Supplementary Material

Populational Perceptions Regarding Decision to Visit the Emergency Room with Chest Pain during COVID-19

Jason J. Han MD[a]*, William L. Patrick MD[a,b,c]*, Akhil Rao[a], Benjamin Smood MD[a], Mark Helmers MD[a], Amit Iyengar MD[a], John J Kelly MD[a], Saiesh Kalva BA[a], Pavan Atluri MD[a], Nimesh Desai MD PhD[a,b,c], Marisa Cevasco MD[a]

*Denotes co-first authorship

[a]Division of Cardiovascular Surgery, Department of Surgery, Perelman School of Medicine, University of Pennsylvania, Philadelphia, PA

[b]Leonard Davis Institute, University of Pennsylvania, Philadelphia, Pennsylvania

[c]Penn Cardiovascular Outcomes, Quality, & Evaluative Research Center, Philadelphia, Pennsylvania

Address for correspondence

Marisa Cevasco, MD

Assistant Professor of Surgery

Division of Cardiovascular Surgery,

Hospital of the University of Pennsylvania

3400 Spruce St, 6 Silverstein Pavilion

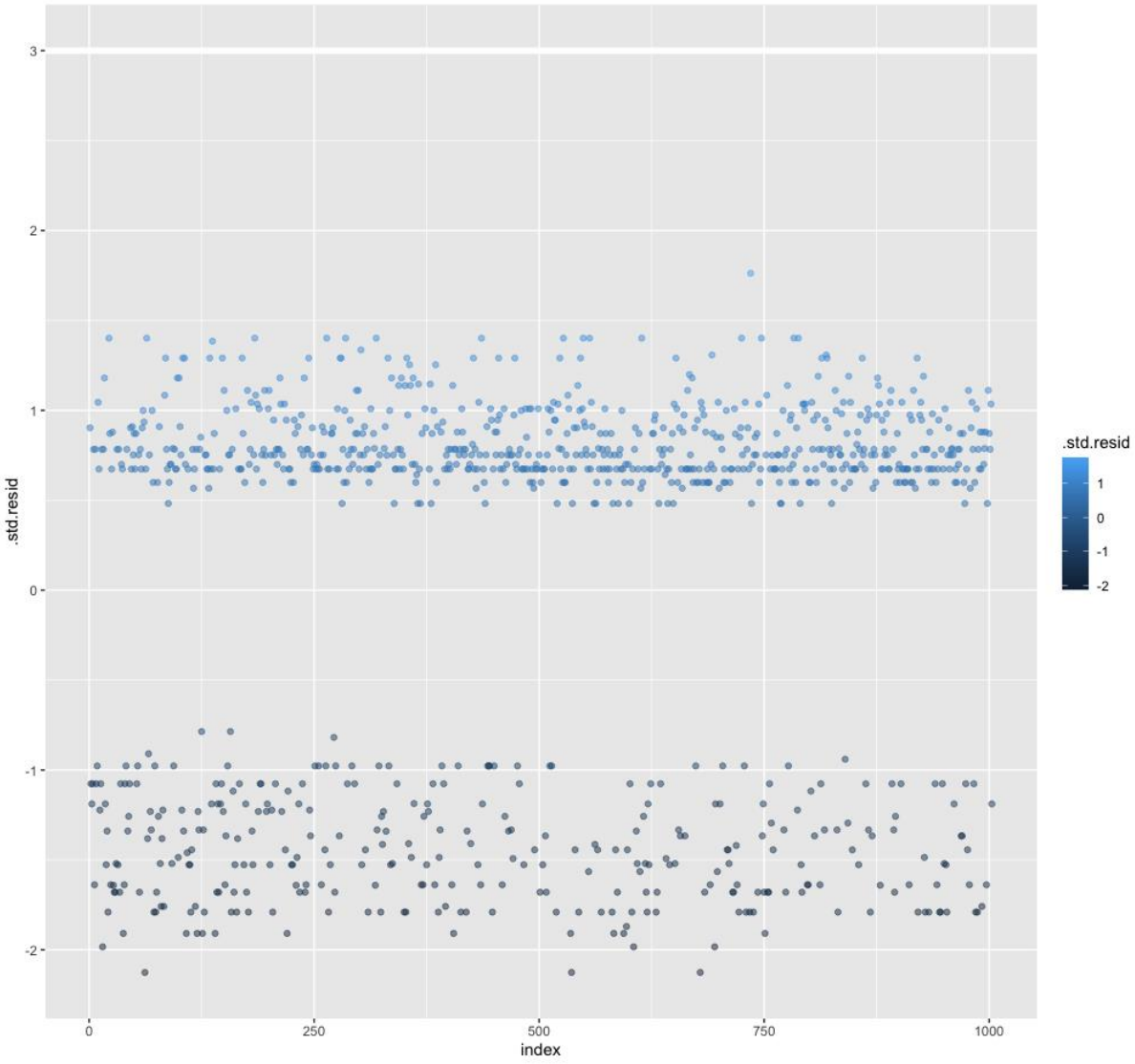
Philadelphia, PA

E-mail: Marisa.Cevasco@uphs.upenn.edu

Supplementary Table 1 - Example of choice experiment shown to participants

You are experiencing chest pain. In which of these two situations are you MORE LIKELY to go to the emergency room? Please choose one		
Feature	**Scenario 1**	**Scenario 2**
How bad is my chest pain?	Severe (crushing)	Severe (crushing)
What is the COVID-19 census in the emergency room?	One in ten patients (10%) is COVID-19 positive	One in four patients (25%) is COVID positive
Your risk of becoming severely ill or dying from COVID-19?	Low (1%)	High (>10%)
You live with people who are elderly or who have medical condition that place them at high risk of becoming severely ill or dying from COVID-19	Yes	No

Supplementary Figure 1 - Normalized mean residuals for regression model



This shows that there are normalized mean residuals beyond three standard deviations of the mean (zero).