Resident Actigraphy Checklist

Dataset=Actigform

Please complete the survey below.

ROTATION
NUMFILE
DSTFALL
DSTSPRING
FUTURE
HIGHACT
TIMESHIFT
CACACTIG
CACACTIGNO
CACLT90
CACLT90RSN

Studywide variables:
TX
PERIOD
WAVE

Thank you!

Q1 Study ID:

_____

IDRES

Q2 Acrostic:

_____

(Please enter four letters)

~~ACROSRES~~

Q3 Staff ID:

_____

~~CACSTFID~~

Q4 Did the Resident receive an actigraph?

CACRCVD

1 ☐ Yes   **Go to Question 5**
0 ☐ No   **Skip to Question 7**

Q5 Actigraph serial number:

_____

CACSRLNUM

Q6 Which arm was the actigraph worn on (should be worn on the non-dominant arm if possible)

CACARM

1 ☐ Left, non-dominant   5 Left, right ankle alternating
2 ☐ Left, dominant   6 Left ankle, left wrist alternating
3 ☐ Right, non-dominant   7 Left, right wrist alternating
4 ☐ Right, dominant   8 Left non dom, but right ankle for inbed interval

Skip to Question 9

Q7 Why not?

CACRSN

.R ☐ Refused
2 ☐ Physical/medical problem   **If CACRSN = 1-3 Questionnaire Complete**
3 ☐ No watch available
4 ☐ Other   **Go to Question 8**
  5 Observation only

Q8 Other (specify)

Questionnaire Complete

~~CACRSNOTR~~

_____

Q9 Date watch given to Resident:

_____

~~CACDTRCVD~~

Baseline Questionnaire

dataset=baseline

Please complete the survey below.

BASEDAYS
ROTATION

Thank you!

Studywide variables:
TX
PERIOD
WAVE

Q1 Study ID:

IDRES

_____

Q2 Acrostic:

~~ACROSRES~~

_____
(Please enter four letters)

Q3 Age:(years)

BSLAGE

20 ☐	20
21 ☐	21
22 ☐	22
23 ☐	23
24 ☐	24
25 ☐	25
26 ☐	26
27 ☐	27
28 ☐	28
29 ☐	29
30 ☐	30
31 ☐	31
32 ☐	32
33 ☐	33
34 ☐	34
35 ☐	35
36 ☐	36
37 ☐	37
38 ☐	38
39 ☐	39
40 ☐	40
41 ☐	41
42 ☐	42
43 ☐	43
44 ☐	44
45 ☐	45
46 ☐	46
47 ☐	47
48 ☐	48
49 ☐	49
50 ☐	50

Age truncated
<26 => 26 (n=1)
>36 => 36 (n=3)

Q4 Gender:

BSLGENDER

1 ☐ Male
2 ☐ Female

What is your race? (Mark all that apply)

Q5 American Indian or Alaskan native

~~BSLAMIND~~

1 ☐ Yes
0 ☐ No

REDCap

Q6 Asian RACE ~~BSLASIAN~~

1 ☐ Yes
0 ☐ No

Q7 Black or African American ~~BSLBLACK~~

1 ☐ Yes
0 ☐ No

Q8 Native Hawaiian or other Pacific Islander ~~BSLPACIS~~

1 ☐ Yes
0 ☐ No

Q9 White or Caucasian ~~BSLWHITE~~

1 ☐ Yes
0 ☐ No

Q10 Other ~~BSLRACEOTR~~

1 ☐ Yes **Go to Question 11**
0 ☐ No **Skip to Question 12**

Q11 Other (specify) **BSLRCOTRSP**

_____

Q12 What is your ethnicity? **BSLETHNIC**

1 ☐ Hispanic or Latino
2 ☐ Not Hispanic or Latino
.D ☐ Don't know
.R ☐ Refused

Q13 What is your current marital status? ~~BSLMARITAL~~

BSLMARRIED
collapsed as
never married(n=116)/divorced (n=1)
married

1 ☐ Married
☐ Separated
0 ☐ Divorced
☐ Widowed/widower
0 ☐ Never married

Who lives in the same household as you?

Q14 Child/children **BSLCHILD**

1 ☐ Yes
0 ☐ No

Q15 Spouse/partner **BSLPRTNR**

1 ☐ Yes
0 ☐ No

Q16 Other family members **BSLFMLYOTR**

1 ☐ Yes
0 ☐ No

Q17 Roommate **BSLRMMATE**

1 ☐ Yes
0 ☐ No

Q18 Pet   **BSLPET**

- **1** ☐ Yes
- **0** ☐ No

Q19 How many children live with you?   ~~**BSLCHLDNUM**~~

- **1** ☐ 1
- **2** ☐ 2   **Question only displayed/answered when Question 14 (BSLCHILD) = 1**
- **3** ☐ 3
- **4** ☐ 4
- **5** ☐ 5

Q20 What year of your residency program are you in?   **BSLPGY**

- **1** ☐ PGY2
- **2** ☐ PGY3
- **3** ☐ PGY4

Q21 Which of the following best describes your specialty program for this year?   **BSLSPCPRG**

- **1** ☐ Pediatrics
- **2** ☐ Internal medicine/pediatrics   **If BSLSPCPRG = 1-3 Skip to Question 23**
- **3** ☐ Family practice
- **4** ☐ Other   6 Anasthesiology   **Go to Question 22**
- **5**   Emergency medicine

Q22 Other (specify)   ~~**BSLPRGOTR**~~

BSLSPCPRG
collapsed pooling internal medicine/pediatrics
and anesthesiology with other

_____

Q23 In general, would you say your health is: ~~**BSLHEALTH**~~

- **1** ☐ Poor
- **2** ☐ Fair
- **3** ☐ Good   BSLCOMP
- **4** ☐ Very good
- **5** ☐ Excellent

Q24 What is your height?

- **0** ☐ Less than 4 feet
- **1** ☐ 4 feet 0 inches
- **2** ☐ 4 feet 1 inches
- **3** ☐ 4 feet 2 inches
- **4** ☐ 4 feet 3 inches
- **5** ☐ 4 feet 4 inches
- **6** ☐ 4 feet 5 inches
- **7** ☐ 4 feet 6 inches
- **8** ☐ 4 feet 7 inches
- **9** ☐ 4 feet 8 inches
- **10** ☐ 4 feet 9 inches
- **11** ☐ 4 feet 10 inches
- **12** ☐ 4 feet 11 inches
- **13** ☐ 5 feet 0 inches
- **14** ☐ 5 feet 1 inches
- **15** ☐ 5 feet 2 inches
- **16** ☐ 5 feet 3 inches
- **17** ☐ 5 feet 4 inches
- **18** ☐ 5 feet 5 inches
- **19** ☐ 5 feet 6 inches
- **20** ☐ 5 feet 7 inches
- **21** ☐ 5 feet 8 inches
- **22** ☐ 5 feet 9 inches
- **23** ☐ 5 feet 10 inches
- **24** ☐ 5 feet 11 inches
- **25** ☐ 6 feet 0 inches
- **26** ☐ 6 feet 1 inches
- **27** ☐ 6 feet 2 inches
- **28** ☐ 6 feet 3 inches
- **29** ☐ 6 feet 4 inches
- **30** ☐ 6 feet 5 inches
- **31** ☐ 6 feet 6 inches
- **32** ☐ 6 feet 7 inches
- **33** ☐ 6 feet 8 inches
- **34** ☐ 6 feet 9 inches
- **35** ☐ 6 feet 10 inches
- **36** ☐ 6 feet 11 inches
- **37** ☐ 7 feet 0 inches
- **38** ☐ More than 7 feet

HGTINCHES
HGTCM
WGTKG
BMI

Truncation:
weight >275 lbs set to .A
for WGTKG,BSLWEIGHT, BMI

Q25 What is your weight?

BSLWEIGHT

_____
(pounds)

Q26 On average, how many hours of sleep do you feel you need to feel rested per 24 hours?   BSLHRSREST

- **2** ☐ 2 hours
- **3** ☐ 3 hours
- **4** ☐ 4 hours
- **5** ☐ 5 hours
- **6** ☐ 6 hours
- **7** ☐ 7 hours
- **8** ☐ 8 hours
- **9** ☐ 9 hours
- **10** ☐ 10 hours
- **11** ☐ 11 hours
- **12** ☐ 12 hours

Q27 On average, how many hours of sleep did you get per 24 hours during your final year of medical school?

BSLHRSSCH

2 ☐ 2 hours
3 ☐ 3 hours
4 ☐ 4 hours
5 ☐ 5 hours
6 ☐ 6 hours
7 ☐ 7 hours
8 ☐ 8 hours
9 ☐ 9 hours
10 ☐ 10 hours
11 ☐ 11 hours
12 ☐ 12 hours

Do you have or have you ever had any of the following conditions?

Q28 High blood pressure

BSLHBP

0 ☐ Never
1 ☐ In the past, but not now
2 ☐ Currently, but not currently on therapy
3 ☐ Currently, receiving therapy
.D ☐ Don't know

> Truncation:
> Collapsed the medical conditions
> variables to yes/no

Q29 Diabetes mellitus

~~**BSLDIAB**~~

0 ☐ Never
1 ☐ In the past, but not now
2 ☐ Currently, but not currently on therapy
3 ☐ Currently, receiving therapy
.D ☐ Don't know

Q30 Depression

BSLDEP

0 ☐ Never
1 ☐ In the past, but not now
2 ☐ Currently, but not currently on therapy
3 ☐ Currently, receiving therapy
.D ☐ Don't know

Q31 Sleep Apnea

~~**BSLSLPAPNA**~~

0 ☐ Never
1 ☐ In the past, but not now
2 ☐ Currently, but not currently on therapy
3 ☐ Currently, receiving therapy
.D ☐ Don't know

Q32 Sleep Disorders

BSLSLPDIS

0 ☐ Never
1 ☐ In the past, but not now
2 ☐ Currently, but not currently on therapy
3 ☐ Currently, receiving therapy
.D ☐ Don't know

Q33 Shift-Work disorder

~~**BSLSHFTWRK**~~

0 ☐ Never
1 ☐ In the past, but not now
2 ☐ Currently, but not currently on therapy
3 ☐ Currently, receiving therapy
.D ☐ Don't know

Q34 Do you snore?

1 ☐ Yes   **Go to Question 35**
0 ☐ No   **Skip to Question 39**
.D ☐ Don't know   **Skip to Question 39**

BSLSNORE

> BERLIN1
> BERLIN2
> BERLIN1_POS
> BERLIN2_POS
> BERLIN3_POS
> BERLIN_HIGH

Q35 Your snoring is:

1 ☐ Slightly louder than breathing
2 ☐ As loud as talking
3 ☐ Louder than talking
4 ☐ Very loud - can be heard in adjacent rooms
.D ☐ Don't know

BSLSNRLD

Q36 How often do you snore?

1 ☐ Nearly every day
2 ☐ 3-4 times a week
3 ☐ 1-2 times a week
4 ☐ 1-2 times a month
5 ☐ Never or nearly never
.D ☐ Don't know

BSLSNROFT

Q37 Has your snoring ever bothered other people?

1 ☐ Yes
0 ☐ No
.D ☐ Don't know

BSLSNRBTHR

Q38 Has anyone noticed that you quit breathing during your sleep?

1 ☐ Nearly every day
2 ☐ 3-4 times a week
3 ☐ 1-2 times a week
4 ☐ 1-2 times a month
5 ☐ Never or nearly never
.D ☐ Don't know

BSLQTBRTH

Q39 How often do you feel tired or fatigued after your sleep?

1 ☐ Nearly every day
2 ☐ 3-4 times a week
3 ☐ 1-2 times a week
4 ☐ 1-2 times a month
5 ☐ Never or nearly never

BSLAWKTRD

Q40 During your waking time, do you feel tired, fatigued or not up to par?

1 ☐ Nearly every day
2 ☐ 3-4 times a week
3 ☐ 1-2 times a week
4 ☐ 1-2 times a month
5 ☐ Never or nearly never

BSLDAYTRD

Q41 Have you ever nodded off or fallen asleep while driving a vehicle?

1 ☐ Yes   **Go to Question 42**
0 ☐ No

BSLSLPDRV

Q42 How often does this occur?

1 ☐ Nearly every day
2 ☐ 3-4 times a week
3 ☐ 1-2 times a week
4 ☐ 1-2 times a month
5 ☐ Never or nearly never

BSLSLPDOFT

Q43 Do you have high blood pressure?   ~~BSLHBPYN~~

- **1** ☐ Yes
- **0** ☐ No
- **.D** ☐ Don't know

For the following 8 questions, please indicate your estimate of any difficulty, provided that it occurred at least three times per week during the last month:

Q44 Sleep induction (time it takes you to fall asleep after turning off the lights)   **BSLSLPIND**

- **1** ☐ No problem
- **2** ☐ Slightly delayed
- **3** ☐ Markedly delayed
- **4** ☐ Very delayed or did not sleep at all

Q45 Awakenings during the night   **BSLAWKNT**

- **1** ☐ No problem
- **2** ☐ Minor problem
- **3** ☐ Considerable problem
- **4** ☐ Serious problem or did not sleep at all

Q46 Final awakening earlier than desired   **BSLFINAWK**

- **1** ☐ Not earlier
- **2** ☐ A little earlier
- **3** ☐ Markedly earlier
- **4** ☐ Much earlier or did not sleep at all

Q47 Total sleep duration   **BSLSLPDUR**

- **1** ☐ Sufficient
- **2** ☐ Slightly insufficient
- **3** ☐ Markedly insufficient   **Skip to Question 43**
- **4** ☐ Very insufficient or did not sleep at all

Q48 Overall quality of sleep (no matter how long you slept)   **BSLSLPQLTY**

- **1** ☐ Satisfactory
- **2** ☐ Slightly unsatisfactory
- **3** ☐ Markedly unsatisfactory
- **4** ☐ Very unsatisfactory or did not sleep at all

Q49 Sense of well-being during the day   **BSLSNSWB**

- **1** ☐ Normal
- **2** ☐ Slightly decreased
- **3** ☐ Markedly decreased
- **4** ☐ Very decreased

Q50 Functioning (physical and mental) during the day   **BSLFUNCDY**

- **1** ☐ Normal
- **2** ☐ Slightly decreased
- **3** ☐ Markedly decreased
- **4** ☐ Very decreased

Q51 Sleepiness during the day   **BSLSLPYDY**

- **0** ☐ None
- **1** ☐ Mild
- **2** ☐ Considerable
- **3** ☐ Intense

Q52 Considering only your own "feeling best" rhythm, at what time would you get up if you were entirely free to plan your day?

BSLTMUP

MEQSCORE
MEQCAT

1 ☐ 5:00 a.m.
2 ☐ 5:15 a.m.
3 ☐ 5:30 a.m.
4 ☐ 5:45 a.m.
5 ☐ 6:00 a.m.
6 ☐ 6:15 a.m.
7 ☐ 6:30 a.m.
8 ☐ 6:45 a.m.
9 ☐ 7:00 a.m.
10 ☐ 7:15 a.m.
11 ☐ 7:30 a.m.
12 ☐ 7:45 a.m.
13 ☐ 8:00 a.m.
14 ☐ 8:15 a.m.
15 ☐ 8:30 a.m.
16 ☐ 8:45 a.m.
17 ☐ 9:00 a.m.
18 ☐ 9:15 a.m.
19 ☐ 9:30 a.m.
20 ☐ 9:45 a.m.
21 ☐ 10:00 a.m.
22 ☐ 10:15 a.m.
23 ☐ 10:30 a.m.
24 ☐ 10:45 a.m.
25 ☐ 11:00 a.m.
26 ☐ 11:15 a.m.
27 ☐ 11:30 a.m.
28 ☐ 11:45 a.m.
29 ☐ 12:00 p.m.

Q53 Considering only your own "feeling best" rhythm, at what time would you go to bed if you were entirely free to plan your evening?

BSLTMBED

1 ☐ 8:00 p.m.
2 ☐ 8:15 p.m.
3 ☐ 8:30 p.m.
4 ☐ 8:45 p.m.
5 ☐ 9:00 p.m.
6 ☐ 9:15 p.m.
7 ☐ 9:30 p.m.
8 ☐ 9:45 p.m.
9 ☐ 10:00 p.m.
10 ☐ 10:15 p.m.
11 ☐ 10:30 p.m.
12 ☐ 10:45 p.m.
13 ☐ 11:00 p.m.
14 ☐ 11:15 p.m.
15 ☐ 11:30 p.m.
16 ☐ 11:45 p.m.
17 ☐ 12:00 a.m.
18 ☐ 12:15 a.m.
19 ☐ 12:30 a.m.
20 ☐ 12:45 a.m.
21 ☐ 1:00 a.m.
22 ☐ 1:15 a.m.
23 ☐ 1:30 a.m.
24 ☐ 1:45 a.m.
25 ☐ 2:00 a.m.
26 ☐ 2:15 a.m.
27 ☐ 2:30 a.m.
28 ☐ 2:45 a.m.
29 ☐ 3:00 a.m.

Q54 If there is a specific time at which you have to get up in the morning, to what extent are you dependent on being woken up by an alarm clock?

BSLALARM

1 ☐ Not at all dependent
2 ☐ Slightly dependent
3 ☐ Fairly dependent
4 ☐ Very dependent

Q55 Assuming adequate environmental conditions, how easy do you find getting up in the morning?

BSLESYGTUP

1 ☐ Not at all easy
2 ☐ Not very easy
3 ☐ Fairly easy
4 ☐ Very easy

Q56 How alert do you feel during the first half-hour after having woken in the mornings?

BSLALERT

1 ☐ Not at all alert
2 ☐ Slightly alert
3 ☐ Fairly alert
4 ☐ Very alert

Q57 How is your appetite during the first half-hour after having woken in the mornings?

BSLAPPETIT

1 ☐ Very poor
2 ☐ Fairly poor
3 ☐ Fairly good
4 ☐ Very good

Q58 During the first half-hour after having woken in the morning, how tired do you feel?　**BSLTIRED**

1 ☐ Very tired
2 ☐ Fairly tired
3 ☐ Fairly refreshed
4 ☐ Very refreshed

Q59 When you have no commitments the next day, at what time do you go to bed compared to your usual bedtime?　**BSLBDNOCMT**

1 ☐ Seldom or never later
2 ☐ Less than one hour later
3 ☐ 1-2 hours later
4 ☐ More than two hours later

Q60 You have decided to engage in some physical exercise. A friend suggests that you do this one hour twice a week and the best time for him is between 7:00 - 8:00 a.m. Bearing in mind nothing else but your own "feeling best" rhythm how do you think you would perform?　**BSLEXRCSAM**

1 ☐ Would be in good form
2 ☐ Would be in reasonable form
3 ☐ Would find it difficult
4 ☐ Would find it very difficult

Q61 At what time in the evening do you feel tired and as a result in need of sleep?　**BSLTMTIRED**

1 ☐ 8:00 p.m.
2 ☐ 8:15 p.m.
3 ☐ 8:30 p.m.
4 ☐ 8:45 p.m.
5 ☐ 9:00 p.m.
6 ☐ 9:15 p.m.
7 ☐ 9:30 p.m.
8 ☐ 9:45 p.m.
9 ☐ 10:00 p.m.
10 ☐ 10:15 p.m.
11 ☐ 10:30 p.m.
12 ☐ 10:45 p.m.
13 ☐ 11:00 p.m.
14 ☐ 11:15 p.m.
15 ☐ 11:30 p.m.
16 ☐ 11:45 p.m.
17 ☐ 12:00 a.m.
18 ☐ 12:15 a.m.
19 ☐ 12:30 a.m.
20 ☐ 12:45 a.m.
21 ☐ 1:00 a.m.
22 ☐ 1:15 a.m.
23 ☐ 1:30 a.m.
24 ☐ 1:45 a.m.
25 ☐ 2:00 a.m.
26 ☐ 2:15 a.m.
27 ☐ 2:30 a.m.
28 ☐ 2:45 a.m.
29 ☐ 3:00 a.m.

Q62 You wish to be at your peak performance for a test which you know is going to be mentally exhausting and lasting for two hours. You are entirely free to plan your day and considering your "feeling best" rhythm which ONE of these four testing times would you choose?　**BSLPKPRFM**

1 ☐ 8:00 - 10:00 a.m.
2 ☐ 11:00 a.m. - 1:00 p.m.
3 ☐ 3:00 - 5:00 p.m.
4 ☐ 7:00 - 9:00 p.m.

Q63 If you went to bed at 11:00 p.m. at what level of tiredness would you be? **BSLBED11PM**

1 ☐ Not at all tired
2 ☐ A little tired
3 ☐ Fairly tired
4 ☐ Very tired

Q64 For some reason you have gone to bed several hours later than usual, but there is no need to get up at any particular time the next morning. Which ONE of the following events are you most likely to experience? **BSLBEDLATE**

1 ☐ Will wake up at usual time and will NOT fall asleep
2 ☐ Will wake up at usual time and will doze thereafter
3 ☐ Will wake up at usual time but will fall asleep again
4 ☐ Will NOT wake up until later than usual

Q65 One night you have to remain awake between 4:00 - 6:00 a.m. in order to carry out a night watch. You have no commitments the next day. Which ONE of the following alternatives will suit you best? **BSLAWKERLY**

1 ☐ Would NOT go to bed until after watch was over
2 ☐ Would take a nap before and sleep after
3 ☐ Would take a good sleep before and nap after
4 ☐ Would take ALL sleep before watch

Q66 You have to do two hours of hard physical work. You are entirely free to plan your day and considering only your own "feeling best" rhythm which ONE of the following times would you choose? **BSLTMPHYWK**

1 ☐ 8:00 - 10:00 a.m.
2 ☐ 11:00 a.m. - 1:00 p.m.
3 ☐ 3:00 - 5:00 p.m.
4 ☐ 7:00 - 9:00 p.m.

Q67 You have decided to engage in hard physical exercise. A friend suggests that you do this for one hour twice a week and the best time for him is between 10:00 - 11:00 p.m. Bearing in mind nothing else but your "feeling best" rhythm how well do you think you would perform? **BSLEXRCSPM**

1 ☐ Would be in good form
2 ☐ Would be in reasonable form
3 ☐ Would find it difficult
4 ☐ Would find it very difficult

Q68 Suppose that you can choose your own work hours. Assume that you worked a FIVE-hour day (including breaks) and that your job was interesting and paid by results. Which FIVE CONSECUTIVE HOURS would you select?

BSLWRKHRS

1. ☐ 12:00 - 5:00 a.m.
2. ☐ 1:00 - 6:00 a.m.
3. ☐ 2:00 - 7:00 a.m.
4. ☐ 3:00 - 8:00 a.m.
5. ☐ 4:00 - 9:00 a.m.
6. ☐ 5:00 - 10:00 a.m.
7. ☐ 6:00 - 11:00 a.m.
8. ☐ 7:00 a.m. - 12:00 p.m.
9. ☐ 8:00 a.m. - 1:00 p.m.
10. ☐ 9:00 a.m. - 2:00 p.m.
11. ☐ 10:00 a.m. - 3:00 p.m.
12. ☐ 11:00 a.m. - 4:00 p.m.
13. ☐ 12:00 - 5:00 p.m.
14. ☐ 1:00 - 6:00 p.m.
15. ☐ 2:00 - 7:00 p.m.
16. ☐ 3:00 - 8:00 p.m.
17. ☐ 4:00 - 9:00 p.m.
18. ☐ 5:00 - 10:00 p.m.
19. ☐ 6:00 - 11:00 p.m.
20. ☐ 7:00 p.m. - 12:00 a.m.
21. ☐ 8:00 p.m. - 1:00 a.m.
22. ☐ 9:00 p.m. - 2:00 a.m.
23. ☐ 10:00 p.m. - 3:00 a.m.
24. ☐ 11:00 p.m. - 4:00 a.m.

Q69 At what time of the day do you think that you reach your "feeling best" peak?

BSLTMFLBST

0. ☐ 12:00 a.m.
1. ☐ 1:00 a.m.
2. ☐ 2:00 a.m.
3. ☐ 3:00 a.m.
4. ☐ 4:00 a.m.
5. ☐ 5:00 a.m.
6. ☐ 6:00 a.m.
7. ☐ 7:00 a.m.
8. ☐ 8:00 a.m.
9. ☐ 9:00 a.m.
10. ☐ 10:00 a.m.
11. ☐ 11:00 a.m.
12. ☐ 12:00 p.m.
13. ☐ 1:00 p.m.
14. ☐ 2:00 p.m.
15. ☐ 3:00 p.m.
16. ☐ 4:00 p.m.
17. ☐ 5:00 p.m.
18. ☐ 6:00 p.m.
19. ☐ 7:00 p.m.
20. ☐ 8:00 p.m.
21. ☐ 9:00 p.m.
22. ☐ 10:00 p.m.
23. ☐ 11:00 p.m.

Q70 One hears about "morning" and "evening" types of people. Which ONE of these types do you consider yourself to be?

BSLTYPE

1. ☐ Definitely a "morning" type?
2. ☐ Rather more a "morning" than an "evening" type?
3. ☐ Rather more an "evening" than a "morning" type?
4. ☐ Definitely an "evening" type?

Q71 How many miles do you live from your workplace?(miles)

BSLMILEWK

0 ☐ 0
1 ☐ 1
2 ☐ 2
3 ☐ 3
4 ☐ 4
5 ☐ 5
6 ☐ 6
7 ☐ 7
8 ☐ 8
9 ☐ 9
10 ☐ 10
11 ☐ 11
12 ☐ 12
13 ☐ 13
14 ☐ 14
15 ☐ 15
16 ☐ 16
17 ☐ 17
18 ☐ 18
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33 ☐ 33
34 ☐ 34
35 ☐ 35
36 ☐ 36
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Q72 What is your predominant means of commuting to and from work?   **BSLMNCMUT**

1 ☐ Driving a car, truck, or van
2 ☐ Passenger in a car, truck, or van
3 ☐ Driving a motorcycle or motor scooter   **If BSLMNCMUT = 1-6 Skip to Question 74**
4 ☐ Public transport
5 ☐ Bicycling
6 ☐ Walking   **Skip to Question 74**
7 ☐ Other   **Go to Question 73**

Q73 Other (specify)   **DRIVEDIARY**   **BSLCMUTOTR**

_____

Q74 How long does your commute take each day? (One direction) (minutes)

BSLTMCMUT

1 ☐ 1
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REDCap

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118 ☐ 118
119 ☐ 119
120 ☐ 120

IDRES
ROTATION

Drive Diary Entry for 2017-01-27 (1/2) (/home)

Studywide variables:
TX
PERIOD
WAVE

Are you driving to work or home? 1 ⦿ Home
0 ○ Work   direction

drive_length

What time did you start your drive?   Start_days
start_time   Clear entry

truncated to 121 days   What time did you end your drive?   End_days
end_time   Clear entry

How busy was the traffic? 0 ⦿ Very busy (peak)
1 ○ Somewhat busy (moderate)   traffic
2 ○ Somewhat quiet (light)
3 ○ Very quiet (no traffic)

What were the weather conditions during your drive?
☐ Snowy   snowy
☐ Icy   icy
☐ Heavy rain   hvyrain   0=no (not checked)
☐ Light Rain   ltrain   1=yes (checked)
☐ Heavy Fog   hvyfog
☐ Light Fog   ltfog
☐ Cloudy/Overcast   cloudy
☐ Clear   clear
☐ Bright   bright
☐ Very sunny (glare)   sunny

Did you have any 'near misses' on your journey? 1 ⦿ Yes   near_miss
0 ○ No

What time of day did the near miss occur?   nm_days
nm_time   Clear entry

Was the near miss related to fatigue or drowsy driving? 1 ⦿ Yes   nm_fatigue
0 ○ No

Were you or anyone else injured? 1 ⦿ Yes   nm_injury
0 ○

0 No

Please briefly describe who was injured and the extent of injuries:

nm_injury_comment

How much sleep do you have in the preceding 24 hours before this incident?

| hours | minutes | nm_sleep_duration |

How long had you been awake before this incident?

| hours | minutes | nm_wake_duration |

Please briefly describe this incident including weather/surface conditions

nm_comment

ONLY 1 CRASH
SO THIS SECTION
NOT RELEASED Did you have a crash on your journey? 1 ◉ Yes   crash
                                        0 ◯ No

What time of day did the crash occur?   crash_time Clear entry

Was the crash related to fatigue or drowsy driving? 1 ◉ Yes   crash_fatigue
                                                    0 ◯ No

Were you or anyone else injured? 1 ◉ Yes   crash_injury
                                 0 ◯ No
                                            crash_injury_comment

Please briefly describe this crash including weather/surface conditions

crash_comment

How much sleep do you have in the preceding 24 hours before this crash?

| hours | minutes | crash_sleep_duration |

How long had you been awake before this crash?

| hours | minutes | crash_wake_duration |

Continue »

Drive Diary Entry for 2017-01-27 (2/2) (/home)

How sleepy were you at the *start* of this journey?   sleepy_start

Extremely alert	Very alert	Alert	Rather alert	Neither alert nor sleepy	Some signs of sleepiness	Sleepy, but no effort to keep awake	Sleepy, some effort to keep awake	Very Sleepy, great effort to keep awake, fighting sleep
○ 1	○ 2	○ 3	○ 4	○ 5	○ 6	○ 7	○ 8	○ 9

How sleepy were you at the *end* of this journey?   sleepy_end

Extremely alert	Very alert	Alert	Rather alert	Neither alert nor sleepy	Some signs of sleepiness	Sleepy, but no effort to keep awake	Sleepy, some effort to keep awake	Very Sleepy, great effort to keep awake, fighting sleep
○ 1	○ 2	○ 3	○ 4	○ 5	○ 6	○ 7	○ 8	○ 9

Did any of following events occur during your journey?

☐ Fell asleep while driving   ~~aslpdrv~~
☐ Driving while drowsy   drwsydrv
☐ Fell asleep at a stop light   ~~aslplt~~
☐ Drove through a stop light   ~~redlight~~
☐ Hit the rumble strips   rumble
☐ Braked sharply   brake
☐

0=no (not checked)
1=yes (checked)

Resting your eyes	resteyes
☐ Missed your turn	missturn
☐ Swerved violently	~~swerve~~
☐ Being distracted	distract
☐ Lack of awareness	notaware
☐ Shouting at another person	shout
☐ Fixation on interior/exterior object	fixation
☐ None of the above	noevent

Did you find yourself doing any of the following?

☐ Playing music	plymusic	
☐ Blowing cold air in face	coldair	
☐ Opening windows	openwind	
☐ Smoking	~~smoke~~	0=no (not checked)
☐ Reading	~~read~~	1=yes (checked)
☐ Using other gadgets	gadget	
☐ Mental occupation	mental	
☐ Drinking Caffeine	drinkcaf	
☐ Chewing gum	chewgum	
☐ Changing music often	chgmusic	
☑ Using cell-phone	cell	
☐ None of the above	noaction	

Number of calls	# of calls	cell_calls Collapsed as 1 and 2+
Total Duration	total mins	cell_duration

Did you wear sunglasses during this drive? 1 ◯ Yes   sunglasses

0 ◉ No

Any other comments about your drive (inc. normal route deviation)?   ~~drive_comment~~

Save »

Resident Enrollment Form

dataset=enrollment

Please complete the survey below.

Thank you!

Q1 Study ID:

_____

IDRES

Q2 Acrostic:

_____

(Please enter four letters)

~~ACROSRES~~

Q3 Staff ID:

_____

~~AEFSTFID~~

Q4 Date Resident Signed Consent for Study Participation:

_____

~~AEFDTCNSNT~~

Q5 Rotation Start Date:

_____

~~AEFROTSDT~~

Q6 Rotation End Date:

_____

~~AEFROTEDT~~

Q7 Type of Consent:

1 ◯ Full study participation
2 ◯ Observation only

AEFCONSENT

OBSONLY
ROTATIONDAYS
ROTATION
ROTATIONSTART
STUDYDAYS

Q8 Did the resident provide a DNA sample?

1 ◯ Yes
0 ◯ No

AEFDNA

Resident Subject Withdrawal Form

Please complete the survey below.

dataset=enrollment

Thank you!

Q1 Study ID:

_____   IDRES

Q2 Acrostic:

_____   ~~ACROSRES~~
(Please enter four letters)

Q3 Staff ID:

_____   ~~WDFSTFID~~

Q4 Date Resident Withdrew Consent for Study Participation:

_____   ~~WDFDTWDRW~~

Q5 Please indicate why the resident subject withdrew consent: (Check the primary reason, marking only one response.)

WDFRSN

1 ☐ Not interested in study in general
2 ☐ Unwilling to wear actigraph
3 ☐ Unwilling to wear Optalert
4 ☐ Unwilling to complete a daily sleep/work dairy
6 ☐ Worried about confidentiality   5 unwilling to be observed
7 ☐ Change of rotation schedule
8 ☐ No reason given
9 ☐ Other   **Go to Question 6**
10 Unwilling to do PVT

Q6 Please specify reason: ~~WDFRSNOTR~~

_____

WITHDRAW

End of Rotation Survey

dataset=eor

EORDAYS
ROTATION

Studywide variables:
TX
PERIOD
WAVE

Thank you very much for participating in our study of work hours. We very much appreciate your investment in this project. This survey will ask you about your work experience, sleep, health and safety incidents over the past month in the ICU. Results will be used for research. Aggregate results may be published, but no data that would make it possible to identify individual respondents will be shared with anyone other than the study personnel. Protection of your confidentiality will be our highest priority.

Except as otherwise noted, all questions on this survey refer to your schedule and experiences during the last month that you were working in the ICU. We understand that you may not remember all details perfectly, but please make your best guess. You are free to skip any question you would prefer not to answer, but we encourage you to answer all questions, as complete data will improve the value of the survey.

Q1 Study ID:

IDRES

_____

Q2 Acrostic:

~~ACROSRES~~

_____
(Please enter four letters)

Sleep and Work

Q3 On average, how many hours of sleep did you get per 24 hours over the past month?   **ERSSLPHRS**

_____

Q4 In the past month, what was the longest number of continuous hours you were actually physically at work? (Include protected time for sleep provided during an extended shift)   **ERSCNTHRS**

_____

Q5 In the past month, what was the longest number of continuous hours you went without sleep?   **ERSNOSLPHR**

_____

In the past month, on average, per week, how many hours did you spend:

Q6 Participating in direct patient care (examining patients, writing notes, interpreting tests/radiographic studies/pathology specimens, consulting with other physicians, etc.)   **ERSPTCARE**

_____
(hours)

Q7 In the workplace in duties not related to patient care (other paperwork, scheduling hourstests, etc.)   **ERSPPRWRK**

_____
(hours)

Q8 In formal structured learning including classes/ laboratories/grand rounds   **ERSFRMLRN**

_____
(hours)

Q9 In self-directed learning outside of the workplace   **ERSSDLRN**

_____
(hours)

Q10 Teaching students or housestaff   **ERSTEACH**

_____
(hours)

Q11 In leisure activities outside of the hospital or workplace   **ERSLEISURE**

_____
(hours)

Over the past month you were working, did you nod off or fall asleep while engaged in any of the following activities?

Q12 During lectures, seminars, or grand rounds   **ERSLCTR**

1 ☐ Yes   **Go to Question 13**
0 ☐ No   **Skip to Question 14**
.M ☐ NA   **Skip to Question 14**

Q13 Number of times:

ERSLCTRNM

1 ☐ 1
2 ☐ 2
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Q14 On the telephone   **ERSPHONE**

   1 ☐ Yes   **Go to Question 15**
   0 ☐ No   **Skip to Question 16**
  .M ☐ NA   **Skip to Question 16**

Q15 Number of times:

1 ☐ 1
2 ☐ 2
3 ☐ 3
4 ☐ 4
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Q16 During rounds   **ERSRNDS**

  1 ☐ Yes   **Go to Question 17**
  0 ☐ No   **Skip to Question 18**
 .M ☐ NA   **Skip to Question 18**

Q17 Number of times:

ERSRNDSNM

1 ☐ 1
2 ☐ 2
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Q18 While talking to or examining a patient   **ERSTALK**

1 ☐ Yes   **Go to Question 19**
0 ☐ No   **Skip to Question 20**
.M ☐ NA   **Skip to Question 20**

Q19 Number of times:

1 ☐ 1
2 ☐ 2
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Q20 While doing a procedure   **ERSPROC**

1 ☐ Yes   **Go to Question 21**
0 ☐ No   **Skip to Question 22**
.M ☐ NA   **Skip to Question 22**

Q21 Number of times:

<div style="text-align: right">**ERSPROCNM**</div>

1	☐	1
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99 ☐ 99

Q22 While stopped in traffic   **ERSTRFC**

1 ☐ Yes   **Go to Question 23**
0 ☐ No   **Skip to Question 24**
.M ☐ NA   **Skip to Question 24**

Q23 Number of times:

ERSTRFCNM

1 ☐ 1
2 ☐ 2
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26 ☐ 26
27 ☐ 27
28 ☐ 28
29 ☐ 29
30 ☐ 30
31 ☐ 31
32 ☐ 32
33 ☐ 33
34 ☐ 34
35 ☐ 35
36 ☐ 36
37 ☐ 37
38 ☐ 38
39 ☐ 39
40 ☐ 40
41 ☐ 41
42 ☐ 42
43 ☐ 43
44 ☐ 44
45 ☐ 45
46 ☐ 46
47 ☐ 47
48 ☐ 48
49 ☐ 49
50 ☐ 50
51 ☐ 51
52 ☐ 52
53 ☐ 53
54 ☐ 54
55 ☐ 55
56 ☐ 56
57 ☐ 57
58 ☐ 58
59 ☐ 59
60 ☐ 60
61 ☐ 61
62 ☐ 62
63 ☐ 63
64 ☐ 64
65 ☐ 65
66 ☐ 66
67 ☐ 67
68 ☐ 68

69 ☐ 69
70 ☐ 70
71 ☐ 71
72 ☐ 72
73 ☐ 73
74 ☐ 74
75 ☐ 75
76 ☐ 76
77 ☐ 77
78 ☐ 78
79 ☐ 79
80 ☐ 80
81 ☐ 81
82 ☐ 82
83 ☐ 83
84 ☐ 84
85 ☐ 85
86 ☐ 86
87 ☐ 87
88 ☐ 88
89 ☐ 89
90 ☐ 90
91 ☐ 91
92 ☐ 92
93 ☐ 93
94 ☐ 94
95 ☐ 95
96 ☐ 96
97 ☐ 97
98 ☐ 98
99 ☐ 99

Q24 While driving   ERSDRIVE

1 ☐ Yes   **Go to Question 25**
0 ☐ No   **Skip to Question 26**
.M ☐ NA   **Skip to Question 26**

Q25 Number of times:

ERSDRIVENM

1 ☐	1
2 ☐	2
3 ☐	3
4 ☐	4
5 ☐	5
6 ☐	6
7 ☐	7
8 ☐	8
9 ☐	9
10 ☐	10
11 ☐	11
12 ☐	12
13 ☐	13
14 ☐	14
15 ☐	15
16 ☐	16
17 ☐	17
18 ☐	18
19 ☐	19
20 ☐	20
21 ☐	21
22 ☐	22
23 ☐	23
24 ☐	24
25 ☐	25
26 ☐	26
27 ☐	27
28 ☐	28
29 ☐	29
30 ☐	30
31 ☐	31
32 ☐	32
33 ☐	33
34 ☐	34
35 ☐	35
36 ☐	36
37 ☐	37
38 ☐	38
39 ☐	39
40 ☐	40
41 ☐	41
42 ☐	42
43 ☐	43
44 ☐	44
45 ☐	45
46 ☐	46
47 ☐	47
48 ☐	48
49 ☐	49
50 ☐	50
51 ☐	51
52 ☐	52
53 ☐	53
54 ☐	54
55 ☐	55
56 ☐	56
57 ☐	57
58 ☐	58
59 ☐	59
60 ☐	60
61 ☐	61
62 ☐	62
63 ☐	63
64 ☐	64
65 ☐	65
66 ☐	66
67 ☐	67
68 ☐	68

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69 ☐ 69
70 ☐ 70
71 ☐ 71
72 ☐ 72
73 ☐ 73
74 ☐ 74
75 ☐ 75
76 ☐ 76
77 ☐ 77
78 ☐ 78
79 ☐ 79
80 ☐ 80
81 ☐ 81
82 ☐ 82
83 ☐ 83
84 ☐ 84
85 ☐ 85
86 ☐ 86
87 ☐ 87
88 ☐ 88
89 ☐ 89
90 ☐ 90
91 ☐ 91
92 ☐ 92
93 ☐ 93
94 ☐ 94
95 ☐ 95
96 ☐ 96
97 ☐ 97
98 ☐ 98
99 ☐ 99

Motor Vehicle Experiences: Accidents, and Near Misses

Please complete the following questions for each incident, even if you previously reported this information in the daily drive diary.

Q26 In the past month, did you have any motor vehicle accidents, crashes or near misses in which you were driving?

ERSMVINC

1 ☐ Yes **Go to Question 27**
0 ☐ No **Skip to Question 53**
.M NA (I didn't drive in the past month) **Skip to Question 53**

Q27 How many did you have?

ERSMVINCNM

1 ☐ 1
2 ☐ 2
3 ☐ 3
4 ☐ 4
5 ☐ 5
6 ☐ 6
7 ☐ More than 6

Accident or Near miss #1

Q28 Was this an accident or a near miss?

ERSMVINC1

1 ☐ Accident
2 ☐ Near miss

Q29 When did the incident occur?

ERSMVOCR1

1 ☐ While driving to work
2 ☐ While driving from work
3 ☐ Neither

Q30 What was the date of the incident?

ERSMVDT1

_____

Q31 About what time did the incident occur (to the nearest hour)?

ERSMVTM1

- **0** ☐ 12:00 a.m.
- **1** ☐ 1:00 a.m.
- **2** ☐ 2:00 a.m.
- **3** ☐ 3:00 a.m.
- **4** ☐ 4:00 a.m.
- **5** ☐ 5:00 a.m.
- **6** ☐ 6:00 a.m.
- **7** ☐ 7:00 a.m.
- **8** ☐ 8:00 a.m.
- **9** ☐ 9:00 a.m.
- **10** ☐ 10:00 a.m.
- **11** ☐ 11:00 a.m.
- **12** ☐ 12:00 p.m.
- **13** ☐ 1:00 p.m.
- **14** ☐ 2:00 p.m.
- **15** ☐ 3:00 p.m.
- **16** ☐ 4:00 p.m.
- **17** ☐ 5:00 p.m.
- **18** ☐ 6:00 p.m.
- **19** ☐ 7:00 p.m.
- **20** ☐ 8:00 p.m.
- **21** ☐ 9:00 p.m.
- **22** ☐ 10:00 p.m.
- **23** ☐ 11:00 p.m.

Accident or Near miss #2   **If resident had < 2 Accidents/Near misses Skip to Question 53**

Q32 Was this an accident or a near miss?

ERSMVINC2

- **1** ☐ Accident
- **2** ☐ Near miss

Q33 When did the incident occur?

ERSMVOCR2

- **1** ☐ While driving to work
- **2** ☐ While driving from work
- **3** ☐ Neither

Q34 What was the date of the incident?

ERSMVDT2

_____

REDCap

Q35 About what time did the incident occur (to the nearest hour)?

~~ERSMVTM2~~

- **0** ☐ 12:00 a.m.
- **1** ☐ 1:00 a.m.
- **2** ☐ 2:00 a.m.
- **3** ☐ 3:00 a.m.
- **4** ☐ 4:00 a.m.
- **5** ☐ 5:00 a.m.
- **6** ☐ 6:00 a.m.
- **7** ☐ 7:00 a.m.
- **8** ☐ 8:00 a.m.
- **9** ☐ 9:00 a.m.
- **10** ☐ 10:00 a.m.
- **11** ☐ 11:00 a.m.
- **12** ☐ 12:00 p.m.
- **13** ☐ 1:00 p.m.
- **14** ☐ 2:00 p.m.
- **15** ☐ 3:00 p.m.
- **16** ☐ 4:00 p.m.
- **17** ☐ 5:00 p.m.
- **18** ☐ 6:00 p.m.
- **19** ☐ 7:00 p.m.
- **20** ☐ 8:00 p.m.
- **21** ☐ 9:00 p.m.
- **22** ☐ 10:00 p.m.
- **23** ☐ 11:00 p.m.

Accident or Near miss #3 **If resident had < 3 Accidents/Near misses Skip to Question 53**

Q36 Was this an accident or a near miss?

~~ERSMVINC3~~

- **1** ☐ Accident
- **2** ☐ Near miss

Q37 When did the incident occur?

~~ERSMVOCR3~~

- **1** ☐ While driving to work
- **2** ☐ While driving from work
- **3** ☐ Neither

Q38 What was the date of the incident?

~~ERSMVDT3~~

_____

Q39 About what time did the incident occur (to the nearest hour)?   ~~ERSMVTM3~~

- **0** ☐ 12:00 a.m.
- **1** ☐ 1:00 a.m.
- **2** ☐ 2:00 a.m.
- **3** ☐ 3:00 a.m.
- **4** ☐ 4:00 a.m.
- **5** ☐ 5:00 a.m.
- **6** ☐ 6:00 a.m.
- **7** ☐ 7:00 a.m.
- **8** ☐ 8:00 a.m.
- **9** ☐ 9:00 a.m.
- **10** ☐ 10:00 a.m.
- **11** ☐ 11:00 a.m.
- **12** ☐ 12:00 p.m.
- **13** ☐ 1:00 p.m.
- **14** ☐ 2:00 p.m.
- **15** ☐ 3:00 p.m.
- **16** ☐ 4:00 p.m.
- **17** ☐ 5:00 p.m.
- **18** ☐ 6:00 p.m.
- **19** ☐ 7:00 p.m.
- **20** ☐ 8:00 p.m.
- **21** ☐ 9:00 p.m.
- **22** ☐ 10:00 p.m.
- **23** ☐ 11:00 p.m.

Accident or Near miss #4 **If resident had < 4 Accidents/Near misses Skip to Question 53**

Q40 Was this an accident or a near miss?   ~~ERSMVINC4~~

- **1** ☐ Accident
- **2** ☐ Near miss

Q41 When did the incident occur?   ~~ERSMVOCR4~~

- **1** ☐ While driving to work
- **2** ☐ While driving from work
- **3** ☐ Neither

Q42 What was the date of the incident?   ~~ERSMVDT4~~

_____

Q43 About what time did the incident occur (to the nearest hour)?   **ERSMVTM4**

- **0** ☐ 12:00 a.m.
- **1** ☐ 1:00 a.m.
- **2** ☐ 2:00 a.m.
- **3** ☐ 3:00 a.m.
- **4** ☐ 4:00 a.m.
- **5** ☐ 5:00 a.m.
- **6** ☐ 6:00 a.m.
- **7** ☐ 7:00 a.m.
- **8** ☐ 8:00 a.m.
- **9** ☐ 9:00 a.m.
- **10** ☐ 10:00 a.m.
- **11** ☐ 11:00 a.m.
- **12** ☐ 12:00 p.m.
- **13** ☐ 1:00 p.m.
- **14** ☐ 2:00 p.m.
- **15** ☐ 3:00 p.m.
- **16** ☐ 4:00 p.m.
- **17** ☐ 5:00 p.m.
- **18** ☐ 6:00 p.m.
- **19** ☐ 7:00 p.m.
- **20** ☐ 8:00 p.m.
- **21** ☐ 9:00 p.m.
- **22** ☐ 10:00 p.m.
- **23** ☐ 11:00 p.m.

Accident or Near miss #5   **If resident had < 5 Accidents/Near misses Skip to Question 53**

Q44 Was this an accident or a near miss?   **ERSMVINC5**

- **1** ☐ Accident
- **2** ☐ Near miss

Q45 When did the incident occur?   **ERSMVOCR5**

- **1** ☐ While driving to work
- **2** ☐ While driving from work
- **3** ☐ Neither

Q46 What was the date of the incident?   **ERSMVDT5**

_____

Q47 About what time did the incident occur (to the nearest hour)?   ~~ERSMVTM5~~

0 ☐ 12:00 a.m.
1 ☐ 1:00 a.m.
2 ☐ 2:00 a.m.
3 ☐ 3:00 a.m.
4 ☐ 4:00 a.m.
5 ☐ 5:00 a.m.
6 ☐ 6:00 a.m.
7 ☐ 7:00 a.m.
8 ☐ 8:00 a.m.
9 ☐ 9:00 a.m.
10 ☐ 10:00 a.m.
11 ☐ 11:00 a.m.
12 ☐ 12:00 p.m.
13 ☐ 1:00 p.m.
14 ☐ 2:00 p.m.
15 ☐ 3:00 p.m.
16 ☐ 4:00 p.m.
17 ☐ 5:00 p.m.
18 ☐ 6:00 p.m.
19 ☐ 7:00 p.m.
20 ☐ 8:00 p.m.
21 ☐ 9:00 p.m.
22 ☐ 10:00 p.m.
23 ☐ 11:00 p.m.

Accident or Near miss #6   **If resident had < 6 Accidents/Near misses Skip to Question 53**

Q48 Was this an accident or a near miss?   ~~ERSMVINC6~~

1 ☐ Accident
2 ☐ Near miss

Q49 When did the incident occur?   ~~ERSMVOCR6~~

1 ☐ While driving to work
2 ☐ While driving from work
3 ☐ Neither

Q50 What was the date of the incident?   ~~ERSMVDT6~~

_____

Q51 About what time did the incident occur (to the nearest hour)?   **ERSMVTM6**

- **0** ☐ 12:00 a.m.
- **1** ☐ 1:00 a.m.
- **2** ☐ 2:00 a.m.
- **3** ☐ 3:00 a.m.
- **4** ☐ 4:00 a.m.
- **5** ☐ 5:00 a.m.
- **6** ☐ 6:00 a.m.
- **7** ☐ 7:00 a.m.
- **8** ☐ 8:00 a.m.
- **9** ☐ 9:00 a.m.
- **10** ☐ 10:00 a.m.
- **11** ☐ 11:00 a.m.
- **12** ☐ 12:00 p.m.
- **13** ☐ 1:00 p.m.
- **14** ☐ 2:00 p.m.
- **15** ☐ 3:00 p.m.
- **16** ☐ 4:00 p.m.
- **17** ☐ 5:00 p.m.
- **18** ☐ 6:00 p.m.
- **19** ☐ 7:00 p.m.
- **20** ☐ 8:00 p.m.
- **21** ☐ 9:00 p.m.
- **22** ☐ 10:00 p.m.
- **23** ☐ 11:00 p.m.

Q52 If you have been involved in more than six driving incidents, please provide details: **ERSMVCMT**

REDCap

Needle sticks and other body fluid exposures

Q53 In the past month, did you personally have an occupational exposure to potentially contaminated blood or other body fluid?

ERSEXPSLF

1 ☐ Yes   **Go to Question 54**
0 ☐ No   **Skip to Question 72**

Q54 How many incidents?

~~**ERSEXPSLFNM**~~

1 ☐ 1
2 ☐ 2
3 ☐ 3
4 ☐ 4
5 ☐ More than 4

Needle stick and other body fluid exposure #1

Q55 What was the date of the incident?

~~**ERSEXPSDT1**~~

_____

Q56 About what time did the incident occur (to the nearest hour)?

~~**ERSEXPSTM1**~~

0 ☐ 12:00 a.m.
1 ☐ 1:00 a.m.
2 ☐ 2:00 a.m.
3 ☐ 3:00 a.m.
4 ☐ 4:00 a.m.
5 ☐ 5:00 a.m.
6 ☐ 6:00 a.m.
7 ☐ 7:00 a.m.
8 ☐ 8:00 a.m.
9 ☐ 9:00 a.m.
10 ☐ 10:00 a.m.
11 ☐ 11:00 a.m.
12 ☐ 12:00 p.m.
13 ☐ 1:00 p.m.
14 ☐ 2:00 p.m.
15 ☐ 3:00 p.m.
16 ☐ 4:00 p.m.
17 ☐ 5:00 p.m.
18 ☐ 6:00 p.m.
19 ☐ 7:00 p.m.
20 ☐ 8:00 p.m.
21 ☐ 9:00 p.m.
22 ☐ 10:00 p.m.
23 ☐ 11:00 p.m.

REDCap

Q57 How many hours were you at work before this incident?

ERSEXSWRK1

- **0** ☐ 0
- **1** ☐ 1
- **2** ☐ 2
- **3** ☐ 3
- **4** ☐ 4
- **5** ☐ 5
- **6** ☐ 6
- **7** ☐ 7
- **8** ☐ 8
- **9** ☐ 9
- **10** ☐ 10
- **11** ☐ 11
- **12** ☐ 12
- **13** ☐ 13
- **14** ☐ 14
- **15** ☐ 15
- **16** ☐ 16
- **17** ☐ 17
- **18** ☐ 18
- **19** ☐ 19
- **20** ☐ 20
- **21** ☐ 21
- **22** ☐ 22
- **23** ☐ 23
- **24** ☐ 24
- **25** ☐ 25
- **26** ☐ 26
- **27** ☐ 27
- **28** ☐ 28
- **29** ☐ 29
- **30** ☐ 30
- **31** ☐ 31
- **32** ☐ 32
- **33** ☐ 33
- **34** ☐ 34
- **35** ☐ 35
- **36** ☐ 36
- **37** ☐ 37
- **38** ☐ 38
- **39** ☐ 39
- **40** ☐ 40
- **41** ☐ 41
- **42** ☐ 42
- **43** ☐ 43
- **44** ☐ 44
- **45** ☐ 45
- **46** ☐ 46
- **47** ☐ 47
- **48** ☐ 48
- **49** ☐ 49
- **50** ☐ 50
- **51** ☐ 51
- **52** ☐ 52
- **53** ☐ 53
- **54** ☐ 54
- **55** ☐ 55
- **56** ☐ 56
- **57** ☐ 57
- **58** ☐ 58
- **59** ☐ 59
- **60** ☐ 60

REDCap

Q58 How many hours were you awake before this incident?

~~ERSEXSAWK1~~

- **0** ☐ 0
- **1** ☐ 1
- **2** ☐ 2
- **3** ☐ 3
- **4** ☐ 4
- **5** ☐ 5
- **6** ☐ 6
- **7** ☐ 7
- **8** ☐ 8
- **9** ☐ 9
- **10** ☐ 10
- **11** ☐ 11
- **12** ☐ 12
- **13** ☐ 13
- **14** ☐ 14
- **15** ☐ 15
- **16** ☐ 16
- **17** ☐ 17
- **18** ☐ 18
- **19** ☐ 19
- **20** ☐ 20
- **21** ☐ 21
- **22** ☐ 22
- **23** ☐ 23
- **24** ☐ 24
- **25** ☐ 25
- **26** ☐ 26
- **27** ☐ 27
- **28** ☐ 28
- **29** ☐ 29
- **30** ☐ 30
- **31** ☐ 31
- **32** ☐ 32
- **33** ☐ 33
- **34** ☐ 34
- **35** ☐ 35
- **36** ☐ 36
- **37** ☐ 37
- **38** ☐ 38
- **39** ☐ 39
- **40** ☐ 40
- **41** ☐ 41
- **42** ☐ 42
- **43** ☐ 43
- **44** ☐ 44
- **45** ☐ 45
- **46** ☐ 46
- **47** ☐ 47
- **48** ☐ 48
- **49** ☐ 49
- **50** ☐ 50
- **51** ☐ 51
- **52** ☐ 52
- **53** ☐ 53
- **54** ☐ 54
- **55** ☐ 55
- **56** ☐ 56
- **57** ☐ 57
- **58** ☐ 58
- **59** ☐ 59
- **60** ☐ 60

Needle stick and other body fluid exposure #2

If resident had < 2 Needle sticks/Other body fluid exposures Skip to Question 72

Q59 What was the date of the incident?

~~ERSEXPSDT2~~

_____

REDCap

Q60 About what time did the incident occur (to the nearest hour)?

- **0** ☐ 12:00 a.m.
- **1** ☐ 1:00 a.m.
- **2** ☐ 2:00 a.m.
- **3** ☐ 3:00 a.m.
- **4** ☐ 4:00 a.m.
- **5** ☐ 5:00 a.m.
- **6** ☐ 6:00 a.m.
- **7** ☐ 7:00 a.m.
- **8** ☐ 8:00 a.m.
- **9** ☐ 9:00 a.m.
- **10** ☐ 10:00 a.m.
- **11** ☐ 11:00 a.m.
- **12** ☐ 12:00 p.m.
- **13** ☐ 1:00 p.m.
- **14** ☐ 2:00 p.m.
- **15** ☐ 3:00 p.m.
- **16** ☐ 4:00 p.m.
- **17** ☐ 5:00 p.m.
- **18** ☐ 6:00 p.m.
- **19** ☐ 7:00 p.m.
- **20** ☐ 8:00 p.m.
- **21** ☐ 9:00 p.m.
- **22** ☐ 10:00 p.m.
- **23** ☐ 11:00 p.m.

Q61 How many hours were you at work before this incident?

- **0** ☐ 0
- **1** ☐ 1
- **2** ☐ 2
- **3** ☐ 3
- **4** ☐ 4
- **5** ☐ 5
- **6** ☐ 6
- **7** ☐ 7
- **8** ☐ 8
- **9** ☐ 9
- **10** ☐ 10
- **11** ☐ 11
- **12** ☐ 12
- **13** ☐ 13
- **14** ☐ 14
- **15** ☐ 15
- **16** ☐ 16
- **17** ☐ 17
- **18** ☐ 18
- **19** ☐ 19
- **20** ☐ 20
- **21** ☐ 21
- **22** ☐ 22
- **23** ☐ 23
- **24** ☐ 24
- **25** ☐ 25
- **26** ☐ 26
- **27** ☐ 27
- **28** ☐ 28
- **29** ☐ 29
- **30** ☐ 30
- **31** ☐ 31
- **32** ☐ 32
- **33** ☐ 33
- **34** ☐ 34
- **35** ☐ 35
- **36** ☐ 36
- **37** ☐ 37
- **38** ☐ 38
- **39** ☐ 39
- **40** ☐ 40
- **41** ☐ 41
- **42** ☐ 42
- **43** ☐ 43
- **44** ☐ 44
- **45** ☐ 45
- **46** ☐ 46
- **47** ☐ 47
- **48** ☐ 48
- **49** ☐ 49
- **50** ☐ 50
- **51** ☐ 51
- **52** ☐ 52
- **53** ☐ 53
- **54** ☐ 54
- **55** ☐ 55
- **56** ☐ 56
- **57** ☐ 57
- **58** ☐ 58
- **59** ☐ 59
- **60** ☐ 60

Q62 How many hours were you awake before this incident?

ERSEXSAWK2

0 ☐	0
1 ☐	1
2 ☐	2
3 ☐	3
4 ☐	4
5 ☐	5
6 ☐	6
7 ☐	7
8 ☐	8
9 ☐	9
10 ☐	10
11 ☐	11
12 ☐	12
13 ☐	13
14 ☐	14
15 ☐	15
16 ☐	16
17 ☐	17
18 ☐	18
19 ☐	19
20 ☐	20
21 ☐	21
22 ☐	22
23 ☐	23
24 ☐	24
25 ☐	25
26 ☐	26
27 ☐	27
28 ☐	28
29 ☐	29
30 ☐	30
31 ☐	31
32 ☐	32
33 ☐	33
34 ☐	34
35 ☐	35
36 ☐	36
37 ☐	37
38 ☐	38
39 ☐	39
40 ☐	40
41 ☐	41
42 ☐	42
43 ☐	43
44 ☐	44
45 ☐	45
46 ☐	46
47 ☐	47
48 ☐	48
49 ☐	49
50 ☐	50
51 ☐	51
52 ☐	52
53 ☐	53
54 ☐	54
55 ☐	55
56 ☐	56
57 ☐	57
58 ☐	58
59 ☐	59
60 ☐	60

If resident had < 3 Needle sticks/Other body fluid exposures Skip to Question 72

Needle stick and other body fluid exposure #3

Q63 What was the date of the incident?

ERSEXPSDT3

Q64 About what time did the incident occur (to the nearest hour)?

- **0** ☐ 12:00 a.m.
- **1** ☐ 1:00 a.m.
- **2** ☐ 2:00 a.m.
- **3** ☐ 3:00 a.m.
- **4** ☐ 4:00 a.m.
- **5** ☐ 5:00 a.m.
- **6** ☐ 6:00 a.m.
- **7** ☐ 7:00 a.m.
- **8** ☐ 8:00 a.m.
- **9** ☐ 9:00 a.m.
- **10** ☐ 10:00 a.m.
- **11** ☐ 11:00 a.m.
- **12** ☐ 12:00 p.m.
- **13** ☐ 1:00 p.m.
- **14** ☐ 2:00 p.m.
- **15** ☐ 3:00 p.m.
- **16** ☐ 4:00 p.m.
- **17** ☐ 5:00 p.m.
- **18** ☐ 6:00 p.m.
- **19** ☐ 7:00 p.m.
- **20** ☐ 8:00 p.m.
- **21** ☐ 9:00 p.m.
- **22** ☐ 10:00 p.m.
- **23** ☐ 11:00 p.m.

Q65 How many hours were you at work before this incident?

ERSEXSWRK3

0 ☐ 0
1 ☐ 1
2 ☐ 2
3 ☐ 3
4 ☐ 4
5 ☐ 5
6 ☐ 6
7 ☐ 7
8 ☐ 8
9 ☐ 9
10 ☐ 10
11 ☐ 11
12 ☐ 12
13 ☐ 13
14 ☐ 14
15 ☐ 15
16 ☐ 16
17 ☐ 17
18 ☐ 18
19 ☐ 19
20 ☐ 20
21 ☐ 21
22 ☐ 22
23 ☐ 23
24 ☐ 24
25 ☐ 25
26 ☐ 26
27 ☐ 27
28 ☐ 28
29 ☐ 29
30 ☐ 30
31 ☐ 31
32 ☐ 32
33 ☐ 33
34 ☐ 34
35 ☐ 35
36 ☐ 36
37 ☐ 37
38 ☐ 38
39 ☐ 39
40 ☐ 40
41 ☐ 41
42 ☐ 42
43 ☐ 43
44 ☐ 44
45 ☐ 45
46 ☐ 46
47 ☐ 47
48 ☐ 48
49 ☐ 49
50 ☐ 50
51 ☐ 51
52 ☐ 52
53 ☐ 53
54 ☐ 54
55 ☐ 55
56 ☐ 56
57 ☐ 57
58 ☐ 58
59 ☐ 59
60 ☐ 60

REDCap

Q66 How many hours were you awake before this incident?

ERSEXSAWK3

0 ☐ 0
1 ☐ 1
2 ☐ 2
3 ☐ 3
4 ☐ 4
5 ☐ 5
6 ☐ 6
7 ☐ 7
8 ☐ 8
9 ☐ 9
10 ☐ 10
11 ☐ 11
12 ☐ 12
13 ☐ 13
14 ☐ 14
15 ☐ 15
16 ☐ 16
17 ☐ 17
18 ☐ 18
19 ☐ 19
20 ☐ 20
21 ☐ 21
22 ☐ 22
23 ☐ 23
24 ☐ 24
25 ☐ 25
26 ☐ 26
27 ☐ 27
28 ☐ 28
29 ☐ 29
30 ☐ 30
31 ☐ 31
32 ☐ 32
33 ☐ 33
34 ☐ 34
35 ☐ 35
36 ☐ 36
37 ☐ 37
38 ☐ 38
39 ☐ 39
40 ☐ 40
41 ☐ 41
42 ☐ 42
43 ☐ 43
44 ☐ 44
45 ☐ 45
46 ☐ 46
47 ☐ 47
48 ☐ 48
49 ☐ 49
50 ☐ 50
51 ☐ 51
52 ☐ 52
53 ☐ 53
54 ☐ 54
55 ☐ 55
56 ☐ 56
57 ☐ 57
58 ☐ 58
59 ☐ 59
60 ☐ 60

If resident had < 4 Needle sticks/Other body fluid exposures Skip to Question 72

Needle stick and other body fluid exposure #4

Q67 What was the date of the incident?

ERSEXPSDT4

REDCap

Q68 About what time did the incident occur (to the nearest hour)?

- **0** ☐ 12:00 a.m.
- **1** ☐ 1:00 a.m.
- **2** ☐ 2:00 a.m.
- **3** ☐ 3:00 a.m.
- **4** ☐ 4:00 a.m.
- **5** ☐ 5:00 a.m.
- **6** ☐ 6:00 a.m.
- **7** ☐ 7:00 a.m.
- **8** ☐ 8:00 a.m.
- **9** ☐ 9:00 a.m.
- **10** ☐ 10:00 a.m.
- **11** ☐ 11:00 a.m.
- **12** ☐ 12:00 p.m.
- **13** ☐ 1:00 p.m.
- **14** ☐ 2:00 p.m.
- **15** ☐ 3:00 p.m.
- **16** ☐ 4:00 p.m.
- **17** ☐ 5:00 p.m.
- **18** ☐ 6:00 p.m.
- **19** ☐ 7:00 p.m.
- **20** ☐ 8:00 p.m.
- **21** ☐ 9:00 p.m.
- **22** ☐ 10:00 p.m.
- **23** ☐ 11:00 p.m.

Q69 How many hours were you at work before this incident?

ERSEXSWRK4

0 ☐ 0
1 ☐ 1
2 ☐ 2
3 ☐ 3
4 ☐ 4
5 ☐ 5
6 ☐ 6
7 ☐ 7
8 ☐ 8
9 ☐ 9
10 ☐ 10
11 ☐ 11
12 ☐ 12
13 ☐ 13
14 ☐ 14
15 ☐ 15
16 ☐ 16
17 ☐ 17
18 ☐ 18
19 ☐ 19
20 ☐ 20
21 ☐ 21
22 ☐ 22
23 ☐ 23
24 ☐ 24
25 ☐ 25
26 ☐ 26
27 ☐ 27
28 ☐ 28
29 ☐ 29
30 ☐ 30
31 ☐ 31
32 ☐ 32
33 ☐ 33
34 ☐ 34
35 ☐ 35
36 ☐ 36
37 ☐ 37
38 ☐ 38
39 ☐ 39
40 ☐ 40
41 ☐ 41
42 ☐ 42
43 ☐ 43
44 ☐ 44
45 ☐ 45
46 ☐ 46
47 ☐ 47
48 ☐ 48
49 ☐ 49
50 ☐ 50
51 ☐ 51
52 ☐ 52
53 ☐ 53
54 ☐ 54
55 ☐ 55
56 ☐ 56
57 ☐ 57
58 ☐ 58
59 ☐ 59
60 ☐ 60

Q70 How many hours were you awake before this incident?

~~ERSEXSAWK4~~

0 ☐ 0
1 ☐ 1
2 ☐ 2
3 ☐ 3
4 ☐ 4
5 ☐ 5
6 ☐ 6
7 ☐ 7
8 ☐ 8
9 ☐ 9
10 ☐ 10
11 ☐ 11
12 ☐ 12
13 ☐ 13
14 ☐ 14
15 ☐ 15
16 ☐ 16
17 ☐ 17
18 ☐ 18
19 ☐ 19
20 ☐ 20
21 ☐ 21
22 ☐ 22
23 ☐ 23
24 ☐ 24
25 ☐ 25
26 ☐ 26
27 ☐ 27
28 ☐ 28
29 ☐ 29
30 ☐ 30
31 ☐ 31
32 ☐ 32
33 ☐ 33
34 ☐ 34
35 ☐ 35
36 ☐ 36
37 ☐ 37
38 ☐ 38
39 ☐ 39
40 ☐ 40
41 ☐ 41
42 ☐ 42
43 ☐ 43
44 ☐ 44
45 ☐ 45
46 ☐ 46
47 ☐ 47
48 ☐ 48
49 ☐ 49
50 ☐ 50
51 ☐ 51
52 ☐ 52
53 ☐ 53
54 ☐ 54
55 ☐ 55
56 ☐ 56
57 ☐ 57
58 ☐ 58
59 ☐ 59
60 ☐ 60

Q71 If you have been involved in more than four needle sticks and other body fluid exposure incidents to yourself, please provide details:

~~ERSEXPSCMT~~

Q72 In the past month, did you cause any occupational exposure to potentially contaminated blood or other body fluid to others ?

ERSEXPOTR

1 ☐ Yes **Go to Question 73**
0 ☐ No   **Skip to Question 91**

Q73 How many incidents?

ERSEXPOTRN

1 ☐ 1
2 ☐ 2
3 ☐ 3
4 ☐ 4
5 ☐ More than 4

Needle stick and other body fluid exposure #1

Q74 What was the date of the incident?

ERSEXPODT1

_____

Q75 About what time did the incident occur (to the nearest hour)?

ERSEXPOTM1

0 ☐ 12:00 a.m.
1 ☐ 1:00 a.m.
2 ☐ 2:00 a.m.
3 ☐ 3:00 a.m.
4 ☐ 4:00 a.m.
5 ☐ 5:00 a.m.
6 ☐ 6:00 a.m.
7 ☐ 7:00 a.m.
8 ☐ 8:00 a.m.
9 ☐ 9:00 a.m.
10 ☐ 10:00 a.m.
11 ☐ 11:00 a.m.
12 ☐ 12:00 p.m.
13 ☐ 1:00 p.m.
14 ☐ 2:00 p.m.
15 ☐ 3:00 p.m.
16 ☐ 4:00 p.m.
17 ☐ 5:00 p.m.
18 ☐ 6:00 p.m.
19 ☐ 7:00 p.m.
20 ☐ 8:00 p.m.
21 ☐ 9:00 p.m.
22 ☐ 10:00 p.m.
23 ☐ 11:00 p.m.

Q76 How many hours were you at work before this incident?

ERSEXOWRK1

0	☐	0
1	☐	1
2	☐	2
3	☐	3
4	☐	4
5	☐	5
6	☐	6
7	☐	7
8	☐	8
9	☐	9
10	☐	10
11	☐	11
12	☐	12
13	☐	13
14	☐	14
15	☐	15
16	☐	16
17	☐	17
18	☐	18
19	☐	19
20	☐	20
21	☐	21
22	☐	22
23	☐	23
24	☐	24
25	☐	25
26	☐	26
27	☐	27
28	☐	28
29	☐	29
30	☐	30
31	☐	31
32	☐	32
33	☐	33
34	☐	34
35	☐	35
36	☐	36
37	☐	37
38	☐	38
39	☐	39
40	☐	40
41	☐	41
42	☐	42
43	☐	43
44	☐	44
45	☐	45
46	☐	46
47	☐	47
48	☐	48
49	☐	49
50	☐	50
51	☐	51
52	☐	52
53	☐	53
54	☐	54
55	☐	55
56	☐	56
57	☐	57
58	☐	58
59	☐	59
60	☐	60

REDCap

Q77 How many hours were you awake before this incident?

~~ERSEXOAWK1~~

- **0** ☐ 0
- **1** ☐ 1
- **2** ☐ 2
- **3** ☐ 3
- **4** ☐ 4
- **5** ☐ 5
- **6** ☐ 6
- **7** ☐ 7
- **8** ☐ 8
- **9** ☐ 9
- **10** ☐ 10
- **11** ☐ 11
- **12** ☐ 12
- **13** ☐ 13
- **14** ☐ 14
- **15** ☐ 15
- **16** ☐ 16
- **17** ☐ 17
- **18** ☐ 18
- **19** ☐ 19
- **20** ☐ 20
- **21** ☐ 21
- **22** ☐ 22
- **23** ☐ 23
- **24** ☐ 24
- **25** ☐ 25
- **26** ☐ 26
- **27** ☐ 27
- **28** ☐ 28
- **29** ☐ 29
- **30** ☐ 30
- **31** ☐ 31
- **32** ☐ 32
- **33** ☐ 33
- **34** ☐ 34
- **35** ☐ 35
- **36** ☐ 36
- **37** ☐ 37
- **38** ☐ 38
- **39** ☐ 39
- **40** ☐ 40
- **41** ☐ 41
- **42** ☐ 42
- **43** ☐ 43
- **44** ☐ 44
- **45** ☐ 45
- **46** ☐ 46
- **47** ☐ 47
- **48** ☐ 48
- **49** ☐ 49
- **50** ☐ 50
- **51** ☐ 51
- **52** ☐ 52
- **53** ☐ 53
- **54** ☐ 54
- **55** ☐ 55
- **56** ☐ 56
- **57** ☐ 57
- **58** ☐ 58
- **59** ☐ 59
- **60** ☐ 60

If resident had < 2 Needle sticks/Other body fluid exposures Skip to Question 91

Needle stick and other body fluid exposure #2

Q78 What was the date of the incident?

~~ERSEXPODT2~~

Q79 About what time did the incident occur (to the nearest hour)?

ERSEXPOTM2

- **0** ☐ 12:00 a.m.
- **1** ☐ 1:00 a.m.
- **2** ☐ 2:00 a.m.
- **3** ☐ 3:00 a.m.
- **4** ☐ 4:00 a.m.
- **5** ☐ 5:00 a.m.
- **6** ☐ 6:00 a.m.
- **7** ☐ 7:00 a.m.
- **8** ☐ 8:00 a.m.
- **9** ☐ 9:00 a.m.
- **10** ☐ 10:00 a.m.
- **11** ☐ 11:00 a.m.
- **12** ☐ 12:00 p.m.
- **13** ☐ 1:00 p.m.
- **14** ☐ 2:00 p.m.
- **15** ☐ 3:00 p.m.
- **16** ☐ 4:00 p.m.
- **17** ☐ 5:00 p.m.
- **18** ☐ 6:00 p.m.
- **19** ☐ 7:00 p.m.
- **20** ☐ 8:00 p.m.
- **21** ☐ 9:00 p.m.
- **22** ☐ 10:00 p.m.
- **23** ☐ 11:00 p.m.

Q80 How many hours were you at work before this incident?

ERSEXOWRK2

0 ☐	0
1 ☐	1
2 ☐	2
3 ☐	3
4 ☐	4
5 ☐	5
6 ☐	6
7 ☐	7
8 ☐	8
9 ☐	9
10 ☐	10
11 ☐	11
12 ☐	12
13 ☐	13
14 ☐	14
15 ☐	15
16 ☐	16
17 ☐	17
18 ☐	18
19 ☐	19
20 ☐	20
21 ☐	21
22 ☐	22
23 ☐	23
24 ☐	24
25 ☐	25
26 ☐	26
27 ☐	27
28 ☐	28
29 ☐	29
30 ☐	30
31 ☐	31
32 ☐	32
33 ☐	33
34 ☐	34
35 ☐	35
36 ☐	36
37 ☐	37
38 ☐	38
39 ☐	39
40 ☐	40
41 ☐	41
42 ☐	42
43 ☐	43
44 ☐	44
45 ☐	45
46 ☐	46
47 ☐	47
48 ☐	48
49 ☐	49
50 ☐	50
51 ☐	51
52 ☐	52
53 ☐	53
54 ☐	54
55 ☐	55
56 ☐	56
57 ☐	57
58 ☐	58
59 ☐	59
60 ☐	60

REDCap

Q81 How many hours were you awake before this incident?

ERSEXOAWK2

- **0** ☐ 0
- **1** ☐ 1
- **2** ☐ 2
- **3** ☐ 3
- **4** ☐ 4
- **5** ☐ 5
- **6** ☐ 6
- **7** ☐ 7
- **8** ☐ 8
- **9** ☐ 9
- **10** ☐ 10
- **11** ☐ 11
- **12** ☐ 12
- **13** ☐ 13
- **14** ☐ 14
- **15** ☐ 15
- **16** ☐ 16
- **17** ☐ 17
- **18** ☐ 18
- **19** ☐ 19
- **20** ☐ 20
- **21** ☐ 21
- **22** ☐ 22
- **23** ☐ 23
- **24** ☐ 24
- **25** ☐ 25
- **26** ☐ 26
- **27** ☐ 27
- **28** ☐ 28
- **29** ☐ 29
- **30** ☐ 30
- **31** ☐ 31
- **32** ☐ 32
- **33** ☐ 33
- **34** ☐ 34
- **35** ☐ 35
- **36** ☐ 36
- **37** ☐ 37
- **38** ☐ 38
- **39** ☐ 39
- **40** ☐ 40
- **41** ☐ 41
- **42** ☐ 42
- **43** ☐ 43
- **44** ☐ 44
- **45** ☐ 45
- **46** ☐ 46
- **47** ☐ 47
- **48** ☐ 48
- **49** ☐ 49
- **50** ☐ 50
- **51** ☐ 51
- **52** ☐ 52
- **53** ☐ 53
- **54** ☐ 54
- **55** ☐ 55
- **56** ☐ 56
- **57** ☐ 57
- **58** ☐ 58
- **59** ☐ 59
- **60** ☐ 60

If resident had < 3 Needle sticks/Other body fluid exposures Skip to Question 91

Needle stick and other body fluid exposure #3

Q82 What was the date of the incident?

ERSEXPODT3

_____

REDCap

Q83 About what time did the incident occur (to the nearest hour)?

ERSEXPOTM3

- **0** ☐ 12:00 a.m.
- **1** ☐ 1:00 a.m.
- **2** ☐ 2:00 a.m.
- **3** ☐ 3:00 a.m.
- **4** ☐ 4:00 a.m.
- **5** ☐ 5:00 a.m.
- **6** ☐ 6:00 a.m.
- **7** ☐ 7:00 a.m.
- **8** ☐ 8:00 a.m.
- **9** ☐ 9:00 a.m.
- **10** ☐ 10:00 a.m.
- **11** ☐ 11:00 a.m.
- **12** ☐ 12:00 p.m.
- **13** ☐ 1:00 p.m.
- **14** ☐ 2:00 p.m.
- **15** ☐ 3:00 p.m.
- **16** ☐ 4:00 p.m.
- **17** ☐ 5:00 p.m.
- **18** ☐ 6:00 p.m.
- **19** ☐ 7:00 p.m.
- **20** ☐ 8:00 p.m.
- **21** ☐ 9:00 p.m.
- **22** ☐ 10:00 p.m.
- **23** ☐ 11:00 p.m.

Q84 How many hours were you at work before this incident?

ERSEXOWRK3

0 ☐ 0
1 ☐ 1
2 ☐ 2
3 ☐ 3
4 ☐ 4
5 ☐ 5
6 ☐ 6
7 ☐ 7
8 ☐ 8
9 ☐ 9
10 ☐ 10
11 ☐ 11
12 ☐ 12
13 ☐ 13
14 ☐ 14
15 ☐ 15
16 ☐ 16
17 ☐ 17
18 ☐ 18
19 ☐ 19
20 ☐ 20
21 ☐ 21
22 ☐ 22
23 ☐ 23
24 ☐ 24
25 ☐ 25
26 ☐ 26
27 ☐ 27
28 ☐ 28
29 ☐ 29
30 ☐ 30
31 ☐ 31
32 ☐ 32
33 ☐ 33
34 ☐ 34
35 ☐ 35
36 ☐ 36
37 ☐ 37
38 ☐ 38
39 ☐ 39
40 ☐ 40
41 ☐ 41
42 ☐ 42
43 ☐ 43
44 ☐ 44
45 ☐ 45
46 ☐ 46
47 ☐ 47
48 ☐ 48
49 ☐ 49
50 ☐ 50
51 ☐ 51
52 ☐ 52
53 ☐ 53
54 ☐ 54
55 ☐ 55
56 ☐ 56
57 ☐ 57
58 ☐ 58
59 ☐ 59
60 ☐ 60

REDCap

Q85 How many hours were you awake before this incident?

ERSEXOAWK3

- **0** ☐ 0
- **1** ☐ 1
- **2** ☐ 2
- **3** ☐ 3
- **4** ☐ 4
- **5** ☐ 5
- **6** ☐ 6
- **7** ☐ 7
- **8** ☐ 8
- **9** ☐ 9
- **10** ☐ 10
- **11** ☐ 11
- **12** ☐ 12
- **13** ☐ 13
- **14** ☐ 14
- **15** ☐ 15
- **16** ☐ 16
- **17** ☐ 17
- **18** ☐ 18
- **19** ☐ 19
- **20** ☐ 20
- **21** ☐ 21
- **22** ☐ 22
- **23** ☐ 23
- **24** ☐ 24
- **25** ☐ 25
- **26** ☐ 26
- **27** ☐ 27
- **28** ☐ 28
- **29** ☐ 29
- **30** ☐ 30
- **31** ☐ 31
- **32** ☐ 32
- **33** ☐ 33
- **34** ☐ 34
- **35** ☐ 35
- **36** ☐ 36
- **37** ☐ 37
- **38** ☐ 38
- **39** ☐ 39
- **40** ☐ 40
- **41** ☐ 41
- **42** ☐ 42
- **43** ☐ 43
- **44** ☐ 44
- **45** ☐ 45
- **46** ☐ 46
- **47** ☐ 47
- **48** ☐ 48
- **49** ☐ 49
- **50** ☐ 50
- **51** ☐ 51
- **52** ☐ 52
- **53** ☐ 53
- **54** ☐ 54
- **55** ☐ 55
- **56** ☐ 56
- **57** ☐ 57
- **58** ☐ 58
- **59** ☐ 59
- **60** ☐ 60

If resident had < 4 Needle sticks/Other body fluid exposures Skip to Question 91

Needle stick and other body fluid exposure #4

Q86 What was the date of the incident?

ERSEXPODT4

_____

REDCap

Q87 About what time did the incident occur (to the nearest hour)?

ERSEXPOTM4

- **0** ☐ 12:00 a.m.
- **1** ☐ 1:00 a.m.
- **2** ☐ 2:00 a.m.
- **3** ☐ 3:00 a.m.
- **4** ☐ 4:00 a.m.
- **5** ☐ 5:00 a.m.
- **6** ☐ 6:00 a.m.
- **7** ☐ 7:00 a.m.
- **8** ☐ 8:00 a.m.
- **9** ☐ 9:00 a.m.
- **10** ☐ 10:00 a.m.
- **11** ☐ 11:00 a.m.
- **12** ☐ 12:00 p.m.
- **13** ☐ 1:00 p.m.
- **14** ☐ 2:00 p.m.
- **15** ☐ 3:00 p.m.
- **16** ☐ 4:00 p.m.
- **17** ☐ 5:00 p.m.
- **18** ☐ 6:00 p.m.
- **19** ☐ 7:00 p.m.
- **20** ☐ 8:00 p.m.
- **21** ☐ 9:00 p.m.
- **22** ☐ 10:00 p.m.
- **23** ☐ 11:00 p.m.

Q88 How many hours were you awake before this incident?

ERSEXOAWK4

0 ☐	0
1 ☐	1
2 ☐	2
3 ☐	3
4 ☐	4
5 ☐	5
6 ☐	6
7 ☐	7
8 ☐	8
9 ☐	9
10 ☐	10
11 ☐	11
12 ☐	12
13 ☐	13
14 ☐	14
15 ☐	15
16 ☐	16
17 ☐	17
18 ☐	18
19 ☐	19
20 ☐	20
21 ☐	21
22 ☐	22
23 ☐	23
24 ☐	24
25 ☐	25
26 ☐	26
27 ☐	27
28 ☐	28
29 ☐	29
30 ☐	30
31 ☐	31
32 ☐	32
33 ☐	33
34 ☐	34
35 ☐	35
36 ☐	36
37 ☐	37
38 ☐	38
39 ☐	39
40 ☐	40
41 ☐	41
42 ☐	42
43 ☐	43
44 ☐	44
45 ☐	45
46 ☐	46
47 ☐	47
48 ☐	48
49 ☐	49
50 ☐	50
51 ☐	51
52 ☐	52
53 ☐	53
54 ☐	54
55 ☐	55
56 ☐	56
57 ☐	57
58 ☐	58
59 ☐	59
60 ☐	60

REDCap

Q89 How many hours were you at work before this incident?

~~ERSEXOWRK4~~

- **0** ☐ 0
- **1** ☐ 1
- **2** ☐ 2
- **3** ☐ 3
- **4** ☐ 4
- **5** ☐ 5
- **6** ☐ 6
- **7** ☐ 7
- **8** ☐ 8
- **9** ☐ 9
- **10** ☐ 10
- **11** ☐ 11
- **12** ☐ 12
- **13** ☐ 13
- **14** ☐ 14
- **15** ☐ 15
- **16** ☐ 16
- **17** ☐ 17
- **18** ☐ 18
- **19** ☐ 19
- **20** ☐ 20
- **21** ☐ 21
- **22** ☐ 22
- **23** ☐ 23
- **24** ☐ 24
- **25** ☐ 25
- **26** ☐ 26
- **27** ☐ 27
- **28** ☐ 28
- **29** ☐ 29
- **30** ☐ 30
- **31** ☐ 31
- **32** ☐ 32
- **33** ☐ 33
- **34** ☐ 34
- **35** ☐ 35
- **36** ☐ 36
- **37** ☐ 37
- **38** ☐ 38
- **39** ☐ 39
- **40** ☐ 40
- **41** ☐ 41
- **42** ☐ 42
- **43** ☐ 43
- **44** ☐ 44
- **45** ☐ 45
- **46** ☐ 46
- **47** ☐ 47
- **48** ☐ 48
- **49** ☐ 49
- **50** ☐ 50
- **51** ☐ 51
- **52** ☐ 52
- **53** ☐ 53
- **54** ☐ 54
- **55** ☐ 55
- **56** ☐ 56
- **57** ☐ 57
- **58** ☐ 58
- **59** ☐ 59
- **60** ☐ 60

Q90 If you have been involved in more than four needle sticks and other body fluid exposure incidents to others, please provide details:

~~ERSEXPOCMT~~

REDCap

Health

On average over the past month, how many drinks of the following did you have per week?

Q91 Coffee   **ERSCOFFEE**

_____

((# cups))

CAFFDY
CAFFWK

Q92 Tea   **ERSTEA**

_____

((# cups))

Q93 Caffeinated soft drinks   **ERSSODA**

_____

((# glasses))

DRNKDY
DRNKWK

Q94 Beer   **ERSBEER**

_____

((# 12oz glasses))

Q95 Wine   **ERSWINE**

_____

((# glasses))

Q96 Liquor   **ERSLIQUOR**

_____

((# shots))

Q97 Do you currently smoke cigarettes?   **ERSSMOKE**

    1 ☐ Yes **Go to Question 98**
    0 ☐ No   **Skip to Question 99**

Q98 How many cigarettes do you smoke?   **ERSCIGNUM**

    1 ☐ 1-4 cigarettes per day
    2 ☐ 5-14 cigarettes per day
    3 ☐ 15-24 cigarettes per day
    4 ☐ 25-34 cigarettes per day
    5 ☐ 35 or more cigarettes per day

Over the past month, did you take any type of the following to get to or stay asleep? If, Yes, please select the total number of days you took the medication over the past month.

Q99 Prescription medication: ~~**ERSSLPRX**~~

    1 ☐ Yes **Go to Question 100**
    0 ☐ No   **Skip to Question 102**

ERSSLPMED

Q100 Name of medication: ~~**ERSSLPRXNM**~~

_____

REDCap

Q101

Number of days:

1 ☐ 1
2 ☐ 2
3 ☐ 3
4 ☐ 4
5 ☐ 5
6 ☐ 6
7 ☐ 7
8 ☐ 8
9 ☐ 9
10 ☐ 10
11 ☐ 11
12 ☐ 12
13 ☐ 13
14 ☐ 14
15 ☐ 15
16 ☐ 16
17 ☐ 17
18 ☐ 18
19 ☐ 19
20 ☐ 20
21 ☐ 21
22 ☐ 22
23 ☐ 23
24 ☐ 24
25 ☐ 25
26 ☐ 26
27 ☐ 27
28 ☐ 28
29 ☐ 29
30 ☐ 30
31 ☐ 31

ERSSLPRXDY

Q102

Non-prescription medication:

1 ☐ Yes **Go to Question 103**
0 ☐ No **Skip to Question 105**

ERSSLPOTC

Q103

Name of medication:

_____

ERSSLPOCNM

Q104

Number of days: ~~ERSSLPOCDY~~

- **1** ☐ 1
- **2** ☐ 2
- **3** ☐ 3
- **4** ☐ 4
- **5** ☐ 5
- **6** ☐ 6
- **7** ☐ 7
- **8** ☐ 8
- **9** ☐ 9
- **10** ☐ 10
- **11** ☐ 11
- **12** ☐ 12
- **13** ☐ 13
- **14** ☐ 14
- **15** ☐ 15
- **16** ☐ 16
- **17** ☐ 17
- **18** ☐ 18
- **19** ☐ 19
- **20** ☐ 20
- **21** ☐ 21
- **22** ☐ 22
- **23** ☐ 23
- **24** ☐ 24
- **25** ☐ 25
- **26** ☐ 26
- **27** ☐ 27
- **28** ☐ 28
- **29** ☐ 29
- **30** ☐ 30
- **31** ☐ 31

Q105

Herbal or health food medication: ~~ERSSLPHRB~~

- **1** ☐ Yes   **Go to Question 106**
- **0** ☐ No   **Skip to Question 108**

Q106

Name of medication: ~~ERSSLPHBNM~~

_____

Q107
Number of days: ~~ERSSLPHBDY~~

1 ☐ 1
2 ☐ 2
3 ☐ 3
4 ☐ 4
5 ☐ 5
6 ☐ 6
7 ☐ 7
8 ☐ 8
9 ☐ 9
10 ☐ 10
11 ☐ 11
12 ☐ 12
13 ☐ 13
14 ☐ 14
15 ☐ 15
16 ☐ 16
17 ☐ 17
18 ☐ 18
19 ☐ 19
20 ☐ 20
21 ☐ 21
22 ☐ 22
23 ☐ 23
24 ☐ 24
25 ☐ 25
26 ☐ 26
27 ☐ 27
28 ☐ 28
29 ☐ 29
30 ☐ 30
31 ☐ 31

Over the past month, did you take any type of the following to stay awake? If, Yes, please select the total number of days you took the medication over the past month.

Q108
Prescription medication: ~~ERSAWKRX~~

1 ☐ Yes   **Go to Question 109**
0 ☐ No   **Skip to Question 111**

Q109
Name of medication: ~~ERSAWKRXNM~~

_____

Q110

Number of days:

1 ☐ 1
2 ☐ 2
3 ☐ 3
4 ☐ 4
5 ☐ 5
6 ☐ 6
7 ☐ 7
8 ☐ 8
9 ☐ 9
10 ☐ 10
11 ☐ 11
12 ☐ 12
13 ☐ 13
14 ☐ 14
15 ☐ 15
16 ☐ 16
17 ☐ 17
18 ☐ 18
19 ☐ 19
20 ☐ 20
21 ☐ 21
22 ☐ 22
23 ☐ 23
24 ☐ 24
25 ☐ 25
26 ☐ 26
27 ☐ 27
28 ☐ 28
29 ☐ 29
30 ☐ 30
31 ☐ 31

Q111

Non-prescription medication:

1 ☐ Yes **Go to Question 1112**
0 ☐ No **Skip to Question 114**

Q112

Name of medication:

_____

Q113
Number of days:

1 ☐ 1
2 ☐ 2
3 ☐ 3
4 ☐ 4
5 ☐ 5
6 ☐ 6
7 ☐ 7
8 ☐ 8
9 ☐ 9
10 ☐ 10
11 ☐ 11
12 ☐ 12
13 ☐ 13
14 ☐ 14
15 ☐ 15
16 ☐ 16
17 ☐ 17
18 ☐ 18
19 ☐ 19
20 ☐ 20
21 ☐ 21
22 ☐ 22
23 ☐ 23
24 ☐ 24
25 ☐ 25
26 ☐ 26
27 ☐ 27
28 ☐ 28
29 ☐ 29
30 ☐ 30
31 ☐ 31

Q114
Herbal or health food medication:

1 ☐ Yes   **Go to Question 115**
0 ☐ No   **Skip to Question 117**

Q115
Name of medication:

_____

Q116
Number of days:

~~ERSAWHBDY~~

1 ☐ 1
2 ☐ 2
3 ☐ 3
4 ☐ 4
5 ☐ 5
6 ☐ 6
7 ☐ 7
8 ☐ 8
9 ☐ 9
10 ☐ 10
11 ☐ 11
12 ☐ 12
13 ☐ 13
14 ☐ 14
15 ☐ 15
16 ☐ 16
17 ☐ 17
18 ☐ 18
19 ☐ 19
20 ☐ 20
21 ☐ 21
22 ☐ 22
23 ☐ 23
24 ☐ 24
25 ☐ 25
26 ☐ 26
27 ☐ 27
28 ☐ 28
29 ☐ 29
30 ☐ 30
31 ☐ 31

Over the past month, did you take any type of the following medications (for any reason)? If, Yes, please select the total number of days you took the medication over the past month.

Q117
Anti-histamines:

ERSANHST

1 ☐ Yes **Go to Question 118**
0 ☐ No **Skip to Question 119**

Q118

ERSANHSTDY

Number of days:

1 ☐ 1
2 ☐ 2
3 ☐ 3
4 ☐ 4
5 ☐ 5
6 ☐ 6
7 ☐ 7
8 ☐ 8
9 ☐ 9
10 ☐ 10
11 ☐ 11
12 ☐ 12
13 ☐ 13
14 ☐ 14
15 ☐ 15
16 ☐ 16
17 ☐ 17
18 ☐ 18
19 ☐ 19
20 ☐ 20
21 ☐ 21
22 ☐ 22
23 ☐ 23
24 ☐ 24
25 ☐ 25
26 ☐ 26
27 ☐ 27
28 ☐ 28
29 ☐ 29
30 ☐ 30
31 ☐ 31

Q119

ERSBENZ

Benzodiazapines:

1 ☐ Yes   **Go to Question 120**
0 ☐ No   **Skip to Question 121**

REDCap

Q120 Number of days:

ERSBENZDY

1 ☐ 1
2 ☐ 2
3 ☐ 3
4 ☐ 4
5 ☐ 5
6 ☐ 6
7 ☐ 7
8 ☐ 8
9 ☐ 9
10 ☐ 10
11 ☐ 11
12 ☐ 12
13 ☐ 13
14 ☐ 14
15 ☐ 15
16 ☐ 16
17 ☐ 17
18 ☐ 18
19 ☐ 19
20 ☐ 20
21 ☐ 21
22 ☐ 22
23 ☐ 23
24 ☐ 24
25 ☐ 25
26 ☐ 26
27 ☐ 27
28 ☐ 28
29 ☐ 29
30 ☐ 30
31 ☐ 31

Q121 Selective serotonin reuptake inhibitors (SSRI):

ERSSSRI

ERSADEPR

1 ☐ Yes   **Go to Question 122**
0 ☐ No   **Skip to Question 123**

Q122

Number of days:

1 ☐ 1
2 ☐ 2
3 ☐ 3
4 ☐ 4
5 ☐ 5
6 ☐ 6
7 ☐ 7
8 ☐ 8
9 ☐ 9
10 ☐ 10
11 ☐ 11
12 ☐ 12
13 ☐ 13
14 ☐ 14
15 ☐ 15
16 ☐ 16
17 ☐ 17
18 ☐ 18
19 ☐ 19
20 ☐ 20
21 ☐ 21
22 ☐ 22
23 ☐ 23
24 ☐ 24
25 ☐ 25
26 ☐ 26
27 ☐ 27
28 ☐ 28
29 ☐ 29
30 ☐ 30
31 ☐ 31

Q123

Other antidepressants:

1 ☐ Yes **Go to Question 124**
0 ☐ No   **Skip to Question 125**

Q124

Number of days:

1 ☐ 1
2 ☐ 2
3 ☐ 3
4 ☐ 4
5 ☐ 5
6 ☐ 6
7 ☐ 7
8 ☐ 8
9 ☐ 9
10 ☐ 10
11 ☐ 11
12 ☐ 12
13 ☐ 13
14 ☐ 14
15 ☐ 15
16 ☐ 16
17 ☐ 17
18 ☐ 18
19 ☐ 19
20 ☐ 20
21 ☐ 21
22 ☐ 22
23 ☐ 23
24 ☐ 24
25 ☐ 25
26 ☐ 26
27 ☐ 27
28 ☐ 28
29 ☐ 29
30 ☐ 30
31 ☐ 31

Q125
In the past month, how many unscheduled days off work did you have (i.e. sick days, personal emergencies, etc.)

ERSDYSOFF

0 ☐ 0
1 ☐ 1
2 ☐ 2
3 ☐ 3
4 ☐ 4
5 ☐ 5
6 ☐ 6
7 ☐ 7
8 ☐ 8
9 ☐ 9
10 ☐ 10
11 ☐ 11
12 ☐ 12
13 ☐ 13
14 ☐ 14
15 ☐ 15
16 ☐ 16
17 ☐ 17
18 ☐ 18
19 ☐ 19
20 ☐ 20
21 ☐ 21
22 ☐ 22
23 ☐ 23
24 ☐ 24
25 ☐ 25
26 ☐ 26
27 ☐ 27
28 ☐ 28
29 ☐ 29
30 ☐ 30
31 ☐ 31

Q126
In the past month, on average how many hours per week did you spend doing vigorous exercise (i.e. long enough to work up a sweat)?

ERSVGREXHR

_____
(hours)

Q127   ERSURIDY

Over the past month, for about how many days in total did you suffer from upper respiratory illnesses?

- **0** ☐ 0
- **1** ☐ 1
- **2** ☐ 2
- **3** ☐ 3
- **4** ☐ 4
- **5** ☐ 5
- **6** ☐ 6
- **7** ☐ 7
- **8** ☐ 8
- **9** ☐ 9
- **10** ☐ 10
- **11** ☐ 11
- **12** ☐ 12
- **13** ☐ 13
- **14** ☐ 14
- **15** ☐ 15
- **16** ☐ 16
- **17** ☐ 17
- **18** ☐ 18
- **19** ☐ 19
- **20** ☐ 20
- **21** ☐ 21
- **22** ☐ 22
- **23** ☐ 23
- **24** ☐ 24
- **25** ☐ 25
- **26** ☐ 26
- **27** ☐ 27
- **28** ☐ 28
- **29** ☐ 29
- **30** ☐ 30
- **31** ☐ 31

Over the past two weeks, how often have you:

HANDS30
HANDSYN

Q128   ERSLOWEN

Been feeling low in energy, slowed down?

- **0** ☐ None or little of the time
- **1** ☐ Some of the time
- **2** ☐ Most of the time
- **3** ☐ All of the time

Q129   ERSBLAME

Been blaming yourself for things?

- **0** ☐ None or little of the time
- **1** ☐ Some of the time
- **2** ☐ Most of the time
- **3** ☐ All of the time

Q130   ERSPOORAPP

Had poor appetite?

- **0** ☐ None or little of the time
- **1** ☐ Some of the time
- **2** ☐ Most of the time
- **3** ☐ All of the time

Q131   ERSDIFFSLP

Had difficulty falling asleep, staying asleep?

- **0** ☐ None or little of the time
- **1** ☐ Some of the time
- **2** ☐ Most of the time
- **3** ☐ All of the time

Q132   ERSHOPELS
Been feeling hopeless about the future?

- **0** ☐ None or little of the time
- **1** ☐ Some of the time
- **2** ☐ Most of the time
- **3** ☐ All of the time

Q133   ERSBLUE
Been feeling blue?

- **0** ☐ None or little of the time
- **1** ☐ Some of the time
- **2** ☐ Most of the time
- **3** ☐ All of the time

Q134   ERSNOINT
Been feeling no interest in things?

- **0** ☐ None or little of the time
- **1** ☐ Some of the time
- **2** ☐ Most of the time
- **3** ☐ All of the time

Q135   ERSWRTHLSNS
Had feelings of worthlessness?

- **0** ☐ None or little of the time
- **1** ☐ Some of the time
- **2** ☐ Most of the time
- **3** ☐ All of the time

Q136   ~~ERSSUICIDE~~
Thought about or wanted to commit suicide?

- **0** ☐ None or little of the time   **Skip to Question 138**
- **1** ☐ Some of the time   **Go to Question 137**
- **2** ☐ Most of the time   **Go to Question 137**
- **3** ☐ All of the time   **Go to Question 137**

Q137   ERSSUIPLN
Do you have a plan?

- **1** ☐ Yes
- **0** ☐ No   **The below statement is displayed if resident has a suicide plan**

Your response to the previous question causes us to be concerned for your welfare. While your response remains strictly confidential, we urge you to obtain medical evaluation locally. There are many programs available and we encourage you to contact a Mental Healthcare Professional in your area.

Q138   ERSDIFCNTR
Had difficulty concentrating or making decisions?

- **0** ☐ None or little of the time
- **1** ☐ Some of the time
- **2** ☐ Most of the time
- **3** ☐ All of the time

Please indicate how frequently you feel the following:

Q139   ERSEMTNDRN
I feel emotionally drained from my work

- **0** ☐ Never
- **1** ☐ A few times a year or less
- **2** ☐ Once a month or less
- **3** ☐ A few times a month
- **4** ☐ Once a week
- **5** ☐ A few times a week
- **6** ☐ Every day

Q140
ERSUSEDUP

I feel used up at the end of the workday

- **0** ☐ Never
- **1** ☐ A few times a year or less
- **2** ☐ Once a month or less
- **3** ☐ A few times a month
- **4** ☐ Once a week
- **5** ☐ A few times a week
- **6** ☐ Every day

Q141
ERSFATIGUE

I feel fatigued when I get up in the morning and have to face another day on the job

- **0** ☐ Never
- **1** ☐ A few times a year or less
- **2** ☐ Once a month or less
- **3** ☐ A few times a month
- **4** ☐ Once a week
- **5** ☐ A few times a week
- **6** ☐ Every day

Q142
ERSEASEUND

I can easily understand how my patients and their families feel about things

- **0** ☐ Never
- **1** ☐ A few times a year or less
- **2** ☐ Once a month or less
- **3** ☐ A few times a month
- **4** ☐ Once a week
- **5** ☐ A few times a week
- **6** ☐ Every day

Q143
ERSIMPOBJ

I feel I treat some patients and/or their families as if they were impersonal objects

- **0** ☐ Never
- **1** ☐ A few times a year or less
- **2** ☐ Once a month or less
- **3** ☐ A few times a month
- **4** ☐ Once a week
- **5** ☐ A few times a week
- **6** ☐ Every day

Q144
ERSWRKSTRN

Working with people all day is really a strain for me

- **0** ☐ Never
- **1** ☐ A few times a year or less
- **2** ☐ Once a month or less
- **3** ☐ A few times a month
- **4** ☐ Once a week
- **5** ☐ A few times a week
- **6** ☐ Every day

Q145
ERSDLEFF

I deal very effectively with the problems of my patients and their families

- **0** ☐ Never
- **1** ☐ A few times a year or less
- **2** ☐ Once a month or less
- **3** ☐ A few times a month
- **4** ☐ Once a week
- **5** ☐ A few times a week
- **6** ☐ Every day

Q146
I feel burned out from my work

ERSBURN

- **0** ☐ Never
- **1** ☐ A few times a year or less
- **2** ☐ Once a month or less
- **3** ☐ A few times a month
- **4** ☐ Once a week
- **5** ☐ A few times a week
- **6** ☐ Every day

Q147
I feel I'm positively influencing other people's lives through my work

ERSPOSINF

- **0** ☐ Never
- **1** ☐ A few times a year or less
- **2** ☐ Once a month or less
- **3** ☐ A few times a month
- **4** ☐ Once a week
- **5** ☐ A few times a week
- **6** ☐ Every day

Q148
I've become more callous toward people since I took this job

ERSCALLOUS

- **0** ☐ Never
- **1** ☐ A few times a year or less
- **2** ☐ Once a month or less
- **3** ☐ A few times a month
- **4** ☐ Once a week
- **5** ☐ A few times a week
- **6** ☐ Every day

Q149
I worry that this job is hardening me emotionally

ERSHRDEM

- **0** ☐ Never
- **1** ☐ A few times a year or less
- **2** ☐ Once a month or less
- **3** ☐ A few times a month
- **4** ☐ Once a week
- **5** ☐ A few times a week
- **6** ☐ Every day

Q150
I feel very energetic

ERSENERGTC

- **0** ☐ Never
- **1** ☐ A few times a year or less
- **2** ☐ Once a month or less
- **3** ☐ A few times a month
- **4** ☐ Once a week
- **5** ☐ A few times a week
- **6** ☐ Every day

Q151
I feel frustrated by my job

ERSFRUSTR

- **0** ☐ Never
- **1** ☐ A few times a year or less
- **2** ☐ Once a month or less
- **3** ☐ A few times a month
- **4** ☐ Once a week
- **5** ☐ A few times a week
- **6** ☐ Every day

Q152   ERSWRKHARD

I feel I'm working too hard on my job

- **0** ☐ Never
- **1** ☐ A few times a year or less
- **2** ☐ Once a month or less
- **3** ☐ A few times a month
- **4** ☐ Once a week
- **5** ☐ A few times a week
- **6** ☐ Every day

Q153   ERSDNTCARE

I don't really care what happens to some patients and/or their families

- **0** ☐ Never
- **1** ☐ A few times a year or less
- **2** ☐ Once a month or less
- **3** ☐ A few times a month
- **4** ☐ Once a week
- **5** ☐ A few times a week
- **6** ☐ Every day

Q154   ERSSTRESS

Working with people directly puts too much stress on me

- **0** ☐ Never
- **1** ☐ A few times a year or less
- **2** ☐ Once a month or less
- **3** ☐ A few times a month
- **4** ☐ Once a week
- **5** ☐ A few times a week
- **6** ☐ Every day

Q155   ERSRLXATM

I can easily create a relaxed atmosphere with my patients and their families

- **0** ☐ Never
- **1** ☐ A few times a year or less
- **2** ☐ Once a month or less
- **3** ☐ A few times a month
- **4** ☐ Once a week
- **5** ☐ A few times a week
- **6** ☐ Every day

Q156   ERSACCOMP

I have accomplished many worthwhile things in this job

- **0** ☐ Never
- **1** ☐ A few times a year or less
- **2** ☐ Once a month or less
- **3** ☐ A few times a month
- **4** ☐ Once a week
- **5** ☐ A few times a week
- **6** ☐ Every day

Q157   ERSENDROPE

I feel like I'm at the end of my rope

- **0** ☐ Never
- **1** ☐ A few times a year or less
- **2** ☐ Once a month or less
- **3** ☐ A few times a month
- **4** ☐ Once a week
- **5** ☐ A few times a week
- **6** ☐ Every day

Q158
In my work, I deal with emotional problems very calmly

ERSEMCALM

0 ☐ Never
1 ☐ A few times a year or less
2 ☐ Once a month or less
3 ☐ A few times a month
4 ☐ Once a week
5 ☐ A few times a week
6 ☐ Every day

Q159
I feel my patients and/or their families blame me for some of their problems

ERSPTBLAME

0 ☐ Never
1 ☐ A few times a year or less
2 ☐ Once a month or less
3 ☐ A few times a month
4 ☐ Once a week
5 ☐ A few times a week
6 ☐ Every day

Residency Training

To what extent did your training this year offer you the opportunity to obtain the following knowledge and skills?

Q160
Interviewing patients

ERSINTVPTS

- **0** ☐ None
- **1** ☐ A little
- **2** ☐ Some
- **3** ☐ Quite a bit
- **4** ☐ A lot

Q161
Physical examination

ERSPHYSEX

- **0** ☐ None
- **1** ☐ A little
- **2** ☐ Some
- **3** ☐ Quite a bit
- **4** ☐ A lot

Q162
Generating a differential diagnosis

ERSDIFFDX

- **0** ☐ None
- **1** ☐ A little
- **2** ☐ Some
- **3** ☐ Quite a bit
- **4** ☐ A lot

Q163
Verbal presentation of patients

ERSVERBPRS

- **0** ☐ None
- **1** ☐ A little
- **2** ☐ Some
- **3** ☐ Quite a bit
- **4** ☐ A lot

Q164
Working with patients and families

ERSWRKPT

- **0** ☐ None
- **1** ☐ A little
- **2** ☐ Some
- **3** ☐ Quite a bit
- **4** ☐ A lot

Q165
Working with nursing staff

ERSWRKNURS

- **0** ☐ None
- **1** ☐ A little
- **2** ☐ Some
- **3** ☐ Quite a bit
- **4** ☐ A lot

Q166
Ability to make decisions independently

ERSDECIND

- **0** ☐ None
- **1** ☐ A little
- **2** ☐ Some
- **3** ☐ Quite a bit
- **4** ☐ A lot

Q167　　　　　　　　　　　　　　　　　　　　　ERSGENPROC
General procedure competency (IVs, lines, LPs, etc.)

- **0** ☐ None
- **1** ☐ A little
- **2** ☐ Some
- **3** ☐ Quite a bit
- **4** ☐ A lot

Q168　　　　　　　　　　　　　　　　　　　　　ERSORGEFF
Organization and efficiency of work

- **0** ☐ None
- **1** ☐ A little
- **2** ☐ Some
- **3** ☐ Quite a bit
- **4** ☐ A lot

Q169　　　　　　　　　　　　　　　　　　　　　ERSPATHOPH
Application of pathophysiology to clinical medicine

- **0** ☐ None
- **1** ☐ A little
- **2** ☐ Some
- **3** ☐ Quite a bit
- **4** ☐ A lot

Q170　　　　　　　　　　　　　　　　　　　　　ERSAPPLABS
Appropriate use of lab tests

- **0** ☐ None
- **1** ☐ A little
- **2** ☐ Some
- **3** ☐ Quite a bit
- **4** ☐ A lot

Q171　　　　　　　　　　　　　　　　　　　　　ERSAPPRAD
Appropriate use of radiology exams

- **0** ☐ None
- **1** ☐ A little
- **2** ☐ Some
- **3** ☐ Quite a bit
- **4** ☐ A lot

Q172　　　　　　　　　　　　　　　　　　　　　ERSETHIC
Ethical decision-making in patient care

- **0** ☐ None
- **1** ☐ A little
- **2** ☐ Some
- **3** ☐ Quite a bit
- **4** ☐ A lot

Q173　　　　　　　　　　　　　　　　　　　　　ERSMEDLIT
Searching the medical literature

- **0** ☐ None
- **1** ☐ A little
- **2** ☐ Some
- **3** ☐ Quite a bit
- **4** ☐ A lot

Q174　　　　　　　　　　　　　　　　　　　　　ERSEVALEV
Evaluating evidence from medical literature

- **0** ☐ None
- **1** ☐ A little
- **2** ☐ Some
- **3** ☐ Quite a bit
- **4** ☐ A lot

How often during the past month did you:

Q175

Skip at least one meal per day while working?

ERSSKIP

- **0** ☐ Never
- **1** ☐ Less than once per month
- **2** ☐ At least once per month
- **3** ☐ At least once per week
- **4** ☐ More than once per week
- **5** ☐ Daily

Q176

Receive belittling or humiliating treatment from a resident, attending, or nurse?

ERSBELITTL

- **0** ☐ Never
- **1** ☐ Less than once per month
- **2** ☐ At least once per month
- **3** ☐ At least once per week
- **4** ☐ More than once per week
- **5** ☐ Daily

Q177

Work despite an illness?

ERSWRKILL

- **0** ☐ Never
- **1** ☐ Less than once per month
- **2** ☐ At least once per month
- **3** ☐ At least once per week
- **4** ☐ More than once per week
- **5** ☐ Daily

Q178

Trade off personal or family obligations in favor of work?

ERSPERSOBL

- **0** ☐ Never
- **1** ☐ Less than once per month
- **2** ☐ At least once per month
- **3** ☐ At least once per week
- **4** ☐ More than once per week
- **5** ☐ Daily

Q179

Jeopardize a spousal or partner relationship due to work?

ERSJEOPREL

- **0** ☐ Never
- **1** ☐ Less than once per month
- **2** ☐ At least once per month
- **3** ☐ At least once per week
- **4** ☐ More than once per week
- **5** ☐ Daily

Quality of Work Experience

In the context of what you expected from your residency, please assess your experience in the following areas during the past month:

Q180
Work hours   **ERSWRKHRS**

1 ☐ Extremely Dissatisfied
2 ☐ Somewhat Dissatisfied
3 ☐ Neutral
4 ☐ Satisfied
5 ☐ Extremely Satisfied

Q181
Work load while on duty   **ERSWRKLOAD**

1 ☐ Extremely Dissatisfied
2 ☐ Somewhat Dissatisfied
3 ☐ Neutral
4 ☐ Satisfied
5 ☐ Extremely Satisfied

Q182
Clinical Supervision by residents   **ERSSPRVNRS**

1 ☐ Extremely Dissatisfied
2 ☐ Somewhat Dissatisfied
3 ☐ Neutral
4 ☐ Satisfied
5 ☐ Extremely Satisfied

Q183
Clinical supervision by attending physicians   **ERSSPRVNAT**

1 ☐ Extremely Dissatisfied
2 ☐ Somewhat Dissatisfied
3 ☐ Neutral
4 ☐ Satisfied
5 ☐ Extremely Satisfied

Q184
Amount of bedside teaching   **ERSBDTCH**

1 ☐ Extremely Dissatisfied
2 ☐ Somewhat Dissatisfied
3 ☐ Neutral
4 ☐ Satisfied
5 ☐ Extremely Satisfied

Q185
Having appropriate autonomy in clinical decisions   **ERSAUTON**

1 ☐ Extremely Dissatisfied
2 ☐ Somewhat Dissatisfied
3 ☐ Neutral
4 ☐ Satisfied
5 ☐ Extremely Satisfied

Q186
Sense of professionalism   **ERSPROF**

1 ☐ Extremely Dissatisfied
2 ☐ Somewhat Dissatisfied
3 ☐ Neutral
4 ☐ Satisfied
5 ☐ Extremely Satisfied

Q187

ERSSTUDY

Time to study independently and pursue clinical questions

1 ☐ Extremely Dissatisfied
2 ☐ Somewhat Dissatisfied
3 ☐ Neutral
4 ☐ Satisfied
5 ☐ Extremely Satisfied

Q188

ERSDIDTCH

Time to attend didactic teaching sessions (e.g. grand rounds, team rounds, etc.)

1 ☐ Extremely Dissatisfied
2 ☐ Somewhat Dissatisfied
3 ☐ Neutral
4 ☐ Satisfied
5 ☐ Extremely Satisfied

Q189

ERSRSRCH

Time to pursue research or other professional interests

1 ☐ Extremely Dissatisfied
2 ☐ Somewhat Dissatisfied
3 ☐ Neutral
4 ☐ Satisfied
5 ☐ Extremely Satisfied

Q190

ERSPHSTRS

Level of physical stress

1 ☐ Extremely Dissatisfied
2 ☐ Somewhat Dissatisfied
3 ☐ Neutral
4 ☐ Satisfied
5 ☐ Extremely Satisfied

Q191

ERSRCRTN

Time for recreation and physical exercise

1 ☐ Extremely Dissatisfied
2 ☐ Somewhat Dissatisfied
3 ☐ Neutral
4 ☐ Satisfied
5 ☐ Extremely Satisfied

Q192

ERSPSYSTRS

Level of psychological stress

1 ☐ Extremely Dissatisfied
2 ☐ Somewhat Dissatisfied
3 ☐ Neutral
4 ☐ Satisfied
5 ☐ Extremely Satisfied

Supervision, Sleep, and Patient Safety

Q193   ERSADSUP

On average over the last month, how often, if ever, did you care for patients WITHOUT what you considered adequate supervision from an attending physician?

0 ☐ Never
1 ☐ Less than once per month
2 ☐ At least once per month
3 ☐ At least once per week
4 ☐ More than once per week
5 ☐ Almost daily

Q194   ERSIMPRCND

On average over the last month, how often, if ever, did you personally work in what you considered an impaired condition?

0 ☐ 0 times
1 ☐ 1-3 times
2 ☐ 4-6 times
3 ☐ 7-9 times
4 ☐ >=10 times

Teamwork and Sign Out

Q195   ERSERRINF
How many times during your last month working did you receive erroneous information during a sign out, or team rounds?

0 ☐ 0 times
1 ☐ 1-3 times
2 ☐ 4-6 times
3 ☐ 7-9 times
4 ☐ >=10 times

Q196   ERSCRITINF
How often during your last month working was critical information omitted during a sign-out you received?

0 ☐ 0 times
1 ☐ 1-3 times
2 ☐ 4-6 times
3 ☐ 7-9 times
4 ☐ >=10 times

Q197   ERSQLTYCOM
Overall, how would you rate the quality of communication you received during your last month working?

1 ☐ Poor
2 ☐ Fair
3 ☐ Good
4 ☐ Very good
5 ☐ Excellent

Q198   ERSQLTYTMWK
Overall, how would you rate the quality of teamwork between yourself and your colleagues during your last month working?

1 ☐ Poor
2 ☐ Fair
3 ☐ Good
4 ☐ Very good
5 ☐ Excellent

Q199   ERSQLTYWRK
Overall, please rate the quality of your work experience on your last month in the ICU

1 ☐ Poor
2 ☐ Fair
3 ☐ Good
4 ☐ Very good
5 ☐ Excellent

Q200   ERSQLTYEXP
Overall, please rate the quality of your educational experience on your last month in the ICU

1 ☐ Poor
2 ☐ Fair
3 ☐ Good
4 ☐ Very good
5 ☐ Excellent

dataset=events

ROSTERS Physician Reviewer Classification Form / Adjudication Module

DSS Instructions: Physician Reviewers should view the data from the Suspected Event Form, and based on the information, classify the incident (Q1). If the incident is classified as "Adverse event/harm," the Physician Reviewer should then select a harm level (Q2) and indicate if the incident was preventable (Q3).

1. Classification of event   SECLASS

- [×] 1. Adverse event / harm (if selected proceed to Q2 and Q3)
- [×] 2. Potential adverse event (aka "Near miss; an error with potential for harm)
- [×] 3. Error with little or no potential for harm
- [×] 4. Exclusion

> Exclusion means it was not adjudicated as an event so record was not included in released dataset

2. Harm level   SEHARM

- 1 [×] E. Temporary harm to the patient
- 2 [×] F. Temporary harm to the patient and required prolonged hospitalization
- 3 [×] G. Permanent patient harm
- 4 [×] H. Intervention required to sustain life
- 5 [×] I. Patient death

Note on Harm Categories (modified from IHI Trigger Tool White Paper):

3. Was the incident preventable?   SEPREVENT

- [×] 1. Definitely preventable
- [×] 2. Probably preventable
- [×] 3. Probably not preventable
- [×] 4. Definitely not preventable

> Collapsed as preventable=1 not preventable=2

> RESIDENTERROR
> UWSME
> RRSME

Suspected Event Form

dataset=events

Studywide variables:
TX
PERIOD
WAVE

Please complete the survey below.

Thank you!

Q1 Staff ID (for staff who initiated form): Added field on Version 2 — ~~SEFSTFID~~

Q2 Incident ID#: — **IDINC**

_____
(Assign next available ID number (1 digit site code + 3 + unique 3 digit number))

Q3 Date of Incident: — ~~SEFDTINC~~

_____

EVENTSTART

Q4 Time of incident: — **SEFTMINC**

_____
(Provide best estimate, if unknown)

Q5 Did the event involve a Resident Subject? — **SEFRESSUB**

1 ☐ Yes
0 ☐ No

Q6 Resident Study ID: — **IDRES, ROTATION**

_____
(Enter 1 digit site code + 1999 for Non-Resident Subjects)

Q7 Resident Acrostic: — ~~SEFACROS~~

_____
(Enter four letters for Resident Subjects - Enter XXXX for Non-Resident Subjects)

Q8 Patient Study ID: — **IDPAT**

_____
(Refer to Patient Days Log)

Q9 Patient Study Acrostic: — ~~SEFPTACROS~~

_____
(Enter four letters - Refer to Patient Days Log)

Source of error recognition:

Q10 Direct Observation (e.g., on rounds): — **SEFDIROB**

1 ☐ Yes
0 ☐ No

Q11 Resident subject report: — **SEFRSRPT**

1 ☐ Yes
0 ☐ No

Q12 Other staff report: — **SEFOSRPT**

1 ☐ Yes
0 ☐ No

Q13 Formal hospital incident report: **SEFHOSRPT**

    1 ☐ Yes
    0 ☐ No

Q14 Chart review: **SEFCHREV**

    1 ☐ Yes
    0 ☐ No

Q15 Other source of error recognition: **SEFSRCOTR**

    1 ☐ Yes   **Go to Question 16**
    0 ☐ No   **Skip to Question 17**

Q16 Other (specify):   ~~SEFSRCOTRSP~~

_____

Q17 Descriptive information concerning the suspected harm or error, including period leading up to, during and following the incident. If suspected harm, please emphasize data that helps determine if 1) reported episode was due to medical care (as opposed to underlying disease process); 2) whether harm could have been prevented or mitigated. If suspected error, please emphasize data that helps determine whether the error could have caused harm, and the severity of potential harm.

    ~~SEFDESC~~

Q18 Final injury / outcome for patient: ~~SEFOUTCOME~~

Q19 NCC-MERP Index Harm level (preliminary) A: {Circumstances or events that have the capacity to cause error}

    1 ☐ B: An error that did not reach the patient (no harm)   ~~SEFNCCMERP~~
    2 ☐ C: An error that reached the patient but did not cause harm (no harm)
    3 ☐ D: An error that reached the patient and required monitoring or intervention to confirm that it resulted in no harm to the patient (no harm)
    4 ☐ E: Temporary harm to the patient and required intervention (harm)
    5 ☐ F: Temporary harm to the patient and required prolonged hospitalization (harm)
    6 ☐ G: Permanent patient harm (harm)
    7 ☐ H: Intervention required to sustain life (harm)
    8 ☐ I: Patient death (harm)

Q20 Position of provider who made primary error?   ~~SEFPOSPRV~~

    1 ☐ Intern
    2 ☐ Resident - study subject
    3 ☐ Resident - not a study subject
    4 ☐ Fellow
    5 ☐ Staff physician
    6 ☐ Medical student
    7 ☐ Nurse
    8 ☐ Pharmacist
    9 ☐ Other clinical staff
    10   Not applicable

Question 21 is completed when Question 19 SEFNCCMERP > 3
If Question 19 SEFNCCMERP < 4 Skip to Question 65

Q21 Was the incident preventable?   ~~SEFINCPREV~~

1 ☐ Definitely preventable   **If SEFINCPREV = 1-2 Go to Question 22**
2 ☐ Probably preventable
3 ☐ Probably not preventable   **If SEFINCPREV = 3-4 Skip to Question 65**
4 ☐ Definitely not preventable

Q22 Incident category: **SEFINCCAT**

1 ☐ Medication-related   **Go to Question 23**
2 ☐ Procedure-related   **Skip to Question 25**
3 ☐ Diagnostic test-related or Related to History and Physical (incorrect, delayed, or omitted) **Skip to Question 27**
4 ☐ Related to therapy other than medication or procedure   **Skip to Question 29**
5 ☐ Nosocomial infection   **Skip to Question 31**
6 ☐ Other   **Skip to Question 33**

Q23 Medication-related error category: ~~SEFMED~~
      Complete when Question 22 SEFINCCAT = 1
1 ☐ Wrong medication
2 ☐ Wrong dose
3 ☐ Wrong set limits or administered outside limits (ordered and/or policy limits)
4 ☐ Wrong rate
5 ☐ Wrong concentration / preparation error
6 ☐ Wrong patient   **If SEFMED = 1-15 Skip to Question 34**
7 ☐ Wrong duration
8 ☐ Wrong frequency
9 ☐ Known allergy to medication
10 ☐ Drug-drug interaction
11 ☐ Wrong time of day
12 ☐ Omitted medication
13 ☐ Medication order not discontinued
14 ☐ Duplicate order / medication
15 ☐ Wrong route
16 ☐ Other medication error   **Go to Question 24**

Q24 Other medication error (specify):   ~~SEFMEDOTR~~

_____   **Skip to Question 34**

Q25 Procedure-related error category: ~~SEFPROC~~
      Complete when Question 22 SEFINCCAT = 2
1 ☐ Wrong procedure performed
2 ☐ Necessary procedure not performed
3 ☐ Wrong site (e.g., wrong-side surgery or procedure)
4 ☐ Wrong patient
5 ☐ Needed equipment or supplies not available
6 ☐ Failure to check equipment   **If SEFPROC = 1-9 Skip to Question 65**
7 ☐ Defective equipment or supplies
8 ☐ Delay in provision or scheduling of service
9 ☐ Inadequate patient preparation
10 ☐ Other procedural error   **Go to Question 26**

Q26 Other procedural error (specify):   ~~SEFPROCOTR~~

_____   **Skip to Question 65**

Q27 Diagnosis-related (delayed, incorrect, or omitted diagnosis) error category: ~~SEFDX~~
      Complete when Question 22 SEFINCCAT = 3
1 ☐ Failure to obtain complete and accurate data from patient history and physical exam
2 ☐ Failure to use indicated tests
3 ☐ Failure to follow-up test results   **If SEFDX = 1-6 Skip to Question 65**
4 ☐ Failure to act expeditiously on results of tests or findings
5 ☐ Misinterpretation of data obtained from history and physical
6 ☐ Misinterpretation of test results
7 ☐ Other diagnostic error   **Go to Question 28**

Q28 Other diagnostic error (specify):   ~~SEFDXOTR~~

_____   **Skip to Question 65**

REDCap

Q29 Related to a therapy/care other than a medication or a procedure error category: **SEFCARE**
   Complete when SEFINCCAT = 4
   1 ☐ Wrong therapy/care
   2 ☐ Necessary therapy/care not performed
   3 ☐ Wrong site
   4 ☐ Wrong patient
   5 ☐ Needed equipment or supplies not available   **If SEFCARE = 1-9 Skip to Question 65**
   6 ☐ Failure to check equipment
   7 ☐ Defective equipment or supplies
   8 ☐ Delay in provision or scheduling of service
   9 ☐ Inadequate patient preparation
   10 ☐ Other therapeutic error   **Go to Question 30**

Q30 Other therapeutic error (specify):   **SEFCAREOTR**

   _____   **Skip to Question 65**

Q31 Nosocomial Infection error category: **SEFNOS**
   Complete when Question 22 SEFINCCAT = 5
   1 ☐ Catheter-related blood stream infection
   2 ☐ Sepsis/bacteremia unrelated to catheter
   3 ☐ Ventilator-associated pneumonia   **If SEFNOS = 1-6 Skip to Question 65**
   4 ☐ Nosocomial pneumonia, not ventilator-related
   5 ☐ Hospital-acquired UTI
   6 ☐ Hospital-acquired viral illness
   7 ☐ Other hospital-acquired infection   **Go to Question 32**

Q32 Other hospital-acquired infection (specify):   **SEFNOSOTR**

   _____   **Skip to Question 65**

Q33 Other error category (specify):   **SEFINCOTR**
   Complete when Question 22 SEFINCCAT = 6
   _____   **Skip to Question 65**

Q34 If the incident was medication-related, how many medications were involved?   **SEFDRGNUM**
   Complete when Question 22 SEFINCCAT = 1
   1 ☐ 1
   2 ☐ 2
   3 ☐ 3

Q35 Name of drug 1:   **SEFDRG1**

   _____

Q36 Category of drug 1:   ~~SEFCATDRG1~~

 1 ☐ Beta-blockers (Cardiovascular)
 2 ☐ Antiarrhythmic (Cardiovascular)
 3 ☐ Ace inhibitor (Cardiovascular)
 4 ☐ IV Vasodilator (Cardiovascular)
 5 ☐ IV Vasoconstrictor / pressor (Cardiovascular)
 6 ☐ Inotrope (Cardiovascular)
 7 ☐ Diuretic (Cardiovascular)
 8 ☐ Digoxin (Cardiovascular)
 9 ☐ Other antihypertensive agent (Cardiovascular)
10 ☐ Ca channel blockers (Cardiovascular)
11 ☐ Other Cardiovascular category (Cardiovascular) **Go to Question 37**
12 ☐ Non-narcotic analgesic (CNS/Pain/Anxiety)
13 ☐ Narcotics analgesic (CNS/Pain/Anxiety)
14 ☐ Muscle relaxant (CNS/Pain/Anxiety)
15 ☐ Sedative, anxiolytic (CNS/Pain/Anxiety)
16 ☐ Intravenous anesthetic (CNS/Pain/Anxiety)
17 ☐ Anti-seizure (CNS/Pain/Anxiety)
18 ☐ Other CNS/Pain/Anxiety category (CNS/Pain/Anxiety) **Skip to Question 38**
19 ☐ Antiviral (Infectious disease)
20 ☐ Antifungal (Infectious disease)
21 ☐ Antibiotic (Infectious disease)
22 ☐ Other Infectious Disease category (Infectious disease) **Skip to Question 39**
23 ☐ IVF (Intravenous treatment)
24 ☐ Electrolyte concentration (Intravenous treatment)
25 ☐ Blood products (RBC, plates, FFP) (Intravenous treatment)
26 ☐ Colloids (albumin, hetastarch) (Intravenous treatment)
27 ☐ Other Intravenous category (Intravenous treatment) **Skip to Question 40**
28 ☐ TPN (Gastrointestinal)
29 ☐ GI-H2 blocker (Gastrointestinal)
30 ☐ Other GI category (Gastrointestinal) **Skip to Question 41**
31 ☐ Inhaled beta agonists (Respiratory)
32 ☐ Ipratropium (Respiratory)
33 ☐ Inhaled steroids (Respiratory)
34 ☐ Other Respiratory category (Respiratory) **Skip to Question 42**
35 ☐ Heparin (Anticoagulant)
36 ☐ LMW Heparin (e.g. Lovenox) (Anticoagulant)
37 ☐ Thrombolytic agent (Anticoagulant)
38 ☐ Other Anticoagulant category (Anticoagulant) **Skip to Question 43**
39 ☐ G IIb/IIIa inhibitor (Other)
40 ☐ Antitumor (Other)
41 ☐ Diabetes (Other)
42 ☐ Antidepressant (Other)
43 ☐ Antipsychotic (Other)
44 ☐ Immunosuppressants (Other)
45 ☐ Steroids (non-inhaled) (Other)
46 ☐ Diagnostic agent (eg. contrast dye) (Other)
47 ☐ Antihistamine (Other)
48 ☐ Other category (Other) **Skip to Question 44**

Q37 Other Cardiovascular category (specify):   ~~SEFCVSOTR1~~

_____

Q38 Other CNS/Pain/Anxiety category (specify):   ~~SEFCNSOTR1~~

_____

Q39 Other Infectious Disease category (specify):   ~~SEFIDOTR1~~

_____

Q40 Other Intravenous category (specify):   ~~SEFIVOTR1~~

_____

Q41 Other GI category (specify):   ~~SEFGIOTR1~~

_____

Q42 Other Respiratory category (specify):　　　　　　　　　　　　　~~SEFRESPOTR1~~

_____

Q43 Other Anticoagulant category (specify):　　　　　　　　　　　~~SEFACOTR1~~

_____

Q44 Other category of drug (specify):　　　　　　　　　　　　　　~~SEFDRGOTR1~~

_____

Q45 Name of drug 2:　　　　　　　　　　　　　　　　　　　　　　~~SEFDRG2~~
Complete if Question 34 SEFDRGNUM > 1

_____

Q46 Category of drug 2:

1 ☐ Beta-blockers (Cardiovascular)
2 ☐ Antiarrhythmic (Cardiovascular)
3 ☐ Ace inhibitor (Cardiovascular)
4 ☐ IV Vasodilator (Cardiovascular)
5 ☐ IV Vasoconstrictor / pressor (Cardiovascular)
6 ☐ Inotrope (Cardiovascular)
7 ☐ Diuretic (Cardiovascular)
8 ☐ Digoxin (Cardiovascular)
9 ☐ Other antihypertensive agent (Cardiovascular)
10 ☐ Ca channel blockers (Cardiovascular)
11 ☐ Other Cardiovascular category (Cardiovascular)   **Go to Question 47**
12 ☐ Non-narcotic analgesic (CNS/Pain/Anxiety)
13 ☐ Narcotics analgesic (CNS/Pain/Anxiety)
14 ☐ Muscle relaxant (CNS/Pain/Anxiety)
15 ☐ Sedative, anxiolytic (CNS/Pain/Anxiety)
16 ☐ Intravenous anesthetic (CNS/Pain/Anxiety)
17 ☐ Anti-seizure (CNS/Pain/Anxiety)
18 ☐ Other CNS/Pain/Anxiety category (CNS/Pain/Anxiety)   **Skip to Question 48**
19 ☐ Antiviral (Infectious disease)
20 ☐ Antifungal (Infectious disease)
21 ☐ Antibiotic (Infectious disease)
22 ☐ Other Infectious Disease category (Infectious disease)   **Skip to Question 49**
23 ☐ IVF (Intravenous treatment)
24 ☐ Electrolyte concentration (Intravenous treatment)
25 ☐ Blood products (RBC, plates, FFP) (Intravenous treatment)
26 ☐ Colloids (albumin, hetastarch) (Intravenous treatment)
27 ☐ Other Intravenous category (Intravenous treatment)   **Skip to Question 50**
28 ☐ TPN (Gastrointestinal)
29 ☐ GI-H2 blocker (Gastrointestinal)
30 ☐ Other GI category (Gastrointestinal)   **Skip to Question 51**
31 ☐ Inhaled beta agonists (Respiratory)
32 ☐ Ipratropium (Respiratory)
33 ☐ Inhaled steroids (Respiratory)
34 ☐ Other Respiratory category (Respiratory)   **Skip to Question 52**
35 ☐ Heparin (Anticoagulant)
36 ☐ LMW Heparin (e.g. Lovenox) (Anticoagulant)
37 ☐ Thrombolytic agent (Anticoagulant)
38 ☐ Other Anticoagulant category (Anticoagulant)   **Skip to Question 53**
39 ☐ G IIb/IIIa inhibitor (Other)
40 ☐ Antitumor (Other)
41 ☐ Diabetes (Other)
42 ☐ Antidepressant (Other)
43 ☐ Antipsychotic (Other)
44 ☐ Immunosuppressants (Other)
45 ☐ Steroids (non-inhaled) (Other)
46 ☐ Diagnostic agent (eg. contrast dye) (Other)
47 ☐ Antihistamine (Other)
48 ☐ Other category (Other)   **Skip to Question 54**

~~SEFCATDRG2~~

Q47 Other Cardiovascular category (specify):

_____

~~SEFCVSOTR2~~

Q48 Other CNS/Pain/Anxiety category (specify):

_____

~~SEFCNSOTR2~~

Q49 Other Infectious Disease category (specify):

_____

~~SEFIDOTR2~~

Q50 Other Intravenous category (specify):

_____

~~SEFIVOTR2~~

Q51 Other GI category (specify):

_____

~~SEFGIOTR2~~

Q52 Other Respiratory category (specify):

SEFRESPOTR2

_____

Q53 Other Anticoagulant category (specify):

SEFACOTR2

_____

Q54 Other category of drug (specify):

SEFDRGOTR2

_____

Q55 Name of drug 3:

SEFDRG3

Complete when Question 34 SEFDRGNUM > 2

_____

Q56 Category of drug 3:   ~~SEFCATDRG3~~

1 ☐ Beta-blockers (Cardiovascular)
2 ☐ Antiarrhythmic (Cardiovascular)
3 ☐ Ace inhibitor (Cardiovascular)
4 ☐ IV Vasodilator (Cardiovascular)
5 ☐ IV Vasoconstrictor / pressor (Cardiovascular)
6 ☐ Inotrope (Cardiovascular)
7 ☐ Diuretic (Cardiovascular)
8 ☐ Digoxin (Cardiovascular)
9 ☐ Other antihypertensive agent (Cardiovascular)
10 ☐ Ca channel blockers (Cardiovascular)
11 ☐ Other Cardiovascular category (Cardiovascular) **Skip to Question 57**
12 ☐ Non-narcotic analgesic (CNS/Pain/Anxiety)
13 ☐ Narcotics analgesic (CNS/Pain/Anxiety)
14 ☐ Muscle relaxant (CNS/Pain/Anxiety)
15 ☐ Sedative, anxiolytic (CNS/Pain/Anxiety)
16 ☐ Intravenous anesthetic (CNS/Pain/Anxiety)
17 ☐ Anti-seizure (CNS/Pain/Anxiety)
18 ☐ Other CNS/Pain/Anxiety category (CNS/Pain/Anxiety) **Skip to Question 58**
19 ☐ Antiviral (Infectious disease)
20 ☐ Antifungal (Infectious disease)
21 ☐ Antibiotic (Infectious disease)
22 ☐ Other Infectious Disease category (Infectious disease) **Skip to Question 59**
23 ☐ IVF (Intravenous treatment)
24 ☐ Electrolyte concentration (Intravenous treatment)
25 ☐ Blood products (RBC, plates, FFP) (Intravenous treatment)
26 ☐ Colloids (albumin, hetastarch) (Intravenous treatment)
27 ☐ Other Intravenous category (Intravenous treatment) **Skip to Question 60**
28 ☐ TPN (Gastrointestinal)
29 ☐ GI-H2 blocker (Gastrointestinal)
30 ☐ Other GI category (Gastrointestinal) **Skip to Question 61**
31 ☐ Inhaled beta agonists (Respiratory)
32 ☐ Ipratropium (Respiratory)
33 ☐ Inhaled steroids (Respiratory)
34 ☐ Other Respiratory category (Respiratory) **Skip to Question 62**
35 ☐ Heparin (Anticoagulant)
36 ☐ LMW Heparin (e.g. Lovenox) (Anticoagulant)
37 ☐ Thrombolytic agent (Anticoagulant)
38 ☐ Other Anticoagulant category (Anticoagulant) **Skip to Question 63**
39 ☐ G IIb/IIIa inhibitor (Other)
40 ☐ Antitumor (Other)
41 ☐ Diabetes (Other)
42 ☐ Antidepressant (Other)
43 ☐ Antipsychotic (Other)
44 ☐ Immunosuppressants (Other)
45 ☐ Steroids (non-inhaled) (Other)
46 ☐ Diagnostic agent (eg. contrast dye) (Other)
47 ☐ Antihistamine (Other)
48 ☐ Other category (Other) **Skip to Question 64**

Q57 Other Cardiovascular category (specify):   ~~SEFCVSOTR3~~

_____

Q58 Other CNS/Pain/Anxiety category (specify):   ~~SEFCNSOTR3~~

_____

Q59 Other Infectious Disease category (specify):   ~~SEFIDOTR3~~

_____

Q60 Other Intravenous category (specify):   ~~SEFIVOTR3~~

_____

Q61 Other GI category (specify):   ~~SEFGIOTR3~~

_____

Q62 Other Respiratory category (specify):

SEFRESPOTR3

_____

Q63 Other Anticoagulant category (specify):

SEFACOTR3

_____

Q64 Other category of drug (specify):

SEFDRGOTR3

_____

Q65 Temporal relationship of incident to ICU course:

SEFTEMP

   1 ☐ During transport associated with admission to the PICU
   2 ☐ During admission to unit (initial 30 minutes after arrival)
   3 ☐ During ongoing routine care
   4 ☐ During an emergency intervention   **If SEFTEMP = 1-8 go to Question 67**
   5 ☐ During a non-emergent procedure
   6 ☐ During transport to or from procedure or test
   7 ☐ During transfer out of the unit to a new patient care area
   8 ☐ Unable to determine
   9 ☐ Other   **Go to Question 66**

Q66 Other (specify):

SEFTMPOTR

_____

Q67 What was the immediate follow-up response during the 2 hours after the incident?

SEFFURESP

   1 ☐ Additional monitoring
   2 ☐ Change in current medical treatment (eg. increase dosage, decrease dosage or stop current medication)
   3 ☐ Additional (new) medical treatment (eg. naloxone for oversedation, D10 (dextrose) for insulin excess, transfusion
       for procedure-related hemorrhage)
   4 ☐ Additional procedure(s)   **If SEFFURESP = 1-7 Skip to Question**
   5 ☐ Additional test(s)
   6 ☐ Additional consults (describe service/specialty and number of consults below in the Final injury/outcome for
       patient section)
   7 ☐ No change
   8 ☐ Other   **Go to Question 68**

Q68 Other (specify):

SEFFURSOTR

_____

Q69 Specific harm code: ~~**SEFHRMCD**~~
          Complete when Question 19 SEFNCCMERP > 3

101☐ Cardiac arrest
102☐ Hypotension (SBP < 90or MAP < 60)
103☐ Hypertension (SBP 180 or DBP 110
104☐ Low cardiac output (CI < 2.2)
105☐ Shock (non-cardiogenic) (hypotension and oliguria or altered sensorium or peripheral hypoperfusion)
106☐ Arrhythmias / Conduction Abnormality (new VT, VF, AF, SVT, MAT, bradycardia or heart block)
107☐ Myocardial ischemia (angina and/ or ECG changes)
108☐ Myocardial infarction (ECG changes and/or troponin or CK-MB)
109☐ Pulmonary edema ([A-a] O2 gradient or new CXR clinical findings or PCWP 18)
110☐ Peripheral (extremity) ischemia (absent pulses or skin color and temperature changes)
199☐ Other Cardiovascular **Go to Question 70**
201☐ Acute respiratory failure (RR> 35 or < 8 and/or signs of respiratory distress or sedation from drugs)
202☐ Respiratory Distress, not acute failure
203☐ Pneumothorax
204☐ Hemothorax
205☐ Subcutaneous air
206☐ Barotrauma
207☐ Atelectasis (CXR findings with [A-a] O2 gradient)
208☐ Bronchospasm
209☐ Aspiration (witnessed, with or without CXR changes)
210☐ Pulmonary Embolus
211☐ Post extubation stridor
212☐ R main bronchus intubation
213☐ Esophageal intubation
214☐ Accidental extubation
215☐ Reintubation
299☐ Other Respiratory - Note: ventilator-associated pneumonia and other pneumonia is below **Go to Question 70**
301☐ Fluid overload (new CHF, severe edema or [A-a] O2 gradient associated with IV fluids)
302☐ Dehydration / Oliguria (urine output < 0.5cc/kg TBW > 4hrs; or CVP < 5 or PAWP < 8 with signs of dehydration)
303☐ Acute renal failure (Creat > 50% with or without oliguria)
304☐ Metabolic acidosis (HCO3 < 20)
305☐ Metabolic alkalosis (HCO3 >30)
306☐ Adrenal insufficiency (Low baseline or ACTH stimulation test cortisols and / or responds to corticosteroid Rx)
307☐ Hyperglycemia (BS 200)
308☐ Hypoglycemia (BS 60)
309☐ Hyperkalemia (K+ > 5.5)
399☐ Other Renal/ Fluids / Electrolytes **Go to Question 70**
401☐ Hemorrhage (Hct > 5% or needs RBC transfusions)
402☐ Anemia (Hct < 30)
403☐ Thrombocytopenia (platelet count < 100,000)
404☐ Cytopenia (WBC < 5,000)
405☐ Coagulopathy (INR > 1.7 or PTT > 35)
406☐ Thromboembolic event - venous
407☐ Thromboembolic event - arterial
408☐ Hematoma
409☐ Vascular injury
499☐ Other Hematologic **Go to Question 70**
501☐ Nausea / vomiting
502☐ Diarrhea
503☐ Constipation
504☐ Gastric distension
505☐ Pancreatitis
506☐ Jaundice / hepatic insult (BR 2.0, or ALT and/or AST 2x normal)
507☐ Ileus
508☐ Traumatic injury (from NG or other GI procedure)
599☐ Other GI **Go to Question 70**
601☐ Oversedation (drug)
602☐ Delirium / Encephalopathy
603☐ Seizures
604☐ CVA / Intracerebral hemorrhage
605☐ Paralysis / Neuromuscular blocker excess
606☐ Obtundation (not drug-related)
607☐ Inadequate sedation
608☐ Inadequate analgesia
609☐ Withdrawal symptoms
610☐ Peripheral nerve injury
699☐ Other Neurologic **Go to Question 70**
701☐ Catheter-related blood stream infection

702☐ Sepsis/bacteremia unrelated to catheter
703☐ Ventilator-associated pneumonia
704☐ Nosocomial pneumonia, not ventilator-related
705☐ Hospital-acquired UTI
706☐ Hospital-acquired viral illness
707☐ Surgical site infection
708☐ Endometritis
709☐ C difficile colitis
799☐ Other hospital-acquired infection **Go to Question 70**
801☐ Hypothermia (Temperature < 35o Cent)
802☐ Pyrexia (Temperature > 39o Cent)
803☐ Allergic Reaction (e.g. Rash, hives, anaphylaxis)
804☐ Fall
805☐ Pressure Ulcer
806☐ Rash
807☐ Line Complication
808☐ Tube complication (chest tube, foley, etc.)
809☐ Laceration / abrasion / superficial trauma
810☐ Deep tissue / organ trauma
811☐ Death
899☐ Other **Go to Question 70**

Q70 Other harm code (specify):   ~~SEFHRMOTR~~

_____

Q71   UVA ONLY: Please indicate where the suspected event occurred.   ~~SEFPICU~~

      1   New PICU (7 North)

      2   PICU HPod

      3   Post Renovation PICU

Missed Observation Shift Form

dataset=MOS

Please complete the survey below.

Thank you!

Q1 Staff ID:

_____

MOSSTFID

Q2 Physician Observer ID:

_____

IDOBS

(If no Physician Observer was scheduled for this shift, please enter 1 digit site number + 999)

Q3 Start Date of Missed Shift:

_____

MOSSTRTDT

MOSSTART
MOSEND

Q4 End Date of Missed Shift:

_____

MOSENDDT

Q5 Start Time of Missed Shift:

_____

MOSSTRTTM

Q6 End Time of Missed Shift:

MOSENDTM

Q7 Reason for Missed Shift:

_____

MOSRSN

1, No enrolled resident scheduled

2, Holiday

3, Observer was sick

4, Observer was not scheduled

5, Other

Q8 Resident-covered PICU Patient Census During Missed Shift:

- **0** ◯ 0
- **1** ◯ 1
- **2** ◯ 2
- **3** ◯ 3
- **4** ◯ 4
- **5** ◯ 5
- **6** ◯ 6
- **7** ◯ 7
- **8** ◯ 8
- **9** ◯ 9
- **10** ◯ 10
- **11** ◯ 11
- **12** ◯ 12
- **13** ◯ 13
- **14** ◯ 14
- **15** ◯ 15
- **16** ◯ 16
- **17** ◯ 17
- **18** ◯ 18
- **19** ◯ 19
- **20** ◯ 20

CALCUNOBSPD
DAYSMISSED
EXPPDPERDAY
UNOBSPD
UNOBSPD_PROJECTED

MOSCENSUS

Comments (optional)

_____

MOSCMNT

REDCap

Patient Days Log

dataset=patients

Studywide variables:
TX
PERIOD
WAVE

Please complete the survey below.

Thank you!

Q1 Study ID:

_____

IDPAT

Q2 Acrostic:

_____

(Please enter four letters)

~~ACROSPAT~~

Q3 Staff ID:

_____

~~PDLSTFID~~

Q4 Hospital Admission Date:

_____

~~PDLDTADMT~~

Q5 Hospital Discharge Date:

_____

~~PDLDTDSCH~~

Q6 PICU LOS (Exclude any days where patient was not under observation (eg, transferred temporarily out of unit)):

_____

((Days))

PDLLOS

PDLLOS_O
HOSPSTAY
HOSPSTAY_O
ADMITSTART

PDLLOS, PDLLOS_O,
HOSPSTAY, HOSPSTAY_O
were tuncated.
values >120 days were set to 121

Chronic Conditions Indicator
data added:
CCITOT, CODEUSED

Q7 Age:

PDLAGEMOS

PDLAGE

51 ☐ < 1 week
52 ☐ 1 week
53 ☐ 2 weeks
54 ☐ 3 weeks
55 ☐ 4 weeks
56 ☐ 5 weeks
57 ☐ 6 weeks
58 ☐ 7 weeks
59 ☐ 8 weeks
60 ☐ 9 weeks
61 ☐ 10 weeks
62 ☐ 11 weeks
63 ☐ 3 months
64 ☐ 4 months
65 ☐ 5 months
66 ☐ 6 months
67 ☐ 7 months
68 ☐ 8 months
69 ☐ 9 months
70 ☐ 10 months
71 ☐ 11 months
1 ☐ 12 months
72 ☐ 13 months
73 ☐ 14 months
74 ☐ 15 months
75 ☐ 16 months
76 ☐ 17 months
77 ☐ 18 months
78 ☐ 19 months
79 ☐ 20 months
80 ☐ 21 months
81 ☐ 22 months
82 ☐ 23 months
2 ☐ 24 months
83 ☐ 25 months
84 ☐ 26 months
85 ☐ 27 months
86 ☐ 28 months
87 ☐ 29 months
88 ☐ 30 months
89 ☐ 31 months
90 ☐ 32 months
91 ☐ 33 months
92 ☐ 34 months
93 ☐ 35 months
3 ☐ 3 years
4 ☐ 4 years
5 ☐ 5 years
6 ☐ 6 years
7 ☐ 7 years
8 ☐ 8 years
9 ☐ 9 years
10 ☐ 10 years
11 ☐ 11 years
12 ☐ 12 years
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22 ☐ 22 years
23 ☐ 23 years
24 ☐ 24 years
25 ☐ 25 years

26 ☐ 26 years
27 ☐ 27 years
28 ☐ 28 years
29 ☐ 29 years
30 ☐ 30 years
31 ☐ 31 years
32 ☐ 32 years
33 ☐ 33 years
34 ☐ 34 years
35 ☐ 35 years
36 ☐ 36 years
37 ☐ 37 years
38 ☐ 38 years
39 ☐ 39 years
40 ☐ 40 years
41 ☐ 41 years
42 ☐ 42 years
43 ☐ 43 years
44 ☐ 44 years
45 ☐ 45 years
46 ☐ 46 years
47 ☐ 47 years
48 ☐ 48 years
49 ☐ 49 years
50 ☐ 50 years

Q8 Gender: **PDLGENDER**

1 ☐ Male
2 ☐ Female

Resident PVT Checklist

dataset=pvt

Studywide variables:
TX
PERIOD
WAVE

Please complete the survey below.

There are >80 variables
from the PVT device
and the KSS dataset
included. See documentation

Thank you!

Q1 Study ID:

_____

IDRES

Q2 Acrostic:

_____

(Please enter four letters)

~~**ACROSRES**~~

Q3 Staff ID:

_____

~~**PVTSTFID**~~

Q4 Residency Week Number:

1 ☐ 1
2 ☐ 2
3 ☐ 3
4 ☐ 4
5 ☐ 5

~~**PVTWEEK**~~

CHECKWEEKNUM

Q5 PVT Test Number (PVT tests should be numbered by participant, starting with #1 each week):

1 ☐ 1
2 ☐ 2
3 ☐ 3
4 ☐ 4
5 ☐ 5
6 ☐ 6
7 ☐ 7
8 ☐ 8
9 ☐ 9

~~**PVTNUM**~~

DATEDAYS
DAYS
TIME

Q6 Date resident completed the PVT test:

_____

~~**PVTDTTEST**~~

Q7 Time resident completed the PVT test:

_____

~~**PVTTIME**~~

Q8 Was the resident able to complete the entire PVT test?

1 ☐ Yes **Skip to Question 11**
0 ☐ No   **Go to Question 9**

PVTCMPLT

Q9 Was the test >80% complete?

1 ☐ Yes
0 ☐ No

PVT80CMP

Q10 Was the test regenerated?

1 ☐ Yes
0 ☐ No

PVTREGEN

A separate checklist should be completed for the regenerated test.

REDCap

Q11 Were there any disturbances during the test?   **PVTDSTRB**

    1 ☐ Yes **Go to Question 12**
    0 ☐ No   **Skip to Question 20**

Q12 Staff entered the room during testing   **PVTROOM**

    1 ☐ Yes
    0 ☐ No

Q13 Staff attempted to speak with resident during testing   **PVTSPEAK**

    1 ☐ Yes
    0 ☐ No

Q14 Phone/pager rang (hospital or resident's)   **PVTPHONE**

    1 ☐ Yes
    0 ☐ No

Q15 Code alert or alarm sounded during testing   **PVTCODE**

    1 ☐ Yes
    0 ☐ No

Q16 Participant was frequently adjusting posture   **PVTPSTR**

    1 ☐ Yes
    0 ☐ No

Q17 Participant was not looking at monitor   **PVTMNTR**

    1 ☐ Yes
    0 ☐ No

Q18 Other   **PVTOTR**

    1 ☐ Yes **Go to Question 19**
    0 ☐ No   **Skip to Question 20**

Q19 Please describe: ~~PVTOTRDS~~

_____

Q20 Please use the below space to document any other events that you feel may have impacted the integrity of the testing data.   ~~PVTEVENT~~

_____

REDCap

IDRES
ROTATION

dataset=sleepdiary

Studywide variables:
TX
PERIOD
WAVE

DATE

Diary entry for 2017-01-27 (page1) (/home)

Please complete in the morning and describe the last 24 hours.

This diary entry is for January 27th and should describe what happened on January 26th and January 27th. This may include overnight sleep and awakenings, naps and actiwatch removals in the past 24 hrs, and completed work shifts.

0=Slept past 24 hrs
1=No sleep past 24 hrs

Please check if you did not sleep in the past 24 hours

no_sleep_24

☐

What time did you go to bed?

Clear entry

bed_time
bed_days

How long did it take you to fall asleep?

| hours | minutes |

sleep_latency

inbedtm
sleeptm
rescuesleep

What time did you wake up?

Clear entry

wake_time
wake_days

How many times did you awaken?

| 1 |

count_awakenings (1-4)

List the time and duration of each awakening [put extra awakenings under 'Comments']

Please enter the start time of your first awakening

Clear entry

awakening_one_time, days
(two, three, four)

How long were you awake for?

| hours | minutes |

awakening_one_duration
(two, three, four)

How many times did you nap yesterday?

| 1 |

count_naps (1-4)

List the time and duration of each nap [put extra naps under 'Comments']

rescuenap

Nap one start time [   ]   nap_one_end_time, days
                                    nap_one_start_time, days   Clear entry
                                    (two, three, four)

How long was this nap? [hours] [minutes]   nap_one_duration
                                                  (two, three, four)

How many times did you remove your actiwatch? [1]   ~~count_removals~~ (1-4)

If you removed your actiwatch in the past 24 hours, please enter the removal and putting back on times [put extra actiwatch removals under 'Comments']

First removal time [   ]   ~~aw_one_removal_time~~
                                     (two, three, four)   Clear entry

Back on time [   ]   ~~aw_one_back_time~~
                              (two, three, four)   Clear entry

Please enter any adittional comments here   [~~comments~~   ]

Continue »

Diary entry for 2017-01-27 (page 2) (/home)

Please complete in the morning and describe the last 24 hours.

This diary entry is for January 27th and should describe what happened on January 26th and January 27th. This may include overnight sleep and awakenings, naps and actiwatch removals in the past 24 hrs, and completed work shifts.

If one or more work shifts have ENDED in the past 24 hours and you have NOT recorded them in previous entries, please record below the time and date that the shift started (which may not have been in the past 24 hours) and the time and date that the shift ended.

If you did not work in the past 24 hours please check ☐   no_work   0=Worked past 24 hrs
1=No work past 24 hrs

If your shift has not yet ended and you are still working, please check ☐   still_on_shift   0=no
1=yes   rescuework

shift_one_start_time, days   Shift one start time   [ ] [ ]   Clear entry   shifttm1

shift_one_end_time, days   Shift one end time   [ ] [ ]   Clear entry

If more than one shift ended in the past 24 hours enter the second shift below.

shift_two_start-time, days   Shift two start time   [ ] [ ]   Clear entry   shifttm2

shift_two_end_time, days   Shift two end time   [ ] [ ]   Clear entry

Please enter any adittional comments here   comments

Submit »