

HCW Questionnaire

1. Unique ID

2. Name of participant

3. Age

4. Sex

1. Male
2. Female
3. Other

5. Mobile number

6. E-mail ID

7. Weight (Self-reported)

8. Height (Self-reported)

9. Are you living in a containment zone?

1. Yes, currently living in a containment zone
2. No, but previously lived in a containment zone
3. No, never lived in a containment zone

10. Your Department-

- | | | |
|-----------------------|----------------------------------|--|
| 1. Anatomy | 11. Casualty/Emergency | 21. Psychiatry |
| 2. Physiology | 12. Anesthesia | 22. Administrative staff |
| 3. Biochemistry | 13. Surgery | 23. Safai karamchari/Guard |
| 4. Pathology | 14. Orthopedics | 24. Lab staff/Technician |
| 5. Pharmacology | 15. Radiology | 25. Dental-Doctor |
| 6. Microbiology | 16. Radiotherapy/Oncology | z26. Dental-Nursing staff |
| 7. Forensic Medicine | 17. Dermatology | 27. Dental-Lab Technician |
| 8. Community Medicine | 18. Medicine | 28. Dental-SecurityGuard/Sanitation Worker |
| 9. Ophthalmology | 19. Pediatrics Sanitation Worker | |
| 10. ENT | 20. Gynecology | |

11. Healthcare worker role-

- | | |
|----------------------------------|------------------------------------|
| 1. Facility/ Maintenance Worker | 2. Food Services Worker/ Dietician |
| 3. Laboratory Worker | 4. Medical Doctor |
| 5. Medical/ Radiology Technician | 6. Nursing staff/ Midwife |
| 7. Ward clerk or equivalent | 8. Other |

12. Health care facility type-

- | | |
|------------------------------|---|
| 1. Hospital Wards | 2. Emergency covid/ casualty |
| 3. Covid testing lab/ centre | 4. Covid field workers |
| 5. Specific covid ward duty | 6. Covid hospital pharmacy/ chemist |
| 7. Quarantine facility | 8. Non-covid duty/ Medical college building |
| 9. Any other | |

13. Duration of posting for Covid-19 related duties (in months)-

14. Date of most recent exposure to known Covid-19 patient(s) in a healthcare setting-

15. Health unit type(s) where exposure to Covid-19 patient occurred-

1. OPD
2. IPD/ Covid ward
3. Emergency
4. Radiology/ imaging unit
5. OT
6. Lab/testing facility
7. Reception area

16. Did you have any direct skin-to-skin exposure to a Covid-19 patient?

1. Yes
2. No
3. Uncertain

17. Did you have any direct exposure (to your skin or mucous membrane) to a Covid-19 patient's respiratory secretions or body fluid?

1. Yes
2. No
3. Uncertain

18. Were you within one meter of a Covid-19 patient, while not wearing PPE or when PPE was torn?

1. Yes
2. No
3. Uncertain

19. Did you provide direct care to a COVID-19 patient while not wearing PPE or PPE was torn?

1. Yes
2. No
3. Uncertain

20. Did you perform or assist with any aerosol-generating procedure on a COVID-19 patient, or were you present in the room when one was performed, while not wearing PPE or PPE was torn?

1. Yes
2. No
3. Uncertain

21. Did you handle body fluid or other specimens from a COVID-19 patient?

1. Yes
2. No
3. Uncertain

22. Did you have direct contact with environment where a COVID-19 patient received care (e.g., bed, linens, medical equipment, frequently touched surfaces, bathroom), while not wearing PPE or PPE was torn?

1. Yes
2. No
3. Uncertain

23. Did you FAIL to perform hand hygiene after providing direct patient care or care in patient's environment?

1. Yes
2. No
3. Uncertain

24. Did you FAIL to perform hand hygiene after removing your PPE?

1. Yes
2. No
3. Uncertain

25. In duty rooms/hostels/post-duty quarantine, how frequently do you maintain recommended social distancing measures with your colleagues during situations like dining or socializing?

1. Most of the times
2. Sometimes
3. Rarely

26. In duty rooms/hostels/post-duty quarantine, how frequently do you maintain recommended hand hygiene measures?

1. Always
2. Sometimes
3. Never

27. In the past 14 days, did you live in the same household as a person with COVID-19?

1. Yes
2. No
3. Uncertain

28. In the past 14 days were you within one meter of a person with COVID-19 for 15 minutes or longer (e.g., meeting room, workspace, class room, or travelling in any type of conveyance), outside of a healthcare facility?

1. Yes
2. No
3. Uncertain

29. In the past 14 days, did you have direct physical contact with a person with COVID-19 for 15 minutes or longer (e.g., shake hands) or with their infectious secretions (e.g., being coughed on or touching used tissues), outside of a healthcare facility?

1. Yes
2. No
3. Uncertain

30. Do you belong to any of the high risk groups (multiple ans allowed)?

1. Cancer
2. Immunocompromised liver disease
3. Kidney disease
4. Blood disorder
5. Organ transplant/immunosuppression therapy
6. Lung disease
7. Heart disease
8. Any neurological condition
9. Pregnancy
10. Any other
11. None

Smoker?

1. Yes
2. No
3. previously

Alcoholic?

1. Yes
2. No
3. previously

Any chronic illness?

1. Yes
2. No

31. Have you taken HCQ for prophylaxis?

1. Yes
2. No

If yes, full dose or partial dose

If partial, reason for taking partial dose

32. Did you experience any adverse reaction to the HCQ drug?

1. None
2. Mild
3. Serious (ECG abnormalities)

33. Have you been tested Covid positive after HCQ intake?

1. Yes
2. No

If yes, what was the time duration between HCQ tablet intake and COVID positivity?

34. Have you been tested positive for Covid 19 (RT-PCR)?

1. Yes
2. No
3. Never got tested

If yes, after how many days were you tested negative?

Severity of your disease, if covid positive?

1. No symptoms
2. Mild-moderate
3. Severe

If positive, place of treatment?

1. Home
2. Hospital isolation ward
3. Hospital-ICU

If positive, type of treatment received (multiple answer allowed)?

1. Conservative
2. Any antivirals tried
3. Oxygen therapy
4. Plasma therapy
5. ICU/ventilator

35. Has anyone in your residence (If living with family) tested positive for Covid-19?

1. Yes
2. No/Not applicable

36. Are you doing any of the following for boosting your immunity (multiple answers allowed)?

1. Drinking concoction(kadha)
2. Taking homeopathic medicine
3. Taking ayurvedic medicine
4. Diet modification/immunity boosting foods