

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) _____

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 _____)

c. What is your zip code _____

d. Please name an intersection (2 streets that connect) that is within a 5 to 10 minute walk from your home?

_____ street name #1

_____ street name #2

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

0 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"