Questionnaire for Healthcare Providers about COVID-19

This survey is directed to EGYPTIAN healthcare workers to explore the needed measures for better protection from COVID-19 spread among healthcare providers. Your accurate input will be of great help. Thank you for your time. This is designed for research purposes only by a group of experts and academic researchers from different Egyptian universities. Confidentiality of data is guaranteed. By submitting your response, you consented the participation in the study.

شكراً لموافكتك على المشاركة في هذا الاستبيان الذي يهدف إلى تفعيل الإجراءات لمنع الإصابات بمرض الكوفيد-19 بين أفراد الفريق الصحي وتحقيق حماية أفضل لهم من العدوى أثناء العمل. تم إعداد الاستبيان بواسطة فريق من الباحثين والباحثين في الجامعات المصرية المختلفة لمرض البحث العلمي فقط ولا يتم استخدام البيانات المذكورة في أعلاه الأخرى. على الاستبان هو موافقتك على المشاركة في هذه الدراسة.

* Required

1. Do you work in Egypt? *

Mark only one oval.

☐ Yes نعم
☐ No لا

2. Age السن

3. Gender النوع *

Mark only one oval.

☐ Male ذكر
☐ Female امرأة

4. For females healthcare workers فقط للمرأيات

Mark only one oval per row.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>نعم</td>
<td>لا</td>
</tr>
<tr>
<td></td>
<td>هل يوجد حمل</td>
<td></td>
</tr>
<tr>
<td>Lactation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>هل انت في فترة الرضاعة</td>
<td></td>
</tr>
</tbody>
</table>

https://docs.google.com/forms/d/1VgYggn00yF1HG-Z-biKq00rC3F9QN9sKkz45IdEf9Q/edit
5. **Comorbid conditions**

   *علائم أخرى من الأمراض الأمامية - اختر كل ما يناسبك.*

<table>
<thead>
<tr>
<th>Check all that apply.</th>
</tr>
</thead>
<tbody>
<tr>
<td>ارتفاع ضغط الدم</td>
</tr>
<tr>
<td>مرض السكري</td>
</tr>
<tr>
<td>أمراض القلب</td>
</tr>
<tr>
<td>أمراض الجهاز التنفسي</td>
</tr>
<tr>
<td>أمراض الكلى</td>
</tr>
<tr>
<td>أمراض مناعية الذاتية</td>
</tr>
<tr>
<td>On steroid therapy</td>
</tr>
<tr>
<td>On immunosuppressive drugs</td>
</tr>
<tr>
<td>Immunosuppressive disorders</td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

6. **Other co-comorbidity**

   *في حالة وجود أمراض أخرى لم تذكر في القائمة السابقة... من فضلك أذكرها.*
7. **Governorate المحافظة**

*Mark only one oval.*

- Alexandria Governorate الإسكندرية
- Aswan Governorate أسوان
- Asyut Governorate أسوان
- Beheira Governorate البحيرة
- Beni Suef Governorate بني سويف
- Cairo Governorate القاهرة
- Dakahlia Governorate الدقهلية
- Damietta Governorate دمياط
- Faiyum Governorate الفيوم
- Gharbia Governorate الغربية
- Giza Governorate الجريدة
- Ismailia Governorate الإسماعيلية
- Kafr El Sheikh Governorate كفر الشيخ
- Luxor Governorate الأقصر
- Matrouh Governorate مطروح
- Minya Governorate المنيا
- Monufia Governorate المنوفية
- New Valley Governorate الوادي الجديد
- North Sinai Governorate جنوب سيناء
- Port Said Governorate بورسعيد
- Qalyubia Governorate القليوبية
- Qena Governorate قنا
- Red Sea Governorate البحر الأحمر
- Sharqia Governorate الشرقية
- Sohag Governorate سوهاج
- South Sinai Governorate شمال سيناء
- Suez Governorate السويس

8. **Work experience: عدد سنوات الخبرة:**

*Mark only one oval.*

- < 5 years أقل من خمس سنوات
- 6-10 years
- 11-15 years
- 16-20 years
- > 20 years أكثر من 20 سنة
9. **Job**
   *Mark only one oval.*
   - Physician
   - Pharmacist
   - Dentist
   - Physiotherapist
   - Nurse
   - Technician
   - Worker
   - Others

10. **Specialty**
    (for medical professionals)

11. **Other job**
    In case there is another job that is not listed in the previous question...

12. **Your Healthcare facility type (select primary location)**
    *Mark only one oval.*
    - Hospital
    - Primary health center
    - Outpatient clinic
    - Rehabilitation center
    - Quarantine
    - Oncology centre
    - Other:

13. **Other workplace**
    In case there is another workplace that is not listed in the previous question...
14. select what suits you *

Mark only one oval.

☐ Full time
☐ Half time

15. Working hours/day *

Mark only one oval.

☐ less than 8 hours
☐ 8 hours
☐ more than 8 hours

16. Have you worked in a COVID-19 isolation Hospital or a healthcare receiving suspected COVID-19 patients? *

Mark only one oval.

☐ yes
☐ no

17. if yes, mention the duration (days)

________________________

18. Working hours/day in COVID-19 isolation hospital

Mark only one oval.

☐ less than 8 hours
☐ 8 hours
☐ more than 8 hours

Infection control measures during COVID-19 pandemic

https://docs.google.com/forms/d/1VgYygn00yFiHG-Z-biKJ00rC3Ft9QN9sKkz45ldEf9Q/edit
19. What are the most successful infection control measures against COVID-19 at your workplace? (Check all that apply).

Check all that apply.

- Policies & procedures
- Active infection control team
- Triage
- Restricted area for COVID-19 patients
- Patients adhere to wearing masks
- Availability of PPE supplies
- Good quality PPE
- Availability of hand hygiene supplies
- Well-equipped isolation wards/rooms
- Infection control training program
- Negative pressure room for aerosol generating procedures
- None
- Other

20. Other infection control measures

If there are any other infection control measures that you think are not listed, please list them here.

21. Select the suitable for you

Mark only one oval per row.

Were you trained to properly apply hand hygiene? *
- Yes
- No

Do you apply hand hygiene in a proper way and according to WHO 5 moments? *
- Yes
- No

Were you trained to properly select and use PPE? *
- Yes
- No

Do you use PPE in a proper way? *
- Yes
- No
22. Who observes you while performing hand hygiene, donning and doffing PPE - check all that apply
من كان يتابع استخدامك لتطهير الأيدي و استعمال الواقيات الشخصية - اختر كل ما يتضمن

Check all that apply.
- Infection control officer
- Quality officer
- A colleague
- A senior/supervisor
- Myself
- None

23. How often do you use single use gloves for one patient
ما معدل استخدامك الفائز ذو الاستخدام الواحد لمريض واحد

Mark only one oval.
- Always, as recommended
- Mostly
- Occasionally
- Rarely

24. How often do you use medical/ surgical mask
ما معدل استخدامك القفاز الطبي / الجراحي

Mark only one oval.
- Always, as recommended
- Mostly
- Occasionally
- Rarely

25. How often do you use face shield or goggles/protective glasses
ما معدل استخدامك واقي الوجه / نظارات واقية

Mark only one oval.
- Always, as recommended
- Mostly
- Occasionally
- Rarely

26. Did you experience any shortage in PPE supplies during the pandemic?
هل هناك نقص في الارتداء الوقائي؟

Mark only one oval.
- Yes
- No
27. If yes, which type

Check all that apply.

- Gloves
- Gowns
- N95 respirator
- Surgical masks
- Googles/face shield

28. Did you have to extend the use of PPE because of its shortage?

* Mark only one oval.

- Yes
- No

29. If yes, which type

- Gloves
- Disposable gowns
- N95 respirator
- Surgical masks
- Googles/face shield

30. How often do you use disposable gown

* Mark only one oval.

- Always, for one patient
- For 12 hours
- For 24 hours
- For 1-3 days
- Rarely

31. How often do you use Coverall

* Mark only one oval.

- Always, for one patient
- For 12 hours
- For 1-3 days
- Rarely
32. Do you re-sterilize N95 respirator * 

Mark only one oval.

☐ Yes نعم
☐ No لا

Dealing with Covid-19 patient

33. Have you dealt with a COVID-19 patient? *

Mark only one oval.

☐ Yes نعم Skip to question 34
☐ No لا Skip to question 37

Untitled Section
34. Select what matches you in the following situations

*Mark only one oval per row.*

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1- Was there a direct skin-to-skin exposure to a COVID-19 patient?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2- Were you within one meter of a COVID-19 patient while not wearing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>appropriate PPE or had issues with your PPE (e.g., tears,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>removed while in patient area)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3- Did you have a direct contact with environment (e.g., bed, linens,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>medical equipment, frequently touched surfaces, bathroom) where the</td>
<td></td>
<td></td>
</tr>
<tr>
<td>patient received care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4- Did you provide direct care to a confirmed COVID-19 patient while</td>
<td></td>
<td></td>
</tr>
<tr>
<td>not wearing appropriate personal protective equipment (PPE) or had</td>
<td></td>
<td></td>
</tr>
<tr>
<td>issues with your PPE (e.g., tears, removed while in patient area)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5- Did you fail to perform hand hygiene after providing direct patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6- Did you fail to perform hand hygiene after having direct contact</td>
<td></td>
<td></td>
</tr>
<tr>
<td>with the environment where a COVID-19 patient received care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7- Did you fail to perform hand hygiene after removing your PPE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8- Did you perform or assist or attend with any aerosol-generating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>procedure (AGP) on a COVID-19 patient, without wearing appropriate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>personal protective equipment (PPE) or had issues with your PPE (e.g.,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>torn PPE or removed while in patient area)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9- Did you handle body fluid or other specimens from the patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>without wearing appropriate PPE? Or had issues with your PPE (e.g.,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>torn PPE or removed while in patient area)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10- Did you have direct exposure (to your skin or mucous membrane)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
11. Did you have a percutaneous exposure (e.g., needle stick, cut, puncture) with material potentially contaminated with body fluid, blood, or respiratory secretions? 

- Yes ☐
- No ☐

If you attend/perform any aerosol generating procedures, what type is it? 

- Tracheal intubation ☐
- Nebulizer treatment ☐
- Open airway suctioning ☐
- Collection of sputum ☐
- Tracheotomy ☐
- Bronchoscopy ☐
- (Cardiopulmonary resuscitation (CPR) ☐
- Throat examination in pediatrics ☐
- Nasopharyngeal swab collection ☐
- Others ☐

36. Other aerosol generating procedures

Please list any additional aerosol generating procedures you attend/perform:

- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]

Untitled Section

37. Did you get infected with COVID-19? 

- Yes ☐
- No ☐

COVID-19 infection

38. When did you get infected?

- Yes ✗
- No ☐
39. **What was the source of your COVID-19 infection?**

*Mark only one oval.*

- [ ] From a COVID-19 household contact
- [ ] From a COVID-19 patient at work
- [ ] From a colleague
- [ ] Uncertain
- [ ] Others

39. **Was the source of infection symptomatic?**

*Mark only one oval.*

- [ ] Yes
- [ ] No

40. **Where did the exposure to COVID-19 patients occur?** - check all that apply.

*Check all that apply.*

- [ ] Cleaning services
- [ ] Emergency room
- [ ] Inpatient ward
- [ ] Intensive care Unit
- [ ] Laboratory
- [ ] Outpatient area
- [ ] Operating room
- [ ] Pharmacy
- [ ] Radiology/imaging
- [ ] Reception area
- [ ] Transport
- [ ] Triage
- [ ] Administrative offices
- [ ] On call rooms
- [ ] Unknown
- [ ] Other

41. **Other site**

In a situation where you were exposed to COVID-19 patients...

42. **How were you diagnosed as COVID-19 positive?** (Select all that applies)

*Check all that apply.*

- [ ] Clinical
- [ ] CT chest
- [ ] Serology
- [ ] PCR
44. Your COVID-19 symptoms *

Mark only one oval.

☐ Asymptomatic
☐ Mild
☐ Moderate
☐ Severe

45. Where have you been isolated *

Mark only one oval.

☐ At home
☐ Admitted to hospital
☐ Admitted to a COVID-19 isolation hospital

46. Your clinical outcome *

Mark only one oval.

☐ Recoverd
☐ Complicated
☐ Under treatment

This content is neither created nor endorsed by Google.