

Annex 1: survey questions	
Q1	Country of practice
Q2	Age
Q3	Sector of practice <input type="checkbox"/> Public <input type="checkbox"/> Private
Q4	How many years have you practiced orthopaedic surgery <input type="checkbox"/> 0 - 5 years <input type="checkbox"/> 5 - 10 years <input type="checkbox"/> 10 - 20 years <input type="checkbox"/> > 20 years
Q5	Have you received a specific training or recommendations about COVID-19 from your institution <input type="checkbox"/> Yes <input type="checkbox"/> No
Q6	Do you feel well informed on the latest COVID-19 guidelines <input type="checkbox"/> Very well informed <input type="checkbox"/> Well informed <input type="checkbox"/> Somewhat informed <input type="checkbox"/> Poorly informed
Q7	What is your principal source of knowledge about COVID-19 <input type="checkbox"/> Television <input type="checkbox"/> Social media <input type="checkbox"/> WHO (OMS) = world health organization <input type="checkbox"/> Your institution (hospital, clinic)
Q8	Are you aware of the measures to protect yourself and patients during the COVID-19 pandemic <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Q9	Are you aware of all the risks of COVID-19 pandemic for patients and medical staffs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Q10	Have you already operated on patients positive with COVID-19 <input type="checkbox"/> Yes <input type="checkbox"/> No
Q11	Are you willing to operate COVID-19 positive patients with an orthopaedic pathology <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Q12	Are you willing to work and help in Intensive care units if necessary <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Q13	Actually, with the COVID-19 pandemic, the number of planned surgeries you are practicing is: <input type="checkbox"/> Did not change (same activity as usual) <input type="checkbox"/> Decreased by 10 % <input type="checkbox"/> Decreased by 25 % <input type="checkbox"/> Decreased by 50 % <input type="checkbox"/> Decreased by 75 % <input type="checkbox"/> Decreased by 90 % <input type="checkbox"/> You have stopped and postponed practicing planned surgeries
Q14	Actually, with the COVID-19 pandemic, the number of emergency surgeries (trauma) you are practicing is: <input type="checkbox"/> Did not change (same activity as usual) <input type="checkbox"/> Decreased by 10 % <input type="checkbox"/> Decreased by 25 % <input type="checkbox"/> Decreased by 50 % <input type="checkbox"/> Decreased by 75 % <input type="checkbox"/> Decreased by 90 % <input type="checkbox"/> You have stopped practicing emergency surgeries

Q15	Actually, with the COVID-19 pandemic, the number of outpatient visits: <input type="checkbox"/> Did not change (same activity as usual) <input type="checkbox"/> Decreased by 10 % <input type="checkbox"/> Decreased by 25 % <input type="checkbox"/> Decreased by 50 % <input type="checkbox"/> Decreased by 75 % <input type="checkbox"/> Decreased by 90 % <input type="checkbox"/> You have stopped consultation
Q16	Actually, with the COVID-19 pandemic, the number of traffic accidents: <input type="checkbox"/> Did not change <input type="checkbox"/> Decreased by 10 % <input type="checkbox"/> Decreased by 25 % <input type="checkbox"/> Decreased by 50 % <input type="checkbox"/> Decreased by 75 % <input type="checkbox"/> Decreased by 90 % <input type="checkbox"/> Has increased
Q17	Has the crisis affected the number and quantity of orthopaedic equipment ordered by your institution? <input type="checkbox"/> Yes <input type="checkbox"/> No
Q18	Actually, with the COVID-19 pandemic, have you used telemedicine for your patients <input type="checkbox"/> Yes <input type="checkbox"/> No
Q19	During this COVID-19 pandemic, have you experienced any or more of the following symptoms: Fever, cough, runny nose, headaches, sore throat, tiredness, asthenia <input type="checkbox"/> Yes <input type="checkbox"/> No
Q20	If Yes or you have a suspicion of a COVID-19 infection, what would you do <input type="checkbox"/> Stay at home and observe yourself <input type="checkbox"/> Call a specific COVID-19 phone number <input type="checkbox"/> Go to the Institution where you work <input type="checkbox"/> Go to the nearest hospital <input type="checkbox"/> Other
Q21	Do you isolate yourself at home when you return back from your workplace <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other:
Q22	Do you feel stressed and anxious about this COVID-19 pandemic <input type="checkbox"/> Yes <input type="checkbox"/> No
Q23	How do you estimate your personal protection against COVID-19 during your medical practice Please choose from 1= not protected to 5 = well protected <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Q24	Which equipment do you use for your personal protection against COVID-19 <input type="checkbox"/> Medical mask <input type="checkbox"/> Respirator N 95 or FFP2 mask <input type="checkbox"/> Face Shield <input type="checkbox"/> Gloves <input type="checkbox"/> Gown <input type="checkbox"/> Protective glasses
Q25	Which personal protection equipment stock your institution is missing the most <input type="checkbox"/> Medical mask <input type="checkbox"/> Respirator N 95 or FFP2 mask <input type="checkbox"/> Face Shield <input type="checkbox"/> Gloves <input type="checkbox"/> Gown <input type="checkbox"/> Protective glasses
Q26	What advice could you give to people to avoid COVID-19

	<input type="checkbox"/> Regular washing of hands <input type="checkbox"/> Hydro-Alcoholic sanitizer <input type="checkbox"/> Social distancing <input type="checkbox"/> Face mask <input type="checkbox"/> Gloves <input type="checkbox"/> Stay home
Q27	Do you think that your country is well equipped to deal with this COVID-19 pandemic <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Q28	Do you agree with your institution strategy to face the COVID-19 pandemic <input type="checkbox"/> Yes <input type="checkbox"/> No
Q29	In your opinion, which is the best solution to face the COVID-19 pandemic <input type="checkbox"/> Quarantine <input type="checkbox"/> Herd immunity <input type="checkbox"/> Find a specific treatment <input type="checkbox"/> Find a specific vaccine <input type="checkbox"/> Other