

Appendix 1 Sample questionnaire

Sticker

Name

DOB

MRN

Indication:

Covid status:

Positive ☐ Negative ☐

Procedure:

Airway inspection ☐

BAL ☐

Washing ☐

Brush ☐

Endobronchial biopsy ☐

Transbronchial biopsy ☐

Transbronchial needle aspiration ☐

Cryobiopsy ☐

APC ☐

Electrocautery ☐

Date of procedure:

Location:

Endoscopy ☐

ICU ☐

Ward ☐

Scope Used:

Boston Exalt Model B 2.8 channel ☐

Boston Exalt Model B 2.2 channel ☐

Complications:

Scope handle break ☐

Suction connector break ☐

Suction not working ☐

Image failure ☐

Other ☐

Requirement to switch to reusable scope ☐

Requirement for second SUFB ☐

How satisfied were
you with your experience?

