



# ECHAS STUDY QUESTIONNAIRE – 2020<sub>v2.0</sub>

EASTERN CAPE HEALTHCARE WORKERS ACQUISITION OF SARS-COV-2

SECTION ONE – FOR ALL PARTICIPANTS (Mark chosen answers with a X, please answer truthfully)

1. Participant Identifier (PTID)					
2. Date of completion of questionnaire	dd	mm	mm	yyyy	
3. Consent has been read and understood	Yes			No	
4. Facility completed at	Frere			CMH	
5. Initials of field worker assisting form completion					
<b>A. DEMOGRAPHIC INFORMATION</b>					
1. Date of Birth	dd	mm	mm	yyyy	
2. Sex	Male			Female	
3. Ethnicity	Black	White	Coloured	Indian	Asian Other
4. Suburb of primary residence					
5. Highest level of education	Primary	Secondary	Matric	Tertiary	
6. How many people including yourself live in your house/flat?					
<b>B. RISK ASSESSMENT FOR SARS-COV-2</b>					
7. Smoking status	Never smoked		Active smoker		Quit (>3 months)
8. <i>If active smoker:</i> Average number of cigarettes per day					
9. <i>If active/former smoker:</i> Number of years smoking:	< 5	5-10	11-20	>20	
10. Diabetes	Yes			No	
11. Hypertension	Yes			No	
12. HIV	Yes	No		Prefer not to say	
13. On treatment for TB in 2020	Yes			No	
14. Previous TB treatment	Yes			No	
15. Chronic Kidney Disease	Yes			No	
16. Heart disease	Yes			No	
17. Chronic steroid use or any immunosuppressant drugs	Yes			No	
18. Asthma/COPD	Yes			No	
19. Liver disease	Yes			No	



## ECHAS STUDY QUESTIONNAIRE – 2020<sub>v2.0</sub>

20. Cancer	Yes			No	
21. Currently pregnant?	Yes			No	
22. <i>If pregnant</i> , what is the gestational age (weeks):					
<b>C. PERSONAL PROTECTIVE EQUIPMENT AT WORK (may be 'not applicable' [N/A] for non-clinical areas)</b>					
23. Did you receive training in the correct use of PPE?	Yes		No		N/A
24. Were FFP2/N95 masks available for you when needed?	Always	Most of the time	Some of the time	Never	N/A
25. Were surgical masks available for you when needed?	Always	Most of the time	Some of the time	Never	N/A
26. Were gloves available for you when needed?	Always	Most of the time	Some of the time	Never	N/A
27. Were protective gowns available for you when needed?	Always	Most of the time	Some of the time	Never	N/A
28. Was eye protection (goggles or face shield) available for you when needed?	Always	Most of the time	Some of the time	Never	N/A
29. Were you confident about your use of PPEs when dealing with patients with COVID-19?	Yes		No	Unsure	N/A
<b>D. COVID-19 VACCINE</b>					
30. Do you believe that a vaccine is needed to end COVID-19 pandemic?	Yes			No	
31. Do you think every health worker should get COVID-19 vaccine when it becomes available?	Yes			No	
32. When COVID-19 vaccine becomes available; will you be willing to receive the vaccine?	Yes			No	
33. Do you think vaccines are generally safe?	Yes			No	
34. Have you ever refused vaccines in the past?	Yes			No	
35. Have you experienced adverse effects from vaccines before?	Yes			No	
<b>E. EXPOSURE RISK ASSESSMENT</b>					
36. Duty at work	Doctor	Nurse	Allied health	Management /admin	Porter
	Pharmacy	Kitchen	Radiology	Mortuary	Other: .....
37. <b>For doctors &amp; nurses only:</b> where were you working during June to August?	Medical	Surgery	Casualty	ICU	O&G
	Paediatrics	Orthopaedics	Theatre	Other: .....	
38. Have you had direct contact with COVID-19 patients at work?	Yes			No	



## ECHAS STUDY QUESTIONNAIRE – 2020<sub>v2.0</sub>

39. Have you had direct contact with COVID-19 cases outside of work?	Yes		No		
40. Do you take public transport to work?	Yes		No		
41. Have you ever had a SARS-CoV-2 swab PCR test(s) done?	Yes		No		
42. Have you ever had a <b>positive</b> SARS-CoV-2 PCR Result?	Yes		No		
43. Date of any <b>positive</b> SARS-CoV-2 PCR? (approximate if unsure of exact date)	d d		m m m		yyyy
44. Where was the test done?	NHLS	Pathcare	Ampath	Dischem	Other:
45. Were any of your household members diagnosed with COVID-19 around the same period as you?	Yes		No		Not applicable
46. <i>If yes to 45, how many members tested positive?</i>					
<b>F. SYMPTOMS AT THE TIME OF TAKING THE SARS-CoV-2 SWAB</b> ( <i>Answer only if 'yes' selected in no.41</i> )					
47. Fever	Yes		No		
48. Cough	Yes		No		
49. Sore throat	Yes		No		
50. Shortness of breath	Yes		No		
51. Loss of smell	Yes		No		
52. Loss of taste	Yes		No		
53. Headache or body aches	Yes		No		
54. Diarrhoea and vomiting	Yes		No		
55. Fatigue/weakness/tiredness	Yes		No		
56. Red eyes (conjunctivitis)	Yes		No		
<b>G. MANAGEMENT RECEIVED AFTER DIAGNOSIS OF COVID-19</b> ( <i>Answer only if 'yes' selected in no.42</i> )					
57. Did you require hospitalization?	Yes		No		
58. Number of days hospitalised	<3	4-7	8-14	15-21	>21
59. Did you require Oxygen at any time?	Yes		No		
60. Were you admitted to ICU?	Yes		No		
61. Do you feel that you have fully recovered physically from COVID-19?	Yes		No		
62. How many 'sick days' have you taken due to COVID-19?	<7	7-14	15-21	22-28	>28



## ECHAS STUDY QUESTIONNAIRE – 2020<sub>v2.0</sub>

H. PERSISTENCE OF COVID-19 SYMPTOMS (Answer only if 'yes' selected in no.42) (i.e. which, if any, of these symptoms are you still experiencing now?)		
63. Headaches	Yes	No
64. Weakness	Yes	No
65. Tiredness	Yes	No
66. Shortness of breath	Yes	No
67. Cough	Yes	No
68. Loss of taste/smell	Yes	No
69. Joint pain	Yes	No
70. Dizziness	Yes	No
71. Lack of appetite	Yes	No
72. Muscle pain (myalgia)	Yes	No
73. Chest pain	Yes	No
74. List other symptom(s)		
I. EMPLOYEE WELLNESS Are you currently experiencing any of the following?		
75. Anxiety about coming to work:	Yes	No
76. Low mood about coming to work:	Yes	No
77. Loss of interest in patient care:	Yes	No
78. Have you considered resigning/retiring from clinical work?	Yes	No
79. Do you need staff health referral?	Yes	No

### SECTION 2: NURSE MEASUREMENTS & BLOOD SAMPLE FOR SARS-CoV-2 SEROLOGY (All participants)

80. Weight (Kg)		
81. Height (cm)		
82. Mid-upper arm circumference (cm)		
83. Bar Code (Specimen Identifier)		
84. Would you like to be notified of the blood results?	Yes	No