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NYC COVID-19 Residency Survey

1. What is your Residency Training Program?
   - Anesthesiology
   - Dermatology
   - Diagnostic Radiology
   - Emergency Medicine
   - Family Medicine
   - General Surgery
   - Internal Medicine
   - Interventional Radiology
   - Medical Genetics
   - Neurological Surgery
   - Neurology
   - Nuclear Medicine
   - Obstetrics and Gynecology
   - Ophthalmology
   - Oral/Maxillofacial Surgery
   - Orthopedic Surgery
   - Otolaryngology
   - Pathology
   - Pediatrics
   - Physical Medicine and Rehabilitation
   - Plastic Surgery
   - Preventive Medicine
   - Psychiatry
   - Radiation Oncology
   - Radiology
   - Urology
   - Vascular Surgery
   - Other (please specify)

2. How many hospitals do your residents cover?
   - 1
   - 2
   - 3
   - 4
   - 5
   - >5

3. How many total residents are there currently in your program (all years combined)? (E.g. 5 per year in 3 year program, but 1 quit, so 14 in total)

IRB-AAAS9946 (Y01M00)
IRB Exemption Date: 04/02/2020
* 4. Do residents in your department currently wear masks for all patient encounters?
   - Yes
   - No
   - Only when evaluating a PUI or known COVID-19 patient
   - Depends on the hospital and available supplies
   - Other (please specify)

* 5. If your residents wear masks for all patient encounters, approximately when was this practice implemented?
   - 3/2 - 3/8 or previous
   - 3/9 - 3/15
   - 3/16 - 3/22
   - 3/23 - 3/29
   - 3/30 - 4/5
   - Other
   - N/A

* 6. If residents wear masks for all patient encounters, what kind of masks do they use?
   - Surgical Mask
   - N95
   - Both, depending on context
   - Other
   - Other (please specify)

* 7. How are residents using masks?
   - Single use
   - Extended use (wearing the same mask for repeated close contact encounters with several patients, without removing between patient encounters)
   - Reuse (using the same mask for multiple encounters with patients but removing it ('doffing') after each encounter)
   - Both Extended and Reuse
   - Other (please specify)
8. How many residents have been tested for SARS-CoV-2? How many are still waiting for a test? (Put in N/A if you don't have the data)

- Number of residents tested
- Number of residents waiting for a test or cannot get a test

9. Have any residents tested positive for SARS-CoV-2?
   - Yes
   - No

10. How many residents have had a positive SARS-CoV-2 Test?

11. Of these confirmed SARS-CoV-2 positive residents, what kind of test was used?
   - Nasal Swab
   - Oropharyngeal Swab
   - Bronchoalveolar Lavage
   - Don't know
   - N/A
   - Other (please specify)
* 12. Of these confirmed SARS-CoV-2 positive residents, what specific week were they diagnosed? (Please put N/A if you don't have this information)

<table>
<thead>
<tr>
<th>Week Range</th>
<th>Number diagnosed</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/2-3/8</td>
<td></td>
</tr>
<tr>
<td>3/9-3/15</td>
<td></td>
</tr>
<tr>
<td>3/16-3/22</td>
<td></td>
</tr>
<tr>
<td>3/23-3/29</td>
<td></td>
</tr>
<tr>
<td>3/30-4/5</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

* 13. Of these confirmed SARS-CoV-2 positive residents, how long were they quarantined, if at all? (Please put N/A if you don't have this information)

<table>
<thead>
<tr>
<th>Quarantine Days</th>
<th>Number of residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not quarantined</td>
<td></td>
</tr>
<tr>
<td>1-7 days</td>
<td></td>
</tr>
<tr>
<td>8-14 days</td>
<td></td>
</tr>
<tr>
<td>15-21 days</td>
<td></td>
</tr>
<tr>
<td>&gt;21 days</td>
<td></td>
</tr>
</tbody>
</table>

* 14. Of these confirmed SARS-CoV-2 positive residents, how many went to a doctor (PCP, urgent care) for their symptoms? (do not include residents who were only tested but did not have a medical evaluation)

For these next 5 questions, one resident may fall into multiple categories

* 15. Of these confirmed SARS-CoV-2 positive residents, how many went to the emergency room for their symptoms?

* 16. Of these confirmed SARS-CoV-2 positive residents, how many were hospitalized for their symptoms?

* 17. Of these confirmed SARS-CoV-2 positive residents, how many were specifically admitted to the ICU or for critical management?
18. Of these confirmed SARS-CoV-2 positive residents, how many have died?

NYC COVID-19 Residency Survey

4.

19. Do you have residents who have been presumed SARS-CoV-2 positive (based on symptoms: sore throat, cough, fever, shortness of breath, chest pain, myalgias, malaise, conjunctivitis, loss of smell, GI symptoms) without any testing?

- Yes
- No

NYC COVID-19 Residency Survey

5. Residents Presumed SARS-CoV-2 Positive *Without* Testing

20. How many residents have been presumed SARS-CoV-2 positive without any testing?

21. Of these residents presumed SARS-CoV-2 positive without any testing, what specific week did they first exhibit symptoms? (Please write N/A if you don't this information)

<table>
<thead>
<tr>
<th>Symptoms Period</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>(3/2-3/8)</td>
<td></td>
</tr>
<tr>
<td>(3/9-3/15)</td>
<td></td>
</tr>
<tr>
<td>(3/16-3/22)</td>
<td></td>
</tr>
<tr>
<td>(3/23-3/29)</td>
<td></td>
</tr>
<tr>
<td>(3/30-4/5)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>
* 22. How long were these presumed SARS-CoV-2 positive without any testing quarantined, if at all? (Please write N/A if you don't have this information)

<table>
<thead>
<tr>
<th>Number of residents not quarantined at all</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of residents quarantined 1-7 days</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of residents quarantined 8-14 days</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of residents quarantined 15-21 days</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of residents quarantined &gt;21 days</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

* 23. Of these presumed SARS-CoV-2 positive without any testing, how many went to doctors (urgent care, PCP) for their symptoms? (Please write N/A if you don't have this information)

For these next 5 questions, one resident may fall into multiple categories

* 24. Of these presumed SARS-CoV-2 positive without any testing, how many went to the emergency room for their symptoms?

* 25. Of these presumed SARS-CoV-2 positive without any testing, how many were hospitalized for their symptoms?

* 26. Of these presumed SARS-CoV-2 positive without any testing, how many were specifically admitted to the ICU or for critical management?

* 27. Of these presumed SARS-CoV-2 positive without any testing, how many have died?
* 28. Do you have any residents who were highly suspicious for SARS-COV-2 (based on symptoms: sore throat, cough, fever, shortness of breath, chest pain, myalgias, malaise, conjunctivitis, loss of smell, GI symptoms) but tested negative?

- Yes
- No

### NYC COVID-19 Residency Survey

#### 7. Residents Presumed SARS-CoV-2 Positive But *Tested Negative*

* 29. How many residents were/have been highly suspicious for SARS-CoV-2 infection but tested negative for SARS-CoV-2?

* 30. Of these highly suspicious for SARS-CoV-2 infection but tested negative, what test was used?

- Nasal Swab
- Oropharyngeal Swab
- Bronchoaveolar Lavage
- Don't Know

Other (please specify)

* 31. Of these highly suspicious for SARS-CoV-2 infection but tested negative, what specific week were they diagnosed or first to exhibit symptoms? (Please put N/A if you don't have this information)

<table>
<thead>
<tr>
<th>Week</th>
<th>Number manifesting symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/2-3/8</td>
<td></td>
</tr>
<tr>
<td>3/9-3/15</td>
<td></td>
</tr>
<tr>
<td>3/16-3/22</td>
<td></td>
</tr>
<tr>
<td>3/23-3/29</td>
<td></td>
</tr>
<tr>
<td>3/30-4/5</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>
* 32. Of these highly suspicious for SARS-CoV-2 infection but tested negative residents, how long were they quarantined, if at all? (Please put N/A if you don't have this information)

<table>
<thead>
<tr>
<th>Quarantine Period</th>
<th>Number of Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Quarantined</td>
<td></td>
</tr>
<tr>
<td>1-7 days</td>
<td></td>
</tr>
<tr>
<td>8-14 days</td>
<td></td>
</tr>
<tr>
<td>15-21 days</td>
<td></td>
</tr>
<tr>
<td>&gt;21 days</td>
<td></td>
</tr>
</tbody>
</table>

* 33. Of these highly suspicious for SARS-CoV-2 infection but tested negative, how many went to doctors (urgent care, PCP) for their symptoms?

For these next 5 questions, one resident can fall into multiple categories

* 34. Of these highly suspicious for SARS-CoV-2 infection but tested negative, how many went to the emergency room for their symptoms?

35. Of these highly suspicious for SARS-CoV-2 infection but tested negative, how many were hospitalized for their symptoms?

36. Of these highly suspicious for SARS-CoV-2 infection but tested negative, how many were specifically admitted to the ICU or for critical management?

37. Of these highly suspicious for SARS-CoV-2 infection but tested negative, how many have died?
* 38. Do you have any residents who have been quarantined due to exposure, but are asymptomatic?
   - Yes
   - No

* 39. How many residents have been quarantined due to exposure, but are asymptomatic?

   [Enter number]

* 40. For how long after exposure were asymptomatic residents quarantined?
   - 1-7 days
   - 8-14 days
   - 15-21 days
   - >21 days
   - Duration varied between these residents
   - Other (please specify)

   [Enter other information]

10.

41. Have your residents been redeployed to other departments or units to help with COVID-19 management?
   - Yes
   - No

11.

* 42. How many of your residents have been redeployed to other departments or units to help with primary COVID-19 management efforts?

   [Enter number]
* 43. What specific day did or will redeployment begin for your residents?

Redeployment Date

Date

MM/DD/YYYY

* 44. Which units or departments have they been redeployed to, and how many to each? (Put N/A if you don’t have this information)

Number of residents deployed to ER

Number of residents deployed to floor COVID

Number of residents deployed to ICU

Please specify the name of other departments residents have been deployed to (Optional 1)

Number of residents deployed to that department (Optional 1)

Please specify the name of other departments residents have been deployed to (Optional 2)

Number of residents deployed to that department (Optional 2)

* 45. Are your residents offering visits via telemedicine now?

   ○ Yes
   ○ No

* 46. Do you feel that your residents/fellows have had to work with suboptimal PPE?

   ○ Yes
   ○ No
Reporting checklist not-applicable for this manuscript type.