Appendix I: Questionnaire

Introduction

Survey of animal health workers in Canada

The purpose of this survey is to examine the social impact of working under COVID-19 conditions on Canadian animal health workers. The goal of the survey is to assess the knowledge, attitudes and practices of this group of workers and understand how the emergency measures that were put into place during the ongoing COVID-19 pandemic may have impacted the perceived stress and quality of life this group of workers.

We thank you for your interest in this study. Before accessing the online questionnaire, please take note of the following information.

Nature of your participation and confidentiality

Completing the online questionnaire takes approximately 15-25 minutes. Only the researchers involved in this study will have access to the answers. The data collected will be kept on a password protected computer and will be destroyed seven years after the end of this study.

Your participation in this study is completely voluntary. You are therefore free to accept or refuse to participate and you can withdraw from the study at any time, without having to give any reason and without any consequences for you. We ask for your email address so that we may invite you to take part in this survey a second time, approximately 3 months from now, after the second wave of COVID-19. We use a tokens table to keep your email address separate from your responses, therefore your email is not linked to your responses. All responses will be kept anonymous. It will not be possible to delete your responses once the survey is completed since responses will be anonymous and therefore not possible to link back to you in any way.

Risks and inconvenience

The risks of participating in this study are considered minimal. They include time spent filling out the online questionnaire. You will be invited, at the end of the questionnaire, to send us your email address only if you wish to participate in the next phases of this study. The email list will be kept separate from survey responses so that no link can be established between a participant and the survey responses. No personal data will be transmitted to third parties or organizations and the results of this study will be reported so that none of the people who participated in the study can be identified.

Advantages and benefits of the project

Participants who complete the survey can enter a draw for a chance to win 50$. To participate in the draw, respondents will be invited to leave their email address at the end of the survey. The email list will be kept separate from survey responses so that no link can be established between a participant and the survey responses. The draw will be carried out by the researchers to select among the respondents choosing to participate and will take place on August 31st, 2020. The winner will be contacted by email.

Your participation in this study contributes to the advancement of knowledge in the field of veterinary public health.

Publications of research results

The results of this research may be published. No personal information about participants will be disclosed in any way. A summary of the results will be posted on the research group's website and sent to professional organizations for dissemination in the various provinces.

Researcher contact information

The researcher responsible for this study is Cécile Aenishaenslin, assistant professor at the Faculty of Veterinary Medicine at the University of Montreal. If you have questions about the scientific aspects of the research project, you can contact Valerie Hongoh, postdoctoral researcher and coordinator of the project by email at valerie.hongoh@umontreal.ca

For any concerns about your rights or the responsibilities of researchers regarding your participation in this project, you can contact the Ethics Committee for Research in Science and Health (the ethics certificate number for this study is CERSES-20-097-D)

By Email: cerses@umontreal.ca or by Telephone: 514 341-6111 #2604

Website: https://recherche.umontreal.ca/responsabilite-en-recherche/ethique-humaine/comites/cerses/#c70895.

Any complaint relating to your participation in this research can be addressed to the Ombudsman of the Université de Montréal by calling the telephone number 514 343-2100, from 9 a.m. to 5 p.m. or by emailing the address ombudsman @ umontreal. ca (the Ombudsman accepts collect calls).

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Consent information

C1. * Do you consent to participate in this survey?

☐ Yes [1]

☐   No

Screening information

D1. * Which category below includes your age?

☐   <18 [2]

☐   18-24

☐   25-34

☐   35-44

☐   45-54

☐   55-64

☐   65+

D5. * In which province or territory do you live?

☐   BC

☐   AB

☐   SK

☐   MB

☐   ON

☐   QC

☐   NB

☐   NS

☐   PEI

☐   NL

☐   YU

☐   NT

☐   Other_____

[1] Screening question – only respondents that consent to the study will be allowed to continue filling out the survey

[2] Screening question – only respondents that are 18+ will be allowed to continue filling out the survey

Work & workplace related information

W1. * What is your current occupation?

☐   Animal health technician

☐   Veterinarian

☐   Other_____

W2. * In which domain do you currently practice?

☐   Small animal practice

☐   Production animal practice

☐   Other_____

W3. * How many years have you been practicing this occupation?

☐   <1

☐   1-2

☐   2-3

☐   3-4

☐   4-5

☐   5-10

☐ 10-15

☐ 15-20

☐ 20+

☐ Other_____

W3. * Are you currently working in the role you described above?

☐ No

☐ Yes

☐ Other_____

W4. * How many hours per week are you currently working (during the pandemic)?

☐ <8 hrs / day -> < 40 hrs / week

☐ 8 hrs / day -> 40 hrs / week

☐ 8-10 hrs / day -> 40-50 hrs/week

☐ >10 hrs / day -> >50 hrs/week

☐ Other_____

W5. * Are you a small animal veterinary clinic owner?

☐ No

☐ Yes

☐ Other_____

Knowledge of COVID-19

Please answer the following questions based on your current knowledge. Please select all answers that apply.

K1. * On a scale of 1 to 10, where indicates very **poor** knowledge and 10 indicates very **good** knowledge, how would you rate your knowledge of COVID-19? (including knowledge of symptoms, treatment and vulnerable groups)

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9

☐ 10

K2. * COVID-19 can be transmitted to humans via

☐ Respiratory droplets

☐ water

☐ Contact with infected surfaces

☐ Mosquito bites

☐ Companion animals

☐ Food

☐ Aersol

☐ Close contact with COVID-19 infected individuals

☐ Other _____

K3. * COVID-19 can be transmitted from humans to companion animals

☐ True

☐ False

☐ Unsure

Risk perception of COVID-19

Please read through the following before answering the questions in this section.

The following guidelines are **recommended measures** to **protect** against COVID-19.

1. Washing hands frequently with soap and water or an alcohol-based solution

2. Keeping a physical distance of at least 2 meters from other individuals outside of the home.

3. Avoiding visiting crowded places.

4. Avoiding touching one's face.

5. Follow good respiratory hygiene by coughing into your elbow or a tissue and disposing of the

tissue immediately and washing

hands as soon as possible.

6. Staying home and self-isolate even with minor symptoms such as cough, headache, mild fever until you recover.

7. If you have a fever, cough and difficulty breathing, seek medical attention, but call by telephone in advance if possible and follow the directions of your local health authority.

8. Keep up to date on the latest information from trusted sources, such as WHO or your local and national health authorities.

* For the following questions, please select the option that best describes your point of view:

		Very low	Low	Neither high nor low	High	Very high
RP1	If I do not adopt protective measures against COVID-19, my risk of becoming infected is:					
RP2	If other Canadians do not adopt protective measures against COVID-19, their risk of becoming infected is:					

* Please select how strongly you agree or disagree with the following statements:

		Strongly disagree	Disagree	Neither agree nor	Agree	Strongly agree

				disagree		
RP3	COVID-19 is a serious disease					
RP4	It is easy to protect myself against COVID-19					
RP5	I believe there is great scientific uncertainty around COVID-19					
RP6	I am worried about becoming infected with COVID-19					

Protective guidelines

During the COVID-19 pandemic, a number of protective guidelines were issued by veterinary public health bodies to help reduce the risk of infection to both humans and animals.

* If you worked between April and July, please indicate to what extent you were able to implement the following recommended protective guidelines.

		Never	Rarely	Sometimes	Always	Not applicable
PG1	Wearing a mask while at work					
PG2	Where possible have clients leave their pets at the entrance to					

	avoid contact with veterinary staff.					
PG3	Postponing non-urgent consultations and procedures of companion animals and where possible when not urgent, consult via phone or video conferencing.					
PG4	Limit the number of clients in the clinic so that a 2-meter distance can be maintained between customers.					
PG5	The installation and use of a plexiglass barrier to reduce contact with respiratory droplets.					
PG6	Asking symptomatic clients to wear a mask.					
PG7	Use of protective equipment (mask, gloves, visor) during consultations with clients.					
PG8	Adjusting working hours and admission procedures to reduce					

	the number of clients and workers in the office.				
PG9	Regular cleaning of surfaces including payment terminals, counters, door handles.				
PG10	Use of a large enough room to enable a safe distance between workers.				

* Please indicate to what extent you agree that the following practice is an **efficient measure** to reduce transmission of COVID-19 in veterinary clinics:

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
PG1	Wearing a mask while at work					
PG2	Where possible have clients leave their pets at the entrance to avoid contact with veterinary staff.					
PG3	Postponing non-urgent consultations and procedures of companion animals and					

	where possible when not urgent, consult via phone or video conferencing.					
PG4	Limit the number of clients in the clinic so that a 2-meter distance can be maintained between customers.					
PG5	The installation and use of a plexiglass barrier to reduce contact with respiratory droplets.					
PG6	Asking symptomatic clients to wear a mask.					
PG7	Use of protective equipment (mask, gloves, visor) during consultations with clients.					
PG8	Adjusting working hours and admission procedures to reduce the number of clients and workers in the office.					

PG9	Regular cleaning of surfaces including payment terminals, counters, door handles.					
PG10	Use of a large enough room to enable a safe distance between workers.					

PB01. Were there particular challenges that you encountered while working during the pandemic that you wish to share? If so, please feel free to elaborate in the space below.

COVID-19 specific concerns

COV1. Since March 2020, did you treat any animal that you suspected might be from a household infected with COVID-19?

☐ Yes

☐ No

☐ Unsure

COV2. Did you treat any animals that you suspected were infected with COVID-19?

☐ Yes

☐ No

☐ Unsure

COV3. For either of the cases described above, did you take any additional steps to try and get

the animal tested for COVID-19?

☐ Yes

☐ No

☐ I prefer not to answer

COV4. Please elaborate.

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COV5. Since the COVID-19 pandemic began, have you observed any changes in practice?

(please check all that apply)

☐ An increase in the number of cases requesting euthanasia

☐ An increase in refusal of treatment

☐ Other _____

Perceived Stress and Quality of life

The following questions are part of a standardized assessment tool for measuring stress perception.

The questions on this scale ask you about your feelings and thoughts during the last month.

	Never	Almost never	Sometimes	Fairly often	Very often
1. In the last month, how often have you been upset because of something that happened unexpectedly?	0	1	2	3	4
2. In the last month, how often have you felt that you were unable to control the important things in your life?	0	1	2	3	4
3. In the last month, how often have you felt nervous and "stressed"?	0	1	2	3	4
4. In the last month, how often have you felt confident about your ability to handle your personal problems?	0	1	2	3	4
5. In the last month, how often have you felt that things were going your way?	0	1	2	3	4

6. IN the last month, how often have you found that you could not cope with all the things that you had to do?	0	1	2	3	4
7. In the last month, how often have you been able to control irritations in your life?	0	1	2	3	4
8. In the last month, how often have you felt that you were on top of things?	0	1	2	3	4
9. In the last month, how often have you been angered because of things that were outside of your control?	0	1	2	3	4
10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	0	1	2	3	4

The following questions are part of a standardized assessment tool for measuring quality of life.

Under each heading, please tick the ONE box that best describes your health TODAY

MOBILITY
I have no problems in walking about

I have slight problems in walking about
I have moderate problems in walking about
I have severe problems in walking about
I am unable to walk about

SELF-CARE

I have no problems washing or dressing myself
I have slight problems washing or dressing myself
I have moderate problems washing or dressing myself
I have severe problems washing or dressing myself
I am unable to wash or dress myself

USUAL ACTIVITIES

I have no problems doing my usual activities
I have slight problems doing my usual activities
I have moderate problems doing my usual activities
I have severe problems doing my usual activities
I am unable to do my usual activities

PAIN / DISCOMFORT

I have no pain or discomfort
I have slight pain or discomfort
I have moderate pain or discomfort

I have severe pain or discomfort
I have extreme pain or discomfort

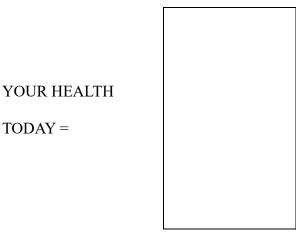| ANXIETY / DEPRESSION |
|---|
| I am not anxious or depressed |
| I am slightly anxious or depressed |
| I am moderately anxious or depressed |
| I am severely anxious or depressed |
| I am extremely anxious or depressed |

We would like to know how good or bad your health is TODAY

- This scale is numbered from 0 to 100

    o 100 means the <u>best</u> health you can imagine.

    o 0 means the <u>worst</u> health you can imagine.

- Mark an X on the scale to indicate how your health is TODAY.

- Now please write the number you marked on the scale in the box below.

YOUR HEALTH

TODAY =

The following questions are part of a standardized assessment tool for measuring professional quality of life.

When you help people, you have direct contact with their lives. As you may have found, your compassion for those you help can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as an animal health worker. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the _last 30 days_.

	Never	Rarely	Sometimes	Often	Very often
1. I am happy.	1	2	3	4	5
2. I am preoccupied with more than one person I help.	1	2	3	4	5
3. I get satisfaction from being able to help others	1	2	3	4	5
4. I feel connected to others.	1	2	3	4	5
5. I jump or am started by unexpected sounds.	1	2	3	4	5
6. I feel invigorated after working with those I help.	1	2	3	4	5
7. I find it difficult to separate my personal life from my life as a helper.	1	2	3	4	5
8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I help.	1	2	3	4	5

9. I think that I might have been affected by the traumatic stress of those I help.	1	2	3	4	5
10. I feel trapped by my job as a helper.	1	2	3	4	5
11. Because of my helping, I have felt "on edge" about various things.	1	2	3	4	5
12. I like my work as an animal health worker.	1	2	3	4	5
13. I feel depressed because of the traumatic experiences of the people I help.	1	2	3	4	5
14. I feel as though I am experiencing the trauma of someone I have helped.	1	2	3	4	5
15. I have beliefs that sustain me.	1	2	3	4	5
16. I am pleased with how I am able to keep up with animal health work techniques and protocols.	1	2	3	4	5
17. I am the person I always wanted to be.	1	2	3	4	5
18. My work makes me feel satisfied.	1	2	3	4	5
19. I feel worn out because of my work as an animal health worker.	1	2	3	4	5
20. I have happy thoughts and feelings about those I help and how I could help them.	1	2	3	4	5
21. I feel overwhelmed because my case work load seems endless.	1	2	3	4	5

22. I believe I can make a difference through my work.	1	2	3	4	5
23. I avoid certain activities or situations because they remind me of frightening experiences of the people I help.	1	2	3	4	5
24. I am proud of what I can do to help.	1	2	3	4	5
25. As a result of my helping, I have intrusive, frightening thoughts.	1	2	3	4	5
26. I feel "bogged down" by the system.	1	2	3	4	5
27. I have thoughts that I am a "success" as an animal health worker.	1	2	3	4	5
28. I can't recall important parts of my work with trauma victims.	1	2	3	4	5
29. I am a very caring person.	1	2	3	4	5
30. I am happy that I chose to do this work.	1	2	3	4	5

Demographic information

D2. * What is your gender?

- ☐ Female

- ☐ Male

- ☐ Other

- ☐ Prefer not to answer

D3. * What is the highest level of education that you obtained?

☐ High school degree or equivalent

☐ College diploma or equivalent

☐ Bachelor's degree

☐ Master's degree

☐ Doctorate in veterinary medicine (DVM)

☐ Doctor of Philosophy

☐ Other_____

D4. * How much total combined money did all members of your household earn in 2019?

☐ $19,999 or less

☐ $20,000-39,999

☐ $40,000-59,999

☐ 60,000-79,999

☐ $80,000-99,999

☐ $100,000-119,999

☐ $120,000 or more

☐ I prefer not to answer

D6. * What is your marital status?

☐ Single

☐ Married

☐ Common-law

☐ Other _____

D7. * Do you have children?

☐ No

☐ Yes

☐ I prefer not to answer

H1. * Are you currently ill with COVID-19 like symptoms or have you tested positive for COVID-19 within the last 6 months?

☐ Yes

☐ No

☐ Unsure

H2. * Is anyone in your household ill with COVID-19 like symptoms or has anyone in your household tested positive for COVID-19 within the last 6 mo?

☐ Yes

☐ No

☐ Unsure

H3. * Do you know anyone (friends, family, acquaintances) who tested positive for COVID-19 within the last 6 mo?

☐ Yes

☐ No

☐ Unsure

Follow up study on challenges related to preventive practices

PB02. Would you be willing to participate in a separate study on the challenges relating to preventive practices? This study will involve online interviews to better understand what the challenges were.

☐ Yes

☐ No

PB03. If yes, please provide your email address so that we may contact you in the future for the study. (Please note, email addresses will be removed from the other survey responses prior to analysis.

Email address _____

PB04. Please confirm your email address

_____