

Q1. Informed Consent

I agree to participate in this survey.

I acknowledge that should I wish to withdraw from this research at any point I may abandon completing the survey questionnaire and close the screen with no information recorded.

I understand that I will not be asked to identify myself in anyway and that all my responses are completely anonymous.

-
- I provide consent and agree to participate.
 - I do not provide consent and do not agree to participate.
-

Part 1: Participant sociodemographic

Q2. Which GENDER best describes you?

-
- Male
 - Female
 - Other
-

Q3. What is your age? _____ years

Q4. Who do you live with?

-
- Alone
 - My partner/spouse only
 - My Children only
 - My partner/spouse and children
 - Parents
 - Friends/flat mates/housemates
 - Other (please specify) _____
-

Q5. What is your current occupation?

-
- Medical staff:
 - Allied healthcare worker (physiotherapy, ergo-therapist etc.)
 - Nurse
 - Physician
 - Resident
 - Other

 - Non- medical staff:
 - Administrative
 - Manager
 - Supportive (e.g. maintenance, restaurant, housekeeping)
 - Technician
 - Other _____
-

Q6. How many years have you been employed?

Years employed	< 1 year	1-5 years	6-10 years	> 10 years
In the health care sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In Dr. Horacio E. Oduber Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q7. COVID-19 is known to be more dangerous for people with certain risk factors. Please check the box with the risk factor that best applies to you. (you can choose more than 1 option)

-
- None
 - Lung disease
 - Diabetes
 - Chronic kidney disease
 - Heart disease
 - Smoking
 - Liver disease
 - Obesity
 - Previous psychiatric illness
 - Immunocompromised (Cancer, HIV or taking immune weakening medication)
 - Currently pregnant
 - Other sickness (please specify) _____
-

Q8. In your perception, how would you rate your PERSONAL risk of contracting COVID-19 in the workplace during COVID-19 outbreak?

-
- Low risk
 - Moderate risk
 - High risk
-

Q9. Thinking about your answer to question 8, which of the following factors makes you feel concerned and how serious would you rate it?

0=not at all; 1=slight; 2=moderate; 3=very much

	0	1	2	3
My profession as a healthcare worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My working department or office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My other underlying conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My long working hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2: Concerns/worries

Q10. What is your level of concern for each of the following regarding COVID-19?

0=not at all; 1=slight; 2=moderate; 3=very much

	0	1	2	3
Fear for getting infected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fear of losing financial stability or job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initial uncertainty about mode of transmission, infectiousness and transmissibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of passing the infection to my family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing family responsibilities during the lock-down (e.g. child day care, home schooling)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q11. What is your level of concern regarding each of the following?

0=not at all; 1=slight; 2=moderate; 3=very much

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	0	1	2	3
Availability of Personal Protective Equipment for Health Care Worker's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caring for COVID-19 patients or persons under investigation for COVID-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of testing kit and the duration of test result	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of staff available to take care of COVID-19 patients or patients under investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of hospital beds/isolation units needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate supply of cleaning and sanitation material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fast changing protocols/guidelines for managing patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of training of Health Care Worker's about COVID-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response of the public to the lockdown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If there are any concern not listed in the questions above, please notify in this box ?

Q12. What are your concerns as a healthcare worker if you have, or should test positive for COVID-19?

0=not at all; 1=slight; 2=moderate; 3=very much

	0	1	2	3
I have no self-quarantine space at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am worried that I may infect family members unintentionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am worried about being isolated without contact with family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am worried of being stigmatized after being tested positive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I am worried that I can die due to lack of specific treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am worried that I can lose my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q13. Have you treated/provided care for a patient diagnosed with COVID-19?

Yes
 No

Part 3: Organization

Q14. Have you received any of the following instruction/training of COVID-19?

	Yes	No
Screening people for COVID-19	<input type="checkbox"/>	<input type="checkbox"/>
Treatment guidelines	<input type="checkbox"/>	<input type="checkbox"/>
Guidelines on management of suspected cases on non-COVID-19 wards	<input type="checkbox"/>	<input type="checkbox"/>
The test that should be performed to make the diagnosis	<input type="checkbox"/>	<input type="checkbox"/>
Training on donning (putting on) and doffing (taking off) of Personal Protective Equipment	<input type="checkbox"/>	<input type="checkbox"/>
Training on hand hygiene	<input type="checkbox"/>	<input type="checkbox"/>
Patient transportation	<input type="checkbox"/>	<input type="checkbox"/>
Visitor policies	<input type="checkbox"/>	<input type="checkbox"/>

Q15. Did you need additional training about Covid-19?

Yes
 No

Q16. Are you satisfied with the quality of information you received from your workplace about COVID-19?

Yes
 No (please specify why) _____

Q17. Do you think that all staff in your unit adequately followed infection control policies, rules and guidelines?

Yes
 No

Q18. In my opinion, my workplace is well equipped to deal with COVID-19?

0=not at all; 1=slight; 2=moderate; 3=very much

	0	1	2	3
The preparedness of my workplace when it comes to organization is adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The preparedness to stand by me and my colleagues when it comes to psychological safety is adequate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The preparedness of my workplace with respect to required equipment is sufficient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q19. Do you think that your hospital is prepared for future infection outbreaks (similar to COVID-19) in general?

Yes
 No
 I don't know

Part 4: General wellbeing

Q20. The following questions relate to your personal subjective wellbeing by using (Personal Wellbeing Index-scale). The following questions ask about how satisfied you feel at this moment.

0 = no satisfaction at all, 10= completely satisfied.

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Thinking about your own life and personal circumstances:

1. How satisfied are you with your **standard of living**?

0 1 2 3 4 5 6 7 8 9 10
———————————

2. How satisfied are you **with your health**?

0 1 2 3 4 5 6 7 8 9 10
———————————

3. How satisfied are you with **what you are achieving in life**?

0 1 2 3 4 5 6 7 8 9 10
———————————

4. How satisfied are you **with your personal relationship**?

0 1 2 3 4 5 6 7 8 9 10
———————————

5. How satisfied are you **with how safe you feel**?

0 1 2 3 4 5 6 7 8 9 10
———————————

6. How satisfied are you **with feeling part of your community**?

0 1 2 3 4 5 6 7 8 9 10
———————————

7. How satisfied are you with **your future security**?

0 1 2 3 4 5 6 7 8 9 10
———————————

Q21. The following questions relate to your psychological distress level. Please indicate how often the following has occurred in your life at home and at work in the past 4 weeks thinking about the COVID-19

1 = none of the time, 2 = a little of time, 3= some of the time, 4= most of the time, 5 = all the time

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	1	2	3	4	5
1. How often did you feel tired out of no good reason?	<input type="checkbox"/>				
2. How often did you feel nervous?	<input type="checkbox"/>				
3. How often did you feel so nervous that nothing could calm you down?	<input type="checkbox"/>				
4. How often did you feel hopeless?	<input type="checkbox"/>				
5. How often did you feel restless or fidgety?	<input type="checkbox"/>				
6. How often did you feel so restless you could not sit still?	<input type="checkbox"/>				
7. How often did you feel depressed?	<input type="checkbox"/>				
8. How often did you feel that everything was an effort?	<input type="checkbox"/>				
9. How often did you feel so sad that nothing could cheer you up?	<input type="checkbox"/>				
10. How often did you feel worthless?	<input type="checkbox"/>				

Q22. Have you used any coping strategies to alleviate stress during COVID-19?

Yes
 No

*If you choose **No** please continue with Q23.*

Q23. If you choose Yes, which personal coping strategies have you used to alleviate stress during COVID-19?

0=never; 1=sometimes; 2=often; 3=always

	0	1	2	3
1. Followed strict personal protective measures (e.g., mask, gown, hand washing etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Read about COVID-19 and how to prevent it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I avoid being in the hospital unnecessarily to avoid exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I Avoid going out in public places to minimize exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did relaxation activities, e.g., involved in meditation/prayers, sports, exercise etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Avoided media news about COVID-19 and related fatalities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I received professional help from a professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Preferred support

The **Peer Support network** is a task force implemented with the goal to offer psychological support to health care workers. There are three main levels of support:

1. *Individual level support*: access to self-help resources directly online or paper format
2. *Peer level support*: support provided by peers to individuals or groups
3. *Expert level support*: provision of professional help e.g. Psychiatrist, psychologist, social worker etc.

Q24. What kind of support would you need from your workplace?

- Individual level support
- Peer level support
- Expert level support
- No psychological support needed
- I don't know

Q25. Are there wellbeing support services available to you through your workplace?

-
- Yes
 - No
 - Don't know
-

Q26. What is your single greatest work-related need at this moment?

Thank you for participating in the Needs Assessment Survey for Health Care workers of HOH.

Your response is incredibly valuable, and we appreciate the time you have invested.
The outcome will be reported to the staff of the dr. Horacio E. Oduber Hospital.

References:

- Q21. Personal wellbeing index- ENG. <http://www.acqol.com.au/uploads/pwi-a/pwi-a-english.pdf>
- Q22. Kessler et al. https://www.tac.vic.gov.au/files-to-move/media/upload/k10_english.pdf
- Q23. Imran Khalid et al. Healthcare Workers Emotions, Perceived Stressors and Coping Strategies during a MERS-CoV Outbreak. Clinical Medicine & Research. March 1, 2016 vol. 14 no. 1 7-1