Investigating and responding to COVID-19 cases in non-healthcare work settings

Considerations for state and local health departments

1. **Sample Non-Healthcare Worker Interview Questions related to COVID-19 Exposure**

This tool is intended to assist health departments in the assessment of non-healthcare worker exposures to COVID-19 for outbreak investigations or research studies.

Users are encouraged to select and customize the questions from this list that are most relevant to their needs, and to add questions as appropriate. These questions can be administered through personal interview (in-person or by telephone) or through a paper or online form.

Additional notes:

* It is not intended that all the questions included in this document will be used in any single investigation. Questions should be customized or selected to fit the situation.
* Although sections 4 and 5 are not specific to workplace exposures, they are included in case users would like examples of questions on these topics that may be useful in putting information collected on workplace exposures into the broader context of workers’ non-occupational exposures and informational and practical needs.
* Some of the occupational information included in Section 1 is also included in Appendix C—Data Elements for Case Investigation and Contact Tracing Forms within the document [Health Departments: Interim guidance on developing a COVID-19 case investigation & contact tracing plan](https://www.cdc.gov/coronavirus/2019-ncov/downloads/case-investigation-contact-tracing.pdf), so it may already be part of contact tracing forms.
* Some of the workplace exposure information included in Section 2 is also included in the [Interim Customizable Workplace Infection Control Assessment and Response tool (WICAR) — Coronavirus disease 2019 (COVID-19)](https://www.cdc.gov/coronavirus/2019-ncov/php/open-america/non-healthcare-work-settings.html#wicar-tool). If that tool (or something similar) has been used to assess the workplace, these questions will not be needed in the worker interview component of the investigation.

**Overview**

Section 1. Occupational Information

Section 2. Specific Workplace Exposures

Section 3. Alternative Format for PPE Questions

Section 4. Community Exposures

Section 5. Ability to Quarantine and Risk to Other Household Members

NOTE TO INTERVIEWER: The questions in Sections 1–4 refer to the 14 days before the date of first symptom onset. If asymptomatic or if the date of first symptom onset is unknown, the questions can refer to 14 days before the interviewee’s first positive test sample was collected. To guide these questions, record the following dates:

**Section 1. OCCUPATIONAL INFORMATION**

Date of first symptom onset or first positive test sample, whichever is earlier: MM / DD / YYYY

14 days before first symptom onset or first positive test, whichever is earlier: MM / DD / YYYY

Offer the interviewee a calendar to help them answer these questions. Explain that the following questions refer to the 14-day period between the two dates listed above.

1. During the 14-day period, did you work outside of your home?   
   *(Note: If there is a single workplace involved, this question can be changed to ask if the person worked at a specific facility.)*

Yes.  If yes, continue

No.  If no, skip to the “Community exposures” section.

1. If you were employed at any time during the 14-day period, when was the last day you worked outside your home?

(MM/DD/YYYY) \_\_\_\_\_\_\_\_\_\_\_\_

If you had multiple jobs, the next few questions refer to your main job outside your home. (Additional jobs are covered in question 20.)

1. During the 14-day period, what kind of work did you do?   
   (for example, janitor, cashier, auto mechanic)

1. During the 14-day period, what kind of business or industry did you work in?   
   (for example, elementary school, clothing manufacturing, restaurant)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. During the 14-day period, what was the name of your employer or business?

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. During the 14-day period, which of the following best describes you?   
   *(Note: If information about a specific workplace is known before the interviews, this question may be omitted, or answer choices can be adapted.)*

I am a regular, permanent employee, paid by the company I work for (standard work arrangement)

I am paid by a temporary agency

I am paid by a contractor

I am a self-employed business owner

I work as an independent contractor, independent consultant, or freelance worker

I work in some other work arrangement, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. During the 14-day period, approximately how many people worked at this location?

1 employee (just you)

2-9 employees

10-24 employees

25-49 employees

 50-99 employees

 100-249 employees

 250-499 employees

 500-999 employees

 1000 employees or more

 Don't know

1. During the 14-day period, which shift did you work?   
   *(Note: If information about a specific workplace is known before the interviews, this question may be omitted, or answer choices can be adapted. For example, shifts may be referred to as A, B, C, or shift 1, 2, 3.)*

Regular daytime schedule (e.g., first shift)

Regular evening shift (e.g., second shift)

Regular night shift (e.g., third or overnight shift)

Rotating shift (e.g., works on different shifts on different days)

Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. During the 14-day period, how many shifts did you work? \_\_\_\_\_\_\_\_
2. During the 14-day period, how many hours did you work each shift? \_\_\_\_\_\_\_\_
3. During the 14-day period, what type of transportation did you use to get to work?  
   (select all that apply)

Bus

Rideshare (e.g., Uber/Lyft)/taxi

Private car

Train/subway

Carpool/van

Walk/bike

Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Don’t know

12. If you shared a ride either in a bus, train/subway, car, or other type vehicle,

a) Were you able to physically distance yourself from others in the same vehicle by at least 6 feet?

Yes

No

b) Did you wear a cloth face covering that covered your nose and mouth?

Yes

No

c) Did everyone else in the vehicle wear a cloth face covering or face mask that covered their nose and mouth?

Yes

No

1. During the 14-day period, what was your job title?  
   *(Note: this question can be a free text field, or a list can be customized depending on job titles at a specific facility; this question is more specific than question 3, which asks about type of work [i.e., occupation].)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. During the 14-day period, what department were you assigned to? (select all that apply)

*(Note: If information about a specific workplace is known before the interviews, this question may be omitted, or answer choices can be customized depending on the facility.)*

Reception area

Production area

Break area

1. During the 14-day period, what areas of the facility did you spend most of your time in? (select all that apply)

*(Note: This list should be customized depending on the facility; the following are examples.)*

Harvest (could also be referred to as hot)

Fabrication (could also be referred to as cold)

Administrative office

Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. During the 14-day period, how often did you wear a cloth face covering or face mask (for example, a surgical mask) while at work for the purposes of source control (to contain your respiratory secretions) not as personal protective equipment?

Always

Sometimes

Rarely

Never

Don’t know

1. During the 14-day period, how often was everyone else in the facility (e.g., co-workers, customers/clients, visitors) wearing a cloth face covering or face mask (for example, a surgical mask) while at work?

Always

Sometimes

Rarely

Never

Don’t know

1. During the 14-day period, did you use any personal protective equipment (PPE)?   
   *(Note: If information about a specific workplace is known before the interviews, the types of PPE included here can be adapted. Images of the PPE used at the workplace might be helpful.)*

Yes

No

1. Why did you use PPE?

For protection from a pre-COVID-19 pandemic workplace chemical, particulate, or biological hazard

For protection from COVID-19

| **Did you use…?** | **If yes, how often did you use this type of PPE?** |
| --- | --- |
| Gloves:  Yes  No  Don’t know  If yes, what kind?  *(Note: If information about a specific workplace is known before the interviews, the types of PPE included here can be adapted.)*  Material (e.g., nitrile) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Purpose (e.g., cut resistant) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Always  Sometimes  Rarely  Never  Don’t know |
| Goggles/safety glasses  Yes  No  Don’t know | Always  Sometimes  Rarely  Never  Don’t know |
| Face shield  Yes  No  Don’t know | Always  Sometimes  Rarely  Never  Don’t know |
| Respirator  Yes  No  Don’t know  If yes, what kind?  *(Note: an infographic with pictures of different types of respiratory protection can be found at* [*https://www.cdc.gov/niosh/npptl/pdfs/RespProtectionTypes-508.pdf*](https://www.cdc.gov/niosh/npptl/pdfs/RespProtectionTypes-508.pdf)*)*  Disposable Filtering Facepiece Respirator (e.g., N95, P100, etc.)  Elastomeric Half Facepiece Respirator (reusable with changeable cartridges)   Elastomeric Full Facepiece Respirator (reusable with changeable cartridges)   Powered-Air Purifying Respirator or PAPR  If yes, did you receive training on how to use respirators properly?  Yes  No  Don’t know  If you used a disposable respirator, were you required to re-use it?  Yes  No  Don’t know  If a disposable respirator was re-used, was it decontaminated first?  Yes, specify method \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No  Don’t know | Always  Sometimes  Rarely  Never  Don’t know |
| Smock/Coveralls/Other type of body covering   Yes  No  Don’t know  If yes, what type? (select all that apply)  Tyvek or equivalent   Cloth (washable)   Disposable | Always  Sometimes  Rarely  Never  Don’t know |
| Do you wear any other PPE while at work?  Yes  No  Don’t know  If yes, please specify: | Always  Sometimes  Rarely  Never  Don’t know |

20. During the 14-day period, did you work at any other jobs?

Yes

No

Don’t know

If yes,

20a. what kind of work did you do? Please list for all other jobs.  
(for example, registered nurse, janitor, cashier, auto mechanic) Please list for all other jobs.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

20b. what kind of business or industry did you work in? Please list for all other jobs.  
(for example, hospital, elementary school, clothing manufacturing, restaurant)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 2. SPECIFIC WORKPLACE EXPOSURES**

NOTE TO INTERVIEWER: For the following questions, close contact means being 6 feet (or 2 meters) or closer for at least 15 minutes. Six feet (2 meters) is about the length of a twin or full-size mattress.

1. During the 14-day period, did you have close contact with a person or persons who were visibly ill (or had probable or confirmed COVID-19) at your workplace?

*(Note: Consider adding definition/symptoms for ‘visibly ill’)*

Yes

No  If no, skip to the “Community exposures” section.

Don’t know

If yes,

1a. What was the first day you had close contact with a person who was visibly ill (or had probable or confirmed COVID-19)?

(MM/DD/YYYY) \_\_\_\_\_\_\_\_\_\_\_\_

1b. What was the last day you had close contact a person who was visibly ill (or had probable or confirmed COVID-19)?

(MM/DD/YYYY) \_\_\_\_\_\_\_\_\_\_\_\_

1c. Where in the workplace did you have close contact with a person or persons who were visibly ill (or had probable or confirmed COVID-19)? (select all that apply)   
*(Note: Answer choices can be customized depending on the facility.)*

When entering or exiting your workplace

In a locker room or restroom

In the production area

In break areas or cafeteria

In an on-site occupational health clinic

Getting to or from work

In another location (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1d. When you had close contact with a person or persons who were visibly ill (or had probable or confirmed COVID-19) at the workplace, was that person’s/those persons’ nose and mouth covered with a cloth face covering or a face mask?

Always

Sometimes

Rarely

Never

Don’t know

1. Duringthe 14-day period, were any of the following done at your workplace**?**

*(Notes: This list can be customized depending on work setting; These questions do not need to be included in worker interviews if a workplace assessment has been performed.)*

|  |  |
| --- | --- |
| All employees were screened before entering the workplace | Yes  No  Don’t know  If yes, was it for all or some of the 14 days?  All  Some  Don’t know |
| Work practices made it possible to remain 6 feet (2 meters) away from other people | Yes  No  Don’t know  If yes, was it for all or some of the 14 days?  All  Some  Don’t know |
| Barriers were in place between workstations | Yes  No  Don’t know  If yes, type:  If yes, was it for all or some of the 14 days?  All  Some  Don’t know |
| Workers were using personal cooling fans | Yes  No  Don’t know  If yes, was it for all or some of the 14 days?  All  Some  Don’t know |
| It was possible to remain 6 feet (2 meters) away from other people in non-work areas, including:  Entrances and exits  Clock in/out areas  Uniform/equipment pickup areas  Break areas  Dining area/cafeteria  Locker rooms  Restrooms | Yes  No  Don’t know  If yes, was it for all or some of the 14 days?  All  Some  Don’t know  Yes  No  Don’t know  If yes, was it for all or some of the 14 days?  All  Some  Don’t know  Yes  No  Don’t know  If yes, was it for all or some of the 14 days?  All  Some  Don’t know  Yes  No  Don’t know  If yes, was it for all or some of the 14 days?  All  Some  Don’t know  Yes  No  Don’t know  If yes, was it for all or some of the 14 days?  All  Some  Don’t know  Yes  No  Don’t know  If yes, was it for all or some of the 14 days?  All  Some  Don’t know  Yes  No  Don’t know  If yes, was it for all or some of the 14 days?  All  Some  Don’t know |
| Hand cleaning supplies (soap and clean water or alcohol-based hand sanitizer) were available in convenient locations | Yes  No  Don’t know  If yes, was it for all or some of the 14 days?  All  Some  Don’t know |
| Leave policies made it possible to stay home when ill | Yes  No  Don’t know  If yes, was it for all or some of the 14 days?  All  Some  Don’t know |

1. Was training and communication provided at work on the following topics?

*(Notes: This list can be customized depending on work setting; These questions do not need to be included in worker interviews if a workplace assessment has been performed.)*

|  |  |
| --- | --- |
| Signs and symptoms of COVID-19 | Yes  No  Don’t know |
| How COVID-19 is spread | Yes  No  Don’t know |
| What to do if you are sick before or at work | Yes  No  Don’t know |
| Hand hygiene | Yes  No  Don’t know |
| How to protect yourself from COVID-19 infection at work | Yes  No  Don’t know |
| How to protect yourself from COVID-19 infection outside of work | Yes  No  Don’t know |
| How to maintain social distancing (maintaining distance of at least 6 feet between co-workers, customers, etc.) at work | Yes  No  Don’t know |
| How to safely put on and take off personal protective equipment (PPE) | Yes  No  Don’t know |
| How to safely put on and take face coverings | Yes  No  Don’t know |
| Sick leave policy | Yes  No  Don’t know |

**Section 3. ALTERNATIVE FORMAT FOR PPE QUESTIONS**

Was any personal protective equipment (PPE) or other type of personal barrier used for any work activities/tasks?

Yes  No  Unknown

| **PPE/Barrier Type** | **Task1 (T1):**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Task2 (T2):**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Task3 (T3):**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **For each task, did the use of PPE/Barrier change due to COVID-19?** |
| --- | --- | --- | --- | --- |
| Disposable gloves | Used in task?   Yes   No | Used in task?   Yes   No | Used in task?   Yes   No | T1 T2 T3 No change, this was already routinely   used and remained available  T1 T2 T3 Yes, this was added due to COVID-19  T1 T2 T3 Yes, this was in routine use before, but  availability decreased due to COVID-19 |
| Surgical/face mask; describe: | Used in task?   Yes   No | Used in task?   Yes   No | Used in task?   Yes   No | T1 T2 T3 No change, this was already routinely  used and remained available  T1 T2 T3 Yes, this was added due to COVID-19  T1 T2 T3 Yes, this was in routine use before, but  availability decreased due to COVID-19 |
| Goggles/safety glasses; describe: | Used in task?   Yes   No | Used in task?   Yes   No | Used in task?   Yes   No | T1 T2 T3 No change, this was already routinely   used and remained available  T1 T2 T3 Yes, this was added due to COVID-19  T1 T2 T3 Yes, this was in routine use before, but  availability decreased due to COVID-19 |
| Face shield | Used in task?   Yes   No | Used in task?   Yes   No | Used in task?   Yes   No | T1 T2 T3 No change, this was already routinely  used and remained available  T1 T2 T3 Yes, this was added due to COVID-19  T1 T2 T3 Yes, this was in routine use before, but  availability decreased due to COVID-19 |
| Respirator\*   disposable filtering face piece, e.g., N95;   elastomeric half face,   elastomeric full face,   PAPR  Was this the same type (model/size) the worker was fit tested on? (does not apply to PAPR)  yes,  no | Used in task?   Yes   No | Used in task?   Yes   No | Used in task?   Yes   No | T1 T2 T3 No change, this was already routinely  used and remained available  T1 T2 T3 Yes, this was added due to COVID-19  T1 T2 T3 Yes, this was in routine use before, but  availability decreased due to COVID-19 |
| Gown / Coveralls   Check if:   Cloth (washable)   Disposable) | Used in task?   Yes   No | Used in task?   Yes   No | Used in task?   Yes   No | T1 T2 T3 No change, this was already routinely  used and remained available  T1 T2 T3 Yes, this was added due to COVID-19  T1 T2 T3 Yes, this was in routine use before, but  availability decreased due to COVID-19 |
| Other, specify: | Used in task?   Yes   No | Used in task?   Yes   No | Used in task?   Yes   No | T1 T2 T3 No change, this was already routinely   used and remained available  T1 T2 T3 Yes, this was added due to COVID-19  T1 T2 T3 Yes, this was in routine use before, but  availability decreased due to COVID-19 |

\*Illustrations of different types of respirators are available at <https://www.cdc.gov/niosh/npptl/pdfs/RespProtectionTypes-508.pdf>

**Section 4. COMMUNITY EXPOSURES**

NOTE TO INTERVIEWER: Questions from this section would only be used if this information is unavailable from a case report form or other available records.

For the following questions, close contact is being 6 feet (or 2 meters) or closer for at least 15 minutes. Six feet (2 meters) is about the length of a twin or full-size mattress.

1. During the 14-day period, did you…

|  |  |
| --- | --- |
| **Exposure** | **Answer** |
| …attend a gathering of >50 people (e.g., religious event, wedding, party, dance, concert, banquet, festival, sports event, funeral, or other event)? | Yes  No  Don’t know |
| …attend a gathering of >10 but ≤50 people (e.g., religious event, wedding, party, funeral, or other event)? | Yes  No  Don’t know |
| …use public or shared transportation (bus, train, airplane, Uber/Lyft, taxi, carpooling) *to get to and from places other than work?* | Yes  No  Don’t know |
| … go to school or daycare in-person? | Yes  No  Don’t know |
| …have a household member who went to school or daycare in-person? | Yes  No  Don’t know |
| …have close contact with a sick person who had close contact with a COVID-19 patient (i.e., secondary contact with a person with confirmed COVID-19)? | Yes  No  Don’t know |
| …have close contact with a person who had traveled in the previous 2 weeks? | Yes  No  Don’t know  If yes, where did the contact travel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. During the 14-day period, did you have close contact with a person or persons who were visibly ill (or had probable or confirmed COVID-19) outside of the workplace?

Yes

No

Don’t know

If yes,

2a. When was the first day you had close contact with a person or persons who were visibly ill (or had probable or confirmed COVID-19)?

(MM/DD/YYYY) \_\_\_\_\_\_\_\_\_\_\_\_

2b. When was the last day you had close contact with a person or persons who were visibly ill (or had probable or confirmed COVID-19)?

(MM/DD/YYYY) \_\_\_\_\_\_\_\_\_\_\_\_

2c. How do you know this person(s)? (select all that apply)

Household member/intimate partner  Family (who does not live with you)

Friend (non-household member)  Co-worker   
 Contact only – no relationship

Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2d. Where did you have close contact with this person(s)? (select all that apply)

Household  Daycare

School/University  Public Transportation/Rideshare/Carpooling

Hotel  Healthcare setting

Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. During the 14-day period, did you travel away from home (out of the county, state, or country)?

Yes—domestic travel

Where did you go? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you get there?

Airplane  Train  Bus  Private car  Taxi/Rideshare

Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes—international travel, specify destination(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where did you go? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you get there?

Airplane  Train  Bus  Private car  Taxi/Rideshare

Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No

Don’t know

1. What was your living situation?

Lived in my own home/apartment in the same community as the facility in which I work

Lived in my own home/apartment in another community

Lived in temporary housing while I was working

Did not have any reliable housing during this time

Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How many other people lived with you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What type of housing (select one) did you live in?

Apartment

Trailer

House

Hotel

Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Was your housing provided by the employer?

Yes

No

1. How many bedrooms were there in your home? \_\_\_\_\_\_\_
2. How many bathrooms were there in your home? \_\_\_\_\_\_\_
3. If other persons lived in the household, did they work outside of the home?

Yes

No

1. If yes, where did they work (select all that apply)?

Same place as you

Long-term care facility

Hospital

Other healthcare setting (including home health care)

School

Day care

Corrections facility

Food processing facility

Other type of factory or warehouse

Farming

Retail (store)

Mobile job (e.g., driver, package deliverer)

Other (please specify\_\_\_\_\_\_\_)

**Section 5. ABILITY TO QUARANTINE AND RISK TO OTHER HOUSEHOLD MEMBERS**

1. What is the age of the eldest person in your household? \_\_\_\_\_\_\_\_ (years)
2. What is the age of the youngest person in your household? \_\_\_\_\_\_\_\_
3. Are there any people living in your household with any of the following health conditions? (check all that apply)

Diabetes

Obesity

Heart disease

Chronic respiratory disease (e.g., asthma, COPD, emphysema)

Cancer

Kidney disease

Pregnancy

Other chronic health condition

4. Are you able to maintain at least 6 feet of distance from other persons in the home?

Yes

No

1. If you were given the option of isolating yourself outside of the home to prevent transmission to other members of the household, would you take that option?

Yes

No

If no, why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What would make it possible to allow you to isolate in a location outside the home?

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