

Additional daily questions for healthcare workers, who currently treats patients shown on repeat use.

Q (select one): In the last day, have you interacted with any patients in person?

1. No
2. Yes

If yes,

Q (select one): In the last day, did you treat patients in person with documented or presumed COVID-19 infection? Please check all that apply.

1. Yes, documented COVID-19 cases only
2. Yes, suspected COVID-19 cases only
3. Yes, both documented and suspected COVID-19 cases
4. Not that I know of

Q (select one): In the last day, did you use personal protective equipment (PPE) at work? *Depending on your specific work requirements, PPE might include gloves, masks, face shields, etc.

1. Always
2. Sometimes
3. Never

If "Always" show:

Q (select one): Choose one of the options:

1. I had all the PPE I need for work
2. I had to reuse PPE because of a shortage

If "Sometimes" show:

Q (select one): Choose one of the options:

1. I haven't always needed to use PPE all the time, but had enough when I did
2. I would have used PPE all the time, but I haven't had enough
3. I've had to reuse PPE because of a shortage

If "Never" show:

Q (select one): Choose one of the options:

1. I haven't needed PPE
2. I needed PPE, but it was not available

Additional question about participation in future research studies

Q. (select one): Are you interested in being contacted to learn about additional studies related to COVID-19 or use of this app?

1. Yes
2. No