

GAOS HCP PRE-CAMPAIGN SCREENER [ALL]

HCP Audiences

- Emergency Medical Services personnel
- Nurse practitioners and physician assistants who work at urgent care clinics
- Emergency department triage nurses
- General medical ward staff
- Primary care physicians
- Long-Term care (LTC) nurses
- LTC medical technicians and sitters

General Instructions for Programmer

1. Hide all subheadings of sections and questions from respondents.
2. Hide all programmer's instructions from respondents.
3. For questions with the **"Select all that apply"** option, do not allow respondents to select any other option if they select **"Prefer not to say," "Do not know/cannot recall," "Not sure," "Nothing,"** or **"None of the above."**
4. Terminate also means ineligible.
5. Terminate all eligible respondents immediately.
6. Present the "Ineligibility Message" whenever a response terminates the survey.

Thank you for participating in this survey. The results of this survey will help the Centers for Disease Control and Prevention (CDC) refine and improve its ongoing campaign promoting early recognition and timely treatment of sepsis.

Programmer: Include one question per page. Screener should terminate as soon as the respondent selects an option that deems him/her ineligible.

1. May we ask you some questions to see if you are eligible to take this survey?
 - Yes
 - No **[INELIGIBLE/TERMINATE]**

Programmer: If "No" to Q1, TERMINATE. If "Yes," proceed to Q2.

Public reporting burden of this collection of information is estimated to average 20 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

2. How old are you? _ _ years

Prefer not to answer **[INELIGIBLE]**

If the respondent is under 18 years of age, TERMINATE and present the INELIGIBILITY message.

If “prefer not to answer,” TERMINATE.

If the respondent is eligible based on age, proceed to Q3.

3. Are you a healthcare professional (e.g., doctor, physician assistant, nurse, emergency medical services personnel, medical technician, or medical sitter)?

Yes

No **[INELIGIBLE]**

Programmer: If the respondent selects “Yes” to Q3, proceed to Q4, else TERMINATE.

4. In what ZIP Code and State do you live? _____

Programmer: Targeted states include Illinois (IL), Louisiana (LA), and New York (NY)

Programmer: Approved ZIP Codes include XXXXX, XXXXX, XXXXX, etc. If not within one of the target states and approved ZIP Codes, TERMINATE, otherwise, proceed to Q5.

If the respondent is under 18 years of age, TERMINATE and present the INELIGIBILITY message.

5. **What type of healthcare professional are you? Select all that apply.**

Physician (MD or DO)

Nurse Practitioner (NP)

Physician Assistant (PA)

Registered Nurse (RN)

Licensed Professional Nurse (LPN)

Licensed Vocational Nurse (LVN)

Certified Medical Technician (CMT)

Certified Nursing Assistant (CNA)

Medical Technician or Medical Sitter

Emergency Medical Services (EMS) personnel

None of the above **[INELIGIBLE]**

Prefer not to answer **[INELIGIBLE]**

6. In what type of setting do you work? Select all that apply.

Ambulances and/or medical transport services companies

Emergency room and/or department

Hospital

Intensive care unit

Urgent care medical clinic

Private practice

- Community-based clinic or Federally Qualified Health Center
- Managed care medical clinic (e.g., Kaiser)
- Long-term care setting (e.g., nursing home, skilled nursing facility, assisted living, residential care community, long-term acute care center, congregate day program)
- None of the above **[INELIGIBLE]**
- Prefer not to answer **[INELIGIBLE]**

7. Do you provide primary care to adults and/or children?

Programmer: If the respondent selects Physician (MD or DO) to Q5, ask Q7, else skip Q7.

- Yes
- No

8. Are you an emergency department triage nurse?

Programmer: If the respondent selects “Registered Nurse (RN)” or “Licensed Professional Nurse (LPN),” or “Licensed Vocational Nurse (LVN)” to Q5 and selects “Emergency room and/or department” to Q6, ask Q8, else skip Q8.

- Yes
- No

Categorize Respondents

Programmer:

Categorize respondents as “Emergency Medical Services (EMS) personnel” if

- Q5 = Emergency Medical Services (EMS) personnel AND
- Q6 = ANY of the options except “None of the above” and “Prefer not to answer”

Categorize respondents as “NPs/PAs at Urgent Care Clinics” if

- Q5 = Nurse Practitioner (NP) or Physician Assistant (PA) AND
- Q6 = Urgent care medical clinic

Categorize respondents as “ED Triage Nurses” if

- Q5 = Registered Nurse (RN) or Licensed Professional Nurse (LPN), or Licensed Vocational Nurse (LVN) AND
- Q6 = Emergency room and/or department AND
- Q8 = Yes

Categorize respondents as “General Medical Ward Staff” if

- Q5 = ANY of the options except “EMS,” “None of the above” and “Prefer not to answer” AND
- Q6 = Hospital AND
- Q7 = No

Categorize respondents as “PCPs” if

- Q5 = Physician (MD or DO) AND

- **Q6=All except “Emergency room and/or department,” “Ambulances and/or medical transport services companies,” “None of the above,” and/or “Prefer not to answer” AND**
- **Q7 = Yes**

Categorize respondents as “LTC Nurses” if

- **Q5 = Nurse practitioner (NP), Registered Nurse (RN), Licensed Professional Nurse (LPN), or Licensed Vocational Nurse (LVN)**
- **Q6 = Long-term care setting**

Categorize respondent as “LTC Medical Technicians and Sitters”

- **Q5 = Medical Technician or Medical Sitter**
- **Q6 = Long-term care setting**

Programmer: If a respondent does not fall into one of the above categories TERMINATE and display the “Ineligibility Message,” else display the “Proceed to Survey Message.”

Eligible/Proceed to Survey Message

Thank you for answering the screening questions. We have determined that you are eligible to proceed with this survey. If you have any questions, please contact [name] at [email] or call phone number [number] or [number].

Please click on “Proceed to Survey” and answer the questions to the best of your ability.

Ineligibility Message

Thank you for your willingness to participate in this survey. Unfortunately, you are not eligible to proceed with the survey. If you have any questions, please contact [name] at [email] or call phone number [number] or [number].

Thank you for your time. Please click on “Exit Survey” to exit.

GAOS HCP POST-CAMPAIGN SURVEY

EXPOSURE TO CAMPAIGN [ALL]

Programmer: Include one question per page.

Now we would like to ask you about a CDC campaign to raise awareness about a medical condition called sepsis that you may or may not have seen or heard about in the past **12 months**.

9. Please indicate below whether you have **seen or heard any of the following campaign names or slogans in the past 12 months**.

Programmer: Rotate Q9 (a - e), the column named “Campaigns” among respondents.

Campaigns	Yes	No	Do not know/cannot recall
a. <i>Be Smart. Beat Sepsis.</i>			
b. <i>Be Sepsis Aware</i>			
c. <i>Health is Precious. Don't Get Sepsis.</i>			
d. <i>Get Ahead of Sepsis</i>			
e. <i>Know the Threat. Prevent Sepsis.</i>			

10. In the past 12 months, have you heard this slogan and/or seen this logo?

- Yes
 No
 Do not know/cannot recall



Programmer: If the respondent selects “Yes” to Q9d and “Yes” or “Do not know/cannot recall” to Q10, classify as “Exposed” and proceed to the FREQUENCY AND CHANNEL OF EXPOSURE section.

If the respondent selects “Do not know/cannot recall” to Q9c and “Yes” to Q10, classify as “Exposed” and proceed to the FREQUENCY AND CHANNEL OF EXPOSURE section.

If the respondent selects “No” or “Do not know/cannot recall” to Q9 and “No” or “Do not know/cannot recall” to Q10, classify as “Unexposed” and proceed to the KNOWLEDGE section. After the quota of unexposed has been met for each target group then TERMINATE.

11. In the past **12 months**, approximately how often did you see CDC’s *Get Ahead of Sepsis* campaign messages, campaign name, or logo in ...?

Programmer: Rotate the media options (Poster, Fact sheet, Brochure, etc.).

Printed Media	1-2 times a day	Once a week	1-3 times a month	Less than once a month	Never	Do not know/cannot recall
Poster						
Fact sheet						
Brochure						
Graphic						
Newspaper/magazine advertisement						
Flyer						
Other print media, please specify: _____						

12. In the past **12 months**, approximately how often did you see CDC’s *Get Ahead of Sepsis* campaign messages, campaign name, or logo in ...?

Programmer: Rotate the media options (Facebook, Instagram, Twitter, etc.).

Social Media	1-2 times a day	Once a week	1-3 times a month	Less than once a month	Never	Do not know/cannot recall
Facebook						
Instagram						
Twitter						
LinkedIn						
Doximity						
Sermo						
YouTube						
Other social media, please specify: _____						

13. In the past **12 months**, approximately how often did you see CDC’s *Get Ahead of Sepsis* campaign messages, campaign name, or logo in ...?

Rotate the media options (Online/Internet Media).

Online/Internet Media	1-2 times a day	Once a week	1-3 times a month	Less than once a month	Never	Do not know/cannot recall
Health websites/resources (e.g., WebMD, Mayo clinic)						
Video conferencing background screen						
Website advertisements						
Online news articles						
Streaming TV/video services (e.g., Hulu, Netflix, [Amazon] Prime Video)						
Streaming Internet radio						
Blogs						
Advertisements on mobile phone (including mobile apps)						
Search engines (e.g., Google)						
Other websites, please specify: _____						

14. In the past **12 months**, approximately how often did you see CDC’s *Get Ahead of Sepsis* campaign messages, campaign name, or logo in ...?

Programmer: Rotate the media options (TV and Radio Media).

TV and Radio	1-2 times a day	Once a week	1-3 times a month	Less than once a month	Never	Do not know/cannot recall
Television (cable, satellite, or antenna)						
Broadcast radio						
Other media formats, please specify: _____						

15. In the past **12 months**, approximately how often did you see CDC’s *Get Ahead of Sepsis* campaign messages, campaign name, or logo in ...?

Programmer: Rotate the media options (Public Places).

Public Places	1-2 times a day	Once a week	1-3 times a month	Less than once a month	Never	Do not know/cannot recall
Billboards						
Bus, train, or subway stations						
On buses or taxi cabs						
Advertisement in a mall						
Advertisement in a grocery store						
Advertisement in a store pharmacy						
Advertisement at a shopping center or parking lot						
Other public locations, please specify: _____						

16. In the **past 12 months**, did you see CDC’s *Get Ahead of Sepsis* campaign messages, campaign name, or logo **at your workplace** (including at your home workplace for telework)?
- Yes, I personally placed or shared CDC’s *Get Ahead of Sepsis* campaign materials at my workplace in the **past 12 months**.
 - Yes, I saw CDC’s *Get Ahead of Sepsis* campaign at my workplace in the **past 12 months**, but I **was not** responsible for placing or sharing it.
 - No, but I saw materials from another sepsis campaign at my workplace in the **past 12 months**.
 - No, I have not seen any materials about sepsis at my workplace in the **past 12 months**.

Programmer: If the respondent selects “Yes” to Q16, proceed to Q17, else skip Q17 and Q18.

17. In the **past 12 months**, where did you see CDC’s *Get Ahead of Sepsis* campaign messages, campaign name, or logo **at your workplace** (including your home workplace for telework)? Select all that apply.

Programmer: Rotate response options; keep the placement of “Other” and “Do not know/cannot recall” as is.

- Printed material(s) designed to educate patients about sepsis
- Printed material(s) designed to improve sepsis fast recognition and treatment by healthcare professionals
- Digital material(s) designed to educate patients about sepsis
- Digital material(s) designed to improve sepsis fast recognition and treatment by healthcare professionals

- Video displays in patient waiting rooms/areas
- Workplace website or internal email/newsletter
- Email or e-newsletter from external organization, such as a state or local public health agency or professional society or association
- Webcasts or webinars
- Live events
- Other, please specify: _____
- Do not know/cannot recall

Programmer: If the respondent selects “Do not know/cannot recall” to Q16, do not allow the respondent to select other responses.

18. You indicated that you saw or heard the campaign name, *Get Ahead of Sepsis* or saw the campaign logo in the past **12 months**. Where did you see or hear it?



If respondent selects "Never or “Do not know/cannot recall" for ALL options in Q11-Q15 and "Yes" to Q16 but selects “Do not know/cannot recall” to Q17, and left Q18 blank, reclassify these respondents as “Unexposed” and proceed to KNOWLEDGE section.

If respondent selects “1-2 times a day,” “Once a week,” “1-3 times a month,” or “Less than once a month” for any of the options in Q11-Q15, and “Yes” to Q16 or filled in Q18 with more than N/A or None, classify as “Exposed” and proceed to KNOWLEDGE section.

KNOWLEDGE [ALL]

Programmer: Include one question per page. RIGHT/WRONG responses have been indicated but do not disclose to respondents.

Thinking about your knowledge and awareness of sepsis, please indicate which statements you believe to be true or false.

19. About 1 in 3 patients who die in a hospital had sepsis during that hospitalization.

- TRUE [RIGHT]
- FALSE [WRONG]

20. Anyone can get an infection, and almost any infection including COVID-19, can lead to sepsis.

- TRUE [RIGHT]
- FALSE [WRONG]

21. Sepsis is defined as the following:

Programmer: Rotate response options; keep the placement of “None of the above,” “All of the above,” and “Do not know” as is.

- A chronic condition that primarily affects kidney function [WRONG]
- The body’s extreme response to an infection [RIGHT]
- A neurological disorder resulting from the flu [WRONG]
- Contagious illness that commonly peaks in the winter [WRONG]
- All of the above [WRONG]
- None of the above [WRONG]
- Do not know [WRONG]

Programmer: For Q21, if the respondent selects “All of the above,” “Do not know,” or “None of the above,” do not allow them to select other responses.

22. Which of the following types of infections, if any, are OFTEN linked with sepsis? Select all that apply.

Programmer: Rotate response options; keep placement of “None of the above,” “All of the above,” and “Do not know” as is.

- Ear [WRONG]
- Skin [RIGHT]
- Lung [RIGHT]
- Eye [WRONG]
- Urinary tract [RIGHT]
- Nail [WRONG]
- Gastrointestinal tract [RIGHT]
- Severe COVID-19 [RIGHT]
- All of the above [WRONG]
- None of the above [WRONG]
- Do not know [WRONG]

Programmer: For Q22, if respondent selects “All of the above,” “Do not know,” or “None of the above,” do not allow them to select other responses.

23. If your patient and/or resident is healthy, an infection is not anything you need to worry about.

- TRUE [WRONG]
- FALSE [RIGHT]

24. Which of the following, if any, are the most frequently identified pathogens that cause infections that can develop into sepsis? Select all that apply.

Programmer: Rotate response options; keep placement of “None of the above,” “All of the above,” and “Do not know” as is.

- Staphylococcus aureus* [RIGHT]
- Bordetella pertussis* [WRONG]
- Helicobacter pylori* [WRONG]
- Escherichia coli* [RIGHT]

- Clostridium botulinum* [WRONG]
- Some types of streptococci [RIGHT]
- All of the above [WRONG]
- None of the above [WRONG]
- Do not know [WRONG]

Programmer: For Q24, if respondent selects “All of the above,” “Do not know,” or “None of the above,” do not allow them to select other responses.

25. With fast recognition and treatment of sepsis, most people survive.

- TRUE [RIGHT]
- FALSE [WRONG]

26. Select common signs and symptoms of sepsis below:

Programmer: Rotate response options; keep placement of “I do not know any...of sepsis.” as is.

- Excessive hunger [WRONG]
- Clammy or sweaty skin [RIGHT]
- Confusion or disorientation [RIGHT]
- Extreme pain or discomfort [RIGHT]
- Fever, shivering, or feeling very cold [RIGHT]
- High heart rate or low blood pressure [RIGHT]
- Shortness of breath [RIGHT]
- I do not know any of the signs and symptoms of sepsis. [WRONG]

Programmer: For Q26, if respondent selects “I do not know any of the signs and symptoms of sepsis,” do not allow them to select other responses.

27. Only doctors need to know their facility’s existing guidance for diagnosing and managing sepsis.

- TRUE [WRONG]
- FALSE [RIGHT]

28. Which of the following activities, if any, should you advise your patients and/or residents to do to prevent infections that can lead to sepsis? Select all that apply.

Programmer: Rotate response options; keep placement of “None of the above,” “All of the above,” and “Do not know” as is.

- Regular handwashing [RIGHT]
- Showering twice daily [WRONG]
- Getting recommended vaccines [RIGHT]
- Avoiding public restrooms [WRONG]
- Keeping cuts and wounds clean and covered until healed [RIGHT]
- Taking good care of chronic conditions [RIGHT]
- Ensuring proper patient catheter management (doctor or nurse only) [RIGHT]
- All of the above [WRONG]

- None of the above **[WRONG]**
- Do not know **[WRONG]**

Programmer: For Q28, if respondent selects “All of the above,” “Do not know,” or “None of the above,” do not allow them to select other responses.

29. If your patients and/or residents suspect sepsis or have an infection that’s not getting better or is getting worse, you should discuss with them if the infection could be leading to sepsis.

- TRUE **[RIGHT]**
- FALSE **[WRONG]**

30. Which of the following groups of individuals are at higher risk for developing infections than can lead to sepsis? Select all that apply.

Programmer: Rotate response options; keep placement of “None of the above,” “All of the above,” and “Do not know” as is.

- Adults 65 or older **[RIGHT]**
- People with weakened immune systems **[RIGHT]**
- People with chronic medical conditions, such as diabetes, lung disease, cancer, and kidney disease **[RIGHT]**
- Children younger than one year old **[RIGHT]**
- People who have previously survived sepsis **[RIGHT]**
- People with recent severe illness or hospitalization **[RIGHT]**
- Adults with no underlying conditions between the ages of 20 and 35 years **[WRONG]**
- Do not know **[WRONG]**
- None of the above **[WRONG]**

Programmer: For Q30, if respondent selects “All of the above,” “Do not know,” or “None of the above,” do not allow them to select other responses.

31. Antibiotic therapy for patients who have developed sepsis should NOT be reassessed during the course of treatment.

- TRUE **[WRONG]**
- FALSE **[RIGHT]**

32. Which of the following, if any, is true about sepsis? Select all that apply.

Programmer: Rotate response options; keep placement of “None of the above,” “All of the above,” and “Do not know” as is.

- Only people with chronic diseases are at risk for sepsis **[WRONG]**
- Sepsis can cause tissue damage, organ failure, and death **[RIGHT]**
- Sepsis is a medical emergency **[RIGHT]**
- With fast recognition and treatment, most people survive **[RIGHT]**
- Sepsis is not a medical emergency **[WRONG]**
- All of the above **[WRONG]**

- None of the above **[WRONG]**
- Do not know **[WRONG]**

Programmer: For Q32, if respondent selects “All of the above,” “Do not know,” or “None of the above,” do not allow them to select other responses.

33. Which of the following is true, if any, about what you should do if you suspect a patient has sepsis? Select all that apply.

Programmer: Rotate response options; keep placement of “None of the above,” “All of the above,” and “Do not know” as is.

- Know your facility’s existing guidance for diagnosing and managing sepsis. **[RIGHT]**
- Immediately alert the clinician in charge if it is not you. **[RIGHT]**
- Start antibiotics as soon as possible in addition to other therapies appropriate for the patient. If a specific bacterial cause of sepsis is known, therapy should be targeted to optimize treatment, and broad-spectrum antibiotics might not be needed. **[RIGHT]**
- Check patient progress frequently. Always remember to prescribe the right antibiotic, at the right dose, for the right duration, and at the right time. Reassess antibiotic therapy to stop or tailor treatment based on the patient’s clinical condition and diagnostic test results as appropriate. **[RIGHT]**
- All of the above **[RIGHT]**
- Schedule the next follow-up clinic appointment for the patient to be seen two weeks out **[WRONG]**
- None of the above **[WRONG]**
- Do not know **[WRONG]**

Programmer: For Q33, if respondent selects “All of the above,” “Do not know,” or “None of the above,” do not allow them to select other responses.

34. Some hospitalized COVID-19 patients are diagnosed with sepsis.

- TRUE **[RIGHT]**
- FALSE **[WRONG]**

ATTITUDES AND BELIEFS [ALL]

Programmer: Include one set of questions (e.g., perceived susceptibility, perceived severity) per page. NOTESubheadings within all tables should not be visible to respondents.**

Next, we are going to ask you some questions to learn more about your perspective on infections and sepsis. Please give us your honest responses. In the below questions, ‘residents’ refers to nursing home or long-term care residents in the facility where you work.

Please indicate the extent to which you agree with the following statements, from strongly disagree to strongly agree.

Perceived Susceptibility, Severity, Benefits, and Self-Efficacy

35. [Perceived Susceptibility]	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. My patients and/or residents are at risk of developing sepsis.					
b. My patients and/or residents are at risk of developing infections that could lead to sepsis.					
36. [Perceived Severity]	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. If one of my patients and/or residents developed sepsis, it could cause severe problems, such as tissue damage or organ failure.					
b. If one of my patients and/or residents developed sepsis, it could lead to death.					
37. [Perceived Benefits]	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. If my patients and/or residents take proper care of their chronic conditions, this will decrease their chances of developing infections that can lead to sepsis.					
b. If my patients and/or residents practice good hand hygiene, this will decrease their chances of developing infections that can lead to sepsis.					
c. If my patients and/or residents keep their cuts and wounds clean and covered, this will decrease their chances of developing infections that can lead to sepsis.					
d. If my patients and/or residents get recommended vaccinations, this will decrease their chances of developing infections that can lead to sepsis.					
e. Fast recognition and treatment can increase my patients' and/or residents' chances of survival from sepsis.					
f. Recognizing signs and symptoms of sepsis early decreases my patients'					

and/or residents' risk of death from sepsis.					
g. Acting fast if I suspect sepsis in my patients and/or residents can save lives.					
38. [Self-Efficacy]	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. I am confident that I can educate my patients and/or residents on how to prevent infections that can lead to sepsis.					
b. I am confident that I can recognize the signs and symptoms of sepsis in my patients and/or residents.					
c. I am confident that I can take rapid action to treat infections and sepsis or get patients into the proper care they need when sepsis is suspected in patients.					

BEHAVIOR [ALL EXCEPT EMS PERSONNEL]

Programmer: Include one question per page.

We'd like to know more about conversations you might have had with your patients and/or residents and their caregivers about sepsis.

39. Please indicate how frequently you discussed the following with your patients and/or residents and their caregivers **in the past 12 months**.

Programmer: Rotate response options in the first column.

Behavior (Information Sharing with Patients, Residents, Caregivers)	Never	Rarely	Sometimes	Often	Always	N/A
a. The importance of taking good care of chronic conditions.						
b. The importance of regularly washing hands.						
c. The importance of keeping cuts and wounds clean and covered until healed.						
d. The importance of getting the recommended vaccinations.						
e. The importance of seeking immediate medical care if an						

Behavior (Information Sharing with Patients, Residents, Caregivers)	Never	Rarely	Sometimes	Often	Always	N/A
infection is not getting better or is getting worse.						
f. The importance of knowing the signs and symptoms of sepsis.						
g. The importance of fast recognition and treatment of sepsis.						
h. The importance of preventing infections that can lead to sepsis.						

40. What are the barriers you commonly encounter when educating your patients and/or residents and their caregivers on preventing sepsis or on preventing infections that can lead to sepsis? Select all that apply.

Programmer: Rotate response options; keep placement of “Do not know/cannot recall,” “Prefer not to answer,” “Other,” “I have not encountered any barriers...,” and “I do not try to educate my...,” as is.

- I am not familiar enough with these topics.
- I do not feel confident educating my patients and/or residents on these topics.
- I do not think my patients/residents, or their caregivers will understand these topics.
- I do not think it is important for my patients and/or residents or their caregivers to understand these topics.
- I do not think my patients and/or residents, or their caregivers will be interested in or receptive to learning about these topics.
- I do not have time to educate my patients and/or residents or their caregivers on these topics.
- I do not think sepsis is a big problem for my patients and/or residents.
- I’m not confident the healthcare system in the area where my patients and/or residents live can respond correctly to sepsis.
- I’m not confident the healthcare professionals in the area where my patients and/or residents live can respond correctly to sepsis.
- My patients and/or residents live very far from healthcare services.
- My patients and/or residents rely on telehealth services.
- My patients and/or residents think that Covid-19 patients have overwhelmed the healthcare system and healthcare professionals, therefore we may not be able to respond to sepsis correctly.
- My patients and/or residents are afraid of getting Covid-19 if they go to the Emergency room/department.
- Other, please explain: _____
- I have not encountered any barriers to educating my patients and/or residents, or their caregivers on these topics.
- I do not try to educate my patients and/or residents, or their caregivers on preventing sepsis or on preventing infections that can lead to sepsis.

- Do not know/cannot recall
- Prefer not to answer

Programmer: For Q40, if respondent selects “I have not encountered any barriers to educating my patients and/or residents, or their caregivers on these topics,” “I do not try to educate my patients and/or residents, or their caregivers on preventing sepsis or on preventing infections that can lead to sepsis,” “Do not know/cannot recall” or “Prefer not to answer,” do not allow them to select other responses.

41. In the past **12 months**, have you suspected that a patient and/or resident at your facility had sepsis?

- Yes
- No

Programmer: if the respondent selects “No” to Q41, skip Q42 and proceed to the "Behavior ALL" section, else proceed to 42.

42. Please indicate how many sepsis patients and/or residents you attended to in your facility **within the past 12 months**.

- 0
- 1 - 4
- 5 - 9
- 10 or more
- Do not know

43. **[Behavior - Act fast if sepsis is suspected]** Please indicate how often you took the following steps for your sepsis patients **in the past 12 months**. Select all that apply.

Behavior (Act fast if sepsis is suspected)	Never	Rarely	Sometimes	Often	Always	N/A
a. I immediately alerted clinicians in charge about the possibility of sepsis in my patients and/or residents to ensure fast recognition and treatment of sepsis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> I am the clinician in charge of initiating treatment for these patients and/or residents
b. I started antibiotics as soon as possible for sepsis patient and/or resident,						

Behavior (Act fast if sepsis is suspected)	Never	Rarely	Sometimes	Often	Always	N/A
in addition to other therapies appropriate for the patient and/or resident.						
c. I checked the sepsis patient's and/or resident's progress frequently to reassess antibiotic therapy.						

BEHAVIOR [EMS PERSONNEL ONLY]

44. Please indicate how many patients you transported to the hospital that you believed had sepsis **in the past 12 months**.

- 0
- 1 - 4
- 5 - 9
- 10 or more
- Do not know

45. Please select information you collect from patients or caregivers about your patients to help you assess possibility of sepsis, if any.

- I ask about the patient's age **[RIGHT]**
- I ask the patient or caregivers what signs and symptoms the patient is experiencing. **[RIGHT]**
- I ask the patient or caregivers how long the symptoms have been ongoing. **[RIGHT]**
- I do not ask the patient or caregivers any questions about my patients. **[WRONG]**
- I ask if the patient is confused/disoriented, has shortness of breath, in extreme pain, clammy or sweaty, or shivering/feeling cold. **[RIGHT]**
- I ask the patient or caregivers to provide names and/or dosages of medications the patient takes. **[RIGHT]**
- I ask if the patient has any open cut, injuries and /or abscess. **[RIGHT]**
- I collect the patient's vital signs (such as, temperature, pulse, breathing, blood pressure, etc.). **[RIGHT]**
- I ask if the patient recently received treatment for any bacterial or viral infection. **[RIGHT]**
- I ask if the patient has any underlying health condition. **[RIGHT]**
- I ask for the patient's DNA. **[WRONG]**
- I assess any injury and/or abscess on the patient **[RIGHT]**
- I do not collect any information about my patients from the patient or caregivers **[WRONG]**

- All of the above **[WRONG]**
- None of the above **[WRONG]**
- Do not know/cannot recall **[WRONG]**

46. **[Behavior - Act fast if sepsis is suspected]** Please indicate how often you took the following steps for the patients you transported to the hospital that you believed had sepsis **in the past 12 months**. Select all that apply.

Behavior (Act fast if sepsis is suspected)	Never	Rarely	Sometimes	Often	Always	N/A (I did not transport any patient I suspected had sepsis)
a. I immediately alerted clinicians in charge about the possibility of sepsis in my patients to ensure fast recognition and treatment of sepsis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I started appropriate treatment as soon as possible for sepsis patients, within my scope of practice as an emergency medical services provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BEHAVIOR [ALL]

47. **[Behavioral Intention]** I plan to take rapid action and initiate appropriate treatment when sepsis is suspected in my patients and/or residents.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

48. What are the barriers you experience to taking rapid action and initiating appropriate treatment when sepsis is suspected in your patients and/or residents? Select all that apply.

Programmer: Rotate response options; keep placement of “Other,” “I do not have any...,” and “I have not had to take...,” as is.

- I am not confident I can identify the signs and symptoms of sepsis.
- I do not know how to alert the clinician in charge (it is not me).
- I am not comfortable alerting the clinician in charge (it is not me).

- It is not my role to identify sepsis and/or to alert the clinician in charge.
- High turnover rate or shortage of staff
- I do not have any barriers.
- I have not had to take rapid action in my role.
- Other, please specify: _____

Programmer: For Q48, if respondent selects “I do not have any barriers” or “I have not had to take rapid action in my role,” do not allow them to select other responses.

49. **[ALL HCPs]** In the last **12 months**, have you looked for information about infections that can lead to sepsis?
- Yes
 - No
 - Do not know/cannot recall

Programmer: If the respondent selects “Yes” to Q49, proceed to Q50, else skip Q50.

50. To whom or where do you go to learn about infections that can lead to sepsis? Select all that apply.
- Programmer: Rotate response options; keep placement of “Other” and “I have not looked for information on this topic” as is.**

- Colleagues, other healthcare professionals
- Centers for Disease Control and Prevention (CDC) website or material, please specify: _____
- Peer-reviewed journals (Printed or online), please specify: _____
- Health websites/health-related mobile apps (e.g., WebMD, Mayo Clinic, Medscape, UpToDate, Epocrates, etc.), please specify: _____
- Medical conferences, please specify: _____
- Local/state health departments
- Medical or professional associations, please specify: _____
- My place of work.
- Continuing education/medical education/training courses (CE/CME, etc.), please specify: _____
- Social media (e.g., Facebook, Instagram, Twitter, LinkedIn, Doximity, Sermo), please specify: _____
- Sepsis organizations (e.g., Sepsis Alliance, etc.), please specify: _____
- Other, please specify: _____
- I have not looked for information on this topic.

Programmer: If the respondent selects “I have not looked for information on this topic” do not allow them to select other responses.

51. How trusted do you feel CDC is as a source of sepsis information?

- Very trusted
- Trusted
- Somewhat trusted
- A little trusted
- Not at all trusted

52. Do you have Infection Prevention and Control (IPC) practices/guidelines at your facility?

- Yes
- No
- Do not know

Programmer: If the respondent selects “Yes” to Q52, proceed to Q53, else skip Q53.

53. Do you know the content of the Infection Prevention and Control (IPC) practices/guidelines at your facility?

- Yes
- No

54. Do you have a sepsis protocol at your facility?

- Yes
- No
- Do not know

Programmer: If the respondent selects “Yes” to Q54, proceed to Q55, else skip Q55.

55. Do you know the content of your facility’s sepsis protocol?

- Yes
- No

56. Did you know that CDC has a *Get Ahead of Sepsis* webpage with resources you can use to help educate your patients about preventing infections that can lead to sepsis?

- Yes
- No

DEMOGRAPHIC CHARACTERISTICS [ALL]

Thank you. Now we would like to know more about you.

57. How long have you worked as a healthcare professional performing the same duties as your current role?

- Less than one year
- 1-5 years
- 6-9 years
- 10 or more years

Prefer not to answer

58. What sex were you assigned at birth, on your original birth certificate?

- Male
- Female
- Refused
- I don't know

59. Do you currently describe yourself as male, female, transgender?

- Male
- Female
- Transgender
- None of these

60. What is your ethnicity?

- Hispanic or Latino
- Not Hispanic or Latino

61. What is your race?

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

62. What is the highest degree you have received? Please select only one.

Programmer: If a respondent selects "Prefer not to answer" do not allow them to select other responses.

- Some high school
- High school graduate (or equivalent)
- Some college or technical school (1–4 years, no degree)
- Associate or technical degree
- Bachelor's (4-year college) degree
- Master's degree
- Professional or doctoral degree (MD, JD, PhD, etc.)
- Prefer not to answer

END OF SURVEY MESSAGE

Thank you for taking the time to participate in this important survey!

