APPENDIX I. Questionnaire: Doctors' response to the 2019-nCoV outbreak in Hong Kong

				Date of filling the survey_	//2020 (DD/MM)			
				ate answer unless stated otherwise. ppropriate circle completely as shown belo	ow.			
	eg,	• Yes	O No					
Par	τl							
1.	What changes in service demand have you experienced in response to the 2019-nCoV outbreak since the first diagnosed case (22 January 2020)?							
	О Н О L	igher demar ower deman	d for services	and s (seeing more patients) (seeing fewer patients)				
2.		changes hav all applicab	-	o your regular medical services as a result	of the 2019-nCoV outbreak? (please			
	InSIACC	crease office horten patien sk patients t ancel or cha lose the clin	e hours nt consultatio o go to other inge regular n ic					
3.			_	fected your clinical practice?				
	O Yelf yes,	in what way Insist eve Screen / I Increase (Avoid phy Order mo Order less More refe Advise th	y? (please che ery patient to v measure their distance betw ysical examina ere blood tests s blood tests errals to Accid em not to trav	(please go to Q4) seck all applicable options) wear a mask during consultations temperature as a routine procedure ween yourself and the patients ation s and chest X-ray and chest X-ray lent & Emergency Department wel to those affected areas				
4.	Have	you encount	ered any susp	pected patient with the 2019-nCoV?				
		o, please go es, please st		er of suspected cases and confirmed cases	s Suspected cases			
					Confirmed cases			

APPENDIX I. (cont'd)

5. In the past 3 days, have you been wearing mask during consultations?					
AlwaysSometimes. Please state the No. of masks you useWhen needed, please specify	-	-			
O Never					
6. In the past 3 days, have you been washing hands between	een or before pa	atient enco	unter?		
AlwaysSometimesWhen needed, please specifyNever					
 What other precautions have you undertaken to prevent applicable options) 	the 2019-nCo\	in your cl	inic? (ple	ase check	all
 Clean the work surface with antiseptics at least one Instruct all cleaning staff to wear masks Open all the windows Install air purifiers 	·				
Instruct all staff to check their temperature before tOthers:	•	rk			
Where do you get the updated information on the 2019- Please RATE the following questions a-h using the 4-po the least likely; enter for option(s) do not apply to this	int scale with ④	being the Least likely	e most like Fairly likely	ely source Likely	and ① Most likely
Correspondence from government or semi-government institutions including emails	nent (1)	①	2	3	4 (4)
b. Press conference from the government and experts	0	1	2	3	4
c. Intranet or other communication channels from the organisations that you work in (eg, Hospital Authorit	0	①	2	3	4
d. Seminars organised by professional bodies	()	1	2	3	4
e. Professional websites such as WHO / CDC	0	1	2	3	4
f. Newspaper / magazines	0	1	2	3	4
g. Television news / programmes	0	1	2	3	4
h. HKCFP's website	0	1	2	3	4
i. Others:					
. Does your clinic encounter any problem in stocking ma	sks or other pro	tective equ	uipment?		
○ Yes ○ No					
If yes, the problem(s) is / are stocking (choose all applic	able answers)				
O Surgical facemasks (estimate how many stock	•	onth:)		
O N95 mask (estimate how many stock required)			
O Personal protective equipment (estimate how r	nany stock requ	iired per m	onth:)	
 Other protective equipments, please specify 					

APPENDIX I. (cont'd)

10.	Do you use any guideline (such as clinical decision making tools) to assist you in making clinical decision for the diagnosis of the 2019-nCoV?							
	NoYes,please specify	Which tool do you use? Have you received training / information regarding the tool stated?						
11.	Do you want more training / pro O Yes (please specify:	ofessional education regarding how to deal with the 2019-nCoV?						
12.	O Yes O No If yes, what role do you like to p O As an educator O As a gatekeeper O To make rapid diagnos O To participate in resear O To administer vaccines							
13.	•	ts / suggestions / advice on the space provided which you think may help he 2019-nCoV outbreak. You can also write about your concerns not covered in						
	RT II (basic demographic informally, please answer the following of	nation): questions about your practice and yourself.						
1.	Age years old							
2.	Gender O Male	O Female						
3.	Place of primary medical educa O Hong Kong O United Kingdom O Mainland China	Canada Australia Others, please specify:						

APPENDIX I. (cont'd)

4.	Year of graduation	n: Specialty:	Medicine, e	ctition g, DI ctition icine	oner FM, I	(non-Specialist) with higher qualifications in Family FRACGP, FHKCFP, MFM etc. s (non-Specialist) without higher qualifications in
5.	Do you have any	postgraduate qua	alification?			
	Master degreCollege Fello	e(s): wship(s):				
6.	Do you work full t	ime or part time?				
	O Full time	O Part tir	me			
7.	What type of clini	c are you working	g for?			
	Private			\circ	Puk	olic
	Solo priv	ate clinic			\circ	General Out-Patient Clinic
	Group pr	ivate clinic			0	Specialist Out-Patient Clinic
	Out-patie	ent department of	private hospital		0	A&E department
	=	nal clinic, includin	ŭ		0	Hospital Authority Staff Clinic
	-	tion clinic & exem University / tertiar	•		0	Family Medicine Integrated Clinic / Training Centre
	Olinic & r	-	e Family Planning		0	DH Family Clinic Other DH centres / clinics (eg, Elderly Health Centre, Maternal and Child Health Centre)

Abbreviations: 2019-nCoV = 2019 novel coronavirus; A&E = Accident and Emergency; CDC = Centers for Disease Control and Prevention; DH = Department of Health; HKCFP = Hong Kong College of Family Physicians; WHO = World Health Organization

^{**}Thank you very much for your invaluable time in completing this survey. We are very grateful for your help and support. Take care!