Receiving Hospital	2	Sinai-Grace Hospital
1	Detroit Receiving Hospital						
2	Sinai-Grace Hospital						
417	ica_ucla Show the field ONLY if: [screening_arm_1][work_site] = '12'	Please indicate at which site this event occurred: <i>ica_6057</i>	radio, Required <table><tr><td>1</td><td>UCLA Olive View</td></tr><tr><td>2</td><td>UCLA Ronald Reagan</td></tr></table>	1	UCLA Olive View	2	UCLA Ronald Reagan
1	UCLA Olive View						
2	UCLA Ronald Reagan						
418	ica_mtsinai Show the field ONLY if: [screening_arm_1][work_site] = '9'	Please indicate at which site this event occurred: <i>ica_6125</i>	radio, Required <table><tr><td>1</td><td>Mount Sinai Hospital</td></tr><tr><td>2</td><td>Elmhurst Hospital Center</td></tr></table>	1	Mount Sinai Hospital	2	Elmhurst Hospital Center
1	Mount Sinai Hospital						
2	Elmhurst Hospital Center						
419	ica_washu Show the field ONLY if: [screening_arm_1][work_site] = '20'	Please indicate at which site this event occurred: <i>ica_6375</i>	radio, Required <table><tr><td>1</td><td>Washington University</td></tr><tr><td>2</td><td>Barnes-Jewish Hospital</td></tr></table> Field Annotation: @HIDDEN-SURVEY @HIDDEN-FORM	1	Washington University	2	Barnes-Jewish Hospital
1	Washington University						
2	Barnes-Jewish Hospital						
420	ica_uab Show the field ONLY if: [screening_arm_1][work_site] = '11'	Please indicate at which site this event occurred: <i>ica_6005</i>	radio, Required <table><tr><td>1</td><td>University of Alabama at Birmingham</td></tr><tr><td>2</td><td>Highlands</td></tr></table>	1	University of Alabama at Birmingham	2	Highlands
1	University of Alabama at Birmingham						
2	Highlands						
421	ica_thomjeff Show the field ONLY if: [screening_arm_1][work_site] = '18'	Please indicate at which site this event occurred: <i>ica_6132</i>	radio, Required <table><tr><td>1</td><td>Jefferson Center City</td></tr><tr><td>2</td><td>Jefferson Methodist Hospital</td></tr></table>	1	Jefferson Center City	2	Jefferson Methodist Hospital
1	Jefferson Center City						
2	Jefferson Methodist Hospital						

422	ica_det_2 Show the field ONLY if: [screening_arm_1][work_site] = '13'	Please indicate at which site this event occurred: <i>ica_6236</i>	radio, Required <table border="1"> <tr> <td>1</td> <td>Zuckerberg San Francisco Medical Center</td> </tr> <tr> <td>2</td> <td>Jefferson Methodist Hospital</td> </tr> </table>	1	Zuckerberg San Francisco Medical Center	2	Jefferson Methodist Hospital																													
1	Zuckerberg San Francisco Medical Center																																			
2	Jefferson Methodist Hospital																																			
423	int_form_comp_date	Date intubation form completed	text (date_mdy) Field Annotation: @TODAY @HIDDEN																																	
424	int_form_date	What was the date of the intubation or cardiac arrest event? <i>ica_2429</i>	text (date_mdy, Min: 2020-04-13, Max: 2021-04-15), Required																																	
425	int_form_mrn	Patient medical record number <i>ica_4787</i>	text, Required, Identifier																																	
426	int_form_mrn_verify	Please verify the patient's medical record number <i>ica_4787</i>	text, Required, Identifier																																	
427	int_form_mrn_verifymsg Show the field ONLY if: [int_form_mrn_verify]<>" and ([int_form_mrn] <> [int_form_mrn_verify])	The patient's medical record numbers do not match. Please verify that you have entered the correct information in both fields.	descriptive																																	
428	int_form_pt_last_name	Patient last name <i>ica_2726</i>	text, Required																																	
429	int_form_event_type	What type of event occurred? <i>ica_2411</i>	radio, Required <table border="1"> <tr> <td>1</td> <td>Only endotracheal intubation in the ED</td> </tr> <tr> <td>2</td> <td>Only cardiac arrest (without intubation in the ED)</td> </tr> <tr> <td>3</td> <td>Both endotracheal intubation AND cardiac arrest in the ED</td> </tr> </table>	1	Only endotracheal intubation in the ED	2	Only cardiac arrest (without intubation in the ED)	3	Both endotracheal intubation AND cardiac arrest in the ED																											
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2	Only cardiac arrest (without intubation in the ED)																																			
3	Both endotracheal intubation AND cardiac arrest in the ED																																			
430	int_form_covid_result	Was this patient known to have COVID-19 at the time of the event? <i>ica_3714</i>	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes, positive test result</td> </tr> <tr> <td>2</td> <td>Unknown at the time of the event</td> </tr> <tr> <td>3</td> <td>No, negative test result</td> </tr> </table>	1	Yes, positive test result	2	Unknown at the time of the event	3	No, negative test result																											
1	Yes, positive test result																																			
2	Unknown at the time of the event																																			
3	No, negative test result																																			
431	int_form_pt_symp_start Show the field ONLY if: [int_form_covid_result]=1	When did the patient's symptoms start? <i>ica_5500</i>	text (date_mdy, Min: 2020-04-01, Max: 2021-04-15)																																	
432	int_form_pt_symp Show the field ONLY if: [int_form_covid_result]=1	Which of the following symptoms did the patient have at the time of ED evaluation (check all that apply)? <i>ica_8271</i>	checkbox, Required <table border="1"> <tr> <td>1</td> <td>int_form_pt_symp__1</td> <td>Cough (dry)</td> </tr> <tr> <td>2</td> <td>int_form_pt_symp__2</td> <td>Cough (productive)</td> </tr> <tr> <td>3</td> <td>int_form_pt_symp__3</td> <td>Sore throat</td> </tr> <tr> <td>4</td> <td>int_form_pt_symp__4</td> <td>Runny nose</td> </tr> <tr> <td>5</td> <td>int_form_pt_symp__5</td> <td>Shortness of breath</td> </tr> <tr> <td>6</td> <td>int_form_pt_symp__6</td> <td>Fatigue</td> </tr> <tr> <td>7</td> <td>int_form_pt_symp__7</td> <td>Fever/chills (subjective)</td> </tr> <tr> <td>8</td> <td>int_form_pt_symp__8</td> <td>Fever (Over 100.4 deg F)</td> </tr> <tr> <td>9</td> <td>int_form_pt_symp__9</td> <td>Diarrhea</td> </tr> <tr> <td>10</td> <td>int_form_pt_symp__10</td> <td>Loss of smell or taste</td> </tr> <tr> <td>11</td> <td>int_form_pt_symp__11</td> <td>Unknown</td> </tr> </table>	1	int_form_pt_symp__1	Cough (dry)	2	int_form_pt_symp__2	Cough (productive)	3	int_form_pt_symp__3	Sore throat	4	int_form_pt_symp__4	Runny nose	5	int_form_pt_symp__5	Shortness of breath	6	int_form_pt_symp__6	Fatigue	7	int_form_pt_symp__7	Fever/chills (subjective)	8	int_form_pt_symp__8	Fever (Over 100.4 deg F)	9	int_form_pt_symp__9	Diarrhea	10	int_form_pt_symp__10	Loss of smell or taste	11	int_form_pt_symp__11	Unknown
1	int_form_pt_symp__1	Cough (dry)																																		
2	int_form_pt_symp__2	Cough (productive)																																		
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11	int_form_pt_symp__11	Unknown																																		
433	int_form_num_covid_visits Show the field ONLY if: [int_form_covid_result]=1	How many prior health care visits did this patient have for COVID-19? <i>ica_7163</i>	text (number, Max: 10)																																	
434	int_form_covid_unknown_wor_ry Show the field ONLY if: [int_form_covid_result] = '2'	How worried were you (at the time of the event) that this patient had COVID-19? <i>ica_3244</i>	radio <table border="1"> <tr> <td>1</td> <td>I was convinced that this patient had COVID-19</td> </tr> <tr> <td>2</td> <td>I was pretty sure this patient had COVID-19</td> </tr> <tr> <td>3</td> <td>I was pretty sure this patient did NOT have COVID-19</td> </tr> <tr> <td>4</td> <td>I was convinced that this patient did NOT have COVID-19</td> </tr> </table>	1	I was convinced that this patient had COVID-19	2	I was pretty sure this patient had COVID-19	3	I was pretty sure this patient did NOT have COVID-19	4	I was convinced that this patient did NOT have COVID-19																									
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435	int_form_acuity Show the field ONLY if: [int_form_event_type] = '1' or [int_form_event_type] = '3'	What was the acuity of this procedure? <i>ica_3668</i>	radio, Required <table border="1"> <tr> <td>1</td> <td>Elective (time to prepare and discuss with family and with team, not urgent)</td> </tr> <tr> <td>2</td> <td>Semi-elective (little time to prepare or discuss with family and team, urgent but not emergency)</td> </tr> <tr> <td>3</td> <td>Emergent (patient's condition had deteriorated to the point that emergency intervention was immediately required)</td> </tr> </table>	1	Elective (time to prepare and discuss with family and with team, not urgent)	2	Semi-elective (little time to prepare or discuss with family and team, urgent but not emergency)	3	Emergent (patient's condition had deteriorated to the point that emergency intervention was immediately required)																																																
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436	int_form_primaryint Show the field ONLY if: [int_form_event_type] = '1' or [int_form_event_type] = '3'	Were you the primary person performing the procedure? <i>ica_7032</i>	radio, Required <table border="1"> <tr> <td>1</td> <td>I was the primary intubator</td> </tr> <tr> <td>2</td> <td>I was supervising the intubation within 3 feet of the intubator, but I did not intubate</td> </tr> <tr> <td>3</td> <td>I was supervising the intubation initially, but then I participated by attempting intubation myself</td> </tr> </table>	1	I was the primary intubator	2	I was supervising the intubation within 3 feet of the intubator, but I did not intubate	3	I was supervising the intubation initially, but then I participated by attempting intubation myself																																																
1	I was the primary intubator																																																								
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437	int_form_ppe	What PPE did you use while you were in the room? Please check all that apply. <i>ica_1189</i>	checkbox, Required <table border="1"> <tr> <td>1</td> <td>int_form_ppe__1</td> <td>Standard precautions only (handwashing, distancing from patients)</td> </tr> <tr> <td>2</td> <td>int_form_ppe__2</td> <td>Reusable face shields</td> </tr> <tr> <td>3</td> <td>int_form_ppe__3</td> <td>Disposable face-shields (single use)</td> </tr> <tr> <td>4</td> <td>int_form_ppe__4</td> <td>Safety glasses/goggles</td> </tr> <tr> <td>5</td> <td>int_form_ppe__5</td> <td>Surgical masks</td> </tr> <tr> <td>6</td> <td>int_form_ppe__6</td> <td>Reusable fabric masks</td> </tr> <tr> <td>7</td> <td>int_form_ppe__7</td> <td>N-95 masks/respirators</td> </tr> <tr> <td>16</td> <td>int_form_ppe__16</td> <td>Elastomeric respirators</td> </tr> <tr> <td>8</td> <td>int_form_ppe__8</td> <td>Powered positive-pressure air purification systems (PAPR, CAPR, etc.)</td> </tr> <tr> <td>9</td> <td>int_form_ppe__9</td> <td>Disposable surgical hat</td> </tr> <tr> <td>10</td> <td>int_form_ppe__10</td> <td>Reusable surgical hat</td> </tr> <tr> <td>11</td> <td>int_form_ppe__11</td> <td>Standard disposable isolation gown</td> </tr> <tr> <td>17</td> <td>int_form_ppe__17</td> <td>Reusable/washable isolation gown</td> </tr> <tr> <td>12</td> <td>int_form_ppe__12</td> <td>Full-body impermeable suit</td> </tr> <tr> <td>13</td> <td>int_form_ppe__13</td> <td>Gloves</td> </tr> <tr> <td>14</td> <td>int_form_ppe__14</td> <td>Double gloves</td> </tr> <tr> <td>15</td> <td>int_form_ppe__15</td> <td>Foot coverings</td> </tr> <tr> <td>0</td> <td>int_form_ppe__0</td> <td>None of the above</td> </tr> </table> <p>Field Annotation: @NONEOFTHEABOVE = '0'</p>	1	int_form_ppe__1	Standard precautions only (handwashing, distancing from patients)	2	int_form_ppe__2	Reusable face shields	3	int_form_ppe__3	Disposable face-shields (single use)	4	int_form_ppe__4	Safety glasses/goggles	5	int_form_ppe__5	Surgical masks	6	int_form_ppe__6	Reusable fabric masks	7	int_form_ppe__7	N-95 masks/respirators	16	int_form_ppe__16	Elastomeric respirators	8	int_form_ppe__8	Powered positive-pressure air purification systems (PAPR, CAPR, etc.)	9	int_form_ppe__9	Disposable surgical hat	10	int_form_ppe__10	Reusable surgical hat	11	int_form_ppe__11	Standard disposable isolation gown	17	int_form_ppe__17	Reusable/washable isolation gown	12	int_form_ppe__12	Full-body impermeable suit	13	int_form_ppe__13	Gloves	14	int_form_ppe__14	Double gloves	15	int_form_ppe__15	Foot coverings	0	int_form_ppe__0	None of the above
1	int_form_ppe__1	Standard precautions only (handwashing, distancing from patients)																																																							
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0	int_form_ppe__0	None of the above																																																							
438	int_form_fitted_n95 Show the field ONLY if: [int_form_ppe(7)] = '1'	Did you use the style and size of N-95 mask/respirator that has previously been shown to fit you? <i>ica_1581</i>	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes, I used the style that fit me best during my fit test.</td> </tr> <tr> <td>2</td> <td>No, I used a different style.</td> </tr> </table>	1	Yes, I used the style that fit me best during my fit test.	2	No, I used a different style.																																																		
1	Yes, I used the style that fit me best during my fit test.																																																								
2	No, I used a different style.																																																								
439	int_form_ppe_conf	My confidence with my PPE during the event (confidence that I was protected from infection transmission) was: <i>ica_4335</i>	radio, Required <table border="1"> <tr> <td>1</td> <td>Very high (I think I am safe)</td> </tr> <tr> <td>2</td> <td>Moderately high</td> </tr> <tr> <td>3</td> <td>Moderately low</td> </tr> <tr> <td>4</td> <td>Very low (I think I have been contaminated)</td> </tr> </table>	1	Very high (I think I am safe)	2	Moderately high	3	Moderately low	4	Very low (I think I have been contaminated)																																														
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440	int_other_tech_photo Show the field ONLY if: [int_form_event_type] = '1' or [int_form_event_type] = '3'	Please refer to this photo when answering the next question.	descriptive																																																						


441	int_form_other_tech Show the field ONLY if: [int_form_event_type] = '1' or [int_form_event_type] = '3'	Which of the following techniques were used for health care personnel protection? [check all that apply] <i>ica_2889</i>	checkbox, Required <table border="1"> <tr> <td>1</td> <td>int_form_other_tech__1</td> <td>Intubation barrier protection (e.g., intubating boxes, intubating bags, etc.)</td> </tr> <tr> <td>2</td> <td>int_form_other_tech__2</td> <td>Intubation barrier protection with integrated suction (e.g., intubating boxes connected to suction; negative pressure hood)</td> </tr> <tr> <td>3</td> <td>int_form_other_tech__3</td> <td>Dedicated intubation response team (with dedicated staff)</td> </tr> <tr> <td>4</td> <td>int_form_other_tech__4</td> <td>Intubation through a supraglottic device (e.g., intubating LMA, etc.)</td> </tr> <tr> <td>5</td> <td>int_form_other_tech__5</td> <td>Other</td> </tr> <tr> <td>0</td> <td>int_form_other_tech__0</td> <td>None of these</td> </tr> </table> Field Annotation: @NONEOFTHEABOVE = '0'	1	int_form_other_tech__1	Intubation barrier protection (e.g., intubating boxes, intubating bags, etc.)	2	int_form_other_tech__2	Intubation barrier protection with integrated suction (e.g., intubating boxes connected to suction; negative pressure hood)	3	int_form_other_tech__3	Dedicated intubation response team (with dedicated staff)	4	int_form_other_tech__4	Intubation through a supraglottic device (e.g., intubating LMA, etc.)	5	int_form_other_tech__5	Other	0	int_form_other_tech__0	None of these
1	int_form_other_tech__1	Intubation barrier protection (e.g., intubating boxes, intubating bags, etc.)																			
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5	int_form_other_tech__5	Other																			
0	int_form_other_tech__0	None of these																			
442	int_form_addt_tech_oth Show the field ONLY if: [int_form_other_tech(5)] = '1'	What additional techniques did you use for the protection of health care personnel? <i>ica_1475</i>	notes																		
443	int_form_neg_press_rm	Did this event occur in a negative-pressure room? <i>ica_1907</i>	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
444	int_form_dur	Estimate the total duration of time you were in the room? <i>ica_4369</i>	radio, Required <table border="1"> <tr> <td>1</td> <td>0-15 minutes</td> </tr> <tr> <td>2</td> <td>16-30 minutes</td> </tr> <tr> <td>3</td> <td>31-45 minutes</td> </tr> <tr> <td>4</td> <td>Over 45 minutes</td> </tr> </table>	1	0-15 minutes	2	16-30 minutes	3	31-45 minutes	4	Over 45 minutes										
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3	31-45 minutes																				
4	Over 45 minutes																				
445	int_form_pre_hosp Show the field ONLY if: [int_form_event_type] = '1' or [int_form_event_type] = '3'	Prior to the intubation attempt, which of the following were in place, either from the pre-hospital environment or placed in the ED? [check all that apply] <i>ica_4303</i>	checkbox, Required <table border="1"> <tr> <td>1</td> <td>int_form_pre_hosp__1</td> <td>Prehospital supraglottic device (Intubating LMA, KingLT)</td> </tr> <tr> <td>2</td> <td>int_form_pre_hosp__2</td> <td>High-flow nasal cannula (e.g., Optiflow, Vapotherm)</td> </tr> <tr> <td>3</td> <td>int_form_pre_hosp__3</td> <td>CPAP/BiPap</td> </tr> <tr> <td>4</td> <td>int_form_pre_hosp__4</td> <td>Nebulized medications (e.g., albuterol, ipratropium, etc.)</td> </tr> <tr> <td>0</td> <td>int_form_pre_hosp__0</td> <td>None of the above</td> </tr> </table> Field Annotation: @NONEOFTHEABOVE=0	1	int_form_pre_hosp__1	Prehospital supraglottic device (Intubating LMA, KingLT)	2	int_form_pre_hosp__2	High-flow nasal cannula (e.g., Optiflow, Vapotherm)	3	int_form_pre_hosp__3	CPAP/BiPap	4	int_form_pre_hosp__4	Nebulized medications (e.g., albuterol, ipratropium, etc.)	0	int_form_pre_hosp__0	None of the above			
1	int_form_pre_hosp__1	Prehospital supraglottic device (Intubating LMA, KingLT)																			
2	int_form_pre_hosp__2	High-flow nasal cannula (e.g., Optiflow, Vapotherm)																			
3	int_form_pre_hosp__3	CPAP/BiPap																			
4	int_form_pre_hosp__4	Nebulized medications (e.g., albuterol, ipratropium, etc.)																			
0	int_form_pre_hosp__0	None of the above																			
446	int_form_pred_diff Show the field ONLY if: [int_form_event_type] = '1' or [int_form_event_type] = '3'	What was the predicted level of intubation difficulty? <i>ica_4323</i>	radio <table border="1"> <tr> <td>1</td> <td>Not expected to be difficult</td> </tr> <tr> <td>2</td> <td>Expected to be difficult</td> </tr> </table>	1	Not expected to be difficult	2	Expected to be difficult														
1	Not expected to be difficult																				
2	Expected to be difficult																				
447	int_form_reason Show the field ONLY if: [int_form_event_type] = '1' or [int_form_event_type] = '3'	What was the primary reason for intubation? <i>ica_4396</i>	radio, Required <table border="1"> <tr> <td>1</td> <td>Acute hypoxemia</td> </tr> <tr> <td>2</td> <td>Acute hypercapnia</td> </tr> <tr> <td>3</td> <td>Increased work of breathing</td> </tr> <tr> <td>4</td> <td>Mental status</td> </tr> <tr> <td>5</td> <td>This patient was intubated for another reason</td> </tr> </table>	1	Acute hypoxemia	2	Acute hypercapnia	3	Increased work of breathing	4	Mental status	5	This patient was intubated for another reason								
1	Acute hypoxemia																				
2	Acute hypercapnia																				
3	Increased work of breathing																				
4	Mental status																				
5	This patient was intubated for another reason																				

448	int_form_reason_oth Show the field ONLY if: [int_form_reason]=5	Why was this patient intubated? <i>ica_2301</i>	text												
449	int_form_pre_ox Show the field ONLY if: [int_form_event_type] = '1' or [int_form_event_type] = '3'	What primary pre-oxygenation strategy was used? <i>ica_1575</i>	radio, Required <table border="1"> <tr><td>1</td><td>Nasal cannula</td></tr> <tr><td>2</td><td>Face mask</td></tr> <tr><td>3</td><td>High-flow nasal cannula (e.g., Optiflow, Vapotherm)</td></tr> <tr><td>4</td><td>CPAP/BiPap</td></tr> <tr><td>5</td><td>Bag-valve mask</td></tr> <tr><td>0</td><td>None</td></tr> </table>	1	Nasal cannula	2	Face mask	3	High-flow nasal cannula (e.g., Optiflow, Vapotherm)	4	CPAP/BiPap	5	Bag-valve mask	0	None
1	Nasal cannula														
2	Face mask														
3	High-flow nasal cannula (e.g., Optiflow, Vapotherm)														
4	CPAP/BiPap														
5	Bag-valve mask														
0	None														
450	int_form_before_bag_valve Show the field ONLY if: [int_form_event_type] = '1' or [int_form_event_type] = '3'	Was bag-valve-mask ventilation required at any point during the intubation attempt BEFORE the endotracheal tube was placed? <i>ica_4747</i>	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No								
1	Yes														
0	No														
451	int_form_before_bv_photo Show the field ONLY if: [int_form_before_bag_valve] = '1'	Please refer to this photo for the next question	descriptive												
452	int_form_bv_before_type Show the field ONLY if: [int_form_before_bag_valve] = '1'	What type of bag did you use? <i>ica_2135</i>	radio, Required <table border="1"> <tr><td>1</td><td>Self-inflating</td></tr> <tr><td>2</td><td>Flow-inflating</td></tr> <tr><td>3</td><td>Unknown</td></tr> </table>	1	Self-inflating	2	Flow-inflating	3	Unknown						
1	Self-inflating														
2	Flow-inflating														
3	Unknown														
453	int_form_first_atmpt_stg Show the field ONLY if: ([int_form_event_type] = '1' or [int_form_event_type] = '3')	What strategy was used for the first intubation attempt? <i>ica_1341</i>	radio, Required <table border="1"> <tr><td>1</td><td>No sedation</td></tr> <tr><td>2</td><td>Rapid sequence induction (sedation and paralysis both)</td></tr> <tr><td>3</td><td>Sedation only (no paralysis given)</td></tr> <tr><td>4</td><td>Awake fiberoptic</td></tr> <tr><td>5</td><td>Awake intubation with direct or video laryngoscopy</td></tr> </table>	1	No sedation	2	Rapid sequence induction (sedation and paralysis both)	3	Sedation only (no paralysis given)	4	Awake fiberoptic	5	Awake intubation with direct or video laryngoscopy		
1	No sedation														
2	Rapid sequence induction (sedation and paralysis both)														
3	Sedation only (no paralysis given)														
4	Awake fiberoptic														
5	Awake intubation with direct or video laryngoscopy														
454	int_form_eq_1st Show the field ONLY if: [int_form_event_type] = '1' or [int_form_event_type] = '3'	Which equipment was used for the first attempt (please check one)? <i>ica_2260</i>	radio, Required <table border="1"> <tr><td>1</td><td>Direct laryngoscopy</td></tr> <tr><td>2</td><td>Video laryngoscopy</td></tr> <tr><td>4</td><td>Supraglottic airway (intubating LMA, KingLT, etc.)</td></tr> <tr><td>5</td><td>Retrograde intubation</td></tr> <tr><td>6</td><td>Fiberoptic intubation</td></tr> <tr><td>7</td><td>Cricothyroidotomy</td></tr> </table>	1	Direct laryngoscopy	2	Video laryngoscopy	4	Supraglottic airway (intubating LMA, KingLT, etc.)	5	Retrograde intubation	6	Fiberoptic intubation	7	Cricothyroidotomy
1	Direct laryngoscopy														
2	Video laryngoscopy														
4	Supraglottic airway (intubating LMA, KingLT, etc.)														
5	Retrograde intubation														
6	Fiberoptic intubation														
7	Cricothyroidotomy														
455	int_form_gum_bougie Show the field ONLY if: [int_form_event_type] = '1' or [int_form_event_type] = '3'	Was the gum elastic bougie used for the first attempt? <i>ica_9060</i>	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No								
1	Yes														
0	No														
456	int_form_pass_o2 Show the field ONLY if: ([int_form_event_type] = '1' or [int_form_event_type] = '3')	Was passive nasal oxygenation (nasal cannula for oxygenation during the apneic period) used during the first intubation attempt? <i>ica_1234</i>	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No								
1	Yes														
0	No														
457	int_form_nsl_oral_photo Show the field ONLY if: [int_form_event_type] = '1' or [int_form_event_type] = '3'	Please refer to this photo when answering the next question	descriptive												

458	int_form_nsl_orl_airway Show the field ONLY if: [int_form_event_type] = '1' or [int_form_event_type] = '3'	Was nasal or oral airway used during the intubation event? <i>ica_4144</i>	radio, Required <table border="1"> <tr><td>1</td><td>Nasal only</td></tr> <tr><td>2</td><td>Oral only</td></tr> <tr><td>3</td><td>Nasal and oral</td></tr> <tr><td>4</td><td>Neither</td></tr> </table>	1	Nasal only	2	Oral only	3	Nasal and oral	4	Neither													
1	Nasal only																							
2	Oral only																							
3	Nasal and oral																							
4	Neither																							
459	int_form_success_1st Show the field ONLY if: [int_form_event_type] = '1' or [int_form_event_type] = '3'	Was intubation successful on the first attempt? <i>ica_1181</i>	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																	
1	Yes																							
0	No																							
460	int_form_induction Show the field ONLY if: ([int_form_event_type] = '1' or [int_form_event_type] = '3')	Which of the following medications were given for induction during any intubation attempt [check all that apply]? <i>ica_1332</i>	checkbox, Required <table border="1"> <tr><td>1</td><td>int_form_induction__1</td><td>Propofol</td></tr> <tr><td>2</td><td>int_form_induction__2</td><td>Etomidate</td></tr> <tr><td>3</td><td>int_form_induction__3</td><td>Ketamine</td></tr> <tr><td>4</td><td>int_form_induction__4</td><td>Midazolam</td></tr> <tr><td>5</td><td>int_form_induction__5</td><td>Fentanyl</td></tr> <tr><td>6</td><td>int_form_induction__6</td><td>Other</td></tr> <tr><td>0</td><td>int_form_induction__0</td><td>None</td></tr> </table> Field Annotation: @NONEOFTHEABOVE = '0'	1	int_form_induction__1	Propofol	2	int_form_induction__2	Etomidate	3	int_form_induction__3	Ketamine	4	int_form_induction__4	Midazolam	5	int_form_induction__5	Fentanyl	6	int_form_induction__6	Other	0	int_form_induction__0	None
1	int_form_induction__1	Propofol																						
2	int_form_induction__2	Etomidate																						
3	int_form_induction__3	Ketamine																						
4	int_form_induction__4	Midazolam																						
5	int_form_induction__5	Fentanyl																						
6	int_form_induction__6	Other																						
0	int_form_induction__0	None																						
461	int_form_induct_other Show the field ONLY if: ([int_form_event_type] = '1' or [int_form_event_type] = '3') and ([int_form_first_atmpt_stg]= 2 or [int_form_first_atmpt_stg]= 3) and [int_form_induction (6)] = '1'	What other medication(s) for induction, beyond what was listed above, were given for induction during any intubation attempt? <i>ica_3963</i>	text																					
462	int_form_paralysis Show the field ONLY if: ([int_form_event_type] = '1' or [int_form_event_type] = '3')	Which of the following medications were given for paralysis during any intubation attempt [check all that apply]? <i>ica_3456</i>	checkbox, Required <table border="1"> <tr><td>1</td><td>int_form_paralysis__1</td><td>Succinylcholine</td></tr> <tr><td>2</td><td>int_form_paralysis__2</td><td>Rocuronium</td></tr> <tr><td>3</td><td>int_form_paralysis__3</td><td>Vecuronium</td></tr> <tr><td>4</td><td>int_form_paralysis__4</td><td>Cisatracurium</td></tr> <tr><td>0</td><td>int_form_paralysis__0</td><td>None</td></tr> </table> Field Annotation: @NONEOFTHEABOVE = '0'	1	int_form_paralysis__1	Succinylcholine	2	int_form_paralysis__2	Rocuronium	3	int_form_paralysis__3	Vecuronium	4	int_form_paralysis__4	Cisatracurium	0	int_form_paralysis__0	None						
1	int_form_paralysis__1	Succinylcholine																						
2	int_form_paralysis__2	Rocuronium																						
3	int_form_paralysis__3	Vecuronium																						
4	int_form_paralysis__4	Cisatracurium																						
0	int_form_paralysis__0	None																						
463	int_form_eq_any Show the field ONLY if: ([int_form_event_type] = '1' or [int_form_event_type] = '3') and [int_form_success_1st]='0'	What equipment was used for any attempt [check all that apply]: <i>ica_1567</i>	checkbox, Required <table border="1"> <tr><td>1</td><td>int_form_eq_any__1</td><td>Direct laryngoscopy</td></tr> <tr><td>2</td><td>int_form_eq_any__2</td><td>Video laryngoscopy</td></tr> <tr><td>3</td><td>int_form_eq_any__3</td><td>Gum elastic bougie</td></tr> <tr><td>4</td><td>int_form_eq_any__4</td><td>Supraglottic airway (intubating LMA, KingLT, etc.)</td></tr> <tr><td>5</td><td>int_form_eq_any__5</td><td>Retrograde intubation</td></tr> <tr><td>6</td><td>int_form_eq_any__6</td><td>Fiberoptic intubation</td></tr> <tr><td>7</td><td>int_form_eq_any__7</td><td>Cricothyroidotomy</td></tr> </table>	1	int_form_eq_any__1	Direct laryngoscopy	2	int_form_eq_any__2	Video laryngoscopy	3	int_form_eq_any__3	Gum elastic bougie	4	int_form_eq_any__4	Supraglottic airway (intubating LMA, KingLT, etc.)	5	int_form_eq_any__5	Retrograde intubation	6	int_form_eq_any__6	Fiberoptic intubation	7	int_form_eq_any__7	Cricothyroidotomy
1	int_form_eq_any__1	Direct laryngoscopy																						
2	int_form_eq_any__2	Video laryngoscopy																						
3	int_form_eq_any__3	Gum elastic bougie																						
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6	int_form_eq_any__6	Fiberoptic intubation																						
7	int_form_eq_any__7	Cricothyroidotomy																						

464	int_form_compl Show the field ONLY if: [int_form_event_type] = '1' or [int_form_event_type] = '3'	Which complications occurred during the intubation procedure [check all that apply]? Cardiac arrest should only be selected for patients who were not in cardiac arrest at the time of the intubation, then developed cardiac arrest during or immediately after intubation. <i>ica_2647</i>	checkbox, Required <table border="1"> <tr> <td>1</td> <td>int_form_compl__1</td> <td>Hypoxia (SpO2< 90%)</td> </tr> <tr> <td>2</td> <td>int_form_compl__2</td> <td>Severe hypoxia (SpO2< 80%)</td> </tr> <tr> <td>3</td> <td>int_form_compl__3</td> <td>Hypotension (SBP< 90)</td> </tr> <tr> <td>4</td> <td>int_form_compl__4</td> <td>Esophageal intubation</td> </tr> <tr> <td>5</td> <td>int_form_compl__5</td> <td>Dental injury</td> </tr> <tr> <td>6</td> <td>int_form_compl__6</td> <td>Cardiac arrest</td> </tr> <tr> <td>7</td> <td>int_form_compl__7</td> <td>Failed airway (death without airway being placed)</td> </tr> <tr> <td>0</td> <td>int_form_compl__0</td> <td>None</td> </tr> </table> Field Annotation: @NONEOFTHEABOVE = '0'	1	int_form_compl__1	Hypoxia (SpO2< 90%)	2	int_form_compl__2	Severe hypoxia (SpO2< 80%)	3	int_form_compl__3	Hypotension (SBP< 90)	4	int_form_compl__4	Esophageal intubation	5	int_form_compl__5	Dental injury	6	int_form_compl__6	Cardiac arrest	7	int_form_compl__7	Failed airway (death without airway being placed)	0	int_form_compl__0	None
1	int_form_compl__1	Hypoxia (SpO2< 90%)																									
2	int_form_compl__2	Severe hypoxia (SpO2< 80%)																									
3	int_form_compl__3	Hypotension (SBP< 90)																									
4	int_form_compl__4	Esophageal intubation																									
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6	int_form_compl__6	Cardiac arrest																									
7	int_form_compl__7	Failed airway (death without airway being placed)																									
0	int_form_compl__0	None																									
465	int_form_intub_succ_multi Show the field ONLY if: ([int_form_event_type] = '1' or [int_form_event_type] = '3') and d [int_form_success_1st]='0'	Was intubation ultimately successful? <i>ica_3887</i>	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																				
1	Yes																										
0	No																										
466	int_form_num_attpt Show the field ONLY if: ([int_form_event_type] = '1' or [int_form_event_type] = '3') and d [int_form_success_1st]=0	How many total attempts at intubation were required? (total attempts regardless of the number of providers attempting intubation) <i>ica_1201</i>	text (number)																								
467	int_form_oral_suct Show the field ONLY if: ([int_form_event_type] = '1' or [int_form_event_type] = '3') and d ([int_form_pre_hosp(2)]='1' or [int_form_pre_hosp(3)]='1')	Was oral suctioning required at any point for clearance of secretions (could be before intubation, during intubation, or immediately after intubation)? <i>ica_1847</i>	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																				
1	Yes																										
0	No																										
468	int_form_diff_actual Show the field ONLY if: [int_form_event_type] = '1' or [int_form_event_type] = '3'	How difficult was this intubation? <i>ica_4449</i>	radio, Required <table border="1"> <tr> <td>1</td> <td>Very easy</td> </tr> <tr> <td>2</td> <td>Somewhat easy</td> </tr> <tr> <td>3</td> <td>Somewhat difficult</td> </tr> <tr> <td>4</td> <td>Very difficult</td> </tr> </table>	1	Very easy	2	Somewhat easy	3	Somewhat difficult	4	Very difficult																
1	Very easy																										
2	Somewhat easy																										
3	Somewhat difficult																										
4	Very difficult																										
469	int_form_manual_bv_after Show the field ONLY if: [int_form_event_type] = '1' or [int_form_event_type] = '3'	Was manual bag-valve ventilation required AFTER the endotracheal tube was placed (before a mechanical ventilator was used)? <i>ica_4457</i>	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																				
1	Yes																										
0	No																										
470	int_form_bv_after_photo_2 Show the field ONLY if: ([int_form_event_type] = '1' or [int_form_event_type] = '3') and d [int_form_manual_bv_after] = '1'	Please refer to this photo for the next question	descriptive																								
471	int_form_bv_after_type Show the field ONLY if: ([int_form_event_type] = '1' or [int_form_event_type] = '3') and d [int_form_manual_bv_after] = '1'	What type of bag did you use? <i>ica_2134</i>	radio, Required <table border="1"> <tr> <td>1</td> <td>Self-inflating</td> </tr> <tr> <td>2</td> <td>Flow-inflating</td> </tr> <tr> <td>3</td> <td>Unknown</td> </tr> </table>	1	Self-inflating	2	Flow-inflating	3	Unknown																		
1	Self-inflating																										
2	Flow-inflating																										
3	Unknown																										
472	int_form_vent_ed Show the field ONLY if: [int_form_event_type] = '1' or [int_form_event_type] = '3'	Was a mechanical ventilator used to ventilate this patient in the ED? <i>ica_2152</i>	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																				
1	Yes																										
0	No																										

473	<div>int_form_vent_photo</div> <div>Show the field ONLY if: ([int_form_event_type] = '1' or [int_form_event_type] = '3') and [int_form_vent_ed]='1'</div>	<div>Please refer to this photo when answering the following question</div>	<div>descriptive</div>								
474	<div>int_form_vent_type</div> <div>Show the field ONLY if: ([int_form_event_type] = '1' or [int_form_event_type] = '3') and [int_form_vent_ed]='1'</div>	<div>What style of ventilator was it?</div> <div>ica_2261</div>	<div>radio, Required</div> <table><tr><td>1</td><td>Single-limb transport ventilator</td></tr><tr><td>2</td><td>Dual-limb ICU ventilator (closed circuit)</td></tr><tr><td>3</td><td>Unknown</td></tr></table>	1	Single-limb transport ventilator	2	Dual-limb ICU ventilator (closed circuit)	3	Unknown		
1	Single-limb transport ventilator										
2	Dual-limb ICU ventilator (closed circuit)										
3	Unknown										
475	<div>int_form_bv_filter_photos</div> <div>Show the field ONLY if: ([int_form_event_type] = '1' or [int_form_event_type] = '3') and [int_form_vent_ed]='1'</div>	<div>Please refer to this photo for the following question</div>	<div>descriptive</div>								
476	<div>int_form_bv_filter_vent</div> <div>Show the field ONLY if: ([int_form_event_type] = '1' or [int_form_event_type] = '3') and [int_form_vent_ed]='1'</div>	<div>Was a bacterial/viral filter connected to the endotracheal tube before any ventilation occurred?</div> <div>ica_4169</div>	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Unknown</td></tr></table>	1	Yes	0	No	2	Unknown		
1	Yes										
0	No										
2	Unknown										
477	<div>int_form_filter_ex_port</div> <div>Show the field ONLY if: ([int_form_event_type] = '1' or [int_form_event_type] = '3') and [int_form_vent_ed]='1' and [i nt_form_vent_type]='1'</div>	<div>Was a viral filter placed on the exhalation port?</div> <div>ica_4582</div>	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Unknown</td></tr></table>	1	Yes	0	No	2	Unknown		
1	Yes										
0	No										
2	Unknown										
478	<div>card_arst_occur</div> <div>Show the field ONLY if: [int_form_event_type] = '3'</div>	<div>When did cardiac arrest occur?</div> <div>ica_2144</div>	<div>radio, Required</div> <table><tr><td>1</td><td>Prior to ED arrival</td></tr><tr><td>2</td><td>In the ED prior to intubation</td></tr><tr><td>3</td><td>During or within 5 minutes after intubation procedure</td></tr><tr><td>4</td><td>After intubation, but before patient transferred out of the ED</td></tr></table>	1	Prior to ED arrival	2	In the ED prior to intubation	3	During or within 5 minutes after intubation procedure	4	After intubation, but before patient transferred out of the ED
1	Prior to ED arrival										
2	In the ED prior to intubation										
3	During or within 5 minutes after intubation procedure										
4	After intubation, but before patient transferred out of the ED										
479	<div>card_arst_occur_only</div> <div>Show the field ONLY if: [int_form_event_type] = '2'</div>	<div>When did cardiac arrest occur?</div> <div>ica_2145</div>	<div>radio, Required</div> <table><tr><td>1</td><td>Prior to ED arrival</td></tr><tr><td>2</td><td>In the ED</td></tr></table>	1	Prior to ED arrival	2	In the ED				
1	Prior to ED arrival										
2	In the ED										
480	<div>card_arst_defib</div> <div>Show the field ONLY if: ([int_form_event_type] = '2' or [int_form_event_type] = '3') and ([card_arst_occur] = '2' or [ca rd_arst_occur] = '3' or [card_ar st_occur] = '4')</div>	<div>Did defibrillation or cardioversion happen during the cardiac arrest in the ED?</div> <div>ica_3454</div>	<div>yesno, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No				
1	Yes										
0	No										
481	<div>card_arst_comp</div> <div>Show the field ONLY if: [int_form_event_type] = '2' or [int_form_event_type] = '3'</div>	<div>Did you personally perform chest compressions?</div> <div>ica_2887</div>	<div>yesno, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No				
1	Yes										
0	No										
482	<div>card_arst_length</div> <div>Show the field ONLY if: [int_form_event_type] = '2' or [int_form_event_type] = '3'</div>	<div>How long was the total cardiac arrest?</div> <div>ica_2482</div>	<div>radio, Required</div> <table><tr><td>1</td><td>0-10 minutes</td></tr><tr><td>2</td><td>11-30 minutes</td></tr><tr><td>3</td><td>Over 30 minutes</td></tr></table>	1	0-10 minutes	2	11-30 minutes	3	Over 30 minutes		
1	0-10 minutes										
2	11-30 minutes										
3	Over 30 minutes										
483	<div>int_form_fluid_exp</div>	<div>Did you have any exposure to bodily fluids during the event? "Exposure" is defined as fluids that splashed onto unprotected skin or onto a mucous membrane.</div> <div>ica_4124</div>	<div>yesno, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No				
1	Yes										
0	No										


484	int_form_oth_proc	What other procedures did you perform or supervise while in the room on this patient [check all that apply]? <i>ica_2116</i>	checkbox <table border="1"> <tr><td>1</td><td>int_form_oth_proc__1</td><td>Arterial line placement</td></tr> <tr><td>2</td><td>int_form_oth_proc__2</td><td>Central venous line placement</td></tr> <tr><td>3</td><td>int_form_oth_proc__3</td><td>Chest tube placement</td></tr> <tr><td>4</td><td>int_form_oth_proc__4</td><td>Fiberoptic bronchoscopy</td></tr> <tr><td>5</td><td>int_form_oth_proc__5</td><td>Lumbar puncture</td></tr> <tr><td>6</td><td>int_form_oth_proc__6</td><td>Paracentesis</td></tr> <tr><td>7</td><td>int_form_oth_proc__7</td><td>Thoracentesis</td></tr> <tr><td>8</td><td>int_form_oth_proc__8</td><td>Wound care (sutures, wound glue)</td></tr> <tr><td>9</td><td>int_form_oth_proc__9</td><td>Other</td></tr> <tr><td>0</td><td>int_form_oth_proc__0</td><td>None</td></tr> </table> Field Annotation: @NONEOFTHEABOVE='0'	1	int_form_oth_proc__1	Arterial line placement	2	int_form_oth_proc__2	Central venous line placement	3	int_form_oth_proc__3	Chest tube placement	4	int_form_oth_proc__4	Fiberoptic bronchoscopy	5	int_form_oth_proc__5	Lumbar puncture	6	int_form_oth_proc__6	Paracentesis	7	int_form_oth_proc__7	Thoracentesis	8	int_form_oth_proc__8	Wound care (sutures, wound glue)	9	int_form_oth_proc__9	Other	0	int_form_oth_proc__0	None
1	int_form_oth_proc__1	Arterial line placement																															
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3	int_form_oth_proc__3	Chest tube placement																															
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8	int_form_oth_proc__8	Wound care (sutures, wound glue)																															
9	int_form_oth_proc__9	Other																															
0	int_form_oth_proc__0	None																															
485	int_fomr_oth_proc_spec Show the field ONLY if: [int_form_oth_proc(9)] = '1'	What procedures, not previously listed, did you perform or supervise while in the room with this patient? <i>ica_4835</i>	notes																														
486	int_form_ed_disp	The patient's ED disposition was <i>ica_3365</i>	radio, Required <table border="1"> <tr><td>1</td><td>Hospital admission</td></tr> <tr><td>2</td><td>Died</td></tr> <tr><td>3</td><td>Discharge from the ED to home/care facility (very rare)</td></tr> <tr><td>4</td><td>Transferred to another hospital</td></tr> </table>	1	Hospital admission	2	Died	3	Discharge from the ED to home/care facility (very rare)	4	Transferred to another hospital																						
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2	Died																																
3	Discharge from the ED to home/care facility (very rare)																																
4	Transferred to another hospital																																
487	intubationcardiac_arrest_form_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																								
0	Incomplete																																
1	Unverified																																
2	Complete																																
Instrument: Patient Information Form (Intubation/CPR) (patient_information_form_intubationcpr)  Enabled as survey ^ Collapse																																	
488	pif_comp_date	Date Patient Intubation Form Completed	text (date_mdy) Field Annotation: @TODAY @HIDDEN																														
489	proc_pt_mrn	Medical Record Number <i>pif_4682</i>	text, Required, Identifier																														
490	proc_pt_mrn_verify	Please verify the patient's medical record number <i>pif_4682</i>	text, Required, Identifier																														
491	proc_pt_mrn_verifymsg Show the field ONLY if: [proc_pt_mrn_verify]<>" and ([proc_pt_mrn] <> [proc_pt_mrn_verify])	The patient's medical record numbers do not match. Please verify that you have entered the correct information in both fields.	descriptive																														
492	proc_pt_last_name	What is the patient's last name? <i>pif_4113</i>	text, Required																														
493	proc_pt_dob	What is the patient's date of birth (M-D-Y)? <i>pif_3254</i>	text (date_mdy), Required Field Annotation: @HIDEBUTTON																														
494	proc_pt_arrvl_date	What was the date and time (M-D-Y H:M) of ED arrival? <i>pif_1831</i>	text (datetime_mdy, Min: 2020-04-13 00:00, Max: 2021-04-15 00:00), Required Field Annotation: @HIDEBUTTON																														
495	proc_pt_sex	Patient's sex <i>pif_4689</i>	radio, Required <table border="1"> <tr><td>1</td><td>Male</td></tr> <tr><td>2</td><td>Female</td></tr> <tr><td>3</td><td>Intersex</td></tr> <tr><td>6</td><td>Not Listed</td></tr> </table>	1	Male	2	Female	3	Intersex	6	Not Listed																						
1	Male																																
2	Female																																
3	Intersex																																
6	Not Listed																																

496	pif_gender_not_listed Show the field ONLY if: [proc_pt_sex]=6	What is the patients sex? <i>pif_4900</i>	text, Required																		
497	proc_pt_race	Patient's race [check all that apply] <i>pif_3118</i>	checkbox, Required <table border="1"> <tr> <td>1</td> <td>proc_pt_race__1</td> <td>White</td> </tr> <tr> <td>2</td> <td>proc_pt_race__2</td> <td>Black or African American</td> </tr> <tr> <td>3</td> <td>proc_pt_race__3</td> <td>American Indian or Alaska Native</td> </tr> <tr> <td>4</td> <td>proc_pt_race__4</td> <td>Asian</td> </tr> <tr> <td>5</td> <td>proc_pt_race__5</td> <td>Native Hawaiian or Other Pacific Islander</td> </tr> <tr> <td>6</td> <td>proc_pt_race__6</td> <td>Other</td> </tr> </table>	1	proc_pt_race__1	White	2	proc_pt_race__2	Black or African American	3	proc_pt_race__3	American Indian or Alaska Native	4	proc_pt_race__4	Asian	5	proc_pt_race__5	Native Hawaiian or Other Pacific Islander	6	proc_pt_race__6	Other
1	proc_pt_race__1	White																			
2	proc_pt_race__2	Black or African American																			
3	proc_pt_race__3	American Indian or Alaska Native																			
4	proc_pt_race__4	Asian																			
5	proc_pt_race__5	Native Hawaiian or Other Pacific Islander																			
6	proc_pt_race__6	Other																			
498	proc_pt_race_other Show the field ONLY if: [proc_pt_race(6)] = '1'	Please indicate 'other' <i>pif_2971</i>	text																		
499	proc_pt_ethnicity	Ethnicity <i>pif_1893</i>	radio, Required <table border="1"> <tr> <td>1</td> <td>Hispanic or Latino</td> </tr> <tr> <td>2</td> <td>Not Hispanic or Latino</td> </tr> </table>	1	Hispanic or Latino	2	Not Hispanic or Latino														
1	Hispanic or Latino																				
2	Not Hispanic or Latino																				
500	proc_pt_arrv_type	How did the patient arrive to the emergency department? <i>pif_1774</i>	radio, Required <table border="1"> <tr> <td>1</td> <td>Walk-in (this includes car, taxi, bus, subway/train, or on foot)</td> </tr> <tr> <td>2</td> <td>Ambulance, either air or ground</td> </tr> <tr> <td>3</td> <td>Public services such as police car or social service vehicle</td> </tr> </table>	1	Walk-in (this includes car, taxi, bus, subway/train, or on foot)	2	Ambulance, either air or ground	3	Public services such as police car or social service vehicle												
1	Walk-in (this includes car, taxi, bus, subway/train, or on foot)																				
2	Ambulance, either air or ground																				
3	Public services such as police car or social service vehicle																				
501	proc_pt_covid_tested	Was this patient tested for COVID-19 (at any point: before ED visit, during ED visit, or after ED visit)? <i>pif_1090</i>	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes, before ED visit</td> </tr> <tr> <td>2</td> <td>Yes, during ED visit</td> </tr> <tr> <td>3</td> <td>Yes, after ED visit</td> </tr> <tr> <td>4</td> <td>No</td> </tr> </table>	1	Yes, before ED visit	2	Yes, during ED visit	3	Yes, after ED visit	4	No										
1	Yes, before ED visit																				
2	Yes, during ED visit																				
3	Yes, after ED visit																				
4	No																				
502	proc_pt_covid_confirm Show the field ONLY if: [proc_pt_covid_tested] = '1' or [proc_pt_covid_tested] = '2' or [proc_pt_covid_tested] = '3'	Was the patient confirmed to have COVID-19? <i>pif_3415</i>	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
503	proc_pt_covid_test_date Show the field ONLY if: [proc_pt_covid_confirm] = '1'	Date of first positive COVID-19 test (specimen collection) <i>pif_4853</i>	text (date_mdy, Min: 2020-04-13, Max: 2021-04-15), Required																		
504	proc_pt_intubation Show the field ONLY if: [proc_pt_covid_confirm] = '1'	Date and time of intubation <i>pif_1132</i>	text (datetime_mdy, Min: 2020-04-13 00:00, Max: 2021-04-15 23:59), Required																		
505	proc_pt_imm_meds Show the field ONLY if: [proc_pt_covid_confirm] = '1'	Does the patient take any immune system suppressing medications (for autoimmune disease, organ transplant, or otherwise)? <i>pif_2898</i>	yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
506	pt_proc_icu_discharge Show the field ONLY if: [proc_pt_covid_confirm] = '1'	On what date was the patient discharged from the ICU or ICU-level care, if no ICU bed is available? If the patient was transferred to another facility or died in the ED, then enter the date and time of discharge from the ED <i>pif_4087</i>	text (datetime_mdy, Min: 2020-04-13 00:00, Max: 2021-04-15 23:59), Required																		
507	pt_proc_hosp_discharge Show the field ONLY if: [proc_pt_covid_confirm] = '1'	On what date was the patient discharged from the hospital? If the patient was transferred to another facility or died in the ED, then enter the date and time of discharge from the ED. <i>pif_3336</i>	text (datetime_mdy, Min: 2020-04-13 00:00, Max: 2021-04-15 23:59), Required																		


508	proc_pt_hosp_disp Show the field ONLY if: [proc_pt_covid_confirm] = '1'	What was the hospital disposition (at the end of hospitalization)? <i>pij_4047</i>	radio, Required <table><tr><td>1</td><td>Home</td></tr><tr><td>2</td><td>Care facility</td></tr><tr><td>3</td><td>Died</td></tr><tr><td>4</td><td>Transferred to another hospital</td></tr></table>	1	Home	2	Care facility	3	Died	4	Transferred to another hospital
1	Home										
2	Care facility										
3	Died										
4	Transferred to another hospital										
509	patient_information_form_intubationcpr_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete		
0	Incomplete										
1	Unverified										
2	Complete										

Instrument: **Serology Laboratory Form** (serology_laboratory_form)  Enabled as survey[^ Collapse](#)

510	blood_draw_dob	Date of birth [baseline_arm_1][dob]	descriptive						
511	blood_draw_gender	Gender [baseline_arm_1][gender]	descriptive						
512	blood_draw_comp	Blood draw & PCR compensation	text Field Annotation: @HIDDEN @DEFAULT='15'						
513	blood_draw_comp_type	Blood draw compensation type	text Field Annotation: @HIDDEN @DEFAULT='Biological samples'						
514	blood_draw_week	Week of Blood Draw <i>sld_4634</i>	text (number, Min: 0, Max: 12)						
515	date_blood_draw	Date and time of blood draw <i>sld_3846</i>	text (datetime_mdy, Min: 2020-04-13 00:00, Max: 2021-04-15 00:00)						
516	date_nasal_swab	Date and time of nasal swab <i>sld_3846</i>	text (datetime_mdy, Min: 2020-04-13 00:00, Max: 2021-04-15 00:00)						
517	date_ser_shipped	Date of shipment <i>sld_1006</i>	text (date_mdy, Min: 2020-04-13, Max: 2021-04-15)						
518	igg_results_quant	IgG result (quantitative) <i>slr_2822</i>	text						
519	igg_results_pos_neg	COVID-19 Antibody blood serology result <i>slr_2827</i>	text						
520	nasal_swab_pcr	Nasal Swab PCR Result <i>slr_3145</i>	text						
521	stop_collection	Stop Blood and Nasal Swab collection	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No		
1	Yes								
0	No								
522	serology_laboratory_form_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: **Serology Laboratory Acknowledgement** (serology_laboratory_acknowledgement)  Enabled as survey[^ Collapse](#)

523	lab_results_ack	Date and time of blood draw: [event-name][date_blood_draw] COVID-19 Antibody blood serology result: [event-name] [igg_results_pos_neg] Nasal swab PCR result: [event-name] [nasal_swab_pcr]	descriptive						
524	results_ackn	Section Header: <i>If your Nasal swab PCR result is 'Detected' or your COVID-19 Antibody blood serology result is 'Positive', please contact your employee health clinic to discuss your next steps including further testing and work restrictions.</i> I acknowledge that I have viewed my serology results. <i>slr_1675</i>	radio, Required <table><tr><td>1</td><td>Yes</td></tr></table>	1	Yes				
1	Yes								
525	serology_laboratory_acknowledgement_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: **Week 4 Addition** (post_serologic_testing)  Enabled as survey[^ Collapse](#)

526	post_covidstress	<p>Section Header: <i>COVID-19 related stress & anxiety</i></p> <p>In the past week, how much has COVID-19 pandemic affected your stress or anxiety levels? pst_8317</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>Somewhat</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>Extremely</td></tr> </table>	1	Not at all	2	2	3	3	4	Somewhat	5	5	6	6	7	Extremely
1	Not at all																
2	2																
3	3																
4	Somewhat																
5	5																
6	6																
7	Extremely																
527	post_jobstress	<p>In the past week, to what extent are you experiencing severe, ongoing job stress where you felt emotionally exhausted, burned out, cynical about your work and fatigued, even when you wake up? pst_8291</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>Somewhat</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>Very much</td></tr> </table>	1	Not at all	2	2	3	3	4	Somewhat	5	5	6	6	7	Very much
1	Not at all																
2	2																
3	3																
4	Somewhat																
5	5																
6	6																
7	Very much																
528	post_priorex	<p>To what extent do you agree or disagree with the following statement: Knowing my prior exposure and immunity to COVID-19 by serologic (blood) testing has decreased my anxiety? pst_7458</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Strongly disagree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Somewhat disagree</td></tr> <tr><td>4</td><td>Neither disagree or agree</td></tr> <tr><td>5</td><td>Somewhat agree</td></tr> <tr><td>6</td><td>Agree</td></tr> <tr><td>7</td><td>Strongly agree</td></tr> </table>	1	Strongly disagree	2	Disagree	3	Somewhat disagree	4	Neither disagree or agree	5	Somewhat agree	6	Agree	7	Strongly agree
1	Strongly disagree																
2	Disagree																
3	Somewhat disagree																
4	Neither disagree or agree																
5	Somewhat agree																
6	Agree																
7	Strongly agree																
529	post_nightmaters	<p>Section Header: <i>In the past week, have you ...</i></p> <p>had nightmares related to the pandemic or thought about the pandemic when you did not want to?pst_6658</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
530	post_avoid	<p>tried hard not to think about the pandemic or gone out of your way to avoid situations that reminded you of it?pst_5473</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
531	post_on_edge	<p>been constantly on guard, watchful, or easily startled?pst_8964</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
532	post_numb	<p>felt numb or detached from people, activities or your surroundings?pst_5721</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
533	post_guilty	<p>felt guilty or unable to stop blaming yourself or others for the effects of the pandemic or any problems and pandemic may have caused?pst_5587</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No										
1	Yes																
0	No																
534	post_wrkprograms	<p>Section Header: <i>Institutional Mitigation</i></p> <p>Which of the following staff-support programs have you used or received by or within your workplace during the COVID-19 pandemic? [check all that apply] pst_2567</p>	<p>checkbox</p> <table border="1"> <tr> <td>1</td> <td>post_wrkprograms__1</td> <td>Childcare support services</td> </tr> <tr> <td>2</td> <td>post_wrkprograms__2</td> <td>Elder care support services</td> </tr> <tr> <td>3</td> <td>post_wrkprograms__3</td> <td>Transportation services for employees to and from the workplace to limit public exposure</td> </tr> </table>	1	post_wrkprograms__1	Childcare support services	2	post_wrkprograms__2	Elder care support services	3	post_wrkprograms__3	Transportation services for employees to and from the workplace to limit public exposure					
1	post_wrkprograms__1	Childcare support services															
2	post_wrkprograms__2	Elder care support services															
3	post_wrkprograms__3	Transportation services for employees to and from the workplace to limit public exposure															

4	post_wrkprograms__4	Alternative living situation (either providing accommodations or funding for accommodations) for self-quarantine related to workplace exposure
5	post_wrkprograms__5	Laundry services for work-related clothing
6	post_wrkprograms__6	COVID-specific mental health hotline for health care workers
7	post_wrkprograms__7	Stress reduction/emotional resilience training
8	post_wrkprograms__8	Routine COVID-19 testing of asymptomatic health care personnel (not including procedures for Project COVERED)
9	post_wrkprograms__9	Employee COVID-19 testing at provider request - even if asymptomatic
10	post_wrkprograms__10	Surge staffing plans for employees in other areas in the hospital to surge to the ED in response to anticipated COVID-19 patient volume [please select this item if a plan was in place and/or cross-training occurred, regardless of whether those plans were used]
11	post_wrkprograms__11	Flexible scheduling of work hours to balance demands across front-line health care personnel
12	post_wrkprograms__12	Formal use of a social media platform to facilitate communication among front-line health care personnel within your workplace (e.g., WhatsApp)
13	post_wrkprograms__13	Additional financial payments for front-line health care personnel
14	post_wrkprograms__14	Paid time off for COVID-19-related quarantine or isolation
15	post_wrkprograms__15	Supplemental disability benefits for staff affected by COVID-19
16	post_wrkprograms__16	Other

			0	post_wrkprograms__0	None
			Field Annotation: @NONEOFTHEABOVE		
535	ppst_wrkprograms_other Show the field ONLY if: [post_wrkprograms(16)] = '1'	What other staff-support programs provided by or within your workplace have you used? <i>pst_2348</i>	text		
536	post_clinsvcs	Which of the following specific clinical services have you used in your emergency department as you care for patients with COVID-19? [check all that apply] <i>pst_1756</i>	checkbox		
			1	post_clinsvcs__1	Telehealth for ED triage to limit provider exposure
			2	post_clinsvcs__2	Telehealth for ED patient care to limit provider exposure
			3	post_clinsvcs__3	Palliative care consultations
			4	post_clinsvcs__4	Ethics consultations
			5	post_clinsvcs__5	24-hour social worker availability
			6	post_clinsvcs__6	24-hour interpreter services (either in-person, electronic/virtual, or on-demand)
			7	post_clinsvcs__7	Self-administered swabs for patients suspected of having COVID-19 (instead of provider- or nurse-collected nasopharyngeal swabs)
			8	post_clinsvcs__8	Video-facilitated patient-family communication (when family are unable or prevented from being at a patient's bedside)
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			11	post_clinsvcs__11	Team doffing (e.g., each time you remove PPE related to COVID-19 exposure, a colleague observes doffing to ensure no self-contamination occurs)
			12	post_clinsvcs__12	Current COVID-19 status board (in ED or on easily accessible electronic access) with updated information about PPE use and evolving clinical procedures
			13	post_clinsvcs__13	Current COVID-19 status board (in ED or on easily accessible electronic access) with current COVID-19 hospitalization volume and daily visit tracking
			0	post_clinsvcs__0	None
			Field Annotation: @NONEOFTHEABOVE		


537	post_frequency	<p>Section Header: <i>Moral Distress. Moral distress occurs when professionals cannot carry out what they believe to be ethically appropriate actions because of constraints or barriers. The following questions relate to a situation that may occur in clinical practice. If you have experienced this situation, it may or may not have been morally distressing to you.</i></p> <p>Please rate the frequency of the following: I have experienced compromised patient care due to lack of resources/equipment/bed capacity.</p> <p><i>pst_2289</i></p>	<p>radio</p> <table border="1"> <tr><td>0</td><td>0, Never</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4, Very frequently</td></tr> </table>	0	0, Never	1	1	2	2	3	3	4	4, Very frequently
0	0, Never												
1	1												
2	2												
3	3												
4	4, Very frequently												
538	post_distress	<p>Please rate your level of distress from the following: I have experienced compromised patient care due to lack of resources/equipment/bed capacity. If you have not experienced this situation, please indicate how distressed you would feel if it occurred in your workplace.</p> <p><i>pst_2267</i></p>	<p>radio</p> <table border="1"> <tr><td>0</td><td>0, None</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4, Very distressing</td></tr> </table>	0	0, None	1	1	2	2	3	3	4	4, Very distressing
0	0, None												
1	1												
2	2												
3	3												
4	4, Very distressing												
539	post_impact	<p>To what extent do you feel that your work during the COVID-19 pandemic has had a meaningful impact and contributed to the greater good?</p> <p><i>pst_2659</i></p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>I feel that my work has had a significant positive impact</td></tr> <tr><td>2</td><td>I feel that my work has had a moderate positive impact</td></tr> <tr><td>3</td><td>I feel that my work has had a little positive impact</td></tr> <tr><td>4</td><td>I don't feel that my work has had any meaningful impact</td></tr> </table>	1	I feel that my work has had a significant positive impact	2	I feel that my work has had a moderate positive impact	3	I feel that my work has had a little positive impact	4	I don't feel that my work has had any meaningful impact		
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4	I don't feel that my work has had any meaningful impact												
540	post_serologic_testing_complete	<p>Section Header: <i>Form Status</i></p> <p>Complete?</p>	<p>dropdown</p> <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete				
0	Incomplete												
1	Unverified												
2	Complete												

Instrument: **Week 4 PI addition** (week_4_pi_addition)[^ Collapse](#)

541	pi_inst_support	<p>Which of the following programs/resources are available to support providers and staff in your workplace during the COVID-19 pandemic? [check all that apply] If a resource was available before the COVID-19 pandemic and is still available, please indicate that it is available</p> <p><i>pi_1354</i></p>	<p>checkbox</p> <table border="1"> <tr> <td>1</td> <td>pi_inst_support__1</td> <td>Childcare support services</td> </tr> <tr> <td>2</td> <td>pi_inst_support__2</td> <td>Elder care support services</td> </tr> <tr> <td>3</td> <td>pi_inst_support__3</td> <td>Transportation services for employees to and from the workplace to limit public exposure</td> </tr> <tr> <td>4</td> <td>pi_inst_support__4</td> <td>Alternative living situation (either providing accommodations or funding for accommodations) for self-quarantine related to workplace exposure</td> </tr> <tr> <td>5</td> <td>pi_inst_support__5</td> <td>Laundry services for work-related clothing</td> </tr> <tr> <td>6</td> <td>pi_inst_support__6</td> <td>COVID-specific mental health hotline for health care workers</td> </tr> <tr> <td>7</td> <td>pi_inst_support__7</td> <td>Stress reduction/emotional resilience training</td> </tr> <tr> <td>8</td> <td>pi_inst_support__8</td> <td>Routine COVID-19 testing of asymptomatic health care personnel (not including procedures for Project COVERED)</td> </tr> </table>	1	pi_inst_support__1	Childcare support services	2	pi_inst_support__2	Elder care support services	3	pi_inst_support__3	Transportation services for employees to and from the workplace to limit public exposure	4	pi_inst_support__4	Alternative living situation (either providing accommodations or funding for accommodations) for self-quarantine related to workplace exposure	5	pi_inst_support__5	Laundry services for work-related clothing	6	pi_inst_support__6	COVID-specific mental health hotline for health care workers	7	pi_inst_support__7	Stress reduction/emotional resilience training	8	pi_inst_support__8	Routine COVID-19 testing of asymptomatic health care personnel (not including procedures for Project COVERED)
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			14	pi_inst_support__14	Paid time off for COVID-19-related quarantine or isolation
			15	pi_inst_support__15	Supplemental disability benefits for staff affected by COVID-19

542	pi_clin_svcs	<p>Which of the following specific clinical services are available in your emergency department as you care for patients with COVID-19? [check all that apply] If a service was available before COVID-19 and is still available, please indicate that it is available</p> <p><i>pi_1115</i></p>	<div>checkbox</div> <table border="1"> <tr> <td>1</td> <td>pi_clin_svcs__1</td> <td>Telehealth for ED triage to limit provider exposure</td> </tr> <tr> <td>2</td> <td>pi_clin_svcs__2</td> <td>Telehealth for ED patient care to limit provider exposure</td> </tr> <tr> <td>3</td> <td>pi_clin_svcs__3</td> <td>Palliative care consultations</td> </tr> <tr> <td>4</td> <td>pi_clin_svcs__4</td> <td>Ethics consultations</td> </tr> <tr> <td>5</td> <td>pi_clin_svcs__5</td> <td>24-hour social worker availability</td> </tr> <tr> <td>6</td> <td>pi_clin_svcs__6</td> <td>24-hour interpreter services (either in-person, electronic/virtual, or on-demand)</td> </tr> <tr> <td>7</td> <td>pi_clin_svcs__7</td> <td>Self-administered swabs for patients suspected of having COVID-19 (instead of provider- or nurse- collected nasopharyngeal swabs)</td> </tr> <tr> <td>8</td> <td>pi_clin_svcs__8</td> <td>Video-facilitated patient-family communication (when family are unable or prevented from being at a patient's bedside)</td> </tr> <tr> <td>9</td> <td>pi_clin_svcs__9</td> <td>Audio-facilitated patient-family communication (when family are unable or prevented from being at a patient's bedside)</td> </tr> <tr> <td>10</td> <td>pi_clin_svcs__10</td> <td>Team debriefing after ED deaths or other critical incidents</td> </tr> <tr> <td>11</td> <td>pi_clin_svcs__11</td> <td>Team doffing (e.g., each time you remove PPE related to COVID-19 exposure, a colleague observes doffing to ensure no self-contamination occurs)</td> </tr> <tr> <td>12</td> <td>pi_clin_svcs__12</td> <td>Current COVID-19 status board (in ED or on easily accessible electronic access) with updated information about PPE use and evolving clinical procedures</td> </tr> <tr> <td>13</td> <td>pi_clin_svcs__13</td> <td>Current COVID-19 status board (in ED or on easily accessible electronic access) with current COVID-19 hospitalization volume and daily visit tracking</td> </tr> </table>	1	pi_clin_svcs__1	Telehealth for ED triage to limit provider exposure	2	pi_clin_svcs__2	Telehealth for ED patient care to limit provider exposure	3	pi_clin_svcs__3	Palliative care consultations	4	pi_clin_svcs__4	Ethics consultations	5	pi_clin_svcs__5	24-hour social worker availability	6	pi_clin_svcs__6	24-hour interpreter services (either in-person, electronic/virtual, or on-demand)	7	pi_clin_svcs__7	Self-administered swabs for patients suspected of having COVID-19 (instead of provider- or nurse- collected nasopharyngeal swabs)	8	pi_clin_svcs__8	Video-facilitated patient-family communication (when family are unable or prevented from being at a patient's bedside)	9	pi_clin_svcs__9	Audio-facilitated patient-family communication (when family are unable or prevented from being at a patient's bedside)	10	pi_clin_svcs__10	Team debriefing after ED deaths or other critical incidents	11	pi_clin_svcs__11	Team doffing (e.g., each time you remove PPE related to COVID-19 exposure, a colleague observes doffing to ensure no self-contamination occurs)	12	pi_clin_svcs__12	Current COVID-19 status board (in ED or on easily accessible electronic access) with updated information about PPE use and evolving clinical procedures	13	pi_clin_svcs__13	Current COVID-19 status board (in ED or on easily accessible electronic access) with current COVID-19 hospitalization volume and daily visit tracking
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543	week_4_pi_addition_complete	<p>Section Header: <i>Form Status</i></p> <p>Complete?</p>	<div>dropdown</div> <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete																																	
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1	Unverified																																									
2	Complete																																									

544	pcrpos_sero_consent	As you know, you have tested positive for COVID-19 on a nasal swab test. Since the purpose of Project COVERED is to identify participants who have contracted COVID-19, it would be helpful for us to know whether you have a positive blood test for COVID-19 antibodies. That will give us additional information about the characteristics of our tests, and it also will inform the way that we report the final findings of the project. To accomplish that, we would like to ask you to allow us to draw one more blood test. The initial consent form that you signed did not include this additional blood test, because we made this change to the protocol after you signed that consent. If we were to draw this final blood test, we would collect it anytime after: • You have been cleared to return to work, and • A minimum of 14 days has passed from the time of your nasal swab test (even though you may have returned to work prior to 14 days). The blood test will be collected exactly like the other blood tests you have done for Project COVERED, and that will be your last blood draw. If you agree to have your blood drawn for this purpose, you will be paid the same fee as you were for your previous blood draws. You will be contacted by your Site Coordinator to schedule a time for your follow-up blood draw and you will be informed of the result of the test. Do you agree to have your blood drawn for this last test?	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No								
1	Yes														
0	No														
545	pcr_positive_additional_serology_consent_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete						
0	Incomplete														
1	Unverified														
2	Complete														
Instrument: 6 Month Participant F/U (month_participant_fu)  Enabled as survey ^ Collapse															
546	sixm_comp	6-month survey compensation	calc Calculation: $\text{if}([\text{screening_arm_1}][\text{primary_job}] < 7, 20, 15)$ Field Annotation: @HIDDEN												
547	sixm_survey	6-month survey	text Field Annotation: @HIDDEN @DEFAULT='6 month survey'												
548	sixm_comp_date	6-month completion date	text (date_mdy) Field Annotation: @TODAY @HIDDEN												
549	sixmth_infect	Since the last follow-up survey at the end of the 12-week project period, did you become infected with COVID-19? Symptoms should be noted at the time of testing. For example, if you were tested when you were asymptomatic, received a positive result and then developed symptoms a few days later, you would select 'asymptomatic'. <i>sixm_2615</i>	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes; symptomatic and confirmed with PCR nasal or nasopharyngeal swab</td> </tr> <tr> <td>2</td> <td>Yes; symptomatic and presumed COVID-19 but NOT confirmed with a test</td> </tr> <tr> <td>3</td> <td>Yes; symptomatic and confirmed with blood antibody test</td> </tr> <tr> <td>4</td> <td>Yes; asymptomatic, identified with positive blood antibody test</td> </tr> <tr> <td>5</td> <td>Yes; asymptomatic and identified with nasal or nasopharyngeal PCR test</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes; symptomatic and confirmed with PCR nasal or nasopharyngeal swab	2	Yes; symptomatic and presumed COVID-19 but NOT confirmed with a test	3	Yes; symptomatic and confirmed with blood antibody test	4	Yes; asymptomatic, identified with positive blood antibody test	5	Yes; asymptomatic and identified with nasal or nasopharyngeal PCR test	0	No
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0	No														

550	sixmth_infect_hhold	<p>Since the last follow-up survey at the end of the 12-week project period, did any of your household members, not including yourself, become infected with COVID-19? If more than one household member has been infected, select all that apply. Symptoms should be noted at the time of testing. For example, if they were tested when they were asymptomatic, received a positive result and then developed symptoms a few days later, you would select 'asymptomatic'.</p> <p><i>sixm_2188</i></p>	<p>checkbox, Required</p> <table border="1"> <tr> <td>1</td> <td>sixmth_infect_hhold__1</td> <td>Yes; symptomatic and confirmed with PCR nasal or nasopharyngeal swab</td> </tr> <tr> <td>2</td> <td>sixmth_infect_hhold__2</td> <td>Yes; symptomatic and presumed COVID-19 but NOT confirmed with a test</td> </tr> <tr> <td>3</td> <td>sixmth_infect_hhold__3</td> <td>Yes; symptomatic and confirmed with blood antibody test</td> </tr> <tr> <td>4</td> <td>sixmth_infect_hhold__4</td> <td>Yes; asymptomatic, identified with positive blood antibody test</td> </tr> <tr> <td>5</td> <td>sixmth_infect_hhold__5</td> <td>Yes; asymptomatic and identified with nasal or nasopharyngeal PCR test</td> </tr> <tr> <td>0</td> <td>sixmth_infect_hhold__0</td> <td>No</td> </tr> </table> <p>Field Annotation: @NONEOFTHEABOVE=0</p>	1	sixmth_infect_hhold__1	Yes; symptomatic and confirmed with PCR nasal or nasopharyngeal swab	2	sixmth_infect_hhold__2	Yes; symptomatic and presumed COVID-19 but NOT confirmed with a test	3	sixmth_infect_hhold__3	Yes; symptomatic and confirmed with blood antibody test	4	sixmth_infect_hhold__4	Yes; asymptomatic, identified with positive blood antibody test	5	sixmth_infect_hhold__5	Yes; asymptomatic and identified with nasal or nasopharyngeal PCR test	0	sixmth_infect_hhold__0	No
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0	sixmth_infect_hhold__0	No																			
551	sixmth_sameed	<p>Section Header: <i>Looking back on this experience, we'd appreciate your time to answer some questions about how you and your job in the ED has changed.</i></p> <p>Do you still work in the same ED?</p> <p><i>sixm_3486</i></p>	<p>radio, Required</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No, another ED</td> </tr> <tr> <td>3</td> <td>No, I no longer work in an ED</td> </tr> </table>	1	Yes	2	No, another ED	3	No, I no longer work in an ED												
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552	sixmth_noed Show the field ONLY if: [sixmth_sameed] = '3'	<p>Why do you no longer work in an ED?</p> <p><i>sixm_3425</i></p>	<p>radio, Required</p> <table border="1"> <tr> <td>1</td> <td>COVID-19 - I did not want to take on the extra risk of becoming infected</td> </tr> <tr> <td>2</td> <td>Too stressful in general, including COVID-19</td> </tr> <tr> <td>3</td> <td>I continue to like emergency care but found another opportunity</td> </tr> <tr> <td>4</td> <td>Other</td> </tr> </table>	1	COVID-19 - I did not want to take on the extra risk of becoming infected	2	Too stressful in general, including COVID-19	3	I continue to like emergency care but found another opportunity	4	Other										
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553	sixmth_noed_other Show the field ONLY if: [sixmth_noed] = '4'	<p>Please provide 'other' reason for no longer working in an ED</p> <p><i>sixm_3877</i></p>	<p>text, Required</p>																		
554	sixmth_edcovidpts Show the field ONLY if: ([sixmth_sameed] = '1' or [sixmth_sameed] = '2') and ([screening_arm_1][primary_job] <> '7')	<p>Section Header: <i>This question is about your ED's current status regarding COVID-19 patients (including if you work at a new one).</i></p> <p>During the last 1 week, not including today, estimate the number of COVID-19 patients who have been cared for at your ED.</p> <p><i>sixm_2689</i></p>	<p>radio, Required</p> <table border="1"> <tr> <td>0</td> <td>0</td> </tr> <tr> <td>1</td> <td>1-5</td> </tr> <tr> <td>2</td> <td>5-10</td> </tr> <tr> <td>3</td> <td>>11</td> </tr> </table>	0	0	1	1-5	2	5-10	3	>11										
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1	1-5																				
2	5-10																				
3	>11																				
555	sixmth_commit Show the field ONLY if: [sixmth_sameed] = '1' or [sixmth_sameed] = '2'	<p>Section Header: <i>These questions are about how you feel about yourself and others feel about you as someone who works in an ED.</i></p> <p>Compared to before the pandemic, how committed are you now to your job in the ED?</p> <p><i>sixm_4668</i></p>	<p>radio, Required</p> <table border="1"> <tr> <td>1</td> <td>More committed</td> </tr> <tr> <td>2</td> <td>Same as before</td> </tr> <tr> <td>3</td> <td>Less committed</td> </tr> </table>	1	More committed	2	Same as before	3	Less committed												
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556	sixmth_famfeel Show the field ONLY if: [sixmth_sameed] = '1' or [sixmth_sameed] = '2'	<p>Compared to before the pandemic, how does your family regard your job in the ED?</p> <p><i>sixm_3034</i></p>	<p>radio, Required</p> <table border="1"> <tr> <td>1</td> <td>More encouraging and supportive</td> </tr> <tr> <td>2</td> <td>About the same</td> </tr> <tr> <td>3</td> <td>Less encouraging and supportive; they would prefer I did something else</td> </tr> </table>	1	More encouraging and supportive	2	About the same	3	Less encouraging and supportive; they would prefer I did something else												
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557	sixmth_friendfeel Show the field ONLY if: [sixmth_sameed] = '1' or [sixmth_sameed] = '2'	<p>Compared to before the pandemic, how do your friends regard your job in the ED?</p> <p><i>sixm_4197</i></p>	<p>radio, Required</p> <table border="1"> <tr> <td>1</td> <td>More encouraging and supportive</td> </tr> <tr> <td>2</td> <td>About the same</td> </tr> <tr> <td>3</td> <td>Less encouraging and supportive; they question why I do what I do</td> </tr> </table>	1	More encouraging and supportive	2	About the same	3	Less encouraging and supportive; they question why I do what I do												
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558	<p>sixmth_ppe_nonptcare</p> <p>Show the field ONLY if: [sixmth_sameed] = '1' or [sixmth_sameed] = '2'</p>	<p>Section Header: <i>These questions are about how you do your job.</i></p> <p>When working in the ED not engaged in direct patient care (e.g. at a desk), what PPE do you wear? [check all that apply]</p> <p><i>sixm_3358</i></p>	<p>checkbox, Required</p> <table border="1"> <tr> <td>2</td> <td>sixmth_ppe_nonptcare__2</td> <td>Reusable face shields</td> </tr> <tr> <td>3</td> <td>sixmth_ppe_nonptcare__3</td> <td>Disposable face-shields (single use)</td> </tr> <tr> <td>4</td> <td>sixmth_ppe_nonptcare__4</td> <td>Safety glasses/goggles</td> </tr> <tr> <td>5</td> <td>sixmth_ppe_nonptcare__5</td> <td>Surgical masks</td> </tr> <tr> <td>7</td> <td>sixmth_ppe_nonptcare__7</td> <td>N-95 masks/respirators</td> </tr> <tr> <td>16</td> <td>sixmth_ppe_nonptcare__16</td> <td>Elastomeric respirators</td> </tr> <tr> <td>9</td> <td>sixmth_ppe_nonptcare__9</td> <td>Disposable surgical hat</td> </tr> <tr> <td>10</td> <td>sixmth_ppe_nonptcare__10</td> <td>Reusable surgical hat</td> </tr> <tr> <td>11</td> <td>sixmth_ppe_nonptcare__11</td> <td>Standard disposable isolation gown</td> </tr> <tr> <td>13</td> <td>sixmth_ppe_nonptcare__13</td> <td>Gloves</td> </tr> <tr> <td>15</td> <td>sixmth_ppe_nonptcare__15</td> <td>Foot coverings</td> </tr> <tr> <td>0</td> <td>sixmth_ppe_nonptcare__0</td> <td>None</td> </tr> </table> <p>Field Annotation: @NONEOFTHEABOVE = '0'</p>	2	sixmth_ppe_nonptcare__2	Reusable face shields	3	sixmth_ppe_nonptcare__3	Disposable face-shields (single use)	4	sixmth_ppe_nonptcare__4	Safety glasses/goggles	5	sixmth_ppe_nonptcare__5	Surgical masks	7	sixmth_ppe_nonptcare__7	N-95 masks/respirators	16	sixmth_ppe_nonptcare__16	Elastomeric respirators	9	sixmth_ppe_nonptcare__9	Disposable surgical hat	10	sixmth_ppe_nonptcare__10	Reusable surgical hat	11	sixmth_ppe_nonptcare__11	Standard disposable isolation gown	13	sixmth_ppe_nonptcare__13	Gloves	15	sixmth_ppe_nonptcare__15	Foot coverings	0	sixmth_ppe_nonptcare__0	None
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559	<p>sixmth_ppe_suff</p> <p>Show the field ONLY if: [sixmth_sameed] <> '3' and ([screening_arm_1][primary_job] <> '7')</p>	<p>How confident do you feel about your ED having sufficient PPE if another pandemic with many cases occurred?</p> <p><i>sixm_1155</i></p>	<p>radio, Required</p> <table border="1"> <tr> <td>1</td> <td>Very confident</td> </tr> <tr> <td>2</td> <td>Somewhat confident</td> </tr> <tr> <td>3</td> <td>Not confident</td> </tr> </table>	1	Very confident	2	Somewhat confident	3	Not confident																														
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560	<p>sixmth_ppe_ptcare</p> <p>Show the field ONLY if: [sixmth_sameed] <> '3' and ([screening_arm_1][primary_job] <> '7')</p>	<p>If you physically care for (e.g., examine, place an IV) a stable patient with fever and cough today, what PPE will you use? [check all that apply]</p> <p><i>sixm_4844</i></p>	<p>checkbox, Required</p> <table border="1"> <tr> <td>1</td> <td>sixmth_ppe_ptcare__1</td> <td>Standard precautions only (handwashing, distancing from patients)</td> </tr> <tr> <td>2</td> <td>sixmth_ppe_ptcare__2</td> <td>Reusable face shields</td> </tr> <tr> <td>3</td> <td>sixmth_ppe_ptcare__3</td> <td>Disposable face-shields (single use)</td> </tr> <tr> <td>4</td> <td>sixmth_ppe_ptcare__4</td> <td>Safety glasses/goggles</td> </tr> <tr> <td>5</td> <td>sixmth_ppe_ptcare__5</td> <td>Surgical masks</td> </tr> <tr> <td>7</td> <td>sixmth_ppe_ptcare__7</td> <td>N-95 masks/respirators</td> </tr> <tr> <td>16</td> <td>sixmth_ppe_ptcare__16</td> <td>Elastomeric respirators</td> </tr> <tr> <td>9</td> <td>sixmth_ppe_ptcare__9</td> <td>Disposable surgical hat</td> </tr> <tr> <td>10</td> <td>sixmth_ppe_ptcare__10</td> <td>Reusable surgical hat</td> </tr> <tr> <td>11</td> <td>sixmth_ppe_ptcare__11</td> <td>Standard disposable isolation gown</td> </tr> <tr> <td>13</td> <td>sixmth_ppe_ptcare__13</td> <td>Gloves</td> </tr> <tr> <td>15</td> <td>sixmth_ppe_ptcare__15</td> <td>Foot coverings</td> </tr> </table>	1	sixmth_ppe_ptcare__1	Standard precautions only (handwashing, distancing from patients)	2	sixmth_ppe_ptcare__2	Reusable face shields	3	sixmth_ppe_ptcare__3	Disposable face-shields (single use)	4	sixmth_ppe_ptcare__4	Safety glasses/goggles	5	sixmth_ppe_ptcare__5	Surgical masks	7	sixmth_ppe_ptcare__7	N-95 masks/respirators	16	sixmth_ppe_ptcare__16	Elastomeric respirators	9	sixmth_ppe_ptcare__9	Disposable surgical hat	10	sixmth_ppe_ptcare__10	Reusable surgical hat	11	sixmth_ppe_ptcare__11	Standard disposable isolation gown	13	sixmth_ppe_ptcare__13	Gloves	15	sixmth_ppe_ptcare__15	Foot coverings
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561	sixmth_ppe_respdistress Show the field ONLY if: [sixmth_sameed] <> '3' and ([s creening_arm_1][primary_job] <> '7')	If a patient comes in today in respiratory distress whom you will be intubating, and you cannot get any history, what PPE would you use? [check all that apply] <i>sixm_3204</i>	checkbox, Required <table border="1"> <tr> <td>1</td> <td>sixmth_ppe_respdistress__1</td> <td>Standard precautions only (handwashing, distancing from patients)</td> </tr> <tr> <td>2</td> <td>sixmth_ppe_respdistress__2</td> <td>Reusable face shields</td> </tr> <tr> <td>3</td> <td>sixmth_ppe_respdistress__3</td> <td>Disposable face-shields (single use)</td> </tr> <tr> <td>4</td> <td>sixmth_ppe_respdistress__4</td> <td>Safety glasses/goggles</td> </tr> <tr> <td>5</td> <td>sixmth_ppe_respdistress__5</td> <td>Surgical masks</td> </tr> <tr> <td>6</td> <td>sixmth_ppe_respdistress__6</td> <td>Reusable fabric masks</td> </tr> <tr> <td>7</td> <td>sixmth_ppe_respdistress__7</td> <td>N-95 masks/respirators</td> </tr> <tr> <td>16</td> <td>sixmth_ppe_respdistress__16</td> <td>Elastomeric respirators</td> </tr> <tr> <td>8</td> <td>sixmth_ppe_respdistress__8</td> <td>Powered air-purifying respirator systems (PAPR, CAPR)</td> </tr> <tr> <td>9</td> <td>sixmth_ppe_respdistress__9</td> <td>Disposable surgical hat</td> </tr> <tr> <td>10</td> <td>sixmth_ppe_respdistress__10</td> <td>Reusable surgical hat</td> </tr> <tr> <td>11</td> <td>sixmth_ppe_respdistress__11</td> <td>Standard disposable isolation gown</td> </tr> <tr> <td>12</td> <td>sixmth_ppe_respdistress__12</td> <td>Full-body impermeable suit</td> </tr> <tr> <td>13</td> <td>sixmth_ppe_respdistress__13</td> <td>Gloves</td> </tr> <tr> <td>14</td> <td>sixmth_ppe_respdistress__14</td> <td>Double gloves</td> </tr> <tr> <td>15</td> <td>sixmth_ppe_respdistress__15</td> <td>Foot coverings</td> </tr> </table>	1	sixmth_ppe_respdistress__1	Standard precautions only (handwashing, distancing from patients)	2	sixmth_ppe_respdistress__2	Reusable face shields	3	sixmth_ppe_respdistress__3	Disposable face-shields (single use)	4	sixmth_ppe_respdistress__4	Safety glasses/goggles	5	sixmth_ppe_respdistress__5	Surgical masks	6	sixmth_ppe_respdistress__6	Reusable fabric masks	7	sixmth_ppe_respdistress__7	N-95 masks/respirators	16	sixmth_ppe_respdistress__16	Elastomeric respirators	8	sixmth_ppe_respdistress__8	Powered air-purifying respirator systems (PAPR, CAPR)	9	sixmth_ppe_respdistress__9	Disposable surgical hat	10	sixmth_ppe_respdistress__10	Reusable surgical hat	11	sixmth_ppe_respdistress__11	Standard disposable isolation gown	12	sixmth_ppe_respdistress__12	Full-body impermeable suit	13	sixmth_ppe_respdistress__13	Gloves	14	sixmth_ppe_respdistress__14	Double gloves	15	sixmth_ppe_respdistress__15	Foot coverings
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562	month_participant_fu_comple te	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete																																										
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Instrument: **6 Month Facility F/U** (month_facility_fu)  Enabled as survey[^ Collapse](#)

563	sixm_fac_det Show the field ONLY if: [screening_arm_1][work_site] = '4'	Please indicate which site you are providing information about. <i>fsixm_2345</i>	radio, Required <table border="1"> <tr> <td>1</td> <td>Detroit Receiving Hospital</td> </tr> <tr> <td>2</td> <td>Sinai-Grace Hospital</td> </tr> </table>	1	Detroit Receiving Hospital	2	Sinai-Grace Hospital
1	Detroit Receiving Hospital						
2	Sinai-Grace Hospital						
564	sixm_fac_ucla Show the field ONLY if: [screening_arm_1][work_site] = '12'	Please indicate which site you are providing information about. <i>fsixm_3452</i>	radio, Required <table border="1"> <tr> <td>1</td> <td>UCLA Olive View</td> </tr> <tr> <td>2</td> <td>UCLA Ronald Reagan</td> </tr> </table>	1	UCLA Olive View	2	UCLA Ronald Reagan
1	UCLA Olive View						
2	UCLA Ronald Reagan						
565	sixm_fac_mtsinai Show the field ONLY if: [screening_arm_1][work_site] = '9'	Please indicate which site you are providing information about. <i>fsixm_4322</i>	radio, Required <table border="1"> <tr> <td>1</td> <td>Mount Sinai Hospital</td> </tr> <tr> <td>2</td> <td>Elmhurst Hospital Center</td> </tr> </table>	1	Mount Sinai Hospital	2	Elmhurst Hospital Center
1	Mount Sinai Hospital						
2	Elmhurst Hospital Center						
566	sixm_fac_washu Show the field ONLY if: [screening_arm_1][work_site] = '20'	Please indicate which site you are providing information about. <i>fsixm_3521</i>	radio, Required <table border="1"> <tr> <td>1</td> <td>Washington University</td> </tr> <tr> <td>2</td> <td>Barnes-Jewish Hospital</td> </tr> </table>	1	Washington University	2	Barnes-Jewish Hospital
1	Washington University						
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567	sixm_fac_uab Show the field ONLY if: [screening_arm_1][work_site] = '11'	Please indicate which site you are providing information about. <i>fsixm_2543</i>	radio, Required <table border="1"> <tr> <td>1</td><td>University of Alabama at Birmingham</td></tr> <tr> <td>2</td><td>Highlands</td></tr> </table>	1	University of Alabama at Birmingham	2	Highlands
1	University of Alabama at Birmingham						
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568	sixm_fac_thomjeff Show the field ONLY if: [screening_arm_1][work_site] = '18'	Please indicate which site you are providing information about. <i>fsixm_1235</i>	radio, Required <table border="1"> <tr> <td>1</td><td>Jefferson Center City</td></tr> <tr> <td>2</td><td>Jefferson Methodist Hospital</td></tr> </table>	1	Jefferson Center City	2	Jefferson Methodist Hospital
1	Jefferson Center City						
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569	sixm_fac_ucsf Show the field ONLY if: [screening_arm_1][work_site] = '13'	Please indicate which site you are providing information about. <i>fsixm_1612</i>	radio, Required <table border="1"> <tr> <td>1</td><td>Zuckerberg San Francisco Medical Center</td></tr> <tr> <td>2</td><td>Jefferson Methodist Hospital</td></tr> </table>	1	Zuckerberg San Francisco Medical Center	2	Jefferson Methodist Hospital
1	Zuckerberg San Francisco Medical Center						
2	Jefferson Methodist Hospital						
570	sixmth_ptvol_may20	Section Header: <i>Please provide total ED patient volume for the following time periods:</i> May 2020 <i>fsixm2041</i>	text (number), Required				
571	sixm_ptvol_jun20	June 2020 <i>fsixm3942</i>	text (number), Required				
572	sixm_ptvol_jul20	July 2020 <i>fsixm2109</i>	text (number), Required				
573	sixm_ptvol_aug20	August 2020 <i>fsixm3422</i>	text (number), Required				
574	fsixm_ptvol_sep20	September 2020 <i>fsixm1816</i>	text (number), Required				
575	sixm_ptvol_oct20	October 2020 <i>fsixm1448</i>	text (number), Required				
576	sixm_fac_attend_hrs	Section Header: <i>How many total hours in each category were worked by all providers in a category in the last 1 week, including today? (e.g., if the ED has a single physician covering 24-hours daily, this response would be 168 hours; if there were 2 physicians covering 12-hours during the day and only one covering 12-hours at night, this response would be 252 hours)</i> Attending physician <i>fsixm3248</i>	text (number), Required				
577	sixm_fac_res_hrs	Resident physicians <i>fsixm2024</i>	text (number), Required				
578	sixm_fac_advprac_hrs	Advanced practice providers <i>fsixm1789</i>	text (number), Required				
579	sixm_fac_rn_hrs	Nurses <i>fsixm3930</i>	text (number), Required				
580	sixm_fac_na_hrs	Nursing aides/paramedics <i>fsixm4741</i>	text (number), Required				
581	sixm_fac_pharm_hrs	ED pharmacists <i>fsixm3583</i>	text (number), Required				
582	sixm_fac_nonclin_hrs	Non-clinical staff <i>fsixm3547</i>	text (number), Required				
583	sixm_fac_attend_covid	Section Header: <i>Please indicate the number of ED personnel in each group that have been diagnosed with COVID-19 since the end of the 12-week study period.</i> Attending physicians <i>fsixm_2924</i>	text (number), Required				
584	sixm_fac_res_covid	Resident physicians <i>fsixm_1708</i>	text (number), Required				
585	sixm_fac_advprac_covid	Advanced practice providers <i>fsixm_2834</i>	text (number), Required				
586	sixm_fac_rn_covid	Nurses <i>fsixm_4778</i>	text (number), Required				
587	sixm_fac_pharm_covid	ED pharmacists <i>fsixm_1952</i>	text (number), Required				
588	sixm_fac_na_covid	Nursing aides/paramedics <i>fsixm_1454</i>	text (number), Required				
589	sixm_fac_nonclin_covid	Non-clinical staff (i.e., clerks, case managers, social workers, finance, etc.) <i>fsixm_1471</i>	text (number), Required				

590	sixm_fac_covidpos	Section Header: <i>COVID-19 patients</i> Has your ED treated a COVID-19 positive patient within the last 1 week, including today? <i>fsixm_1011</i>	yesno, Required 1 Yes 0 No
591	sixm_fac_covidpos_tx Show the field ONLY if: [sixm_fac_covidpos] = '1'	How many total COVID-19 positive patients, confirmed by a PCR test, have been treated in your ED in the last 1 week, including today? <i>fsixm_2561</i>	text (number), Required
592	sixm_fac_covidpos_cohort Show the field ONLY if: [sixm_fac_covidpos] = '1'	Are COVID-19 suspected or positive patients currently cohorted in a separate part of the ED? <i>fsixm_3589</i>	yesno, Required 1 Yes 0 No
593	sixm_fac_intteam Show the field ONLY if: [sixm_fac_covidpos] = '1'	Since the end of the 12-week study period, has your site used a dedicated intubation team for intubating COVID-19 patients? <i>fsixm_4689</i>	radio, Required 1 Always 2 Sometimes 0 Never
594	sixm_fac_intteam_attres Show the field ONLY if: [sixm_fac_covidpos] = '1'	Are emergency medicine attendings or residents on the intubation team? <i>fsixm_4006</i>	radio, Required 1 Always 2 Sometimes 0 Never
595	sixm_fac_covidpos_int Show the field ONLY if: [sixm_fac_covidpos] = '1'	How many COVID-19 positive intubations occurred in your ED in the last 1 week, including today? <i>fsixm_4675</i>	text (number), Required
596	sixm_fac_covidpos_card Show the field ONLY if: [sixm_fac_covidpos] = '1'	How many COVID-19 positive cardiac arrest patients were managed in your ED in the last 1 week, including today? <i>fsixm_3342</i>	text (number), Required
597	sixm_fac_covidpos_adm Show the field ONLY if: [sixm_fac_covidpos] = '1'	How many cases of COVID-19 were admitted to the hospital (whether in the ED or outside) in the last 1 week, including today? <i>fsixm_2201</i>	text (number), Required
598	sixm_fac_covidhosp Show the field ONLY if: [sixm_fac_covidpos] = '1'	In your hospital, how many COVID-19 patients were hospitalized on Monday of this week? <i>fsixm_4659</i>	text (number), Required
599	month_facility_fu_complete	Section Header: <i>Form Status</i> Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: **Compensation** (compensation)  Enabled as survey[^ Collapse](#)

600	date_requested	Date compensation requested	text (date_mdy, Min: 2020-04-13, Max: 2021-04-15)
601	pe_comp_rem	Participant enrollment reimbursement	text (number)
602	wps_comp_rem	Weekly participant survey compensation	text (number)
603	blood_draw_comp_rem	Biological sample compensation	text (number)
604	sixm_comp_rem	6 Month Survey compensation	text (number)
605	total_intubation_payment	Intubation & CPR form compensation	text (number)
606	total_payment	Total compensation	text (number)
607	compensation_complete	Section Header: <i>Form Status</i> Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: **Withdrawal** (withdrawal)[^ Collapse](#)

608	withdrawn	The participant has withdrawn from the study. <i>wd_1007</i>	radio 1 Withdrawn
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[illegible]