

COVID – 19 Use of Personal Protective Equipment

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

1. (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
2. Yes, presumed COVID-19 cases
3. Not that I know of Q (select one):

2. (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. All the time
2. Some of the time
3. None of the time

If "All of the time" show Q 3.:

3. (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 "Some of the time" show Q. 4.:

4. (select one): Choose one of the options:

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

If "None of the time " show Q.5.:

5. (select one): Choose one of the options:

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