

Start of Block: Professional screener



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

- Yes
 - No
-

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: _____
-

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: _____
-

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)

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.

End of Block: professional_screener
