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 knowIf 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 knowIf 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 PAPRIf yes, did you receive training on how to use respirators properly?[ ]  Yes[ ]  No[ ]  Don’t knowIf you used a disposable respirator, were you required to re-use it?[ ]  Yes[ ]  No[ ]  Don’t knowIf 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 knowIf 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 knowIf 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 knowIf 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 knowIf 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 knowIf 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 knowIf 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 exitsClock in/out areasUniform/equipment pickup areasBreak areasDining area/cafeteriaLocker roomsRestrooms | [ ]  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 knowIf yes, was it for all or some of the 14 days? [ ]  All [ ]  Some [ ]  Don’t know[ ]  Yes [ ]  No [ ]  Don’t knowIf yes, was it for all or some of the 14 days? [ ]  All [ ]  Some [ ]  Don’t know[ ]  Yes [ ]  No [ ]  Don’t knowIf yes, was it for all or some of the 14 days? [ ]  All [ ]  Some [ ]  Don’t know[ ]  Yes [ ]  No [ ]  Don’t knowIf yes, was it for all or some of the 14 days? [ ]  All [ ]  Some [ ]  Don’t know[ ]  Yes [ ]  No [ ]  Don’t knowIf yes, was it for all or some of the 14 days? [ ]  All [ ]  Some [ ]  Don’t know[ ]  Yes [ ]  No [ ]  Don’t knowIf 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 knowIf 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 knowIf 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 knowIf 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?

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