Form Approved

OMB No. 0920-xxxx

Exp. Date: xx/xx/20xx

**HEALTHCARE WORKER QUESTIONNAIRE ON WORKING CONDITIONS AND MENTAL HEALTH**

You are invited to participate in an online questionnaire conducted by JPA Health on behalf of the National Institute for Occupational Safety and Health (NIOSH), to better understand hospital practices that promote staff mental health.

Completing the voluntary questionnaire should take about 10 minutes. You may refuse to take part or exit the questionnaire at any time. You can skip any question you do not wish to answer.

There are no direct benefits to questionnaire participation. Risks to participation are minimal, with the main foreseeable risk being breach of confidentiality. Although this questionnaire does ask you to indicate your occupational category (e.g., nurse, physician, therapist, etc.), it does not collect information on your name, email address, or IP address.

Responses will be collected and stored in a secure, electronic format on the REDCap survey system. JPA’s research partner Education Development Center (EDC) will analyze all data on NIOSH’s secured network.

JPA/EDC will report all results in aggregate. No one at your workplace will be able to identify you or your answers based on your occupation, and no one will know whether or not you participated in the study. Information collected as part of this study will not be used or distributed for other research studies.

If you have questions at any time about this assessment, you may contact JPA Senior Vice President Christina Zurla at czurla@jpa.com or 202-870-5487; and/or EDC Principal Research Scientist Kim Dash, PhD, MPH, at KDash@edc.org or 617.618.2425.

**Please select your choice below. You may print a copy of this consent form for your records. Clicking on the “Agree” button indicates that:**

* **You have read the above information**
* **You voluntarily agree to participate**
* **You have reached the age of majority (18 in most states)**

O Agree

O Disagree

Public reporting burden of this collection of information is estimated to average 10 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 Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333 ATTN: PRA (0920-xxxx).

***Position***

1. SCREENING QUESTION 1: Which of the following best describes the setting where you currently work? *Select one. If you work in more than one setting, pick the setting where you spend the most time.*
	* Hospital
	* Outpatient clinic
	* Long-term care facility
	* Clinical lab
	* Hospice
	* Home care
	* Other (please specify):

*[If response is something other than* hospital, *then respondent will be thanked for their time and exited from the survey.]*

1. SCREENING QUESTION 2: Which of the following best describes your occupation? *Select one.*
* Physician
* Nurse
* Physician assistant
* Nurse practitioner/advanced practice nurse
* Graduate medical education trainee (for example, resident, fellow)
* Pharmacist
* Phlebotomist
* Patient care technician
* Therapist (for example, physical, occupational, respiratory, speech)
* Social worker

*[If response is something other than* the occupations listed here, *then respondent will be thanked for their time and exited from the survey.]*

1. How long have you been in this occupation (in years)? (number)

# **COVID-Related Experiences**

1. During the past 3 months, what is the estimated number of patients you have treated (or consulted on) with suspected or confirmed COVID-19? (number)

# **Perceptions of Job-Related Distress or Burnout**

1. Mental health includes your emotional, psychological, and social well-being. If affects how you think, feel, and act. It also helps determine how you handle stress, relate to others, and make healthy choices. On a scale of 1 – 10, how much does your job affect your mental health? 1 = strongly believe that my job does NOT affect my mental health; 10 = strongly believe that my job DOES affect my mental health

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |

1. Burnout can affect your mental health. Staff who experience burnout often feel drained and exhausted by their jobs, find their jobs more stressful and frustrating, and struggle to focus on and complete work tasks. Thinking about the hospital where you work, what percent of staff (e.g., nurses, physicians, technicians) would you say have experienced burnout in the past 3 months?
* None
* A few (between 1% than 19%)
* Some (between 20% and 39%)
* About half (between 40% and 59%)
* Most (between 60% and 79%)
* Nearly all (80% or more)
1. In your opinion, how likely are the following to contribute to burnout among staff at your hospital?

1 = Extremely Unlikely 3 = Unlikely 5 = Likely 7 = Extremely Likely

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|   | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1. Long work hours
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Staff shortages
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. High patient caseloads
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Too many bureaucratic tasks (e.g., electronic health record documentation)
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Limited paid time off
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Few onsite mental health or support services
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Contact with patients who have coronavirus
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Limited participation in decision-making
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Low control over one’s area or work
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Inflexible working hours
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |

1. Please read the statements below and decide if you ever feel this way about your job. If you have had this feeling, indicate how often you feel it by selecting the phrase that best describes how frequently you feel that way. If you have never had this feeling, check the box under the *Never* column.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Never | A few times a year or less | Once a month or less | A few times a month | Once a week | A few times a week | Every day |
| 1. I can count on my supervisor for support when I need it.
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. I can count on my coworkers for support when I need it.
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. The work I do is meaningful to me.
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. The work I do serves a greater purpose.
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. I feel burned out from my work.
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. I have become more callous toward people since I took this job.
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |

1. In the past month, how often did you check-in with your colleagues and ask how they are doing?
* Not at all
* Several days
* More than half of the days
* Nearly every day
1. In the past month, how often did your colleagues check in with you and ask how you are doing?
* Not at all
* Several days
* More than half of the days
* Nearly every day

***Practices to Reduce Job-Related Distress or Burnout***

1. Which of the following does your hospital currently provide?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Don’t know |
| 1. Limits on overtime
 | 🔾 | 🔾 | 🔾 |
| 1. Adequate staff to handle patient caseload
 | 🔾 | 🔾 | 🔾 |
| 1. Limits or restrictions on clinician caseload
 | 🔾 | 🔾 | 🔾 |
| 1. Health informatics approaches (e.g., speech recognition) to electronic health record interaction
 | 🔿 | 🔿 | 🔿 |
| 1. Sufficient paid time off
 | 🔿 | 🔿 | 🔿 |
| 1. Onsite mental health services
 | 🔿 | 🔿 | 🔿 |
| 1. Onsite health services
 | 🔿 | 🔿 | 🔿 |
| 1. Onsite wellness services
 | 🔿 | 🔿 | 🔿 |
| 1. Enough personal protective equipment (PPE) on your unit
 | 🔿 | 🔿 | 🔿 |
| 1. Sufficient COVID-19 testing for staff
 | 🔿 | 🔿 | 🔿 |
| 1. Sufficient COVID-19 testing for patients
 | 🔿 | 🔿 | 🔿 |
| 1. Opportunities for staff to participate in decision-making
 | 🔿 | 🔿 | 🔿 |
| 1. Staff control over their work
 | 🔿 | 🔿 | 🔿 |
| 1. Flexible working hours
 | 🔿 | 🔿 | 🔿 |
| 1. Onsite childcare
 | 🔿 | 🔿 | 🔿 |

1. *If respondent answers yes to 11f, 11g, or 11h, then, ask:* Which of the following mental health, health, and wellness services does your hospital currently provide to staff? *Select all that apply.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Don’t know |
| 1. Employee assistance program (EAP)
 | 🔾 | 🔾 | 🔾 |
| 1. Group or individual counseling
 | 🔾 | 🔾 | 🔾 |
| 1. Exercise classes (e.g., yoga, tai chi, Zumba)
 | 🔾 | 🔾 | 🔾 |
| 1. Guided meditation sessions
 | 🔿 | 🔿 | 🔿 |
| 1. Stress management skills workshops
 | 🔿 | 🔿 | 🔿 |
| 1. Onsite health clinic
 | 🔿 | 🔿 | 🔿 |
| 1. Onsite fitness facility
 | 🔿 | 🔿 | 🔿 |
| 1. Other: (open field)
 | 🔿 | 🔿 | 🔿 |

1. *If respondent answers yes to 11f, then ask:* How satisfied are you with the mental health support services that your hospital provides to staff?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| Very dissatisfied | Dissatisfied | Somewhat dissatisfied | Neutral | Somewhat satisfied | Satisfied | Very satisfied |

***Knowledge, Attitudes, and Practices Related to Mental Health Services***

1. If your immediate supervisor found out that you had accessed mental health services how likely is it that you would experience the following? 1 = Extremely Unlikely 3 = Unlikely 5 = Likely 7 = Extremely Likely

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|   | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1. Lose opportunities for promotion or advancement?
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Face harassment or ridicule?
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Feel shame or embarrassment?
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Continue working alongside the rest of your colleagues?
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Be permitted to see patients?
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Lose benefits for self or family?
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Jeopardize future employment opportunities?
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |

1. If you had a mental health concern how likely is it that you would seek help from the following people? 1 = Extremely Unlikely 3 = Unlikely 5 = Likely 7 = Extremely Likely

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|   | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1. Intimate partner (e.g., spouse, partner)
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Other family member
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Colleague
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Friend
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Supervisor
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Mental health professional
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Helpline (via phone or website)
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Doctor/GP
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Religious leader
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. I would not seek help from anyone
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. I would seek help from another, not listed above: [list here]
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |

1. If you were experiencing suicidal thoughts, how likely is it that you would seek help from the following people? 1 = Extremely unlikely; 3 = Unlikely; 5 = Likely; 7 = Extremely Likely

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|   | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1. Intimate partner (e.g., spouse, partner)
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Other family member
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Colleague
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Friend
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Supervisor
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Mental health professional
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Helpline (via phone or website)
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. General practitioner (e.g., nurse practitioner, physician, physician assistant)
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Religious leader
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. I would not seek help from anyone
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. I would seek help from another, not listed above: [list here]
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |

1. If a coworker had a mental health concern, how likely is it that you would encourage them to seek help from the following people? 1 = Extremely unlikely; 3 = Unlikely; 5 = Likely; 7 = Extremely Likely

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|   | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1. Intimate partner (e.g., spouse, partner)
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Other family member
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Friend
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Supervisor
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Mental health professional
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Helpline (via phone or website)
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. General practitioner (e.g., nurse practitioner, physician, physician assistant)
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Religious leader
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |

1. During the past 3 months, how often have you heard the following at your hospital:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Never | A few times a year or less | Once a month or less | A few times a month | Once a week | A few times a week | Every day |
| 1. Senior leaders (i.e., healthcare executives) talking publicly about getting help for their own mental health concerns?
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Senior leaders encouraging staff experiencing mental health concerns to seek help?
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Colleagues talking publicly about getting help for their own mental health concerns?
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Colleagues encouraging other staff with mental health concerns to seek help?
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |

***Working Conditions at Hospital***

1. During the past 3 months, what is the average number of onsite hours you worked per week? (number)
2. During the past 3 months, how often have staff at your hospital:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Never | A few times a year or less | Once a month or less | A few times a month | Once a week | A few times a week | Every day |
| 1. Had enough time to complete all their work tasks.
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Influenced the amount of work assigned to them.
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Influenced what they do at work.
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Decided when to take a break.
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Had the option of learning new things through their work.
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |

1. During the past 3 months, how often have senior leaders at your hospital . . .

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never | Rarely | Some-times | Often | Always |
| 1. Dedicated the right amount of resources to support staff mental health.
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Put in place effective strategies to support staff mental health.
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Expected staff to participate in self-care activities to manage their mental health.
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Promoted policies and practices that improve staff working conditions.
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Included staff in decision making about mental health efforts.
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Informed staff ahead of time about important decisions, changes, or plans for the future.
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |

1. Please rate your level of agreement or awareness with the following statements:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
| 1. At the hospital where I work, I am treated with respect.
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Hospital leadership values my contributions.
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. Senior leaders care about my general satisfaction at work.
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. I receive recognition from senior leaders for a job well done.
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |
| 1. I trust senior leaders at this hospital.
 | 🔾 | 🔾 | 🔾 | 🔾 | 🔾 |

***Campaign Awareness***

23. Do you remember seeing or hearing [campaign] messages about the importance of staff mental health?

* Yes
* No *(if no, then respondent is thanked and exited from survey)*

24. Where did you learn about the campaign?

* Coworker
* Hospital leadership
* Family member
* Radio
* Print news
* NIOSH website
* Online
* Social media ad

***Campaign Promotion***

|  |  |
| --- | --- |
| 25a. Did you share [campaign] materials with a coworker?* Yes
* No
 | 25b. If yes, with how many coworkers?* 1 – 3
* 4 – 6
* 7 – 9
* 10 or more
 |
| 26a. Did you talk about the [campaign] with a coworker?* Yes
* No
 | 26b. If yes, with how many coworkers?* 1 – 3
* 4 – 6
* 7 – 9
* 10 or more
 |

***Campaign Knowledge***

27. Did the [campaign] provide guidance on . . .

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Don’t Know |
| 1. Where staff can obtain mental health services?
 | 🔾 | 🔾 | 🔾 |
| 1. How to help coworkers who may be experiencing mental health concerns?
 | 🔾 | 🔾 | 🔾 |

***Behavioral Intent and Change***

28. Did the [campaign] . . . .

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Not Applicable |
| 1. Encourage you to get additional information on mental health services available?
 | 🔾 | 🔾 | 🔾 |
| 1. Encourage you to get additional information on how to maintain your mental health?
 | 🔾 | 🔾 | 🔾 |
| 1. Make you think about getting help for a mental health concern you were having?
 | 🔾 | 🔾 | 🔾 |
| 1. Make you think about taking steps to promote your mental health?
 | 🔾 | 🔾 | 🔾 |
| 1. Encourage you to check-in with colleagues about their mental health.
 | 🔾 | 🔾 | 🔾 |
| 1. Encourage you to refer colleagues with mental health concerns to appropriate services or resources.
 | 🔾 | 🔾 | 🔾 |

29. After seeing or hearing [campaign messages] . . .

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Not Applicable |
| 1. Do you intend to get help from a mental health professional for a concern you are having?
 | 🔾 | 🔾 | 🔾 |
| 1. Do you intend to take steps to promote your mental health?
 | 🔾 | 🔾 | 🔾 |
| 1. Do you intend to check-in at least weekly with coworkers about their mental health?
 | 🔾 | 🔾 | 🔾 |
| 1. Do you intend to refer coworkers to mental health services or resources when they present with mental health concerns?
 | 🔾 | 🔾 | 🔾 |
| 1. Did you get help from a mental health professional for a concern you were having?
 | 🔾 | 🔾 | 🔾 |
| 1. Did you refer a coworker to mental health services or resources?
 | 🔾 | 🔾 | 🔾 |
| 1. Did you check-in at least weekly with coworkers about their mental health?
 | 🔾 | 🔾 | 🔾 |

***Demographic Information***

|  |  |
| --- | --- |
| 1. What is your age?
* 18-29 years old
* 30-44 years old
* 45-64 years old
* 65 years and older
* Prefer not to answer
 | 1. What is your Ethnicity?
* Hispanic or Latino
* Not Hispanic or Latino
 |
| 1. What is your Race (select all that apply)?
* American Indian or Alaska Native
* Asian
* Black or African American
* Native Hawaiian or Other Pacific Islander
* White
 | 33. Do you currently describe yourself as male, female, or transgender? * Male
* Female
* Transgender
* None of these
 |

**Thank you!**

**Mental Health and Well-Being Support and Resources**

If you or someone you know needs support, we encourage you to access the below resources.

**988 Suicide and Crisis Lifeline**

988lifeline.org

The 988 Suicide & Crisis Lifeline (formerly known as the National Suicide Prevention Lifeline) offers 24/7 call, text, and chat access to trained crisis counselors who can help those experiencing suicidal, substance use, mental health crisis, or any other kind of emotional distress. People can also dial 988 if they are worried about a loved one who may need crisis support.

**National Helpline**

samhsa.gov/find-help/national-helpline

A free, confidential, 24/7, 365-day-a-year treatment referral and information service (in English and Spanish) for individuals and families facing mental and/or substance use disorders.

**Behavioral Health Treatment Services Locator**

findtreatment.samhsa.gov

A confidential and anonymous source of information for persons seeking treatment facilities in the United States or U.S. Territories for substance use/addiction and mental health problems.

**Managing Fatigue During Times of Crisis: Guidance for Nurses, Managers, and Other Healthcare Workers**

blogs.cdc.gov/niosh-science-blog/2020/04/02/fatigue-crisis-hcw

Practical tips for managing fatigue as a healthcare worker.

**Tips for Healthcare Professionals: Coping with Stress and Compassion Fatigue**

store.samhsa.gov/sites/default/files/SAMHSA\_Digital\_Download/PEP20-01-01-016\_508.pdf

This tip sheet explores stress and compassion fatigue, as well as signs of distress after a disaster. It identifies ways to cope and enhance resilience, along with resources for more information and support.