1. What is your biological sex assigned at birth?
   0  Male
   1  Female
   2  Prefer not to answer

2. What was your date of birth?
   ______ / ______ / ______
   mm  dd  yyyy

3. Are you of Hispanic, Latinx, or Spanish origin?
   1  Yes (Mark all that apply)
      1  Mexican, Mexican American, Chicano
      2  Puerto Rican
      3  Cuban
      4  Other (e.g., Guatemalan, Honduran, Argentinean, Colombian, Dominican, Nicaraguan,
         Salvadoran, Spaniard). Specify __________________________
      5  I don’t know
   0  No
   2  I prefer not to answer
   3  I don’t know

4. What is your race? (Mark all that apply)
   1  White (of European or Middle Eastern descent)
   2  Black, African American
   3  Native or indigenous to U.S. lands
      1  Alaska
      2  The 48 contiguous U.S. States
      3  Hawaii
      4  Samoa, Guam or Chamorro
      5  Other Pacific Island, specify: ____________
   4  Asian
      1  Asian Indian
      2  Chinese
      3  Filipino
      4  Japanese
      5  Korean
      6  Vietnamese
      7  Other Asian (e.g., Pakistani, Cambodian, Thai, and Hmong)
         Specify: __________________________
   5  Other, Specify: __________________________
   6  I prefer not to answer
   7  I don’t know
5. Have you ever been diagnosed with any of the following? (Mark all that apply)

1. ☐ Asthma
2. ☐ Type 1 Diabetes
3. ☐ Type 2 Diabetes
4. ☐ Heart disease
5. ☐ Stroke
6. ☐ Osteoporosis
7. ☐ High Blood Pressure (hypertension)
8. ☐ Lung disease (not including asthma or lung cancer) for example emphysema, or COPD (chronic obstructive pulmonary disease)
9. ☐ Cancer
10. ☐ Mood and/or anxiety disorder
11. ☐ Alzheimer’s disease or Dementia
12. ☐ Kidney disease
13. ☐ Obesity
14. ☐ Other [specify:] __________________________________________
15. ☐ None

6. What is the highest grade or level of school you have completed or the highest degree you have received?

1. ☐ 8th Grade or less
2. ☐ Some high school, no degree
3. ☐ Graduated from high school or have GED or equivalent
4. ☐ Associate Degree or Some College
5. ☐ Bachelor’s Degree
6. ☐ Master’s, Professional or Doctoral Degree
7. ☐ I prefer not to answer

7. Where do you live?
   a. County _______________
   b. State (drop down) ______________________

c. What is your zip code__________________

8. Are you willing to be contacted in the future for follow-up so that we can learn about the longer-term consequences of COVID-19 for workers and their families?

   1. ☐ Yes
   2. ☐ Maybe
   3. ☐ No

   a. [If ‘Yes’ or ‘Maybe’] Please provide your contact information

      e-mail address: ___________________________________

      telephone number: (_ _ _) _ _ _ - _ _ _ _

   b. [If ‘Yes’ or ‘Maybe’] How do you prefer to be contacted?

      1. ☐ e-mail
      2. ☐ text
      3. ☐ telephone call
      4. ☐ mail: please provide your address below

   If, selected 4
   Home address: Street: __________________________________________

   City: _______________________________________

   State (dropdown): ___________________________

   1, Alabama 2, Alaska 3, Arizona 4, Arkansas 5, California 6, Colorado 7, Connecticut
   8, Delaware 9, District of Columbia 10, Florida 11, Georgia 12, Hawaii 13, Idaho
   14, Illinois 15, Indiana 16, Iowa 17, Kansas 18, Kentucky 19, Louisiana 20, Maine
   21, Maryland 22, Massachusetts 23, Michigan 24, Minnesota 25, Mississippi
   26, Missouri 27, Montana 28, Nebraska 29, Nevada 30, New Hampshire 31, New Jersey
   32, New Mexico 33, New York 34, North Carolina 35, North Dakota 36, Ohio
   37, Oklahoma 38, Oregon 39, Pennsylvania 40, Rhode Island 41, South Carolina
   42, South Dakota 43, Tennessee 44, Texas 45, Utah 46, Vermont 47, Virginia
   48, Washington 49, West Virginia 50, Wisconsin 51, Wyoming
   52, Other (specify ____________)

      Zip code:__________________

9.  OPTIONAL: What is your full name?

   a. First: __________
   b. Middle (if none, leave blank): __________
   c. Last: __________

10. Is there anything else you would like to tell us? _________________________________________

_____________________________________

Contains items 47-56 from "Section C: Demographics" and was renumbered from the full document "Survey for Workers"