COVID-19 Related exposure and use of PPE

1. (select one): Are you a healthcare professional?
   1. No
   2. Yes, currently treat patients
   3. Yes, do not currently treat patients

*If "yes" show Q.2.*

2. (multi-select): Since the COVID-19 epidemic began, have you physically worked in? (check all that apply)
   1. Hospital inpatient
   2. Hospital outpatient
   3. Clinic outside a hospital
   4. Nursing home or group care facility
   5. Home health
   6. School clinic
   7. Other health care facility

3. (select one): Have you EVER interacted in person with patients with documented or presumed COVID-19 infection? (check all that apply)
   1. No
   2. Yes, documented COVID-19 cases
   3. Yes, presumed COVID-19 cases
   4. Not that I know of

4. (select one): Since the COVID-19 epidemic began, have you used 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.5:*

5. (choose one): Choose one of the option?
   1. I have had all the PPE I need for work
2. I had to reuse PPE because of shortage

*If "sometime" show Q.6.*:

6. (choose one): (Check all that apply)
   1. I haven’t always needed to use PPE, but have 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 shortage

*If "never" show Q.7.*:

7. (choose one): Choose one of the options
   1. I haven’t needed PPE
   2. I needed PPE, but it was not available

8. (multi-select): Have you EVER been exposed to someone with documented or presumed COVID-19 infection (such as co-workers, family members, or others)? Please check all that apply.
   1. Yes, documented COVID-19 case
   2. Yes, presumed COVID-19 cases
   3. Not that I know of