**Attachment D15**

**COVID-19 (Round 1)**

Form Approved

OMB No. 0920-xxxx

Exp. Date xx/xx/20xx

COVID-19

VI. The following questions refer to the COVID-19 pandemic and how it has affected you in your work as a police officer.

1. Mark the point on the line below as to how much COVID-19 has affected your stress

 **No stress \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Most stress**

 **at all ever experienced**

2. What is your level of exposure to COVID-19 in your work as a police officer?

 [ ]  (1) Very low [ ]  (2) Low [ ]  (3) High [ ]  (4) Very high

3. What sort of personal protection is provided for you by the BPD? **Check all that apply.**

 **[ ]**  Masks [ ]  Face shields [ ]  Temperature Checks

[ ]  Sanitizer [ ]  Gloves [ ]  Vehicle Disinfecting

4. Did you have any training on how to properly wear protection [ ]  (0) No [ ]  (1) Yes

5. Did you have any training to help you to deal with COVID-19? [ ]  (0) No [ ]  (1) Yes

6. Have you tested positive for COVID-19? [ ]  (0) No [ ]  (1) Yes

7. Have you tested negative for COVID-19? [ ]  (0) No [ ]  (1) Yes

8. Have you been tested for antibodies for COVID-19? [ ]  (0) No [ ]  (1) Yes

 If yes, what were the results? [ ]  (0) Negative [ ]  (1) Positive

9. Were you ever quarantined because of COVID-19? [ ]  (0) No [ ]  (1) Yes

10. Please answer the following questions about your experiences during the COVID-19 pandemic using the following four point scale:

 1 = Strongly Agree

 2 = Agree

 3 = Disagree

 4 = Strongly Disagree

Public reporting burden of this collection of information is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (XXXX).

|  | **Strongly****Agree**(1) | **Agree**(2) | **Disagree**(3) | **Strongly****Disagree**(4) |
| --- | --- | --- | --- | --- |
|  | **Exposure** |  |  |  |  |
| 1 | I am concerned that I will get COVID-19 | **□** | **□** | **□** | **□** |
| 2 | I am usually able to maintain a 6 foot distance while responding to calls | **□** | **□** | **□** | **□** |
| 3 | When responding to indoor calls, I try to get individuals to step outside and maintain a 6 foot distance | **□** | **□** | **□** | **□** |
| 4 | When contacting a member of the public with respiratory symptoms (sneezing and coughing), I make sure to maintain a 6 foot distance | **□** | **□** | **□** | **□** |
| 5 | When I am assisting Buffalo Fire, I can maintain a safe distance | **□** | **□** | **□** | **□** |
| 6 | Someone or myself disinfects my equipment and car prior to my shift | **□** | **□** | **□** | **□** |
| 7 | I have access to all the personal protective equipment I need for my shift | **□** | **□** | **□** | **□** |
| 8 | I always use personal protective equipment on all my shifts | **□** | **□** | **□** | **□** |
| 9 | I am not sure that I am wearing the 3M facemask correctly | **□** | **□** | **□** | **□** |
| 10 | When I am wearing personal protective equipment, I still maintain a 6 foot distance | **□** | **□** | **□** | **□** |
| 11 | I have been assaulted (physically or verbally) while trying to enforce COVID-19 mandates | **□** | **□** | **□** | **□** |
| 12 | I have been assaulted, spat on, or coughed on by someone claiming to have COVID-19 | **□** | **□** | **□** | **□** |
|  | **Family** |  |  |  |  |
| 13 | I am worried about a family member getting sick | **□** | **□** | **□** | **□** |
| 14 | I am worried that I may infect a family member due to my work | **□** | **□** | **□** | **□** |
| 15 | My responsibilities at home have increased during stay at home orders for members of my family | **□** | **□** | **□** | **□** |
|  | **Coworker Concerns** |  |  |  |  |
| 16 | My coworkers stay home when they are sick | **□** | **□** | **□** | **□** |
| 17 | I am worried about coworkers becoming ill with COVID-19 | **□** | **□** | **□** | **□** |
| 18 | I am worried about coworkers who have already become ill with COVID-19 | **□** | **□** | **□** | **□** |
|  | **Work Environment** |  |  |  |  |
| 19 | I have been required to work extra shifts or overtime due to COVID-19 | **□** | **□** | **□** | **□** |
| 20 | My sleep and self-care have decreased due to stress related to COVID-19 | **□** | **□** | **□** | **□** |
| 21 | There have been no significant compromises or shortcuts taken by management when my safety was at stake | **□** | **□** | **□** | **□** |
| 22 | Where I work, employees and management work together to ensure the safest possible working conditions during the COVID-19 pandemic | **□** | **□** | **□** | **□** |
| 23 | The COVID-19 mandates are not clear, sometimes there are mixed messages and rumors | **□** | **□** | **□** | **□** |
| 24 | I can usually follow the COVID-19 mandates | **□** | **□** | **□** | **□** |
| 25 | COVID-19 has resulted in a surge of service demands | **□** | **□** | **□** | **□** |