IV. COVID – Work Impacts
1. **What was your employment status at the time that you developed COVID illness?** (check one) [employ]
   1. Employed part-time
   2. Employed full-time
   3. On leave
   4. Unemployed
   5. None apply

   **If 1 or 2 or 3, then:**
   1.1 **Did you take time off of work as a result of your COVID illness?** (check one) [employ_time_off]
      1. Yes
      0. No

      **If yes, then:**
      1.1.1 **How many days taken off work?** (number) [employ_time_off_days]

      **If 1, then:**
      1.1.2 **Did you lose income when you were not able to work?** (check one) [employ_income_loss]
      1. Yes
      0. No
      999. Unsure