ICTS Institute for Clinical & Translational Science
AT THE UNIVERSITY OF IOWA

University of Iowa
Institute for Clinical and Translational Science

Project COVERED

Codebook

Data Dictionary Codebook

06/10/2020 10:37am

Collapse all instruments

#	Variable / Field Name	Field Label *Field Note*	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 *ps_1529*	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? *ps_3948*	yesno, Required 1, Yes 0, No Stop actions on 0
3	infected_covid	Section Header: *COVID-19 Infection* Do you believe that you have been personally infected with COVID-19? This includes presumed positive regardless of whether you had testing done. *ps_4367*	yesno, Required 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) ? *ps_1266*	yesno, Required 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? *ps_6013*	yesno, Required 1, Yes 0, No
6	primary_job	Section Header: *Job Information* What is your primary job? *ps_1995*	radio, Required 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)

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? *ps_4946*	radio, Required 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? *ps_4863*	yesno, Required 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? *ps_1469*	yesno, Required 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? *ps_1900*	radio, Required 1 Yes, I meet these criteria 0 No, I do not meet these criteria Stop actions on 0
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? *ps_5001*	radio, Required 1 0-25% 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? *ps_2474*	radio, Required 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
14	non_clin_role_other Show the field ONLY if: [primary_role] = '10'	Please describe your job role. *ps_5010*	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. *ps_4436*	radio, Required 0 | 0 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? *ps_1195*	yesno, Required 1 | Yes 0 | No
17	cont_employment	Do you intend to be working in your current place of employment through August 2020? *ps_4094*	yesno, Required 1 | Yes 0 | No
18	work_site	At which site do you work? *ps_2769*	dropdown, Required 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
19	avg_wkly_hrs	On average, over the last three months, have you worked at least 24 hours per week? *ps_6517*	yesno, Required 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? *ps_1671*	radio, Required 1 | Less than 10 hours 2 | 11-20 hours 3 | 21-30 hours 4 | 31-40 hours 5 | Over 40 hours

21	clin_weeks 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')	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. *ps_4489*	radio, Required 1 11-12 weeks (every week) 2 8-10 weeks 3 4-7 weeks 4 Fewer than 4 weeks
22	firstname	What is your first name? *ps_1152*	text, Required, Identifier
23	lastname	What is your last name? *ps_3259*	text, Required, Identifier
24	email	What is your e-mail address? *ps_1635*	text (email), Required, Identifier
25	email_verify	Please verify your e-mail address. *ps_6704*	text (email), Identifier
26	email_verifymsg Show the field ONLY if: [email_verify]<>'' and ([email] <> [email_verify])	Your e-mail addresses does not match, please verify them.	descriptive
27	pre_screen_eligible	Pre-screen eligible	calc 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))))))) Field Annotation: @HIDDEN-SURVEY
28	participant_interest_screening_form_complete	Section Header: *Form Status* Complete?	dropdown 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 1 Yes 0 No Field Annotation: @HIDDEN-SURVEY
30	eligibility_complete	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: **Informed Consent Document** (informed_consent_document) Enabled as survey			Collapse
31	consent	*ic_2681*	descriptive
32	consent_acknowledge	By selecting 'yes', you acknowledge that you have read the information presented to you, and that you agree to participate in this project. *ic_2228*	yesno, Required 1 Yes 0 No Stop actions on 0

33	informed_consent_document_complete	Section Header: *Form Status* Complete?	dropdown 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: *Personal Information* Please confirm that your name is accurate: [screening_arm_1][firstname] [screening_arm_1][lastname] *pe_2280*	yesno, Required, Identifier 1, Yes 0, No
38	name_correction Show the field ONLY if: [name_confirm] = '0'	Please correct your name here *pe_1726*	text, Required, Identifier
39	email_confirm	Section Header: *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.* Please confirm that your primary e-mail address is accurate: [screening_arm_1][email] *pe_1365*	yesno, Required, Identifier 1, Yes 0, No
40	email_correct Show the field ONLY if: [email_confirm] = '0'	Please correct your e-mail address here *pe_2856*	text (email), Required
41	cell_number	Cell phone number (###-###-####) *pe_3891*	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. (###-###-####) *pe_1237*	text (phone)
43	type_sec_phone Show the field ONLY if: [sec_phone] <>""	What type of phone number is this? *pe_1916*	radio 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. *pe_4840*	text
45	comm_preference	Please select your communication preference for site coordinators. *pe_6432*	radio 1, E-mail 2, Cell phone 3, Secondary phone number
46	street_address	Section Header: *Please provide your mailing address. This will be used for mailing compensation.* Please provide your street address (include apt/unit# as applicable) *pe_3295*	text, Required, Identifier
47	city_address	Please provide your city. *pe_1391*	text, Required, Identifier
48	state_address	Please provide your state. *pe_1392*	dropdown, Required, Identifier 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. *pe_2607*	text (zipcode), Required, Identifier
50	em_contact1_name	Section Header: *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.* Emergency Contact 1: Name *pe_3164*	text, Required, Identifier
51	em_contact1_phone	Emergency Contact 1: Phone number *pe_1881*	text (phone), Required, Identifier
52	em_contact1_email	Emergency Contact 1: E-mail address *pe_2755*	text (email), Identifier
53	em_contact2_name	Emergency Contact 2: Name *pe_2195*	text, Identifier
54	em_contact2_phone	Emergency Contact 2: Phone number *pe_3063*	text (phone), Identifier
55	em_contact2_email	Emergency Contact 2: E-mail address *pe_4447*	text (email), Identifier
56	dob	Section Header: *Demographics* What is your date of birth (M-D-Y)? *pe_4534*	text (date_mdy, Min: 1940-01-01, Max: 2000-01-01), Required, Identifier Field Annotation: @HIDEBUTTON
57	gender	What is your gender? *pe_2094*	radio, Required 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? *pe_4640*	text
59	race	What is your race? [Check all that apply] *pe_2338*	checkbox 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
60	race_other Show the field ONLY if: [race(6)] = '1'	Please indicate your race. *pe_4751*	text
61	ethnicity	What is your ethnicity? *pe_3899*	radio 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: *Practice Characteristics* What year did you graduate from medical school or with your advanced practice provider degree? *pe_2579*	text (number, Min: 1970, Max: 2019), Required

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

71	baseline_ppe_training 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'	Section Header: *Use of personal protective equipment (PPE)* What type of training have you had in the use of PPE at your current place of employment [check all that apply]? *pe_3161*	checkbox, Required 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 Field Annotation: @NONEOFTHEABOVE = '0'
72	comfort_ppe_use 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 rate your comfort with being able to use recommended PPE without contaminating yourself. *pe_4700*	radio, Required 1 Very comfortable 2 Somewhat comfortable 3 Somewhat uncomfortable 4 Very uncomfortable
73	ppe_protocol_confidence 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 rate your confidence in your facility's PPE protocol: *pe_1793*	radio 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.
74	fitted_n95 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'	I have been fit-tested for an N95 mask/respirator or powered air-purifying respirator (PAPR) within the last 12 months. *pe_3343*	yesno, Required 1 Yes 0 No

75	ppe_nonptcare 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'	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]? *pe_2273*	checkbox, Required 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 Field Annotation: @NONEOFTHEABOVE = '0'
76	ppe_noncovid 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'	When you are providing direct patient care in non-COVID-19 suspected patients, what precautions are you currently using [check all that apply]? *pe_2763*	checkbox, Required 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 Field Annotation: @NONEOFTHEABOVE=0

77	ppe_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' or [screening_arm_1][primary_job] = '6'	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]? *pe_1687*	checkbox, Required

1	ppe_covid___1	Standard precautions (handwashing, distancing from patients)
2	ppe_covid___2	Reusable face shields
3	ppe_covid___3	Disposable face-shields (single use)
4	ppe_covid___4	Safety glasses/goggles
5	ppe_covid___5	Surgical masks
6	ppe_covid___6	Reusable fabric masks
7	ppe_covid___7	N-95 masks/respirators
16	ppe_covid___16	Elastomeric respirators
8	ppe_covid___8	Powered positive-pressure air purification systems (PAPR, CAPR, etc.)
9	ppe_covid___9	Disposable surgical hat
10	ppe_covid___10	Reusable surgical hat
11	ppe_covid___11	Standard disposable isolation gown
12	ppe_covid___12	Full-body impermeable suit
13	ppe_covid___13	Gloves
14	ppe_covid___14	Double gloves
15	ppe_covid___15	Foot coverings

78	ppe_aerosol_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' or [screening_arm_1][primary_job] = '6'	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 *pe_3175*	checkbox, Required

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

<table>
<tr>
<td>79</td>
<td>baseline_reusing_ppe

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'</td>
<td>Is your ED currently reusing disposable PPE that you would not have been reusing prior to the COVID-19 outbreak?
pe_2666</td>
<td>yesno, Required
<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table></td>
</tr>
<tr>
<td>80</td>
<td>baseline_reuse_ppe

Show the field ONLY if:
[baseline_reusing_ppe] = '1'</td>
<td>Please check all of the following that you are reusing:
pe_4204</td>
<td>checkbox, Required
<table><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></td>
</tr>
<tr>
<td>81</td>
<td>baseline_ppe_shortage

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'</td>
<td>In the last 1 week, not including today, has your ED had sufficient PPE for clinical use?
pe_4831</td>
<td>yesno, Required
<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table></td>
</tr>
</table>

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: *pe_1718*	checkbox, Required 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
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? *pe_1582*	yesno, Required 1 Yes 0 No
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] *pe_4415*	radio, Required 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? *pe_1193*	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] *pe_2926*	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' *pe_6543*	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	endotrach_int 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'	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]? *pe_2528*	checkbox, Required 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 Field Annotation: @NONEOFTHEABOVE = '0'
90	other_endotrach_int Show the field ONLY if: [endotrach_int(7)] = '1'	Please specify other things your ED is doing for endotracheal intubation. *pe_3518*	text
91	ooh_cardiacarrest_pts 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'	Is your ED receiving out-of-hospital cardiac arrest patients prior to return of spontaneous circulation (with chest compressions ongoing, intra-arrest)? *pe_2521*	yesno, Required 1 Yes 0 No
92	baseline_covid_hfnc 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'	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? *pe_4417*	yesno, Required 1 Yes 0 No
93	baseline_covid_nippv 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'	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? *pe_1755*	yesno, Required 1 Yes 0 No
94	baseline_nippv Show the field ONLY if: [baseline_covid_nippv] = '1'	Under what circumstances might NIPPV be used in a COVID-19 confirmed or suspected patient [check all that apply]? *pe_4187*	checkbox, Required 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

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? *pe_1561*	yesno, Required 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? *pe_2995*	radio, Required 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? *pe_2758*	yesno, Required 1 Yes 0 No
98	baseline_cardaic_2wks Show the field ONLY if: [baseline_cardiac_covid] = '1'	How many times in the last 2 weeks, not including today? *pe_3742*	radio, Required 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? *pe_1011*	radio, Required 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 *pe_1071*	radio, Required 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.)? *pe_4449*	radio, Required 0 0 1 1-3 2 4-10 3 More than 10
102	other_employment	Do you have any other employment? *pe_1248*	yesno, Required 1 Yes 0 No
103	other_employ_hlthcare Show the field ONLY if: [other_employment] = '1'	Is your other employment in healthcare? *pe_2905*	yesno, Required 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? *pe_1420*	yesno 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? *pe_2499*	yesno 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? *pe_4865*	radio 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? *pe_4504*	yesno 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)? *pe_3091*	yesno 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)? *pe_2097*	yesno 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? *pe_4602*	radio 1 Always 2 Sometimes 3 Rarely 4 Never
111	baseline_covid_infect	Section Header: *COVID-19 infection* I have been infected by COVID-19. *pe_3015*	yesno, Required 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)? *pe_1114*	radio, Required 1 Yes, it was positive 2 Yes, it was negative 3 I have not had a PCR test Stop actions on 1
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? *pe_4253*	radio, Required 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? *pe_4502*	radio, Required 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? *pe_2898*	radio, Required 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? *pe_4147*	radio 0 = 0 1 = 1-5 2 = 6-10 3 = More than 10
117	baseline_covidstress	Section Header: *COVID-19 related stress & anxiety* In the past week, how much has the COVID-19 pandemic affected your stress or anxiety levels? pe_8317	radio (Matrix), Required 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? pe_8291	radio (Matrix), Required 1 = Not at all (1) 2 = 2 3 = 3 4 = Somewhat (4) 5 = 5 6 = 6 7 = Very much (7)
119	baseline_priorexp	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. *pe_7498*	radio, Required 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: *In the past week, have you ...* had nightmares related to the pandemic or thought about the pandemic when you did not want to?pe_6658	radio (Matrix), Required 1 = Yes 0 = No Field Annotation: pe_6658
121	avoid	tried hard not to think about the pandemic or gone out of your way to avoid situations that reminded you of it?pe_5473	radio (Matrix), Required 1 = Yes 0 = No Field Annotation: pe_5473
122	on_edge	been constantly on guard, watchful, or easily startled?pe_8964	radio (Matrix), Required 1 = Yes 0 = No Field Annotation: pe_8964
123	numb	felt numb or detached from people, activities or your surroundings?pe_5721	radio (Matrix), Required 1 = Yes 0 = No Field Annotation: pe_5721

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 1 Yes 0 No Field Annotation: pe_5587
125	sec_expose	Section Header: *To what extent are you experiencing the following worries and concerns about COVID-19?* I worry that I may be secondarily exposing family members or others because of my work.pe_6633	radio (Matrix), Required 1 Not at all 2 2 3 3 4 Somewhat 5 5 6 6 7 Extremely Field Annotation: pe_6633
126	pts_expose	I worry that patients with unclear diagnoses are exposing others in the community.pe_8014	radio (Matrix), Required 1 Not at all 2 2 3 3 4 Somewhat 5 5 6 6 7 Extremely Field Annotation: pe_8014
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 1 Not at all 2 2 3 3 4 Somewhat 5 5 6 6 7 Extremely Field Annotation: pe_9208
128	unclear_dx	I worry that we are having to send patients home without a clear diagnosis.pe_3322	radio (Matrix), Required 1 Not at all 2 2 3 3 4 Somewhat 5 5 6 6 7 Extremely Field Annotation: pe_3322

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

134	worry_quar	I worry that I might have to undergo quarantine and will not be able to work. pe_1607	radio (Matrix), Required 1 Not at all 2 2 3 3 4 Somewhat 5 5 6 6 7 Extremely Field Annotation: pe_1607
135	baseline_live_with	Section Header: *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 currently live with [check all that apply]: *pe_1187*	checkbox, Required 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 Field Annotation: @NONEOFTHEABOVE = '0'
136	baseline_housing	I currently live in: *pe_4803*	radio, Required 1 Single family home 2 Multi-unit housing, owned 3 Multi-unit housing, rented
137	baseline_hhold_size Show the field ONLY if: [baseline_live_with(1)] <> '0'	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 Show the field ONLY if: [baseline_sleep_home] <> "" and [baseline_sleep_home]<7	If you did not sleep at home, where did you stay? *pe_1163*	radio 1 Hospital 2 Hotel 3 Friend's House 4 Other
140	baseline_sleep_other Show the field ONLY if: [baseline_where_sleep] = '4'	Please specify where you have been sleeping. *pe_2517*	text
141	baseline_home_iso Show the field ONLY if: [baseline_live_with(1)] <> '0'	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*	yesno, Required 1 Yes 0 No
142	baseline_hhold_covid Show the field ONLY if: [baseline_live_with(1)] <> '0'	Do any of your household members, excluding yourself, believe they have been infected by COVID-19? *pe_4329*	yesno, Required 1 Yes 0 No
143	baseline_hhold_covidpos Show the field ONLY if: [baseline_hhold_covid] = '1' and [baseline_live_with(1)] <> '0'	Did any of your household members have a positive COVID-19 test? *pe_4848*	yesno, Required 1 Yes 0 No

144	baseline_hhold_sxend Show the field ONLY if: [baseline_hhold_covid] = '1' and [baseline_live_with(1)] <> '0'	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? *pe_4045*	radio 1 Within the last 2 weeks 2 Prior to the last 2 weeks 3 Ongoing
145	baseline_hhold_contact Show the field ONLY if: [baseline_hhold_covid] = '1' and [baseline_live_with(1)] <> '0'	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? *pe_2260*	yesno, Required 1 Yes 0 No
146	baseline_hhold_quar Show the field ONLY if: [baseline_live_with(1)] <> '0'	Has a household member been quarantined by request of a public health authority because of an exposure or potential exposure to COVID-19? *pe_1017*	yesno 1 Yes 0 No
147	participant_enrollment_form_complete	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: **Medical History** (medical_history) Enabled as survey Collapse

148	medhx_datetime	Date completed *mh_1980*	text (date_mdy) Field Annotation: @TODAY @HIDDEN-SURVEY
149	baseline_medhx	Section Header: *Personal Medical History.* 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] *mh_1267*	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. *mh_4098*	text, Required

151	baseline_immune_med	Do you currently take any immune suppressing medications (for autoimmune disease, organ transplant, or otherwise)? *mh_1019*	radio, Required 1 Yes 0 No 2 Prefer not to answer
152	baseline_chemo	Are you currently undergoing chemotherapy treatment? *mh_1524*	radio, Required 1 Yes 0 No 2 Prefer not to answer
153	baseline_tob	Which best characterizes your smoking status? *mh_1162*	radio, Required 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? *mh_1525*	radio, Required 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? *mh_3466*	yesno, Required 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]. *mh_2002*	checkbox 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. *mh_2980*	text
158	baseline_sx	I have or have had the following symptoms within the past 2 weeks [check all that apply]: *mh_1340*	checkbox, Required 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 Field Annotation: @NONEOFTHEABOVE = '0'
159	baseline_temp_2wks	Have you taken your temperature within the last 2 weeks? *mh_4742*	yesno, Required 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, ##.#)? *mh_1299*	text (number_1dp)
161	password	Section Header: *Serology and COVID-19 PCR testing results password* 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. *mh_5013*	text, Required
162	password_verify	Please re-enter your password. *mh_5114*	text, Required
163	pass_not_match Show the field ONLY if: [password_verify] <> "" and ([password]<>[password_verify])	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: *Form Status* Complete?	dropdown 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: *SYMPTOMS* Prior to receiving your test results from Project COVERED, did you suspect that you might have had COVID-19 infection? *pb_6872*	yesno 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]? *pb_1522*	checkbox 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
170	postb_whyother Show the field ONLY if: [postb_why(8)] = '1'	Why do you think you had COVID-19? *pb_6234*	text

171	postb_sx	Since December 31, 2019, have you had ANY symptoms that could be consistent with COVID-19 at any point? *pb_1654*	yesno 1, Yes 0, No
172	postb_sxlist Show the field ONLY if: [postb_sx]= '1'	Which symptoms have you had [check all that apply]? *pb_1822*	checkbox 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 Field Annotation: @NONEOFTHEABOVE = '0'
173	postb_sxother Show the field ONLY if: [postb_sxlist(16)] = '1'	What additional symptom(s) have you experienced? *pb_1862*	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. *pb_1657*	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? *pb_1758*	yesno 1, Yes 0, No
176	postb_feverdate Show the field ONLY if: [postb_fever] = '1'	What was the date (estimated) of your first fever? *pb_1957*	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)? *pb_2058*	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. *pb_1547*	radio 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]? *pb_1689*	checkbox 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, over-work, schedule changes, or stress 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? *pb_1232*	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) *pb_1185*	yesno 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. *pb_1568*	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. *pb_2552*	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. *pb_2785*	text (date_mdy) Field Annotation: @HIDEBUTTON
185	posb_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. *pb_2058*	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? *pb_2485*	yesno 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? *pb_2332*	text (number)
188	postb_addppe	Did you use any additional personal protective equipment (PPE) during any days you were symptomatic at work?	yesno 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? *pb_1857*	yesno 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). *pb_2057*	notes
192	postb_ptsexp	Section Header: *WORK EXPOSURES* 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. *pb_2011*	radio 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? *pb_6421*	yesno 1 Yes 0 No
194	postb_exp	Section Header: *PUBLIC EXPOSURES* 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). *pb_2254*	radio 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? *pb_2547*	yesno 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.” *pb_2147*	radio 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? *pb_1872*	yesno 1 Yes 0 No
198	postb_inttravel 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. *pb_1257*	notes
199	postb_contracted	Section Header: *POST-PROJECT TEST RESULTS* If you have contracted COVID-19 as your test result suggests, where do you think you MOST LIKELY contracted COVID-19 infection? *pb_5321*	radio 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] *pb_4758*	radio 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
201	postb_otherexpfactors	Describe other factors that you believe contributed to your COVID-19 exposure. *pb_1528*	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? *pb_1298*	radio 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? *pb_1957*	yesno 1 Yes 0 No
204	postb_addtesting	Have you had any COVID-19 testing performed SINCE your Project COVERED testing? *pb_2052*	radio 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
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: *pb_2254*	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: *pb_2780*	radio 1 Positve 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: *pb_2354*	text (date_mdy)
208	postb_bloodresult Show the field ONLY if: [postb_addtesting] = '2' or [postb_addtesting] = '3'	My blood test result was: *pb_2468*	radio 1 Positive 0 Negative
209	postb_missedshifts	Have you missed shifts as a result of your positive Project COVERED result? *pb_1198*	yesno 1 Yes 0 No
210	postb_returnwork Show the field ONLY if: [postb_missedshifts] = '1'	Have you returned to work? *pb_2354*	yesno 1 Yes 0 No

<table>
<tr><td>211</td><td>postb_daysmissed

Show the field ONLY if: [postb_missedshifts] = '1' and [postb_returnwork] = '1'</td><td>How many days (estimated) were you unable to work?
pb_1268</td><td>text (number)</td></tr>
<tr><td>212</td><td>postb_changeptcare</td><td>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]
pb_2472</td><td>checkbox
<table><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'</td></tr>
<tr><td>213</td><td>postb_otherchange

Show the field ONLY if: [postb_changeptcare(7)] = 1</td><td>Please describe other changes in your job responsibilities or your willingness to care for patients with known or suspected COVID-19 infection.
pb_1926</td><td>notes</td></tr>
</table>

<table>
<tr><td>214</td><td>postb_changeppe</td><td>In response to your positive test result, please indicate how you intend to change your use of PPE? [check all that apply]
pb_1659</td><td>checkbox<table><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>Field Annotation: @NONEOFTHEABOVE = '1'</td></tr>
<tr><td>215</td><td>postb_otherppe
Show the field ONLY if: [postb_changeppe(7)] = '1'</td><td>Please describe other changes in your PPE practice.
pb_1925</td><td>notes</td></tr>
<tr><td>216</td><td>postb_changeliving</td><td>In response to your positive test result, how will your living situation (where or with whom you live) change? [check all that apply]
pb_1757</td><td>checkbox<table><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>Field Annotation: @NONEOFTHEABOVE = '1'</td></tr>
<tr><td>217</td><td>postb_whatliving
Show the field ONLY if: [postb_changeliving(5)] = '1'</td><td>Please describe other changes in your living situation.
pb_1342</td><td>notes</td></tr>
</table>

218	postb_changepublicbeh	In response to your positive test result, how do you intend to change your practices in public? [check all that apply] *pb_2056*	checkbox 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 Field Annotation: @NONEOFTHEABOVE = '1'
219	postb_howpublic Show the field ONLY if: [postb_changepublicbeh(5)] = '1'	Please describe any other changes to your practices in public. *pb_2342*	notes
220	postb_changelife	In response to your positive test result, do you expect anything else to change how you live your life? *pb_3337*	yesno 1 Yes 0 No
221	postb_howlife Show the field ONLY if: [postb_changelife] = '1'	How? *pb_1577*	notes
222	withdrawal_followup_complete	Section Header: *Form Status* Complete?	dropdown 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: *Facility Size* Please indicate which site you are providing information about. *fc_2007*	radio, Required 1 Detroit Receiving Hospital 2 Sinai-Grace Hospital
224	fac_site_ucla Show the field ONLY if: [user-dag-id]='7357'	Please indicate which site you are providing information about. *fc_1852*	radio, Required 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. *fc_3516*	radio, Required 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. *fc_3271*	radio, Required 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. *fc_1498*	radio, Required 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. *fc_1165*	radio, Required 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. *fc_1562*	radio, Required 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) *fc_2822*	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) *fc_4325*	text (number, Min: 1), Required
232	fac_negpress_beds	How many of those beds are in negative pressure rooms? *fc_3599*	text (number), Required
233	fac_shared_hall_beds	How many of those beds are in hallways or are shared rooms? *fc_1751*	text (number), Required
234	fac_ptvol_total19	Section Header: *Please provide total ED patient volume for the following time periods:* Annual ED patient volume in calendar year 2019 *fc_4406*	text (number), Required
235	fac_ptvol_jan20	January 2020 *fc_2244*	text (number), Required
236	fac_ptvol_feb20	February 2020 *fc_2451*	text (number), Required
237	fac_ptvol_mar20	March 2020 *fc_1471*	text (number), Required
238	fac_ptvol_apr20	April 2020 *fc_1471*	text (number), Required
239	fac_attendhrs_norm	Section Header: *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)* Attending physicians *fc_2065*	text (number), Required
240	fac_reshrs_norm	Resident physicians *fc_1315*	text (number), Required
241	fac_advprachrs_norm	Advanced practice providers *fc_5032*	text (number), Required
242	fac_rnhrs_norm	Nurses *fc_5001*	text (number), Required
243	fac_na_norm	Nurses aides/paramedics *fc_5103*	text (number, Min: 0), Required
244	fac_pharm_norm	ED pharmacists *fc_6147*	text (number, Min: 0), Required
245	fac_nonclin_norm	Non-clinical staff (i.e., clerks, case managers, social workers, finance, etc.) *fc_4671*	text (number, Min: 0), Required
246	fac_attend_hrs	Section Header: *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)* Attending physicians *fc_1421*	text (number), Required
247	fac_res_hrs	Resident physicians *fc_1136*	text (number), Required
248	fac_advprac_hrs	Advanced practice providers *fc_4080*	text (number), Required
249	fac_rn_hrs	Nurses *fc_2432*	text (number), Required

250	fac_na_hrs	Nursing aides/paramedics *fc_4972*	text (number), Required
251	fac_pharm_hrs	ED pharmacists *fc_1430*	text (number), Required
252	fac_nonclin_hrs	Non-clinical staff (i.e., clerks, case managers, social workers, finance, etc.) *fc_2249*	text (number), Required
253	fac_aggreg_covid	Section Header: *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.* 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'. *fc_4271*	text
254	fac_attend_covid	Attending physicians *fc_3212*	text (number)
255	fac_res_covid	Resident physicians *fc_3603*	text (number)
256	fac_advprac_covid	Advanced practice providers *fc_2507*	text (number)
257	fac_rn_covid	Nurses *fc_2609*	text (number)
258	fac_na_covid	Nursing aides/paramedics *fc_2578*	text (number)
259	fac_pharm_covid	ED Pharmacists *fc_2389*	text (number)
260	fac_nonclin_covid	Non-clinical staff (i.e., clerk, case managers, social workers, finance, etc) *fc_2108*	text (number)
261	fac_separate_covid	Section Header: *COVID-19 patients* Are COVID-19-positive or suspected patients cohorted in a separate part of the ED? *fc_1755*	yesno, Required 1 Yes 0 No
262	fac_intteam_covid	Does your site use a dedicated intubation team for intubating COVID-19 patients? *fc_1520*	radio, Required 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? *fc_4753*	yesno, Required 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? *fc_1988*	yesno, Required 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? *fc_4500*	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? *fc_1640*	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? *fc_2835*	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? *fc_2301*	text (number), Required
269	fc_covidpos_hosp1wk	In your hospital, how many COVID-19 patients were hospitalized on Monday of this week? *fc_1833*	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___1, Cough (dry) 2, wkly_sxpresent___2, Cough (productive) 3, wkly_sxpresent___3, Sore throat 4, wkly_sxpresent___4, Runny nose 5, wkly_sxpresent___5, Shortness of breath 6, wkly_sxpresent___6, Muscle aches 7, wkly_sxpresent___7, Fatigue 8, wkly_sxpresent___8, Fever/chills (subjective) 9, wkly_sxpresent___9, Diarrhea 10, wkly_sxpresent___10, Loss of smell or taste 11, wkly_sxpresent___11, Other
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)? *wps_1466*	yesno, Required 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? *wps_2546*	yesno, Required 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'. *wps_4559*	radio, Required 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? *wps_1169*	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]<>''	For testing outside this project, what was the date of the first negative test after your COVID-19 infection? *wps_1170*	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? *wps_6479*	yesno, Required 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? *wps_4558*	radio, Required 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? *wps_1168*	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? *wps_1052*	radio, Required 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? *wps_3854*	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] *wps_1529*	checkbox, Required 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? *wps_4484*	yesno, Required 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? *wps_4709*	yesno, Required 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? *wps_4641*	yesno, Required 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? *wps_3000*	yesno 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? *wps_4999*	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? *wps_2134*	yesno, Required 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]. *wps_1337*	checkbox, Required 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' *wps_3843*	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? *wps_3541*	radio, Required 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? *wps_7145*	radio, Required 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? *wps_2018*	radio, Required 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? *wps_2032*	radio, Required 1 Washington University 2 Barnes-Jewish Hospital 3 Equal time at both sites Field Annotation: @HIDDEN-SURVEY
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? *wps_4320*	radio, Required 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? *wps_2222*	radio, Required 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? *wps_2620*	radio, Required 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_returnwork]<>'0') and [wkly_stopwrk] = '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? *wps_3754*	radio, Required 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_covidpts] = '2' or [wkly_covidpts] = '3'	Did you perform routine care within 6 feet of these patients without a surgical mask and gloves? *wps_3290*	yesno, Required 1 Yes 0 No
310	wkly_rncovid_int Show the field ONLY if: ([wkly_sx] = '0' or [wkly_returnwork]<>'0') and [wkly_stopwrk] = '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? *wps_3772*	text (number), Required
311	wkly_rncovid_cpr Show the field ONLY if: ([wkly_sx] = '0' or [wkly_returnwork]<>'0') and [wkly_stopwrk] = '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? *wps_1751*	text (number), Required
312	wkly_rncovid_rmcpr Show the field ONLY if: ([wkly_sx] = '0' or [wkly_returnwork]<>'0') and [wkly_stopwrk] = '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? *wps_2248*	text (number), Required

313	wkly_int Show the field ONLY if: ([wkly_sx] = '0' or [wkly_returnwork]<>'0') and [wkly_stopwrk] = '0' and ([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 performed any intubations in the last 1 week, not including today? *wps_1290*	yesno, Required 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) *wps_5015*	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? *wps_4274*	radio, Required 1 Yes 0 No (please record those event(s) now)
316	wkly_covid_aerosol Show the field ONLY if: ([wkly_sx] = '0' or [wkly_returnwork]<>'0') and [wkly_stopwrk] = '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 *wps_1740*	yesno, Required 1 Yes 0 No
317	wkly_covid_aerosolproc Show the field ONLY if: [wkly_covid_aerosol] = '1'	Which procedures? *wps_1478*	checkbox, Required 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
318	wkly_covid_aerosolother Show the field ONLY if: [wkly_covid_aerosolproc(8)] = '1'	Please specify 'other' *wps_4960*	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? *wps_1420*	yesno, Required 1 Yes 0 No
320	wkly_clinhrs Show the field ONLY if: ([wkly_sx] = '0' or [wkly_returnwork]<>'0') and [wkly_stopwrk] = '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? *wps_1288*	text (number, Min: 1, Max: 168), Required
321	wkly_nonclinhrs Show the field ONLY if: ([wkly_sx] = '0' or [wkly_returnwork]<>'0') and [wkly_stopwrk] = '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? *wps_1289*	text (number, Min: 1, Max: 100), Required

322	wkly_shifts Show the field ONLY if: ([wkly_sx] = '0' or [wkly_returnwork]<>'0') and [wkly_stopwrk] = '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? *wps_2305*	text (number), Required
323	wkly_ed_outside Show the field ONLY if: ([baseline_arm_1][other_employ_hlthcare]='1') and ([wkly_sx] = '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'. *wps_9999*	text (number, Min: 0, Max: 168), Required
324	wkly_ed_outside_2 Show the field ONLY if: ([wkly_sx] = '0' or [wkly_returnwork]<>'0') and [wkly_stopwrk] = '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'. *wps_9998*	text (number, Min: 0, Max: 168), Required
325	wkly_fatigue Show the field ONLY if: ([wkly_sx] = '0' or [wkly_returnwork]<>'0') and [wkly_stopwrk] = '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? *wps_2537*	radio 0 Not at all 1 A little 2 Somewhat 3 A lot 4 Very fatigued
326	wkly_ppecomfort Show the field ONLY if: ([wkly_sx] = '0' or [wkly_returnwork]<>'0') and [wkly_stopwrk] = '0' and [screening_arm_1][primary_job] <> '7'	Section Header: *Use of personal protective equipment (PPE)* Over the last 1 week, not including today, rate your comfort with being able to safely use recommended PPE without contaminating yourself. *wps_2025*	radio 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_returnwork]<>'0') and [wkly_stopwrk] = '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: *wps_3722*	radio, Required 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 that 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.
328	wkly_insuff_ppe Show the field ONLY if: ([wkly_sx] = '0' or [wkly_returnwork]<>'0') and [wkly_stopwrk] = '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? *wps_1969*	yesno, Required 1 Yes 0 No

329	wkly_insuff_ppe_items Show the field ONLY if: [wkly_insuff_ppe] = '0'	Please check all of the following that have run out: *wps_4494*	checkbox, Required 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 Show the field ONLY if: ([wkly_sx] = '0' or [wkly_return work]<>'0') and [wkly_stopwrk] = '0' and [screening_arm_1] [primary_job] <> '7'	Has your routine PPE use changed in the last 1 week, not including today? *wps_2534*	yesno, Required 1 Yes 0 No

331	wkly_ppe_nonptcare Show the field ONLY if: [wkly_routineppe] = '1'	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]? *wps_4943*	checkbox, Required

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

Field Annotation: @NONEOFTHEABOVE = '0'

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]? *wps_4974*	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

Field Annotation: @NONEOFTHEABOVE = '0'

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]? *wps_2975*	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

334	wkly_ppe_aerosol_covid Show the field ONLY if: [wkly_routineppe] = '1'	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]? *wps_4450*	checkbox, Required 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
335	wkly_scenario1 Show the field ONLY if: [wkly_routineppe] = '1'	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? *wps_2221*	radio, Required 1 I am using the same PPE for the entire shift and do not remove it. 2 I am removing all my PPE between patients and replacing PPE before the next patient. 3 I am removing some of my PPE (gloves, gown), but reusing some of my PPE (masks).
336	wkly_hh_btwnpts Show the field ONLY if: [wkly_routineppe] = '1'	In the last 1 week, not including today, how are you performing hand hygiene between patients that you have touched? *wps_3700*	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.

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] *wps_4427*	checkbox, Required 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
338	wkly_decontaminate_oth Show the field ONLY if: [wkly_decontaminate(8)]=1	Please specify other *wps_7435*	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? *wps_2078*	yesno, Required 1, Yes 0, No
340	wkly_reuse_ppe Show the field ONLY if: [wkly_reusing_ppe] = '1'	Please check all of the following that you are reusing: *wps_4228*	checkbox, Required 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
341	wkly_endotrach_int_photo Show the field ONLY if: [wkly_routineppe] = '1'	Please refer to this photo when answering the next question.	descriptive

<table>
<tr><td>342</td><td>wkly_endotrach_int

Show the field ONLY if:
[wkly_routineppe] = '1'</td><td>For endotracheal intubations in the last week, not including today, which of the following (if any) is your ED using [check all that apply]?
wps_2796</td><td>checkbox, Required<table><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'</td></tr>
<tr><td>343</td><td>wkly_other_endotrachint

Show the field ONLY if:
[wkly_endotrach_int(7)] = '1'</td><td>Please specify 'other'
wps_3524</td><td>text</td></tr>
<tr><td>344</td><td>wkly_sleep_home</td><td>Section Header: Living situation

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.
wps_1640</td><td>text (number, Max: 7), Required</td></tr>
<tr><td>345</td><td>wkly_where_sleep

Show the field ONLY if:
[wkly_sleep_home] <>'' and [wkly_sleep_home]< '7'</td><td>If you did not go home, where did you stay?
wps_4815</td><td>radio<table><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></td></tr>
<tr><td>346</td><td>wkly_sleep_other

Show the field ONLY if:
[wkly_where_sleep] = '4'</td><td>Please specify 'other'
wps_3372</td><td>text</td></tr>
<tr><td>347</td><td>wkly_home_iso

Show the field ONLY if:
[baseline_arm_1][baseline_live_with(1)] <> '0'</td><td>While at home, did you isolate yourself from others in your household?
wps_2018</td><td>yesno, Required<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table></td></tr>
<tr><td>348</td><td>wkly_living_change</td><td>Has your living situation changed in the last week, not including today?
wps_1618</td><td>yesno, Required<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table></td></tr>
</table>

349	wkly_live_with Show the field ONLY if: [wkly_living_change] = '1'	I currently live with [check all that apply] *wps_4026*	checkbox, Required 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 Field Annotation: @NONEOFTHEABOVE = '0'
350	wkly_housing Show the field ONLY if: [wkly_living_change] = '1'	I currently live in: *wps_3549*	radio, Required 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. *wps_2117*	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? *wps_2787*	yesno, Required 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)? *wps_1841*	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? *wps_1776*	yesno, Required 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? *wps_3161*	yesno, Required 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) *wps_1864*	yesno, Required 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. *wps_1316*	yesno 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? *wps_2589*	radio 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? *wps_4453*	yesno 1 Yes 0 No
360	wkly_publictrans	In the last week, not including today, have you used any public transportations (bus, train, airplane)? *wps_4603*	yesno 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 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 1 Always 2 Sometimes 3 Rarely 4 Never
363	wkly_contact_change	Section Header: *Contact Information* Have you had any changes in your contact information in the last week? [check all that apply] *wps_2280*	checkbox, Required 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 Field Annotation: @NONEOFTHEABOVE = '0'
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 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
369	wkly_zipaddress_update Show the field ONLY if: [wkly_contact_change(3)] = '1'	Please provide your zip code. *wps_5194*	text (zipcode), Required
370	weekly_participant_survey_complete	Section Header: *Form Status* Complete?	dropdown 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. *wfs_1998*	radio, Required 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. *wfs_2005*	radio, Required 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. *wfs_1854*	radio, Required 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. *wfs_2022*	radio, Required 1 Washington University 2 Barnes-Jewish Hospital Field Annotation: @HIDDEN-FORM
390	wkly_fac_uab Show the field ONLY if: [screening_arm_1][work_site] = '11'	Please indicate which site you are providing information about. *wfs_3521*	radio, Required 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. *wfs_3333*	radio, Required 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. *wfs_1817*	radio, Required 1 Zuckerberg San Francisco Medical Center 2 Jefferson Methodist Hospital
393	wkly_fac_covidpos	Section Header: *Please complete this form with information from the past calendar week - midnight Sunday through 23:59 Saturday* 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? *wfs_3899*	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? *wfs_1359*	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? *wfs_4520*	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? *wfs_3671*	text (number), Required
397	wkly_fac_covidhosp	In your hospital, how many COVID-19 patients were hospitalized on Monday of this week? *wfs_2409*	text (number), Required
398	wkly_fac_aggreg_covid	Section Header: *Please indicate the number of ED personnel in each group that have been diagnosed with COVID-19 in the last 1 week, including today.* 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'. *wfs_6575*	text
399	wkly_fac_attend_covid	Attending physicians *wfs_3126*	text (number)
400	wkly_fac_res_covid	Resident physicians *wfs_4626*	text (number)
401	wkly_fac_advprac_covid	Advanced practice providers *wfs_4397*	text (number)
402	wkly_fac_rn_covid	Nurses *wfs_1790*	text (number)
403	wkly_fac_na_covid	Nursing aides/paramedics *wfs_4421*	text (number)
404	wkly_fac_pharm_covid	ED pharmacists *wfs_4057*	text (number)
405	wkly_fac_nonclin_covid	Non-clinical staff (i.e., clerks, case managers, social workers, finance, etc.) *wfs_1179*	text (number)

406	wkly_fac_attend_hrs	Section Header: *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)* Attending physicians *wfs_4301*	text (number), Required
407	wkly_fac_res_hrs	Resident physicians *wfs_3982*	text (number), Required
408	wkly_fac_advprac_hrs	Advanced practice providers *wfs_2900*	text (number), Required
409	wkly_fac_rn_hrs	Nurses *wfs_1735*	text (number), Required
410	wkly_fac_na_hrs	Nursing aides/paramedics *wfs_3990*	text (number), Required
411	wkly_fac_pharm_hrs	ED pharmacists *wfs_4709*	text (number), Required
412	wkly_fac_nonclin_hrs	Non-clinical staff (i.e., clerks, case managers, social workers, finance, etc.) *wfs_1279*	text (number), Required
413	weekly_facility_survey_complete	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: **Intubation/Cardiac Arrest Form** (intubationcardiac_arrest_form) Enabled as survey Collapse			
414	int_form_comp	Section Header: *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.* Intubation compensation	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: *ica_6258*	radio, Required 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: *ica_6057*	radio, Required 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: *ica_6125*	radio, Required 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: *ica_6375*	radio, Required 1 Washington University 2 Barnes-Jewish Hospital Field Annotation: @HIDDEN-SURVEY @HIDDEN-FORM
420	ica_uab Show the field ONLY if: [screening_arm_1][work_site] = '11'	Please indicate at which site this event occurred: *ica_6005*	radio, Required 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: *ica_6132*	radio, Required 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: *ica_6236*	radio, Required 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? *ica_2429*	text (date_mdy, Min: 2020-04-13, Max: 2021-04-15), Required
425	int_form_mrn	Patient medical record number *ica_4787*	text, Required, Identifier
426	int_form_mrn_verify	Please verify the patient's medical record number *ica_4787*	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 *ica_2726*	text, Required
429	int_form_event_type	What type of event occurred? *ica_2411*	radio, Required 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
430	int_form_covid_result	Was this patient known to have COVID-19 at the time of the event? *ica_3714*	radio, Required 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? *ica_5500*	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)? *ica_8271*	checkbox, Required 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
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? *ica_7163*	text (number, Max: 10)
434	int_form_covid_unknown_worry 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? *ica_3244*	radio 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

<table>
<tr>
<td>435</td>
<td>int_form_acuity

Show the field ONLY if:
[int_form_event_type] = '1' or
[int_form_event_type] = '3'</td>
<td>What was the acuity of this procedure?
ica_3668</td>
<td>radio, Required
<table><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></td>
</tr>
<tr>
<td>436</td>
<td>int_form_primaryint

Show the field ONLY if:
[int_form_event_type] = '1' or
[int_form_event_type] = '3'</td>
<td>Were you the primary person performing the procedure?
ica_7032</td>
<td>radio, Required
<table><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></td>
</tr>
<tr>
<td>437</td>
<td>int_form_ppe</td>
<td>What PPE did you use while you were in the room? Please check all that apply.
ica_1189</td>
<td>checkbox, Required
<table><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>
Field Annotation: @NONEOFTHEABOVE = '0'</td>
</tr>
<tr>
<td>438</td>
<td>int_form_fitted_n95

Show the field ONLY if:
[int_form_ppe(7)] = '1'</td>
<td>Did you use the style and size of N-95 mask/respirator that has previously been shown to fit you?
ica_1581</td>
<td>radio, Required
<table><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></td>
</tr>
<tr>
<td>439</td>
<td>int_form_ppe_conf</td>
<td>My confidence with my PPE during the event (confidence that I was protected from infection transmission) was:
ica_4335</td>
<td>radio, Required
<table><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></td>
</tr>
<tr>
<td>440</td>
<td>int_other_tech_photo

Show the field ONLY if:
[int_form_event_type] = '1' or
[int_form_event_type] = '3'</td>
<td>Please refer to this photo when answering the next question.</td>
<td>descriptive</td>
</tr>
</table>

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] *ica_2889*	checkbox, Required 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 Field Annotation: @NONEOFTHEABOVE = '0'
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? *ica_1475*	notes
443	int_form_neg_press_rm	Did this event occur in a negative-pressure room? *ica_1907*	yesno, Required 1, Yes 0, No
444	int_form_dur	Estimate the total duration of time you were in the room? *ica_4369*	radio, Required 1, 0-15 minutes 2, 16-30 minutes 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] *ica_4303*	checkbox, Required 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 Field Annotation: @NONEOFTHEABOVE=0
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? *ica_4323*	radio 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? *ica_4396*	radio, Required 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? *ica_2301*	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? *ica_1575*	radio, Required 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? *ica_4747*	yesno, Required 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? *ica_2135*	radio, Required 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? *ica_1341*	radio, Required 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)? *ica_2260*	radio, Required 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? *ica_9060*	yesno, Required 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? *ica_1234*	yesno, Required 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? *ica_4144*	radio, Required 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? *ica_1181*	yesno, Required 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]? *ica_1332*	checkbox, Required 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 Field Annotation: @NONEOFTHEABOVE = '0'
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? *ica_3963*	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]? *ica_3456*	checkbox, Required 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 Field Annotation: @NONEOFTHEABOVE = '0'
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]: *ica_1567*	checkbox, Required 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

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. *ica_2647*	checkbox, Required 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 Field Annotation: @NONEOFTHEABOVE = '0'
465	int_form_intub_succ_multi Show the field ONLY if: ([int_form_event_type] = '1' or [int_form_event_type] = '3') and [int_form_success_1st]='0'	Was intubation ultimately successful? *ica_3887*	yesno, Required 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 [int_form_success_1st]=0	How many total attempts at intubation were required? (total attempts regardless of the number of providers attempting intubation) *ica_1201*	text (number)
467	int_form_oral_suct Show the field ONLY if: ([int_form_event_type] = '1' or [int_form_event_type] = '3') and ([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)? *ica_1847*	yesno, Required 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? *ica_4449*	radio, Required 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)? *ica_4457*	yesno, Required 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 [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 [int_form_manual_bv_after] ='1'	What type of bag did you use? *ica_2134*	radio, Required 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? *ica_2152*	yesno, Required 1 Yes 0 No

473	int_form_vent_photo Show the field ONLY if: ([int_form_event_type] = '1' or [int_form_event_type] = '3') and [int_form_vent_ed]='1'	Please refer to this photo when answering the following question	descriptive
474	int_form_vent_type Show the field ONLY if: ([int_form_event_type] = '1' or [int_form_event_type] = '3') and [int_form_vent_ed]='1'	What style of ventilator was it? *ica_2261*	radio, Required 1 Single-limb transport ventilator 2 Dual-limb ICU ventilator (closed circuit) 3 Unknown
475	int_form_bv_filter_photos Show the field ONLY if: ([int_form_event_type] = '1' or [int_form_event_type] = '3') and [int_form_vent_ed]='1'	Please refer to this photo for the following question	descriptive
476	int_form_bv_filter_vent Show the field ONLY if: ([int_form_event_type] = '1' or [int_form_event_type] = '3') and [int_form_vent_ed]='1'	Was a bacterial/viral filter connected to the endotracheal tube before any ventilation occurred? *ica_4169*	radio, Required 1 Yes 0 No 2 Unknown
477	int_form_filter_ex_port Show the field ONLY if: ([int_form_event_type] = '1' or [int_form_event_type] = '3') and [int_form_vent_ed]='1' and [int_form_vent_type]='1'	Was a viral filter placed on the exhalation port? *ica_4582*	radio, Required 1 Yes 0 No 2 Unknown
478	card_arst_occur Show the field ONLY if: [int_form_event_type] = '3'	When did cardiac arrest occur? *ica_2144*	radio, Required 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	card_arst_occur_only Show the field ONLY if: [int_form_event_type] = '2'	When did cardiac arrest occur? *ica_2145*	radio, Required 1 Prior to ED arrival 2 In the ED
480	card_arst_defib Show the field ONLY if: ([int_form_event_type] = '2' or [int_form_event_type] = '3') and ([card_arst_occur] = '2' or [card_arst_occur] = '3' or [card_arst_occur] = '4')	Did defibrillation or cardioversion happen during the cardiac arrest in the ED? *ica_3454*	yesno, Required 1 Yes 0 No
481	card_arst_comp Show the field ONLY if: [int_form_event_type] = '2' or [int_form_event_type] = '3'	Did you personally perform chest compressions? *ica_2887*	yesno, Required 1 Yes 0 No
482	card_arst_length Show the field ONLY if: [int_form_event_type] = '2' or [int_form_event_type] = '3'	How long was the total cardiac arrest? *ica_2482*	radio, Required 1 0-10 minutes 2 11-30 minutes 3 Over 30 minutes
483	int_form_fluid_exp	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. *ica_4124*	yesno, Required 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]? *ica_2116*	checkbox 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 Field Annotation: @NONEOFTHEABOVE='0'
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? *ica_4835*	notes
486	int_form_ed_disp	The patient's ED disposition was *ica_3365*	radio, Required 1, Hospital admission 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: *Form Status* Complete?	dropdown 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 *pif_4682*	text, Required, Identifier
490	proc_pt_mrn_verify	Please verify the patient's medical record number *pif_4682*	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? *pif_4113*	text, Required
493	proc_pt_dob	What is the patient's date of birth (M-D-Y)? *pif_3254*	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? *pif_1831*	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 *pif_4689*	radio, Required 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? *pif_4900*	text, Required
497	proc_pt_race	Patient's race [check all that apply] *pif_3118*	checkbox, Required 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' *pif_2971*	text
499	proc_pt_ethnicity	Ethnicity *pif_1893*	radio, Required 1, Hispanic or Latino 2, Not Hispanic or Latino
500	proc_pt_arrv_type	How did the patient arrive to the emergency department? *pif_1774*	radio, Required 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)? *pif_1090*	radio, Required 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? *pif_3415*	yesno, Required 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) *pif_4853*	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 *pif_1132*	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)? *pif_2898*	yesno, Required 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 *pif_4087*	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. *pif_3336*	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)? *pif_4047*	radio, Required 1 Home 2 Care facility 3 Died 4 Transferred to another hospital
509	patient_information_form_intubationcpr_complete	Section Header: *Form Status* Complete?	dropdown 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 *sld_4634*	text (number, Min: 0, Max: 12)
515	date_blood_draw	Date and time of blood draw *sld_3846*	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 *sld_3846*	text (datetime_mdy, Min: 2020-04-13 00:00, Max: 2021-04-15 00:00)
517	date_ser_shipped	Date of shipment *sld_1006*	text (date_mdy, Min: 2020-04-13, Max: 2021-04-15)
518	igg_results_quant	IgG result (quantitative) *slr_2822*	text
519	igg_results_pos_neg	COVID-19 Antibody blood serology result *slr_2827*	text
520	nasal_swab_pcr	Nasal Swab PCR Result *slr_3145*	text
521	stop_collection	Stop Blood and Nasal Swab collection	yesno 1 Yes 0 No
522	serology_laboratory_form_complete	Section Header: *Form Status* Complete?	dropdown 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: *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 acknowledge that I have viewed my serology results. *slr_1675*	radio, Required 1 Yes
525	serology_laboratory_acknowledgement_complete	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: **Week 4 Addition** (post_serologic_testing) Enabled as survey Collapse			

526	post_covidstress	Section Header: *COVID-19 related stress & anxiety* In the past week, how much has COVID-19 pandemic affected your stress or anxiety levels? pst_8317	radio (Matrix) 1 Not at all 2 2 3 3 4 Somewhat 5 5 6 6 7 Extremely
527	post_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? pst_8291	radio (Matrix) 1 Not at all 2 2 3 3 4 Somewhat 5 5 6 6 7 Very much
528	post_priorexp	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*	radio 1 Strongly disagree 2 Disagree 3 Somewhat disagree 4 Neither disagree or agree 5 Somewhat agree 6 Agree 7 Strongly agree
529	post_nightmaters	Section Header: *In the past week, have you ...* had nightmares related to the pandemic or thought about the pandemic when you did not want to?pst_6658	radio (Matrix) 1 Yes 0 No
530	post_avoid	tried hard not to think about the pandemic or gone out of your way to avoid situations that reminded you of it?pst_5473	radio (Matrix) 1 Yes 0 No
531	post_on_edge	been constantly on guard, watchful, or easily startled?pst_8964	radio (Matrix) 1 Yes 0 No
532	post_numb	felt numb or detached from people, activities or your surroundings?pst_5721	radio (Matrix) 1 Yes 0 No
533	post_guilty	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	radio (Matrix) 1 Yes 0 No
534	post_wrkprograms	Section Header: *Institutional Mitigation* 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*	checkbox 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? *pst_2348*	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] *pst_1756*	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) 9 | post_clinsvcs___9 | Audio-facilitated patient-family communication (when family are unable or prevented from being at a patient's bedside) 10 | post_clinsvcs___10 | Team debriefing after ED deaths or other critical incidents 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	Section Header: *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.* Please rate the frequency of the following: I have experienced compromised patient care due to lack of resources/equipment/bed capacity. *pst_2289*	radio 0, Never 1 2 3 4, Very frequently
538	post_distress	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. *pst_2267*	radio 0, None 1 2 3 4, Very distressing
539	post_impact	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? *pst_2659*	radio 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
540	post_serologic_testing_complete	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: **Week 4 PI addition** (week_4_pi_addition) Collapse

541	pi_inst_support	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 *pi_1354*	checkbox 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)

9	pi_inst_support___9	Employee COVID-19 testing at provider request - even if asymptomatic
10	pi_inst_support___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	pi_inst_support___11	Flexible scheduling of work hours to balance demands across front-line health care personnel
12	pi_inst_support___12	Formal use of a social media platform to facilitate communication among front-line health care personnel within your workplace (e.g., WhatsApp)
13	pi_inst_support___13	Additional financial payments for front-line health care personnel
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	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 *pi_1115*	checkbox

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

543	week_4_pi_addition_complete	Section Header: *Form Status* Complete?	dropdown

0	Incomplete
1	Unverified
2	Complete

Instrument: **PCR Positive Additional Serology Consent** (pcr_positive_additional_serology_consent) Collapse

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 1 Yes 0 No
545	pcr_positive_additional_serology_consent_complete	Section Header: *Form Status* Complete?	dropdown 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: if([screening_arm_1][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 aymptomatic, received a positive result and then developed symptoms a few days later, you would select 'asymptomatic'. *sixm_2615*	radio, Required 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

<table>
<tr><td>550</td><td>sixmth_infect_hhold</td><td>Since the last follow-up survey at the end of the 12-week project period, did any of your household members, not includling 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 aymptomatic, received a positive result and then developed symptoms a few days later, you would select 'asymptomatic'.
sixm_2188</td><td>checkbox, Required
<table><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>
Field Annotation: @NONEOFTHEABOVE=0</td></tr>
<tr><td>551</td><td>sixmth_sameed</td><td>Section Header: 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.
Do you still work in the same ED?
sixm_3486</td><td>radio, Required
<table><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></td></tr>
<tr><td>552</td><td>sixmth_noed
Show the field ONLY if: [sixmth_sameed] = '3'</td><td>Why do you no longer work in an ED?
sixm_3425</td><td>radio, Required
<table><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></td></tr>
<tr><td>553</td><td>sixmth_noed_other
Show the field ONLY if: [sixmth_noed] = '4'</td><td>Please provide 'other' reason for no longer working in an ED
sixm_3877</td><td>text, Required</td></tr>
<tr><td>554</td><td>sixmth_edcovidpts
Show the field ONLY if: ([sixmth_sameed] = '1' or [sixmth_sameed] = '2') and ([screening_arm_1][primary_job] <> '7')</td><td>Section Header: This question is about your ED's current status regarding COVID-19 patients (including if you work at a new one).
During the last 1 week, not including today, estimate the number of COVID-19 patients who have been cared for at your ED.
sixm_2689</td><td>radio, Required
<table><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></td></tr>
<tr><td>555</td><td>sixmth_commit
Show the field ONLY if: [sixmth_sameed] = '1' or [sixmth_sameed] = '2'</td><td>Section Header: These questions are about how you feel about yourself and others feel about you as someone who works in an ED.
Compared to before the pandemic, how committed are you now to your job in the ED?
sixm_4668</td><td>radio, Required
<table><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></td></tr>
<tr><td>556</td><td>sixmth_famfeel
Show the field ONLY if: [sixmth_sameed] = '1' or [sixmth_sameed] = '2'</td><td>Compared to before the pandemic, how does your family regard your job in the ED?
sixm_3034</td><td>radio, Required
<table><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></td></tr>
<tr><td>557</td><td>sixmth_friendfeel
Show the field ONLY if: [sixmth_sameed] = '1' or [sixmth_sameed] = '2'</td><td>Compared to before the pandemic, how do your friends regard your job in the ED?
sixm_4197</td><td>radio, Required
<table><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></td></tr>
</table>

<table>
<tr>
<td>558</td>
<td>sixmth_ppe_nonptcare

Show the field ONLY if:
[sixmth_sameed] = '1' or [sixmth_sameed] = '2'</td>
<td>Section Header: These questions are about how you do your job.

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]
sixm_3358</td>
<td>checkbox, Required
<table>
<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>
Field Annotation: @NONEOFTHEABOVE = '0'</td>
</tr>
<tr>
<td>559</td>
<td>sixmth_ppe_suff

Show the field ONLY if:
[sixmth_sameed] <> '3' and ([screening_arm_1][primary_job] <> '7')</td>
<td>How confident do you feel about your ED having sufficient PPE if another pandemic with many cases occurred?
sixm_1155</td>
<td>radio, Required
<table>
<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></td>
</tr>
<tr>
<td>560</td>
<td>sixmth_ppe_ptcare

Show the field ONLY if:
[sixmth_sameed] <> '3' and ([screening_arm_1][primary_job] <> '7')</td>
<td>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]
sixm_4844</td>
<td>checkbox, Required
<table>
<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></td>
</tr>
</table>

561	sixmth_ppe_respdistress Show the field ONLY if: [sixmth_sameed] <> '3' and ([screening_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] *sixm_3204*	checkbox, Required 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
562	month_participant_fu_complete	Section Header: *Form Status* Complete?	dropdown 0, Incomplete 1, Unverified 2, Complete

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. *fsixm_2345*	radio, Required 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. *fsixm_3452*	radio, Required 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. *fsixm_4322*	radio, Required 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. *fsixm_3521*	radio, Required 1, Washington University 2, Barnes-Jewish Hospital

567	sixm_fac_uab Show the field ONLY if: [screening_arm_1][work_site] = '11'	Please indicate which site you are providing information about. *fsixm_2543*	radio, Required 1 University of Alabama at Birmingham 2 Highlands
568	sixm_fac_thomjeff Show the field ONLY if: [screening_arm_1][work_site] = '18'	Please indicate which site you are providing information about. *fsixm_1235*	radio, Required 1 Jefferson Center City 2 Jefferson Methodist Hospital
569	sixm_fac_ucsf Show the field ONLY if: [screening_arm_1][work_site] = '13'	Please indicate which site you are providing information about. *fsixm_1612*	radio, Required 1 Zuckerberg San Francisco Medical Center 2 Jefferson Methodist Hospital
570	sixmth_ptvol_may20	Section Header: *Please provide total ED patient volume for the following time periods:* May 2020 *fsixm2041*	text (number), Required
571	sixm_ptvol_jun20	June 2020 *fsixm3942*	text (number), Required
572	sixm_ptvol_jul20	July 2020 *fsixm2109*	text (number), Required
573	sixm_ptvol_aug20	August 2020 *fsixm3422*	text (number), Required
574	fsixm_ptvol_sep20	September 2020 *fsixm1816*	text (number), Required
575	sixm_ptvol_oct20	October 2020 *fsixm1448*	text (number), Required
576	sixm_fac_attend_hrs	Section Header: *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)* Attending physician *fsixm3248*	text (number), Required
577	sixm_fac_res_hrs	Resident physicians *fsixm2024*	text (number), Required
578	sixm_fac_advprac_hrs	Advanced practice providers *fsixm1789*	text (number), Required
579	sixm_fac_rn_hrs	Nurses *fsixm3930*	text (number), Required
580	sixm_fac_na_hrs	Nursing aides/paramedics *fsixm4741*	text (number), Required
581	sixm_fac_pharm_hrs	ED pharmacists *fsixm3583*	text (number), Required
582	sixm_fac_nonclin_hrs	Non-clinical staff *fsixm3547*	text (number), Required
583	sixm_fac_attend_covid	Section Header: *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.* Attending physicians *fsixm_2924*	text (number), Required
584	sixm_fac_res_covid	Resident physicians *fsixm_1708*	text (number), Required
585	sixm_fac_advprac_covid	Advanced practice providers *fsixm_2834*	text (number), Required
586	sixm_fac_rn_covid	Nurses *fsixm_4778*	text (number), Required
587	sixm_fac_pharm_covid	ED pharmacists *fsixm_1952*	text (number), Required
588	sixm_fac_na_covid	Nursing aides/paramedics *fsixm_1454*	text (number), Required
589	sixm_fac_nonclin_covid	Non-clinical staff (i.e., clerks, case managers, social workers, finance, etc.) *fsixm_1471*	text (number), Required

590	sixm_fac_covidpos	Section Header: *COVID-19 patients* Has your ED treated a COVID-19 positive patient within the last 1 week, including today? *fsixm_1011*	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? *fsixm_2561*	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? *fsixm_3589*	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? *fsixm_4689*	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? *fsixm_4006*	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? *fsixm_4675*	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? *fsixm_3342*	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? *fsixm_2201*	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? *fsixm_4659*	text (number), Required
599	month_facility_fu_complete	Section Header: *Form Status* 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: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: **Withdrawal** (withdrawal) Collapse			
608	withdrawn	The participant has withdrawn from the study. *wd_1007*	radio 1 Withdrawn

609	withdraw_reason	Why did the participant withdraw from the study *wd_2004*	checkbox 1 withdraw_reason___1 Residency graduation 2 withdraw_reason___2 Moving away 3 withdraw_reason___3 Changing/quit job 4 withdraw_reason___4 Adverse reaction to project procedures 5 withdraw_reason___5 Project too time consuming 6 withdraw_reason___6 Death 8 withdraw_reason___8 Non-compliance 9 withdraw_reason___9 Baseline serology/PCR positive 7 withdraw_reason___7 Other
610	withdraw_other Show the field ONLY if: [withdraw_reason(7)]=1	Why did the participant withdraw?	text
611	withdrawal_complete	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete