

# Phase Two Longitudinal Follow-up Survey: Love in the Time of Corona

**Thank you again for your willingness to participate in phase two of the Love in the Time of Corona study.**

**As a reminder, your participation is voluntary. You should only participate if you completely understand what the study requires and what the risks of participation are. You should ask the study team any questions you have related to participating before agreeing to join the study. If you have any questions about your rights as a human research participant at any time before, during or after participation, please contact the Institutional Review Board (IRB) at (215) 898-2614 for assistance.**

**The specific aim of this study is to explore the challenges of life in a surgical household during this pandemic, in order to better inform healthcare leadership around workforce support as the pandemic continues to evolve.**

**If you are willing to participate, this online survey will take approximately 10-20 minutes of your time.**

**This study is a multi-center study across several institutions. Your survey responses will be recorded using REDCap hosted at the University of Pennsylvania, which is a secure, web-based application. Your email will be the only identifier stored with your data. Consistent with standard practice, data will be stored for two years. The data may be used for future research efforts.**

**Risks to you are minimal, including primarily a small risk of loss of privacy were a data breach to occur. At any time, you may choose not to answer any of the questions without any penalty.**

**If you have questions, concerns or complaints regarding your participation in this research study or if you have any questions about your rights as a research subject, you should contact Dr. Rachel Kelz ([rachel.kelz@uphs.upenn.edu](mailto:rachel.kelz@uphs.upenn.edu)). If a member of the research team cannot be reached or you want to talk to someone other than those working on the study, you may contact the Institutional Review Board at the University of Pennsylvania at 215-898-2614.**

Do you consent?

- Yes  
 No

**EMPLOYMENT**

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Have you transitioned to practice since May/June 2020?

- Yes  
 No

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Which of the following best describes your current status?

- Employed, same health system as training  
 Employed, different health system as training  
 Unemployed

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Have you changed health systems or has your employment status changed since May/June 2020?

- Yes  
 No

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If yes, what is your current employment status?

- Employed - different health system  
 Unemployed  
 Other

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If Other, please specify:

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**RELATIONSHIP**

Has your relationship status changed since May/June 2020?

- Yes  
 No

Which of the following best describes your current relationship status?

- Married  
 Domestic Partnership  
 Single  
 Divorced  
 Widowed  
 Monogamous Relationship, not otherwise specified (e.g. significant other)  
 Other

If Other, please specify:

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Is your partner employed?

- Yes  
 No

What is your partner's occupation?

- Physician  
 Nurse or Advanced Practice Provider, Clinical  
 Nurse or Advanced Practice Provider, Non-Clinical  
 EMT, Medical Assistant, LPN  
 Pharmacist  
 Lawyer  
 Business Person  
 Law Enforcement  
 Architect  
 Engineer  
 Clergy  
 Teacher/Educator  
 Military  
 Other

If Other, please specify:

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What is your partner's specialty?

- Cardiology  
 Gastroenterology  
 Internal Medicine or Family Practice  
 Neurology  
 Anesthesiology  
 Pulmonary/Critical Care  
 Rheumatology  
 Infectious Disease  
 Pediatrics  
 Dermatology  
 Occupational Medicine  
 Nephrology  
 Genetics  
 Surgeon  
 Other

Is your partner employed by the same healthcare system?

- Yes  
 No

Has your significant other's employment status changed since May/June 2020?

- Yes, new employer  
 Yes, unemployed  
 No

**OTHER DEPENDENTS**

At the time of your initial survey in May/June 2020, you indicated there were a total of [initial\_survey\_arm\_1][depend\_num\_final] child/adult dependents living in your house. Has this number changed since your initial survey?

- Yes
- No

How many dependents are living in your house now?

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Please explain why the number has changed.

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**HOME:**

**Please indicate the person who currently performs each of the following household tasks (check all that apply)**

	Me	My Partner	Other Family Member	Other (e.g. housekeeper, babysitter, dog walker, daycare)	Not Applicable
Grocery shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking out trash/recycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Routine cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deep cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meal preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weekday childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weekend childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pet care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**COVID-19**

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Have you had any known exposures to COVID-19?  Yes  
 No

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In your opinion, did you lack adequate PPE for any of your professional exposures?  Yes  
 No  
 N/A (exposure was not in a professional setting)

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Have you been tested for COVID-19?  Yes  
 No

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If you wish to disclose, have you tested positive for COVID-19?  Yes  
 No  
 Prefer not to disclose

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Has your partner received a presumptive diagnosis or tested positive for COVID-19?  Yes  
 No

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Have any of your colleagues been hospitalized due to COVID-19?  Yes  
 No

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Have any of your colleagues died due to COVID-19?  Yes  
 No

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Did you receive any workforce support (e.g. grief counseling) in response to these deaths?  Yes  
 No

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**WORK**

Compared to baseline (i.e. pre-COVID-19 in your area), which of the following best describes your current operative volume?

- Increased  
 Decreased  
 Stayed the same

During the pandemic, have you worked outside of your usual scope of practice?

- Yes  
 No

Have you been notified that you could be redeployed outside of your typical scope of practice?

- Yes  
 No

**STRESS**

On a scale of 0 to 10, with 0 being no stress and 10 being worst stress possible, what number best describes your level of stress right now?

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Of the following, which are current stressors for you:  
[check all that apply]

- Financial concerns
  - Rebuilding surgical practice
  - Recurring concerns regarding difficult clinical decisions during the pandemic
  - Possibility of a second wave
  - Adverse events (advanced disease due to treatment delays for patients during the pandemic)
  - Becoming seriously ill
  - Infecting my children
  - Infecting elderly family members
  - Infecting my partner
  - Practicing outside of my specialty
  - Facing ethical concerns due to limited healthcare resources
  - Orphaning my children
  - Other
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If Other, please specify:

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**COMMENTS**

Have you experienced any major life events as a result of the COVID-19 pandemic? (e.g., death or serious illness of a loved one, major life event cancelled or postponed, etc.)  
[Please describe to the extent you are comfortable]

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What has been your biggest fear during this pandemic?

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Are there any specific new practices or lifestyle behaviors you have engaged in since the pandemic that have been positive for you?

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What could your workplace do to better support you during this time?

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