Healthcare workers' COVID-19 experiences

1. Email address *

   _____

2. 1. Name:

   _____

3. 2. Surname:

   _____

4. 3. Are you a doctor or a nurse?*

   Mark only one oval.

   O   ooctor

   Q   Nurse

5.   4. Province: *

Mark only one oval.

        Eastern Cape

        Free State

        Gauteng

        KwaZulu-Natal

        Li mpopo

        Mpumalanga

        North West

        Northern Cape

        Western Cape

6.   5. City: *

_____

7.   6. Facility where you work: *

Mark only one oval.

        Private

        Public

8.   7. Is it a hospital or a clinic? *

Mark only one oval.

        Hospit al

        Clinic

9. 8. Have you experienced a shortage of personal protective equipment (PPE} at your facility? *

Mark only one oval.

 Yes

 No

10. 9. Have you had patients who met the testing criteria for COVID-19 denied access to testing? *

Mark only one oval.

 Yes

 No

11. 10. Does your facility have a policy for managing the risk of healthcare workers with underlying conditions that might put them at an increased risk of serious COVID-19 disease? *

Mark only one oval.

 Yes

 No

12. 11. Have you yourself been tested for the new coronavirus?

Mark only one oval.

 Yes

 No

13.   12. Please tellus about your biggest COVID-19 related fear as a health worker:

_____

_____

_____

_____

_____

14.   13. Please tellus about your work day- we would love it if you give us an example of a COVID-19 patient you've treated or helped look after, or you could just tellus about your general experience of COVID-19 in your health facility or elaborate on questions 8-12 above:

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Google Forms