

## **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 options?

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