1. Has a healthcare provider* ever told you that you have, or likely had, COVID-19 (Coronavirus)?

1 ❑ Yes 0 ❑ No

** Note: healthcare provider means a doctor, nurse practitioner, physician assistant, or anyone you go to for medical care.*

2. Which of the following symptoms have you had at any point in time since January 2020? (*Mark all that apply*)

1 ❑ Fever or chills
2 ❑ Cough
3 ❑ Shortness of breath
4 ❑ Sore throat
5 ❑ Headache
6 ❑ Muscle or body aches
7 ❑ Runny nose
8 ❑ Fatigue or excessive sleepiness
9 ❑ Diarrhea, nausea, or vomiting
10 ❑ Loss of sense of smell or taste
11 ❑ Red eyes
12 ❑ Other [list:] _____
0 ❑ No symptoms…*Go to Question 3.*

If any symptom(s) is/are checked

2a. In which month did your symptom(s) first appear?

1, January 2020 2, February 2020 3, March 2020 4, April 2020 5, May 2020 6, June 2020 7, July 2020 8, August 2020 9, September 2020 10, October 2020 11, November 2020 12, December 2020

2b. In which month were they most severe?

1, January 2020 2, February 2020 3, March 2020 4, April 2020 5, May 2020 6, June 2020 7, July 2020 8, August 2020 9, September 2020 10, October 2020 11, November 2020 12, December 2020

2c. Which of the following occurred as a result of your symptoms: (*Mark all that apply*)

1 ❑ I was kept overnight in a hospital because a healthcare provider thought I had COVID-19.
2 ❑ I saw a healthcare provider in person, such as in a clinic, doctor's office, urgent care, or Emergency Room (ER)/Emergency Department (ED).
3 ❑ I spoke to a healthcare provider over the phone, by email, or online.
4 ❑ I self-isolated or quarantined at home.
0 ❑ None of the above

2d. Were you specifically told to self-isolate or quarantine by a healthcare provider?

1 ❑yes 0 ❑no

2e. Did a healthcare provider ever tell someone else in your household to self-isolate or quarantine?

1 ❑yes 0 ❑no

2f. Did you take time off work because of your symptoms?

0 ❑Not applicable, I was not working at the time

1 ❑Yes

2 ❑No

If yes,

How many days did you take off work? _____

2g. Do you think your symptoms were a result of exposure to COVID-19 at work?

1 ❑Yes

0 ❑No

3. Have you had the nose swab test to see if you were carrying the coronavirus (COVID-19)? (*Please select one*)

1 ❑ No, I never tried to get tested

2 ❑ No, I tried to get tested but was not able to

3 ❑ Yes, I was tested

If yes, What was the result of your test?

If tested more than once, check all that apply

3a. I am waiting for the results

3b The test showed that I <u>did not</u> have it ("negative" test)

3c The test showed that I <u>did</u> have it ("positive" test)

If yes,

Did your employer require you to get this testing?

1 ❑Yes

0 ❑No

Did your employer provide you with this testing?

1 ❑Yes

0 ❑No

4. Have you had a blood test to see whether you already had the coronavirus (COVID-19) ("serology" or "antibody test")? (*Please select one*)

1 ❑ No, I never tried to get tested

2 ❑ No, I tried to get tested but was not able to

3 ❑ Yes, I have been tested (*mark all that apply*)

If yes, What was the result of your test?

If tested more than once, check all that apply

3a.❑ I am waiting for the results

3b. ❑ According to the test I <u>did not</u> have it ("negative" test)

3c. ❑ According to the test I <u>did</u> have it ("positive" test)

If yes,

Did your employer require you to get this testing?

1 ❑Yes

0 ❑No

Did your employer provide you with this testing?

1 ❑Yes

0 ❑No

5. How many people are living in your household? (*count yourself as 1*) __
   a. How many children in your household are 4 years or younger? __
   b. How many children in your household are 5-11 years old? __
   c. How many people in your household are 12-17 years old? __
   d. How many people in your household are 18-59 years old? __
   e. How many people in your household are 60 years or older? __

   if a, b, c or d >1, Have any of your family members (or others in your home), sheltered at home? **Shelter at home means staying at home, and only going out for recreation alone or with other household members or essential activities like shopping, going to the pharmacy, etc* alone or with other household members.

   1 ❑ Yes 0 ❑ No

   if yes, in which months of 2020?
   1, January 2, February 3, March 4, April 5, May 6, June 7, July
   8, August 9, September 10, October 11, November 12, December

   if yes, are they still sheltering right now?

   1 ❑ Yes 0 ❑ No

6. Has anyone else living in your home had, or probably had, COVID-19?

   1 ❑ Yes 0 ❑ No 2 ❑ I don't know

7. Do you know anyone who has died of COVID-19?

   1 ❑ Yes
      a. ***[If yes]*** If more than 1, how many? ___
      b. ***[If yes]*** How many relatives or friends? ___
   0 ❑ No

Contains items 1-7 from "Section A: COVID-19 (Coronavirus) Infection" from the full document "Survey for Workers"