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* 1. V	Vhat is your Residency Training Program?		
\bigcirc	Anesthesiology	\bigcirc	Oral/Maxillofacial Surgery
\bigcirc	Dermatology	\bigcirc	Orthopedic Surgery
\bigcirc	Diagnostic Radiology	\bigcirc	Otolaryngology
\bigcirc	Emergency Medicine	\bigcirc	Pathology
\bigcirc	Family Medicine	\bigcirc	Pediatrics
\bigcirc	General Surgery	\bigcirc	Physical Medicine and Rehabilitation
\bigcirc	Internal Medicine	\bigcirc	Plastic Surgery
\bigcirc	Interventional Radiology	\bigcirc	Preventive Medicine
\bigcirc	Medical Genetics	\bigcirc	Psychiatry
\bigcirc	Neurological Surgery	\bigcirc	Radiation Oncology
\bigcirc	Neurology	\bigcirc	Radiology
\bigcirc	Nuclear Medicine	\bigcirc	Urology
\bigcirc	Obstetrics and Gynecology	\bigcirc	Vascular Surgery
\bigcirc	Ophthalmology		
\bigcirc	Other (please specify)		
* 2. ⊦	low many hospitals do your residents cover?		
\bigcirc	1	\bigcirc	4
\bigcirc	2	\bigcirc	5

* 3. How many total residents are there currently in your program (all years combined)? (E.g. 5 per year in 3 year program, but 1 quit, so 14 in total)

>5



* 4. Do residents in your department currently wear masks for all patient encounters?

Yes	
O No	
Only when evaluating a PUI or known COVID-19 patient	
O Depends on the hospital and available supplies	
Other (please specify)	
* E If your residents wear masks for all patient apount	are approximately when we this practice implemented?
" 5. If your residents wear masks for all patient encourt	ters, approximately when was this practice implemented?
3/2 - 3/8 or previous	3/30 - 4/5
3/9 - 3/15	Other
3/16 - 3/22	○ N/A

* 6. If residents wear masks for all patient encounters, what kind of masks do they use?

Surgical Mask		
○ N95		
Both, depending on context		
Other		
Other (please specify)		

* 7. How are residents using masks?

Single use

3/23 - 3/29

Extended use (wearing the same mask for repeated close contact encounters with several patients, without removing between patient encounters)

Reuse (using the same mask for multiple encounters with patients but removing it ('doffing') after each encounter)

Both Extended and Reuse

Other (please specify)



* 8. How many residents have been tested for SARS-CoV-2? How many are still waiting for a test? (Put in N/A if you don't have the data)

Number of residents tested	
Number of residents waiting for a test or cannot	
get a test	

\mathbf{r}			
	2	n	
		,	

* 9. Have any residents tested positive for SARS-CoV-2?

🔵 Yes

🔵 No

NYC COVID-19 Residency Survey

3. SARS-CoV-2 Positive Residents

* 10. How many residents have had a positive SARS-CoV-2 Test?

* 11. Of these confirmed SARS-CoV-2 positive residents, what kind of test was used?

Nasal Swab	O Don't know
Oropharyngeal Swab	○ N/A
Bronchoalveolar Lavage	
Other (please specify)	



* 12. Of these confirmed **SARS-CoV-2 positive residents**, what specific week were they diagnosed? (Please put N/A if you don't have this information)

Number diagnosed 3/2-3/8	
Number diagnosed 3/9- 3/15	
Number diagnosed 3/16- 3/22	
Number diagnosed 3/23- 3/29	
Number diagnosed 3/30- 4/5	
Other	

* 13. Of these confirmed **SARS-CoV-2 positive residents**, how long were they quarantined, if at all? (Please put N/A if you don't have this information)

Number of residents not quarantined at all	
Number of residents quarantined 1-7 days	
Number of residents quarantined 8-14 days	
Number of residents quarantined 15-21 days	
Number of residents quarantined >21 days	

- * 14. Of these confirmed **SARS-CoV-2 positive residents**, how many went to a doctor (PCP, urgent care) for their symptoms? (do not include residents who were only tested but did not have a medical evaluation) For these next 5 questions, one resident may fall into multiple categories
- * 15. Of these confirmed **SARS-CoV-2 positive residents**, how many went to the emergency room for their symptoms?

* 16. Of these confirmed SARS-CoV-2 positive residents, how many were hospitalized for their symptoms?

* 17. Of these confirmed **SARS-CoV-2 positive residents**, how many were specifically admitted to the ICU or for critical management?



* 18. Of these confirmed	SARS-CoV-2	positive residents	, how many	have d	died?
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NYC COVID-19 Residency Survey

4.

* 19. Do you have residents who have been **presumed SARS-CoV-2 positive (based on symptoms: sore** throat, cough, fever, shortness of breath, chest pain, myalgias, malaise, conjunctivitis, loss of smell, GI symptoms) without any testing?

🔵 Yes

🔵 No

NYC COVID-19 Residency Survey

5. Residents Presumed SARS-CoV-2 Positive *Without* Testing

- * 20. How many residents have been presumed SARS-CoV-2 positive without any testing?
- * 21. Of these residents presumed SARS-CoV-2 positive **without any testing**, what specific week did they first exhibit symptoms? (Please write N/A if you don't this information)

Number manifesting symptoms (3/2-3/8)	
Number manifesting symptoms (3/9-3/15)	
Number manifesting symptoms (3/16-3/22)	
Number manifesting symptoms (3/23-3/29)	
Number manifesting symptoms (3/30-4/5)	
Other	



* 22. How long were these presumed SARS-CoV-2 positive **without any testing** quarantined, if at all? (Please write N/A if you don't have this information)

Number of residents not quarantined at all	
Number of residents quarantined 1-7 days	
Number of residents quarantined 8-14 days	
Number of residents quarantined 15-21 days	
Number of residents quarantined >21 days	

* 23. Of these presumed SARS-CoV-2 positive **without any testing**, how many went to doctors (urgent care, PCP) for their symptoms? (Please write N/A if you don't have this information)

For these next 5 questions, one resident may fall into multiple categories

- * 24. Of these presumed SARS-CoV-2 positive **without any testing**, how many went to the emergency room for their symptoms?
- * 25. Of these presumed SARS-CoV-2 positive **without any testing**, how many were hospitalized for their symptoms?
- * 26. Of these presumed SARS-CoV-2 positive **without any testing**, how many were specifically admitted to the ICU or for critical management?
- * 27. Of these presumed SARS-CoV-2 positive without any testing, how many have died?

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6.



* 28. Do you have any residents who were highly suspicious for SARS-COV-2 (based on symptoms: sore throat, cough, fever, shortness of breath, chest pain, myalgias, malaise, conjunctivitis, loss of smell, GI symptoms) but tested negative?

C)	Yes

No

NYC COVID-19 Residency Survey

7. Residents Presumed SARS-CoV-2 Positive But *Tested Negative*

* 29. How many residents were/have been highly suspicious for SARS-CoV-2 infection but tested negative for SARS-CoV-2?

* 30. Of these highly suspicious for SARS-CoV-2 infection but tested negative, what test was used?

\cap	Nasal	Swab
		0

- Oropharyngeal Swab
- Bronchoaveolar Lavage
- Don't Know

* 31. Of these highly suspicious for SARS-CoV-2 infection but tested negative, what specific week were they diagnosed or first to exhibit symptoms? (Please put N/A if you don't have this information)

Number manifesting	
symptoms (3/2-3/8)	
Number manifesting	
symptoms (3/9-3/15)	
Number manifesting	
symptoms (3/16-3/22)	
Number manifesting	
symptoms (3/23-3/29)	
Number manifesting	
symptoms (3/30-4/5)	
N/A	



* 32. Of these highly suspicious for SARS-CoV-2 infection but **tested negative** residents, how long were they quarantined, if at all? (Please put N/A if you don't have this information)

Number of residents not quarantined at all	
Number of residents quarantined 1-7 days	
Number of residents quarantined 8-14 days	
Number of residents quarantined 15-21 days	
Number of residents quarantined >21 days	

* 33. Of these highly suspicious for SARS-CoV-2 infection but **tested negative**, how many went to doctors (urgent care, PCP) for their symptoms?

For these next 5 questions, one resident can fall into multiple categories

* 34. Of these highly suspicious for SARS-CoV-2 infection but **tested negative**, how many went to the emergency room for their symptoms?

35. Of these highly suspicious for SARS-CoV-2 infection but **tested negative**, how many were hospitalized for their symptoms?

* 36. Of these highly suspicious for SARS-CoV-2 infection but **tested negative**, how many were specifically admitted to the ICU or for critical management?

* 37. Of these highly suspicious for SARS-CoV-2 infection but tested negative, how many have died?

NYC COVID-19 Residency Survey

8.



* 38. Do you have any residents who have been quarantined due to exposure, but are asymptomatic?

- Yes
- 🔵 No

NYC COVID-19 Residency Survey

9.

* 39. How many residents have been quarantined due to exposure, but are asymptomatic?

* 40.	For how long	after exposure we	re asymptomatic	residents quarantined?
			i o do jin promado	

1-7 days	>21 days
8-14 days	O Duration varied between these residents
15-21 days	
Other (please specify)	

NYC COVID-19 Residency Survey

10.

41. Have your residents been redeployed to other departments or units to help with COVID-19 management?

) Yes

) No

NYC COVID-19 Residency Survey

11.

* 42. How many of your residents have been redeployed to other departments or units to help with primary COVID-19 management efforts?



* 43. What specific day did or will redeployment begin for your residents?

Number of residents deployed to ER Number of residents deployed to floor COVID Number of residents deployed to ICU Please specify the name of other departments residents have been deployed to (Optional 1)	
deployed to floor COVID Number of residents deployed to ICU Please specify the name of other departments residents have been	
deployed to ICU Please specify the name of other departments residents have been	
other departments residents have been	
Number of residents deployed to that department (Optional 1)	
Please specify the name of other departments residents have been deployed to (Optional 2)	
Number of residents deployed to that department (Optional 2)	
* 45. Are your residents offering visits via telemedicine now?	

* 46. Do you feel that your residents/fellows have had to work with suboptimal PPE?

🔵 Yes

Redeployment Date

Date

🔵 No

NYC COVID-19 Residency Survey

12. Thank You!





Reporting checklist not-applicable for this manuscript type.