

**COVID-19 Health Care Personnel Study**

PID 169

Codebook ▾

**Data Dictionary Codebook**

07/03/2020 15:31

^ Collapse all instruments

#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)								
Instrument: <b>COVID-19 Health Care Personnel Study (CHPS)</b> (covid19_health_care_personnel_study_chps) <span style="color: green;">✔ Enabled as survey</span> <span style="float: right;">^ Collapse</span>											
1	record_id	Record ID	text								
2	purpose	PURPOSE: Health personnel are on the front lines of the battle against COVID-19, shouldering critical responsibilities in the face of great personal risk. We need your responses and insights to understand the impact of the COVID-19 pandemic on health care providers and to learn how best to address their needs.	descriptive								
3	procedures	PROCEDURES: After indicating your consent to participate, please register and take the brief survey.	descriptive								
4	confidentiality	CONFIDENTIALITY: All your responses are confidential, and will not be shared in any way that could identify you. No attempt will be made to identify your employer.	descriptive								
5	benefits	BENEFITS: It is anticipated that the risks and conditions of health care personnel responding to the COVID-19 pandemic, as well as future epidemics/pandemics, will benefit from responses to this survey. Other than contributing to knowledge, this survey is not intended to benefit any individual personally.	descriptive								
6	risks	RISKS: Although all of your data will be stored securely, as with any identifiable data there is a potential for a data breach that could compromise confidentiality.	descriptive								
7	consent	Please choose one of the following options...	radio <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td>OPTION 1: I would like to participate in the longitudinal CHPS study. I will register and complete the brief initial survey now.</td> </tr> <tr> <td style="text-align: center;">2</td> <td>OPTION 2: I would like to participate in the longitudinal CHPS study. I will register now and complete the initial survey later.</td> </tr> <tr> <td style="text-align: center;">3</td> <td>OPTION 3: I do not want to participate in the longitudinal CHPS study, but I will complete the brief survey anonymously.</td> </tr> <tr> <td style="text-align: center;">4</td> <td>OPTION 4: Thanks, but I choose not to participate.</td> </tr> </table> <p>Custom alignment: LV</p>	1	OPTION 1: I would like to participate in the longitudinal CHPS study. I will register and complete the brief initial survey now.	2	OPTION 2: I would like to participate in the longitudinal CHPS study. I will register now and complete the initial survey later.	3	OPTION 3: I do not want to participate in the longitudinal CHPS study, but I will complete the brief survey anonymously.	4	OPTION 4: Thanks, but I choose not to participate.
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4	OPTION 4: Thanks, but I choose not to participate.										
8	thanks <small>Show the field ONLY if: [consent] = '1' or [consent] = '2'</small>	THANKS FOR PARTICIPATING IN THIS STUDY! Please provide the following information so that we may contact you based on the option you have chosen above. At least one email address is needed; we would also like to be able to contact you by phone, but it is not required that you provide a phone number.	descriptive								
9	cv_1a <small>Show the field ONLY if: [consent] = '1' or [consent] = '2'</small>	First Name	text, Required, Identifier								

10	cv_1b Show the field ONLY if: [consent] = '1' or [consent] = '2'	Last Name	text, Required, Identifier						
11	cv_4 Show the field ONLY if: [consent] = '1' or [consent] = '2'	Date of birth <i>mm-dd-yyyy</i>	text (date_mdy, Min: 1920-01-01, Max: 2010-01-01), Required, Identifier						
12	cv_2 Show the field ONLY if: [consent] = '1' or [consent] = '2'	Email address	text (email), Required, Identifier						
13	cv_11 Show the field ONLY if: [consent] = '1' or [consent] = '2'	Alternative email address (requested but not required)	text (email), Identifier						
14	cv_3 Show the field ONLY if: [consent] = '1' or [consent] = '2'	Cell Phone # (requested but not required)	text (phone), Identifier						
15	survey Show the field ONLY if: [consent] = '1' or [consent] = '3'	KINDLY COMPLETE THE FOLLOWING BRIEF SURVEY. We are conducting this survey to understand how COVID-19 has affected you as a health care provider. Your answers are critical to understanding this pandemic. Your responses will be private and confidential.	descriptive						
16	cv_5 Show the field ONLY if: [consent] = '1' or [consent] = '3'	Gender	radio <table border="1"> <tr> <td>1</td> <td>Female</td> </tr> <tr> <td>2</td> <td>Male</td> </tr> <tr> <td>3</td> <td>Other</td> </tr> </table>	1	Female	2	Male	3	Other
1	Female								
2	Male								
3	Other								
17	cv_5a Show the field ONLY if: [consent] = '3' or [consent] = '1'	Age	text (integer, Min: 15, Max: 95)						

18	cv_6 Show the field ONLY if: [consent] = '1' or [consent] = '3'	Profession	radio <table border="1"> <tr><td>1</td><td>Physician (MD or DO only)</td></tr> <tr><td>2</td><td>Physician Assistant (PA)</td></tr> <tr><td>3</td><td>Nurse Practitioner (NP)</td></tr> <tr><td>4</td><td>Certified Nurse Midwife (CNM)</td></tr> <tr><td>5</td><td>Registered Nurse (RN)</td></tr> <tr><td>6</td><td>Other Nurse Professional (e.g. Licensed Practical Nurse (LPN), Certified Nursing Assistants/Aides (CNA, etc.))</td></tr> <tr><td>7</td><td>Dentist</td></tr> <tr><td>8</td><td>Other Dental Professional</td></tr> <tr><td>9</td><td>Pharmacist</td></tr> <tr><td>10</td><td>Social Worker (LCSW, MSW, DSW, LMSW, etc)</td></tr> <tr><td>11</td><td>Psychologist (PhD, PsyD, EdD)</td></tr> <tr><td>12</td><td>Other Mental Health Provider (MH) (e.g. school counselor)</td></tr> <tr><td>13</td><td>Clinical Laboratory Personnel</td></tr> <tr><td>14</td><td>Health Educator/Counselor (HEC)</td></tr> <tr><td>15</td><td>Administrator</td></tr> <tr><td>16</td><td>Emergency medical technician or Paramedic</td></tr> <tr><td>17</td><td>Lab or diagnostic technologist or technician</td></tr> <tr><td>18</td><td>Clinical technician or therapist (respiratory therapist, phlebotomistic, etc.)</td></tr> <tr><td>19</td><td>Supportive therapist (physical therapy, massage therapy, art therapy, etc.)</td></tr> <tr><td>20</td><td>Veterinarian</td></tr> <tr><td>21</td><td>Other</td></tr> </table>	1	Physician (MD or DO only)	2	Physician Assistant (PA)	3	Nurse Practitioner (NP)	4	Certified Nurse Midwife (CNM)	5	Registered Nurse (RN)	6	Other Nurse Professional (e.g. Licensed Practical Nurse (LPN), Certified Nursing Assistants/Aides (CNA, etc.))	7	Dentist	8	Other Dental Professional	9	Pharmacist	10	Social Worker (LCSW, MSW, DSW, LMSW, etc)	11	Psychologist (PhD, PsyD, EdD)	12	Other Mental Health Provider (MH) (e.g. school counselor)	13	Clinical Laboratory Personnel	14	Health Educator/Counselor (HEC)	15	Administrator	16	Emergency medical technician or Paramedic	17	Lab or diagnostic technologist or technician	18	Clinical technician or therapist (respiratory therapist, phlebotomistic, etc.)	19	Supportive therapist (physical therapy, massage therapy, art therapy, etc.)	20	Veterinarian	21	Other
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19	cv_6s Show the field ONLY if: [cv_6] = '21'	Please specify	text																																										

<p>20</p>	<p>cv_7</p> <p>Show the field ONLY if: [consent] = '1' or [consent] = '3'</p>	<p>Primary Clinical Specialty</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Anesthesiology</td></tr> <tr><td>2</td><td>Dermatology</td></tr> <tr><td>3</td><td>Emergency Medicine</td></tr> <tr><td>4</td><td>General Internal Medicine</td></tr> <tr><td>5</td><td>Internal Medicine- Allergy and Immunology</td></tr> <tr><td>6</td><td>Internal Medicine- Infectious Disease</td></tr> <tr><td>7</td><td>Internal Medicine- Pulmonary and/or Critical Care</td></tr> <tr><td>8</td><td>Medical Genetics and Genomics</td></tr> <tr><td>9</td><td>Neurology</td></tr> <tr><td>10</td><td>Nuclear Medicine</td></tr> <tr><td>11</td><td>Obstetrics and Gynecology</td></tr> <tr><td>12</td><td>Occupational Medicine</td></tr> <tr><td>13</td><td>Ophthalmology</td></tr> <tr><td>14</td><td>Pathology</td></tr> <tr><td>15</td><td>Pediatrics</td></tr> <tr><td>16</td><td>Physical Medicine and Rehabilitation</td></tr> <tr><td>17</td><td>Preventive Medicine</td></tr> <tr><td>18</td><td>Psychiatry</td></tr> <tr><td>19</td><td>Radiology</td></tr> <tr><td>20</td><td>Surgery</td></tr> <tr><td>21</td><td>Other</td></tr> <tr><td>88</td><td>Not Applicable</td></tr> </table>	1	Anesthesiology	2	Dermatology	3	Emergency Medicine	4	General Internal Medicine	5	Internal Medicine- Allergy and Immunology	6	Internal Medicine- Infectious Disease	7	Internal Medicine- Pulmonary and/or Critical Care	8	Medical Genetics and Genomics	9	Neurology	10	Nuclear Medicine	11	Obstetrics and Gynecology	12	Occupational Medicine	13	Ophthalmology	14	Pathology	15	Pediatrics	16	Physical Medicine and Rehabilitation	17	Preventive Medicine	18	Psychiatry	19	Radiology	20	Surgery	21	Other	88	Not Applicable
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<p>21</p>	<p>cv_7s</p> <p>Show the field ONLY if: [cv_7] = '21'</p>	<p>Please specify</p>	<p>text</p>																																												
<p>22</p>	<p>cv_8</p> <p>Show the field ONLY if: [consent] = '1' or [consent] = '3'</p>	<p>Description of Usual Principal Practice Setting</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Private/solo practice</td></tr> <tr><td>2</td><td>Group practice</td></tr> <tr><td>3</td><td>Community health center/ freestanding clinic</td></tr> <tr><td>4</td><td>Hospital-- outpatient/inpatient</td></tr> <tr><td>5</td><td>Urgent/ambulatory care facility</td></tr> <tr><td>6</td><td>Residential facility (e.g., nursing home, assisted living, hospice, long-term care, home care, group home)</td></tr> <tr><td>7</td><td>Other</td></tr> </table>	1	Private/solo practice	2	Group practice	3	Community health center/ freestanding clinic	4	Hospital-- outpatient/inpatient	5	Urgent/ambulatory care facility	6	Residential facility (e.g., nursing home, assisted living, hospice, long-term care, home care, group home)	7	Other																														
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<p>23</p>	<p>cv_8s</p> <p>Show the field ONLY if: [cv_8] = '7'</p>	<p>Please specify</p>	<p>text</p>																																												

<p>24</p>	<p>cv_9</p> <p>Show the field ONLY if: [consent] = '1' or [consent] = '3'</p>	<p>Practice Location</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>State facility</td></tr> <tr><td>2</td><td>City facility</td></tr> <tr><td>3</td><td>County facility</td></tr> <tr><td>4</td><td>Academic medical center</td></tr> <tr><td>5</td><td>Private or non-profit facility</td></tr> <tr><td>6</td><td>Jail/prison</td></tr> <tr><td>7</td><td>Nursing home</td></tr> <tr><td>8</td><td>Psychiatric hospital</td></tr> <tr><td>9</td><td>Psychiatric clinic</td></tr> <tr><td>99</td><td>Other</td></tr> </table>	1	State facility	2	City facility	3	County facility	4	Academic medical center	5	Private or non-profit facility	6	Jail/prison	7	Nursing home	8	Psychiatric hospital	9	Psychiatric clinic	99	Other																																																
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<p>25</p>	<p>cv_9s</p> <p>Show the field ONLY if: [cv_9] = '99'</p>	<p>Please specify</p>	<p>text</p>																																																																				
<p>26</p>	<p>cv_10</p> <p>Show the field ONLY if: [consent] = '1' or [consent] = '3'</p>	<p>Borough/County of Usual Clinical Care setting</p>	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>Brooklyn</td></tr> <tr><td>2</td><td>Bronx</td></tr> <tr><td>3</td><td>Manhattan</td></tr> <tr><td>4</td><td>Queens</td></tr> <tr><td>5</td><td>Staten Island</td></tr> <tr><td>6</td><td>Albany</td></tr> <tr><td>7</td><td>Allegheny</td></tr> <tr><td>8</td><td>Broome</td></tr> <tr><td>9</td><td>Cattaraugus</td></tr> <tr><td>10</td><td>Cayuga</td></tr> <tr><td>11</td><td>Chautauqua</td></tr> <tr><td>12</td><td>Chemung</td></tr> <tr><td>13</td><td>Chenango</td></tr> <tr><td>14</td><td>Clinton</td></tr> <tr><td>15</td><td>Columbia</td></tr> <tr><td>16</td><td>Cortland</td></tr> <tr><td>17</td><td>Delaware</td></tr> <tr><td>18</td><td>Dutchess</td></tr> <tr><td>19</td><td>Erie</td></tr> <tr><td>20</td><td>Essex</td></tr> <tr><td>21</td><td>Franklin</td></tr> <tr><td>22</td><td>Fulton</td></tr> <tr><td>23</td><td>Genesee</td></tr> <tr><td>24</td><td>Greene</td></tr> <tr><td>25</td><td>Hamilton</td></tr> <tr><td>26</td><td>Herkimer</td></tr> <tr><td>27</td><td>Jefferson</td></tr> <tr><td>28</td><td>Lewis</td></tr> <tr><td>29</td><td>Livingston</td></tr> <tr><td>30</td><td>Madison</td></tr> <tr><td>31</td><td>Monroe</td></tr> <tr><td>32</td><td>Montgomery</td></tr> <tr><td>33</td><td>Nassau</td></tr> <tr><td>34</td><td>Niagara</td></tr> </table>	1	Brooklyn	2	Bronx	3	Manhattan	4	Queens	5	Staten Island	6	Albany	7	Allegheny	8	Broome	9	Cattaraugus	10	Cayuga	11	Chautauqua	12	Chemung	13	Chenango	14	Clinton	15	Columbia	16	Cortland	17	Delaware	18	Dutchess	19	Erie	20	Essex	21	Franklin	22	Fulton	23	Genesee	24	Greene	25	Hamilton	26	Herkimer	27	Jefferson	28	Lewis	29	Livingston	30	Madison	31	Monroe	32	Montgomery	33	Nassau	34	Niagara
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28	cv_13 Show the field ONLY if: [consent] = '1' or [consent] = '3'	With whom do you usually live?	radio <table border="1"> <tr><td>1</td><td>Alone</td></tr> <tr><td>2</td><td>With roommates/friends</td></tr> <tr><td>3</td><td>With family (parents, sibling, domestic partner, spouse and/or children, in-laws)</td></tr> </table>	1	Alone	2	With roommates/friends	3	With family (parents, sibling, domestic partner, spouse and/or children, in-laws)																																																				
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31	cv_14b Show the field ONLY if: [cv_14] = '1'	Do you have any child under 6 months old?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																																						
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0	No																																																												

32	cv_14e Show the field ONLY if: [cv_14] = '1'	Do any of your children live in your household?	yesno 1 Yes 0 No
33	cv_14c Show the field ONLY if: [consent] = '1' or [consent] = '3'	Are you pregnant now?	yesno 1 Yes 0 No
34	cv_14d Show the field ONLY if: [consent] = '1' or [consent] = '3'	Is your partner pregnant now?	yesno 1 Yes 0 No
35	cv_14f Show the field ONLY if: [consent] = '1' or [consent] = '3'	Do you have one or more parent(s)/grandparent(s) or in-laws over the age of 70?	yesno 1 Yes 0 No
36	cv_14g Show the field ONLY if: [cv_14f] = '1'	Do any of them live in your household?	yesno 1 Yes 0 No
37	cv_15 Show the field ONLY if: [consent] = '1' or [consent] = '3'	Please indicate if you have any of the following health conditions (please check all that apply).	checkbox 1 cv_15__1 Heart disease 2 cv_15__2 Diabetes 3 cv_15__3 Chronic pulmonary disease 4 cv_15__4 High blood pressure 5 cv_15__5 Active cancer in past 5 years 6 cv_15__6 Chronic kidney disease 7 cv_15__7 Immune compromised condition 8 cv_15__8 Severe asthma 9 cv_15__9 History of stroke 10 cv_15__10 Chronic liver disease 11 cv_15__11 Depression 12 cv_15__12 Other
38	cv15_a Show the field ONLY if: [cv_15(12)] = '1'	Please specify	text
39	cv_16_01 Show the field ONLY if: [consent] = '1' or [consent] = '3'	Total number of hours worked in past TWO weeks (for example, if you have just worked two 40-hour weeks, enter 80) <i>total hours worked in last TWO weeks</i>	text (integer, Min: 0, Max: 280)
40	cv_16_02 Show the field ONLY if: [consent] = '1' or [consent] = '3'	Compared to the number of hours you usually work is this...	radio 1 The same as usual 2 Less than usual 3 More than usual
41	cv_16_03 Show the field ONLY if: [cv_16_02] = '3'	Does this exceed the number of hours you usually work by...	radio 1 Less than 10 hours 2 10-20 hours 3 More than 20 hours
42	cv_16_04 Show the field ONLY if: [consent] = '1' or [consent] = '3'	Do you have health insurance?	yesno 1 Yes 0 No

43	cv_17 Show the field ONLY if: [consent] = '1' or [consent] = '3'	Since 3/1/20, have you worked primarily via telemedicine?	yesno 1 Yes 0 No
44	cv_17a Show the field ONLY if: [cv_17] = '1'	Are you currently doing telemedicine exclusively?	yesno 1 Yes 0 No
45	cv_17b Show the field ONLY if: [cv_17] = '1'	Did you work primarily in telemedicine prior to 3/1/20?	yesno 1 Yes 0 No
46	cv_18 Show the field ONLY if: [consent] = '1' or [consent] = '3'	Since 3/1/20, have you worked primarily in administration?	yesno 1 Yes 0 No
47	cv_18a Show the field ONLY if: [cv_18] = '1'	Since 3/1/20, have you been doing administrative work exclusively (not providing clinical care)?	yesno 1 Yes 0 No
48	cv_19 Show the field ONLY if: [consent] = '1' or [consent] = '3'	Since 3/1/20, some health care professionals have changed work circumstances. Since 3/1/20, have you been ...	radio 1 In the same practice location doing the same functions 2 In the same practice location doing different functions 3 Redeployed to a different practice location doing the same functions 4 Redeployed to a different practice location doing different functions
49	cv_19a Show the field ONLY if: [consent] = '1' or [consent] = '3'	Did you come out of retirement to work on the COVID-19 response?	yesno 1 Yes 0 No
50	cv_19b Show the field ONLY if: [consent] = '1' or [consent] = '3'	Since 3/1/20, did you come directly out of a professional training or educational program to work on the COVID-19 response?	yesno 1 Yes 0 No
51	cv_19c Show the field ONLY if: [cv_19b] = '1'	Are you in a medical school that prematurely ended your final year of education/training to allow you to work on the COVID-19 response?	yesno 1 Yes 0 No
52	cv_20 Show the field ONLY if: [consent] = '1' or [consent] = '3'	Since 3/1/20, have you been working directly (in close physical contact) with COVID-19 patients?	yesno 1 Yes 0 No
53	cv_20a Show the field ONLY if: [cv_20] = '1'	Since 3/1/20, how many COVID-19 patients have you worked with directly?	radio 1 Less than 10 2 10-50 3 51-99 4 100-200 5 More than 200
54	cv_20d Show the field ONLY if: [cv_20] = '1'	In the past two weeks have you worked with COVID-19 patients?	yesno 1 Yes 0 No



55	cv_20b Show the field ONLY if: [consent] = '1' or [consent] = '3'	Have any COVID-19 patients died in the facility in which you work since 3/1/20?	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																														
1	Yes																																				
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56	cv_20c Show the field ONLY if: [cv_20b] = '1'	How many patients have died...	radio <table border="1"> <tr> <td>1</td> <td>Less than 10</td> </tr> <tr> <td>2</td> <td>10-20</td> </tr> <tr> <td>3</td> <td>21-50</td> </tr> <tr> <td>4</td> <td>More than 50</td> </tr> </table>	1	Less than 10	2	10-20	3	21-50	4	More than 50																										
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57	cv_20e Show the field ONLY if: [consent] = '1' or [consent] = '3'	Are you reluctant to work directly (in close physical contact) with COVID-19 patients?	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																														
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58	cv_20f Show the field ONLY if: [cv_20e] = '1'	Why have you been reluctant to work with COVID-19 patients? (Please check all that apply)	checkbox <table border="1"> <tr> <td>1</td> <td>cv_20f__1</td> <td>Fear of infecting yourself with COVID-19</td> </tr> <tr> <td>2</td> <td>cv_20f__2</td> <td>Fear of infecting others with COVID-19</td> </tr> <tr> <td>3</td> <td>cv_20f__3</td> <td>Pre-existing health condition</td> </tr> <tr> <td>4</td> <td>cv_20f__4</td> <td>Insufficient protective equipment</td> </tr> <tr> <td>5</td> <td>cv_20f__5</td> <td>Insufficient skills or expertise</td> </tr> <tr> <td>6</td> <td>cv_20f__6</td> <td>Inadequate practice support</td> </tr> <tr> <td>7</td> <td>cv_20f__7</td> <td>Pressure from family/significant other</td> </tr> <tr> <td>8</td> <td>cv_20f__8</td> <td>You do not have health insurance</td> </tr> </table>	1	cv_20f__1	Fear of infecting yourself with COVID-19	2	cv_20f__2	Fear of infecting others with COVID-19	3	cv_20f__3	Pre-existing health condition	4	cv_20f__4	Insufficient protective equipment	5	cv_20f__5	Insufficient skills or expertise	6	cv_20f__6	Inadequate practice support	7	cv_20f__7	Pressure from family/significant other	8	cv_20f__8	You do not have health insurance										
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8	cv_20f__8	You do not have health insurance																																			
59	cv_21 Show the field ONLY if: [consent] = '1' or [consent] = '3'	Did your prior professional or occupational training provide you with sufficient skills and expertise to perform your current responsibilities?	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No																														
1	Yes																																				
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60	cv_21a Show the field ONLY if: [consent] = '1' or [consent] = '3'	Did you receive just-in-time training to perform your current responsibilities?	radio <table border="1"> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>1</td> <td>Yes, but not sufficient training</td> </tr> <tr> <td>2</td> <td>Yes, sufficient training</td> </tr> </table>	0	No	1	Yes, but not sufficient training	2	Yes, sufficient training																												
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2	Yes, sufficient training																																				
61	cv_21c Show the field ONLY if: [cv_19] = '3' or [cv_19] = '4'	Where are you currently working as your primary practice site?	dropdown <table border="1"> <tr><td>1</td><td>Brooklyn</td></tr> <tr><td>2</td><td>Bronx</td></tr> <tr><td>3</td><td>Manhattan</td></tr> <tr><td>4</td><td>Queens</td></tr> <tr><td>5</td><td>Staten Island</td></tr> <tr><td>6</td><td>Albany</td></tr> <tr><td>7</td><td>Allegheny</td></tr> <tr><td>8</td><td>Broome</td></tr> <tr><td>9</td><td>Cattaraugus</td></tr> <tr><td>10</td><td>Cayuga</td></tr> <tr><td>11</td><td>Chautauqua</td></tr> <tr><td>12</td><td>Chemung</td></tr> <tr><td>13</td><td>Chenango</td></tr> <tr><td>14</td><td>Clinton</td></tr> <tr><td>15</td><td>Columbia</td></tr> <tr><td>16</td><td>Cortland</td></tr> <tr><td>17</td><td>Delaware</td></tr> </table>	1	Brooklyn	2	Bronx	3	Manhattan	4	Queens	5	Staten Island	6	Albany	7	Allegheny	8	Broome	9	Cattaraugus	10	Cayuga	11	Chautauqua	12	Chemung	13	Chenango	14	Clinton	15	Columbia	16	Cortland	17	Delaware
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28	Lewis
29	Livingston
30	Madison
31	Monroe
32	Montgomery
33	Nassau
34	Niagara
35	Oneida
36	Onondaga
37	Ontario
38	Orange
39	Orleans
40	Oswego
41	Otsego
42	Putnam
43	Rensselaer
44	Rockland
45	St Lawrence
46	Saratoga
47	Schenectady
48	Schoharie
49	Schuyler
50	Seneca
51	Steuben
52	Suffolk
53	Sullivan
54	Tioga
55	Tompkins
56	Ulster
57	Warren
58	Washington
59	Wayne
60	Westchester
61	Wyoming
62	Yates
99	Refused

62	cv_21b Show the field ONLY if: [cv_19] = '3' or [cv_19] = '4'	Do you feel your new work setting places you at elevated risk for contracting COVID-19?	yesno 1 Yes 0 No
63	cv_22 Show the field ONLY if: [consent] = '1' or [consent] = '3'	Have you had to change your living arrangements in response to the COVID-19 Pandemic?	radio 0 No - No change in living arrangements 1 Yes - I quarantined myself from family members in household 2 Yes - I moved to a new location, such as a hotel or rental
64	cv_22a Show the field ONLY if: [cv_22] = '1' or [cv_22] = '2'	Why did you change your living arrangements? (Please check all that apply)	checkbox 0 cv_22a__0 To move closer to work 1 cv_22a__1 To avoid transmission to those I live with 2 cv_22a__2 Other
65	cv_22_aa Show the field ONLY if: [cv_22a(2)] = '1'	Please specify	text
66	cv_23 Show the field ONLY if: [cv_20d] = '0'	Were you given the opportunity to, but elected not to see COVID-19 patients face-to-face?	yesno 1 Yes 0 No
67	cv_23a Show the field ONLY if: [cv_20d] = '0'	What are the reasons for electing not to see COVID patients face-to-face. (Please check all that apply)	checkbox 1 cv_23a__1 Fear of infecting yourself with COVID-19 2 cv_23a__2 Fear of infecting others with COVID-19 3 cv_23a__3 Pre-existing health condition 4 cv_23a__4 Insufficient protective equipment 5 cv_23a__5 Insufficient skills 6 cv_23a__6 Inadequate practice support 7 cv_23a__7 Pressure from family/significant other 8 cv_23a__8 You do not have health insurance 9 cv_23a__9 Other
68	cv_23s Show the field ONLY if: [cv_23a(9)] = '1'	Please specify	text
69	cv_24 Show the field ONLY if: [consent] = '1' or [consent] = '3'	Have you been given formal guidelines on allocating to COVID-19 patients such resources as... (Please check all that apply)	checkbox 1 cv_24__1 Ventilators 2 cv_24__2 Beds 3 cv_24__3 Medications 4 cv_24__4 Resuscitation efforts 5 cv_24__5 None of the above  Field Annotation: @NONEOFTHEABOVE=5
70	cv_25 Show the field ONLY if: [cv_24(1)] = '1' or [cv_24(2)] = '1' or [cv_24(3)] = '1' or [cv_24(4)] = '1'	Have you found that any of the following guidelines are not clear... (Please check all that apply)	checkbox 1 cv_25__1 Ventilators 2 cv_25__2 Beds 3 cv_25__3 Medications 4 cv_25__4 Resuscitation efforts 5 cv_25__5 None of the above  Field Annotation: @NONEOFTHEABOVE=5

71	cv_26 Show the field ONLY if: [consent] = '1' or [consent] = '3'	Due to limited treatment resources, new guidelines are being created for making life and death treatment decisions for COVID-19 patients. How should these decisions be made...	radio <table border="1"> <tr><td>1</td><td>National guidelines</td></tr> <tr><td>2</td><td>State guidelines</td></tr> <tr><td>3</td><td>Individual Hospital guidelines</td></tr> </table>	1	National guidelines	2	State guidelines	3	Individual Hospital guidelines				
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3	Individual Hospital guidelines												
72	cv_26a Show the field ONLY if: [consent] = '1' or [consent] = '3'	Who should primarily be responsible for the implementation of these guidelines?	radio <table border="1"> <tr><td>1</td><td>Hospital appointed triage committee</td></tr> <tr><td>2</td><td>Hospital appointed triage officer</td></tr> <tr><td>3</td><td>Treatment team</td></tr> <tr><td>4</td><td>Treating Clinician</td></tr> </table>	1	Hospital appointed triage committee	2	Hospital appointed triage officer	3	Treatment team	4	Treating Clinician		
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73	ethical_question Show the field ONLY if: [consent] = '1' or [consent] = '3'	The ethical question of who should be prioritized for treatment when not all can be treated has been widely debated. There are several different points of view. Please rank the following criteria for prioritization from 1 to 5. Each value (1-5) should be used for only one criterion.	descriptive										
74	cv_27_01 Show the field ONLY if: [consent] = '1' or [consent] = '3'	First come, first serve	radio (Matrix - ranking) <table border="1"> <tr><td>1</td><td>1 - most important</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 - least important</td></tr> </table>	1	1 - most important	2	2	3	3	4	4	5	5 - least important
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75	cv_27_02 Show the field ONLY if: [consent] = '1' or [consent] = '3'	Age	radio (Matrix - ranking) <table border="1"> <tr><td>1</td><td>1 - most important</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 - least important</td></tr> </table>	1	1 - most important	2	2	3	3	4	4	5	5 - least important
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76	cv_27_03 Show the field ONLY if: [consent] = '1' or [consent] = '3'	Health care personnel	radio (Matrix - ranking) <table border="1"> <tr><td>1</td><td>1 - most important</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 - least important</td></tr> </table>	1	1 - most important	2	2	3	3	4	4	5	5 - least important
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77	cv_27_04 Show the field ONLY if: [consent] = '1' or [consent] = '3'	Short term odds of survival	radio (Matrix - ranking) <table border="1"> <tr><td>1</td><td>1 - most important</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 - least important</td></tr> </table>	1	1 - most important	2	2	3	3	4	4	5	5 - least important
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78	cv_27_05 Show the field ONLY if: [consent] = '1' or [consent] = '3'	Long term odds of survival	radio (Matrix - ranking) <table border="1"> <tr><td>1</td><td>1 - most important</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 - least important</td></tr> </table>	1	1 - most important	2	2	3	3	4	4	5	5 - least important
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79	cv_27a Show the field ONLY if: [consent] = '1' or [consent] = '3'	Have you observed health care workers giving lower priority to COVID-19 patients with any of the following characteristics... (Please check all that apply)	checkbox <table border="1"> <tr><td>1</td><td>cv_27a__1</td><td>Severe mental illness</td></tr> <tr><td>2</td><td>cv_27a__2</td><td>Dementia</td></tr> <tr><td>3</td><td>cv_27a__3</td><td>Intellectual disability</td></tr> <tr><td>4</td><td>cv_27a__4</td><td>Physical disability</td></tr> <tr><td>5</td><td>cv_27a__5</td><td>No legal status in USA (e.g. undocumented immigrants)</td></tr> <tr><td>6</td><td>cv_27a__6</td><td>No housing (homeless in street or shelter)</td></tr> <tr><td>7</td><td>cv_27a__7</td><td>No ability to pay for treatment</td></tr> <tr><td>8</td><td>cv_27a__8</td><td>Severe drug or alcohol problems</td></tr> <tr><td>9</td><td>cv_27a__9</td><td>None of the above</td></tr> </table> Field Annotation: @NONEOFTHEABOVE=9	1	cv_27a__1	Severe mental illness	2	cv_27a__2	Dementia	3	cv_27a__3	Intellectual disability	4	cv_27a__4	Physical disability	5	cv_27a__5	No legal status in USA (e.g. undocumented immigrants)	6	cv_27a__6	No housing (homeless in street or shelter)	7	cv_27a__7	No ability to pay for treatment	8	cv_27a__8	Severe drug or alcohol problems	9	cv_27a__9	None of the above
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9	cv_27a__9	None of the above																												
80	cv_28 Show the field ONLY if: [consent] = '1' or [consent] = '3'	Have you been involved in a life or death triage/prioritizing decision related to a COVID-19 patient?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																							
1	Yes																													
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81	cv_28a Show the field ONLY if: [cv_28] = '1'	How many times have you been involved in such a decision?	radio <table border="1"> <tr><td>1</td><td>Once</td></tr> <tr><td>2</td><td>2-5 times</td></tr> <tr><td>3</td><td>6-10 times</td></tr> <tr><td>4</td><td>More than 10 times</td></tr> </table>	1	Once	2	2-5 times	3	6-10 times	4	More than 10 times																			
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3	6-10 times																													
4	More than 10 times																													
82	cv_28b Show the field ONLY if: [cv_28] = '1'	Who ultimately made the decision(s)?	radio <table border="1"> <tr><td>1</td><td>You</td></tr> <tr><td>2</td><td>Another member of the clinical team</td></tr> <tr><td>3</td><td>Hospital leadership</td></tr> <tr><td>4</td><td>Other</td></tr> </table>	1	You	2	Another member of the clinical team	3	Hospital leadership	4	Other																			
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83	cv_28c Show the field ONLY if: [cv_28] = '1'	Thinking about your first such instance of COVID-19 triage decision-making, rate on a scale from 1 to 10 how you felt about that experience. Please choose any value on a scale between 1 and 10: 1=not at all distressed 10=extremely distressed.	radio <table border="1"> <tr><td>1</td><td>1 - not at all distressed</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10 - extremely distressed</td></tr> </table>	1	1 - not at all distressed	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10 - extremely distressed							
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8	8																													
9	9																													
10	10 - extremely distressed																													
84	cv_28d Show the field ONLY if: [cv_28] = '1'	Was the decision consistent with your core values?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																							
1	Yes																													
0	No																													
85	cv_29 Show the field ONLY if: [consent] = '1' or [consent] = '3'	Has the COVID-19 Pandemic had a negative impact on your... (Please check all that apply)	checkbox <table border="1"> <tr><td>1</td><td>cv_29__1</td><td>Mental health</td></tr> <tr><td>2</td><td>cv_29__2</td><td>Physical health</td></tr> <tr><td>3</td><td>cv_29__3</td><td>Ability to work</td></tr> <tr><td>4</td><td>cv_29__4</td><td>Your family/your significant relationships</td></tr> <tr><td>5</td><td>cv_29__5</td><td>None of the above</td></tr> </table> Field Annotation: @NONEOFTHEABOVE=5	1	cv_29__1	Mental health	2	cv_29__2	Physical health	3	cv_29__3	Ability to work	4	cv_29__4	Your family/your significant relationships	5	cv_29__5	None of the above												
1	cv_29__1	Mental health																												
2	cv_29__2	Physical health																												
3	cv_29__3	Ability to work																												
4	cv_29__4	Your family/your significant relationships																												
5	cv_29__5	None of the above																												

86	cv_30 Show the field ONLY if: [consent] = '1' or [consent] = '3'	Have you experienced any of the following since March 1 of this year... (Please check all that apply)	checkbox <table border="1"> <tr> <td>1</td> <td>cv_30__1</td> <td>Fever greater than 99.5 degrees Fahrenheit.</td> </tr> <tr> <td>2</td> <td>cv_30__2</td> <td>Persistent cough</td> </tr> <tr> <td>3</td> <td>cv_30__3</td> <td>Persistent sore throat</td> </tr> <tr> <td>4</td> <td>cv_30__4</td> <td>Headache</td> </tr> <tr> <td>5</td> <td>cv_30__5</td> <td>None of the above</td> </tr> </table> Field Annotation: @NONEOFTHEABOVE=5	1	cv_30__1	Fever greater than 99.5 degrees Fahrenheit.	2	cv_30__2	Persistent cough	3	cv_30__3	Persistent sore throat	4	cv_30__4	Headache	5	cv_30__5	None of the above			
1	cv_30__1	Fever greater than 99.5 degrees Fahrenheit.																			
2	cv_30__2	Persistent cough																			
3	cv_30__3	Persistent sore throat																			
4	cv_30__4	Headache																			
5	cv_30__5	None of the above																			
87	cv_30a Show the field ONLY if: [cv_30(2)] = '1' or [cv_30(3)] = '1' or [cv_30(4)] = '1' or [cv_30(1)] = '1'	Have you... (Please check all that apply)	checkbox <table border="1"> <tr> <td>1</td> <td>cv_30a__1</td> <td>Reported your symptoms to a supervisor?</td> </tr> <tr> <td>2</td> <td>cv_30a__2</td> <td>Continued to work in direct patient care?</td> </tr> <tr> <td>3</td> <td>cv_30a__3</td> <td>Continued to work, but not in direct patient care?</td> </tr> <tr> <td>4</td> <td>cv_30a__4</td> <td>Self-quarantined?</td> </tr> <tr> <td>5</td> <td>cv_30a__5</td> <td>Been given clear guidance as to criteria to return to work?</td> </tr> <tr> <td>6</td> <td>cv_30a__6</td> <td>None of the above</td> </tr> </table> Field Annotation: @NONEOFTHEABOVE=6	1	cv_30a__1	Reported your symptoms to a supervisor?	2	cv_30a__2	Continued to work in direct patient care?	3	cv_30a__3	Continued to work, but not in direct patient care?	4	cv_30a__4	Self-quarantined?	5	cv_30a__5	Been given clear guidance as to criteria to return to work?	6	cv_30a__6	None of the above
1	cv_30a__1	Reported your symptoms to a supervisor?																			
2	cv_30a__2	Continued to work in direct patient care?																			
3	cv_30a__3	Continued to work, but not in direct patient care?																			
4	cv_30a__4	Self-quarantined?																			
5	cv_30a__5	Been given clear guidance as to criteria to return to work?																			
6	cv_30a__6	None of the above																			
88	cv_31 Show the field ONLY if: [consent] = '1' or [consent] = '3'	Have you attempted to obtain a test for COVID-19 for yourself?	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
89	cv_31a Show the field ONLY if: [consent] = '1' or [consent] = '3'	Have you been tested for COVID-19?	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
90	cv_31b Show the field ONLY if: [cv_31a] = '1'	Did you test positive?	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
91	cv_31c Show the field ONLY if: [consent] = '1' or [consent] = '3'	Have you been quarantined?	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
92	cv_31d Show the field ONLY if: [cv_31c] = '1'	Are you currently quarantined?	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
93	cv_32 Show the field ONLY if: [consent] = '1' or [consent] = '3'	Has anyone in your household/family been diagnosed with COVID-19?	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
94	cv_32a Show the field ONLY if: [cv_31c] = '1' and [cv_32] = '1'	Did the COVID-19 infection(s) in your household influence your decision to quarantine?	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				
95	cv_32b Show the field ONLY if: [consent] = '1' or [consent] = '3'	Has any family member or friend died from COVID-19?	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	1	Yes	0	No														
1	Yes																				
0	No																				

96	cv_32c Show the field ONLY if: [cv_32b] = '1'	How many family members or friends have died?	radio <table border="1"> <tr><td>1</td><td>1 person</td></tr> <tr><td>2</td><td>2-5 people</td></tr> <tr><td>3</td><td>More than 5 people</td></tr> </table>	1	1 person	2	2-5 people	3	More than 5 people														
1	1 person																						
2	2-5 people																						
3	More than 5 people																						
97	cv_32d Show the field ONLY if: [consent] = '1' or [consent] = '3'	Would you use an at-home PCR+ antibody test for SARS/COVID-19 if one became available?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																
1	Yes																						
0	No																						
98	cv_33 Show the field ONLY if: [consent] = '1' or [consent] = '3'	Over the past two weeks, how often have you been bothered by the following problems...	descriptive																				
99	cv_33a Show the field ONLY if: [consent] = '1' or [consent] = '3'	Feeling nervous, anxious or on edge	radio <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>Several days</td></tr> <tr><td>2</td><td>More than half the days</td></tr> <tr><td>3</td><td>Nearly every day</td></tr> </table>	0	Not at all	1	Several days	2	More than half the days	3	Nearly every day												
0	Not at all																						
1	Several days																						
2	More than half the days																						
3	Nearly every day																						
100	cv_33b Show the field ONLY if: [consent] = '1' or [consent] = '3'	Not being able to stop or control worrying thoughts	radio <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>Several days</td></tr> <tr><td>2</td><td>More than half the days</td></tr> <tr><td>3</td><td>Nearly every day</td></tr> </table>	0	Not at all	1	Several days	2	More than half the days	3	Nearly every day												
0	Not at all																						
1	Several days																						
2	More than half the days																						
3	Nearly every day																						
101	cv_33c Show the field ONLY if: [consent] = '1' or [consent] = '3'	Feeling down, depressed or hopeless	radio <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>Several days</td></tr> <tr><td>2</td><td>More than half the days</td></tr> <tr><td>3</td><td>Nearly every day</td></tr> </table>	0	Not at all	1	Several days	2	More than half the days	3	Nearly every day												
0	Not at all																						
1	Several days																						
2	More than half the days																						
3	Nearly every day																						
102	cv_33d Show the field ONLY if: [consent] = '1' or [consent] = '3'	Have had little interest or pleasure in doing things that you usually enjoy	radio <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>Several days</td></tr> <tr><td>2</td><td>More than half the days</td></tr> <tr><td>3</td><td>Nearly every day</td></tr> </table>	0	Not at all	1	Several days	2	More than half the days	3	Nearly every day												
0	Not at all																						
1	Several days																						
2	More than half the days																						
3	Nearly every day																						
103	cv_34 Show the field ONLY if: [consent] = '1' or [consent] = '3'	On a scale from 1-10, with 1 representing not at all and 10 representing extremely often, rate how frequently you experience the following emotions because of COVID-19...	descriptive																				
104	cv_34_01 Show the field ONLY if: [consent] = '1' or [consent] = '3'	Anger	dropdown <table border="1"> <tr><td>1</td><td>1 - not at all</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10 - extremely</td></tr> </table>	1	1 - not at all	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10 - extremely
1	1 - not at all																						
2	2																						
3	3																						
4	4																						
5	5																						
6	6																						
7	7																						
8	8																						
9	9																						
10	10 - extremely																						

105	cv_34_02 Show the field ONLY if: [consent] = '1' or [consent] = '3'	Stress	dropdown <table border="1"> <tr><td>1</td><td>1 - not at all</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10 - extremely</td></tr> </table>	1	1 - not at all	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10 - extremely
1	1 - not at all																						
2	2																						
3	3																						
4	4																						
5	5																						
6	6																						
7	7																						
8	8																						
9	9																						
10	10 - extremely																						
106	cv_35 Show the field ONLY if: [consent] = '1' or [consent] = '3'	In the last two weeks, how much difficulty have you have had sleeping?	dropdown <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>A little bit</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>A great deal</td></tr> </table>	0	Not at all	1	A little bit	2	Somewhat	3	A great deal												
0	Not at all																						
1	A little bit																						
2	Somewhat																						
3	A great deal																						
107	cv_35a Show the field ONLY if: [consent] = '1' or [consent] = '3'	How many hours per night (on average) have you slept during the past two weeks? <i>average hours per night</i>	text (integer, Min: 1, Max: 14)																				
108	cv_36 Show the field ONLY if: [consent] = '1' or [consent] = '3'	In the last week have you experienced a shortage of... (Please check all that apply)	checkbox <table border="1"> <tr><td>1</td><td>cv_36__1</td><td>COVID-19 Test kits</td></tr> <tr><td>2</td><td>cv_36__2</td><td>PPE (e.g. N95 masks)</td></tr> <tr><td>3</td><td>cv_36__3</td><td>Ventilators</td></tr> <tr><td>4</td><td>cv_36__4</td><td>Personnel</td></tr> <tr><td>5</td><td>cv_36__5</td><td>Beds</td></tr> <tr><td>6</td><td>cv_36__6</td><td>None of the above</td></tr> </table> Field Annotation: @NONEOFTHEABOVE=6	1	cv_36__1	COVID-19 Test kits	2	cv_36__2	PPE (e.g. N95 masks)	3	cv_36__3	Ventilators	4	cv_36__4	Personnel	5	cv_36__5	Beds	6	cv_36__6	None of the above		
1	cv_36__1	COVID-19 Test kits																					
2	cv_36__2	PPE (e.g. N95 masks)																					
3	cv_36__3	Ventilators																					
4	cv_36__4	Personnel																					
5	cv_36__5	Beds																					
6	cv_36__6	None of the above																					
109	cv_37 Show the field ONLY if: [consent] = '1' or [consent] = '3'	Do you worry that, in the future, you will experience a shortage of... (Please check all that apply)	checkbox <table border="1"> <tr><td>1</td><td>cv_37__1</td><td>COVID-19 Test kits</td></tr> <tr><td>2</td><td>cv_37__2</td><td>PPE (e.g. N95 masks)</td></tr> <tr><td>3</td><td>cv_37__3</td><td>Ventilators</td></tr> <tr><td>4</td><td>cv_37__4</td><td>Personnel</td></tr> <tr><td>5</td><td>cv_37__5</td><td>Beds</td></tr> <tr><td>6</td><td>cv_37__6</td><td>None of the above</td></tr> </table> Field Annotation: @NONEOFTHEABOVE=6	1	cv_37__1	COVID-19 Test kits	2	cv_37__2	PPE (e.g. N95 masks)	3	cv_37__3	Ventilators	4	cv_37__4	Personnel	5	cv_37__5	Beds	6	cv_37__6	None of the above		
1	cv_37__1	COVID-19 Test kits																					
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3	cv_37__3	Ventilators																					
4	cv_37__4	Personnel																					
5	cv_37__5	Beds																					
6	cv_37__6	None of the above																					
110	cv_38 Show the field ONLY if: ([consent] = '1' or [consent] = '3') and [cv_17a] <> '1' and [cv_18a] <> '1'	In order to protect yourself and your patients, have you personally had to use makeshift PPE (e.g. garbage bags, diapers, bandanas, other)?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																
1	Yes																						
0	No																						
111	cv_39 Show the field ONLY if: ([consent] = '1' or [consent] = '3') and [cv_17a] <> '1' and [cv_18a] <> '1'	In order to protect yourself and your patients, have you had to re-use disposable PPE in a manner which seemed unsafe?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																
1	Yes																						
0	No																						



112	cv_40 Show the field ONLY if: [consent] = '1' or [consent] = '3'	Which of the following resources have you received or are you receiving... (Please check all that apply)	checkbox <table border="1" data-bbox="1044 111 1524 394"> <tr><td>1</td><td>cv_40__1</td><td>Just-in-time trainings</td></tr> <tr><td>2</td><td>cv_40__2</td><td>Temporary housing (i.e. hotel rooms)</td></tr> <tr><td>3</td><td>cv_40__3</td><td>Child care</td></tr> <tr><td>4</td><td>cv_40__4</td><td>Elder care</td></tr> <tr><td>5</td><td>cv_40__5</td><td>Hotlines</td></tr> <tr><td>6</td><td>cv_40__6</td><td>Mental Health/Crisis Counseling</td></tr> <tr><td>7</td><td>cv_40__7</td><td>None of the above</td></tr> </table> Field Annotation: @NONEOFTHEABOVE=7	1	cv_40__1	Just-in-time trainings	2	cv_40__2	Temporary housing (i.e. hotel rooms)	3	cv_40__3	Child care	4	cv_40__4	Elder care	5	cv_40__5	Hotlines	6	cv_40__6	Mental Health/Crisis Counseling	7	cv_40__7	None of the above
1	cv_40__1	Just-in-time trainings																						
2	cv_40__2	Temporary housing (i.e. hotel rooms)																						
3	cv_40__3	Child care																						
4	cv_40__4	Elder care																						
5	cv_40__5	Hotlines																						
6	cv_40__6	Mental Health/Crisis Counseling																						
7	cv_40__7	None of the above																						
113	cv_41 Show the field ONLY if: [consent] = '1' or [consent] = '3'	Which of the following resources do you find personally most helpful?	radio <table border="1" data-bbox="1044 485 1419 768"> <tr><td>1</td><td>Just-in-time trainings</td></tr> <tr><td>2</td><td>Temporary housing (i.e. hotel rooms)</td></tr> <tr><td>3</td><td>Child care</td></tr> <tr><td>4</td><td>Elder care</td></tr> <tr><td>5</td><td>Hotlines</td></tr> <tr><td>6</td><td>Mental Health/Crisis Counseling</td></tr> <tr><td>7</td><td>None of the above</td></tr> </table> Field Annotation: @NONEOFTHEABOVE=7	1	Just-in-time trainings	2	Temporary housing (i.e. hotel rooms)	3	Child care	4	Elder care	5	Hotlines	6	Mental Health/Crisis Counseling	7	None of the above							
1	Just-in-time trainings																							
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4	Elder care																							
5	Hotlines																							
6	Mental Health/Crisis Counseling																							
7	None of the above																							
114	cv_42 Show the field ONLY if: [consent] = '1' or [consent] = '3'	Which of the following types of ancillary assistance have you needed and not received for yourself or your family since the crisis began? (Please check all that apply)	checkbox <table border="1" data-bbox="1044 858 1524 1142"> <tr><td>1</td><td>cv_42__1</td><td>Just-in-time trainings</td></tr> <tr><td>2</td><td>cv_42__2</td><td>Temporary housing (i.e. hotel rooms)</td></tr> <tr><td>3</td><td>cv_42__3</td><td>Child care</td></tr> <tr><td>4</td><td>cv_42__4</td><td>Elder care</td></tr> <tr><td>5</td><td>cv_42__5</td><td>Hotlines</td></tr> <tr><td>6</td><td>cv_42__6</td><td>Mental Health/Crisis Counseling</td></tr> <tr><td>7</td><td>cv_42__7</td><td>None of the above</td></tr> </table> Field Annotation: @NONEOFTHEABOVE=7	1	cv_42__1	Just-in-time trainings	2	cv_42__2	Temporary housing (i.e. hotel rooms)	3	cv_42__3	Child care	4	cv_42__4	Elder care	5	cv_42__5	Hotlines	6	cv_42__6	Mental Health/Crisis Counseling	7	cv_42__7	None of the above
1	cv_42__1	Just-in-time trainings																						
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4	cv_42__4	Elder care																						
5	cv_42__5	Hotlines																						
6	cv_42__6	Mental Health/Crisis Counseling																						
7	cv_42__7	None of the above																						
115	cvintro2 Show the field ONLY if: [consent] = '1' or [consent] = '3'	Work experiences with COVID-19 have helped some people to think more about the future. Please tell us how much you agree...	descriptive																					
116	cv_43 Show the field ONLY if: [consent] = '1' or [consent] = '3'	I feel that it is impossible to reach the goals that I strive for.	radio <table border="1" data-bbox="1044 1371 1263 1570"> <tr><td>0</td><td>Absolutely agree</td></tr> <tr><td>1</td><td>Somewhat agree</td></tr> <tr><td>2</td><td>Cannot say</td></tr> <tr><td>3</td><td>Somewhat disagree</td></tr> <tr><td>4</td><td>Absolutely disagree</td></tr> </table>	0	Absolutely agree	1	Somewhat agree	2	Cannot say	3	Somewhat disagree	4	Absolutely disagree											
0	Absolutely agree																							
1	Somewhat agree																							
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3	Somewhat disagree																							
4	Absolutely disagree																							
117	cv_43a Show the field ONLY if: [consent] = '1' or [consent] = '3'	The future seems to me to be hopeless, and I can't believe that things are changing for the better.	radio <table border="1" data-bbox="1044 1612 1263 1812"> <tr><td>0</td><td>Absolutely agree</td></tr> <tr><td>1</td><td>Somewhat agree</td></tr> <tr><td>2</td><td>Cannot say</td></tr> <tr><td>3</td><td>Somewhat disagree</td></tr> <tr><td>4</td><td>Absolutely disagree</td></tr> </table>	0	Absolutely agree	1	Somewhat agree	2	Cannot say	3	Somewhat disagree	4	Absolutely disagree											
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1	Somewhat agree																							
2	Cannot say																							
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118	cv_43b Show the field ONLY if: [consent] = '1' or [consent] = '3'	I feel that it is possible to reach the goals I would like to strive for.	radio <table border="1"> <tr><td>0</td><td>Absolutely agree</td></tr> <tr><td>1</td><td>Somewhat agree</td></tr> <tr><td>2</td><td>Cannot say</td></tr> <tr><td>3</td><td>Somewhat disagree</td></tr> <tr><td>4</td><td>Absolutely disagree</td></tr> </table>	0	Absolutely agree	1	Somewhat agree	2	Cannot say	3	Somewhat disagree	4	Absolutely disagree
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2	Cannot say												
3	Somewhat disagree												
4	Absolutely disagree												
119	cv_43c Show the field ONLY if: [consent] = '1' or [consent] = '3'	The future seems to me to be hopeful and I believe that things are changing for the better.	radio <table border="1"> <tr><td>0</td><td>Absolutely agree</td></tr> <tr><td>1</td><td>Somewhat agree</td></tr> <tr><td>2</td><td>Cannot say</td></tr> <tr><td>3</td><td>Somewhat disagree</td></tr> <tr><td>4</td><td>Absolutely disagree</td></tr> </table>	0	Absolutely agree	1	Somewhat agree	2	Cannot say	3	Somewhat disagree	4	Absolutely disagree
0	Absolutely agree												
1	Somewhat agree												
2	Cannot say												
3	Somewhat disagree												
4	Absolutely disagree												
120	cv_43d Show the field ONLY if: [consent] = '1' or [consent] = '3'	In the last two weeks I've thought a lot about how committed I am to my current profession.	radio <table border="1"> <tr><td>0</td><td>Absolutely agree</td></tr> <tr><td>1</td><td>Somewhat agree</td></tr> <tr><td>2</td><td>Cannot say</td></tr> <tr><td>3</td><td>Somewhat disagree</td></tr> <tr><td>4</td><td>Absolutely disagree</td></tr> </table>	0	Absolutely agree	1	Somewhat agree	2	Cannot say	3	Somewhat disagree	4	Absolutely disagree
0	Absolutely agree												
1	Somewhat agree												
2	Cannot say												
3	Somewhat disagree												
4	Absolutely disagree												
121	fdbk Show the field ONLY if: [consent] = '1' or [consent] = '2' or [consent] = '4'	Thank you so much for your time. If you have questions, concerns or anything you would like to communicate, please email us at gpeg@nyspi.columbia.edu. If you have agreed to take the brief survey later or to participate in the longitudinal study, we will contact you in the near future to find out how you are doing and how to improve conditions for all health care personnel. And thank you for all of the critically important work that you do. To record your responses, please click the SUBMIT button below.	descriptive										
122	registration_2 Show the field ONLY if: [consent] = '3'	Thank you for participating in the COVID-19 Healthcare Personnel Study (CHPS). Your responses will help inform the field, as well as the policy and practices of both governmental and health system leaders. Our study is designed to be a long-term project, one in which we assess the pandemic's impact on the health professions over time. Now that you have completed the anonymous baseline survey, we hope you will consider registering in the long-term study as well. Our fields are built on science, and the data from a longitudinal cohort study are among the most valid and reliable for analyzing long-term changes. We hope you agree and elect to register. As a reminder, we vigilantly protect the data and identity of our participants, and if you choose to participate in the longitudinal study your identifiable information will not be shared with anyone. Please provide your email address here if you would like to register for the long-term study and receive invitations for followup surveys. <i>email address</i>	text (email) Custom alignment: LV										
123	date_time_submitted	Date and Time Submitted	text (datetime_mdy) Field Annotation: @READONLY @NOW @HIDDEN-SURVEY										
124	covid19_health_care_personnel_study_chps_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete				
0	Incomplete												
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