

## Start of Block: Professional screener



Do you work in healthcare, presently or in the past?

- ☐ Yes
- ☐ No

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*Display this question:*

*If Do you work in healthcare, presently or in the past? = Yes*

Please indicate your primary healthcare profession:

- ☐ Medicine
- ☐ Nursing
- ☐ Other, please specify: \_\_\_\_\_

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*Display this question:*

*If Do you work in healthcare, presently or in the past? = Yes*

In which clinical setting or service do you mainly work?

- ☐ Primary care
- ☐ Emergency care
- ☐ Intensive care unit (ICU)
- ☐ Medical inpatient care
- ☐ Surgical care / Operating theatre
- ☐ Diagnostic or support services (e.g., laboratory, radiology, etc.)
- ☐ Other, please specify: \_\_\_\_\_
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*Display this question:*

*If Do you work in healthcare, presently or in the past? = Yes*

How many years of experience in healthcare do you have? (enter numbers without decimals)

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*Display this question:*

*If Do you work in healthcare, presently or in the past? = Yes*

Have you ever had a professional role related to organ donation or transplantation?

- ☐ Yes, regularly
- ☐ Yes, occasionally
- ☐ No, never

*Display this question:*

*If Have you ever had a professional role related to organ donation or transplantation? != No, never*

Please briefly describe your role related to organ donation or transplantation.

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End of Block: professional\_screener

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