

6. What type of work did you do? (Mark up to 2 that best describe the type of work you do)

- 0 Self-employed
- 1 Agriculture
- 2 Manufacturing, whole sale, distribution
- 3 Communication, electric, gas and sanitary/waste services
- 4 Transportation of people
- 5 Transportation of goods
- 6 Finance, insurance or real estate
- 7 Supermarket or grocery store
- 8 Pharmacy
- 9 Building materials, mobile homes, hardware, garden, home furnishings, furniture, equipment
- 10 Retail: Department store or big box store (e.g., Costco, Walmart, Target)
- 11 Other retail
- 12 Restaurants, eating and drinking places (e.g., coffee shops, bars, breweries)
- 13 Construction
- 14 Scientific, technical
- 15 Education
- 16 Health or healthcare
- 17 Hotels, Hospitality
- 18 Private homes
- 19 Legal
- 20 Police & Fire
- 21 Services (not otherwise listed)
- 22 Entertainment, Recreation
- 23 Business & consultation
- 24 Government, Public Administration (other than finance)
- 25 Other Describe: _____
- 26 I prefer not to answer

7. What was your job? _____

REMINDER: Think about the period of February 1st – March 15th, 2020, when answering questions 8 and 9.

8. On a typical day during the time you were at work, how many people would you encounter within 6 feet?

- 1 1-4 2 5-10 3 11-20 4 21 or more 0 None

9. Did your employment fall into the category of essential services?

- 1 Yes
 0 No
 2 I'm not sure. Explain: _____

Answer the following questions thinking about the time *between the outbreak of COVID-19 and now.*

10. Did you lose your health insurance after the COVID-19 outbreak?

- 1 Yes, because I lost or left my job
 2 Yes, because my hours were reduced
 3 Yes, because my employer reduced the benefits available
 4 No, I did not lose my health insurance
 5 Other, describe _____

If selected 1, 2 or 3

10a. In what ways would you say the COVID-19 outbreak has affected your overall healthcare?
 (Mark all that apply)

- 0 Not applicable – I have not tried to access my health care provider since the COVID-19 outbreak
 1 I did not go to healthcare appointments because I was concerned about entering my healthcare provider's office
 2 My healthcare provider cancelled appointments
 3 My healthcare provider changed to phone or telemedicine/video appointments
 4 I did not attend needed healthcare appointments because of a loss of insurance
 5 My health care changed in other ways. Specify: _____
 6 My health care did not change

10b. In general, how distressed are you about **changes to your health care or health insurance** due to the COVID-19 outbreak?

- 1 Not at all
 2 Mildly
 3 Moderately
 4 Extremely

11. Between the outbreak of COVID-19 and now, in what ways has the COVID-19 outbreak affected your work status? (*Select one*)

1 I continued working for the same employer **with no changes to location or additional jobs**
[Complete 31-37 (same job)]

1a. Has this job put you at increased risk of getting COVID-19? 1.) yes 0.) no 2.) don't know 1b. Have your hours 1.) increased or 2.) decreased or 3.) stayed the same?

2 I continued working for the same employer **with no changes in hours or location, but added additional jobs**

[Complete 19-37 (new job) & (same job)]

2a. Have these jobs put you at increased risk of getting COVID-19? 1.) yes 0.) no 2.) don't know

3 I continued working for the same employer, but **my location of work moved**
[Complete 31-37 (same job)]

a.) Are you working from home 1 yes 0 no

b.) Are you working at another location (other than home) 1 yes 0 no

c.) Have your hours 1.) increased or 2.) decreased or 3.) stayed the same?

d.) Has this job put you at increased risk of getting COVID-19? 1.) yes 0.) no 2.) don't know

4 I **lost my job permanently and did not find another job**

[Complete 12-18 (lost job) then skip to 37 "other adults in household working"]

a. Date employment ended: $\frac{\quad}{\text{MM}} / \frac{\quad}{\text{DD}} / \frac{\quad}{\text{YYYY}}$

Warning! This date must be today or in the past

5 I **lost my job permanently and got another job**

[Complete 12-18 (lost job) & 19-30 (new job) then skip to #37]

a. Date employment ended: $\frac{\quad}{\text{MM}} / \frac{\quad}{\text{DD}} / \frac{\quad}{\text{YYYY}}$

Warning! This date must be today or in the past

b. Date new job started: $\frac{\quad}{\text{MM}} / \frac{\quad}{\text{DD}} / \frac{\quad}{\text{YYYY}}$

Warning! This date must be today or in the past

6 I **lost my job temporarily** (or was not told for how long), and **have not found another job**
[Complete 12-18 (lost job) then skip to 37 "other adults in household working"]

b. Date employment ended: $\frac{\quad}{\text{MM}} / \frac{\quad}{\text{DD}} / \frac{\quad}{\text{YYYY}}$

Warning! This date must be today or in the past

7 I *lost my job temporarily* (or was not told for how long) and **have taken another job** [Complete 12-18 (lost job) & 19-30 (new job) then skip to #37]

a. Date employment ended: _____ / _____ / _____
MM DD YYYY

Warning! This date must be today or in the past

b. Date new job started: _____ / _____ / _____
MM DD YYYY

Warning! This date must be today or in the past

8 *None of these apply* [Skip to #37 “other adults in household, working”]

Please answer Questions 12-18 about your lost job(s).

[Display if options 4, 5, 6 or 7 in Question 11 “lost job” are checked]

[Repeat for lost Job #1, Job #2]

12. As a result of losing your job or changes in your employment, did you apply for unemployment insurance?

1 Yes

a. *[If yes]* Did you qualify for unemployment insurance?

1 Yes

0 No

b. *[If yes]* Have you begun receiving unemployment benefit payments?

1 Yes

0 No

c. *[If yes]* Have you been offered a position that required putting yourself at risk for COVID-19 with no protection or with inadequate protection?

1 Yes

a. *[If yes]* Did you accept the position?

1 Yes

2 No

0 No

0 If no why,

1 I'm not eligible

2 I tried to apply but could not complete the application

3 Other, please describe _____

13. **After COVID-19 and before you lost your job**, did you use protective equipment in your job?

Check all that apply:

- | | |
|--|--|
| 1 <input type="checkbox"/> Surgical masks | 2 <input type="checkbox"/> N-95 masks or similar (N99, R95, etc.) |
| 3 <input type="checkbox"/> Cloth masks | 4 <input type="checkbox"/> Reusable respirators (elastomeric respirators or powered air purifying respirators) |
| 5 <input type="checkbox"/> Disposable face shields | 6 <input type="checkbox"/> Reusable face shields |
| 7 <input type="checkbox"/> Gloves | 8 <input type="checkbox"/> Footwear/boot covers |
| 9 <input type="checkbox"/> Protective head covers | 10 <input type="checkbox"/> Disposable fluid resistant aprons |
| 11 <input type="checkbox"/> Jumpsuit/protective coverall | 12 <input type="checkbox"/> Plastic gowns |

[If any of the protective equipment were checked, ask for each one checked]

a. Were these provided by your employer?

- 1 Yes 0 No

14. **After COVID-19 and before you lost your job**, had your employer: *(Mark all that apply)*

Response for how this has affected you.

- 1 Provided additional stations or supplies for washing or sanitizing hands
- 2 Physically distanced staff from each other or from patrons/clients
- 3 Added plastic/other physical barriers between workers and others
- 4 Required body temperature checks for employees before work
- 0 None of the above

15. **After COVID-19 and before you lost your job**, did your employer require you to wear a mask?

- 1 Yes 0 No

16. **After COVID-19 and before you lost your job**, did your employer require customers/other patrons to wear masks?

- 1 Yes 0 No

17. **After COVID-19 and before you lost your job**, had your employer: *(Mark all that apply)*

- 1 Required employees to re-use masks that are meant to be disposable
- 2 Provided you with masks previously worn by others
- 3 Started doing fit testing of employee respirators
- 4 Started de-contaminating disposable masks or respirators to make them last longer
- 5 Required rapid COVID-19 testing before work
- 0 None of the above

18. After COVID-19 and before you lost your job, on a typical day during the time you were at work, how many people would you encounter within 6 feet?

- 1 1-4
 2 5-10
 3 11-20
 4 21 or more
 0 None

Please answer Questions 19-30 about your new job(s).

[Display if options 2, 5 or 7, "new job" are checked]

[Repeat for new Job #1, Job #2]

19. How many new jobs do you currently have?

- 0 0, I do not have a new job
 1 1
 2 2
 3 >2

20. For your new job, are you represented by a union?

- 1 Yes
 a. *[If yes]* Name of the union:

 b. *[If yes]* Local # or chapter: _____
 0 No
 2 I do not know

21. What type of work do you do in your new job? (Mark up to 2 that best describe the type of work you do)

- 0 Self-employed
 1 Agriculture
 2 Manufacturing, whole sale, distribution
 3 Communication, electric, gas and sanitary/waste services
 4 Transportation of people
 5 Transportation of goods
 6 Finance, insurance or real estate
 7 Supermarket or grocery store
 8 Pharmacy
 9 Building materials, mobile homes, hardware, garden, home furnishings, furniture, equipment
 10 Retail: Department store or big box store (e.g., Costco, Walmart, Target)
 11 Other retail

- 12 Restaurants, eating and drinking places (e.g., coffee shops, bars, breweries)
- 13 Construction
- 14 Scientific, technical
- 15 Education
- 16 Health or healthcare
- 17 Hotels, Hospitality
- 18 Private homes
- 19 Legal
- 20 Police & Fire
- 21 Services (not otherwise listed)
- 22 Entertainment, Recreation
- 23 Business & consultation
- 24 Government, Public Administration (other than finance)
- 25 Other Describe: _____
- 26 I prefer not to answer

22. What is your new job? _____

23. Does your new employment fall into the category of essential services?

- 1 Yes
- 0 No
- 2 I'm not sure. Explain: _____

24. **Between the outbreak of COVID-19 and now, are you using protective equipment in your new job?** Check all that apply:

- | | |
|--|--|
| 1 <input type="checkbox"/> Surgical masks | 2 <input type="checkbox"/> N-95 masks or similar (N99, R95, etc.) |
| 3 <input type="checkbox"/> Cloth masks | 4 <input type="checkbox"/> Reusable respirators (elastomeric respirators or powered air purifying respirators) |
| 5 <input type="checkbox"/> Disposable face shields | 6 <input type="checkbox"/> Reusable face shields |
| 7 <input type="checkbox"/> Gloves | 8 <input type="checkbox"/> Footwear/boot covers |
| 9 <input type="checkbox"/> Protective head covers | 10 <input type="checkbox"/> Disposable fluid resistant aprons |
| 11 <input type="checkbox"/> Jumpsuit/protective coverall | 12 <input type="checkbox"/> Plastic gowns |

[If any of the protective equipment were checked, ask for each one checked]

a. Were these provided by your employer?

- 1 Yes 0 No

25. **Between the outbreak of COVID-19 and now in your new job, has your employer?** (Mark all that apply)

- 1 Provided additional stations or supplies for washing or sanitizing hands
- 2 Physically distanced staff from each other or from patrons/clients

- 3 Added plastic/other physical barriers between workers and others
 4 Required body temperature checks for employees before work
 0 None of the above

26. **Between the outbreak of COVID-19 and now**, has your employer require you to wear a mask **in your new job**?

- 1 Yes 0 No

27. **Between the outbreak of COVID-19 and now**, did your employer require customers/other patrons to wear masks **in your new job**?

- 1 Yes 0 No

28. **Between the outbreak of COVID-19 and now**, has your employer **in your new job**: *(Mark all that apply)*

- 1 Required employees to re-use masks that are meant to be disposable
 2 Provided you with masks previously worn by others
 3 Started doing fit testing of employee respirators
 4 Started de-contaminating disposable masks or respirators to make them last longer
 5 Required rapid COVID-19 testing before work
 0 None of the above

29. **Between the outbreak of COVID-19 and now**, **in your new job** has your employer provided mental health resources.

- 1 Yes 0 No

30. On a typical day during the time you are at work, how many people do you encounter within 6 feet **in your new job**?

- 1 1-4
 2 5-10
 3 11-20
 4 21 or more
 0 None

31. Did you enroll in a health insurance plan through this **new job**?

- 1 Yes, I did
 2 No, I didn't because it was too expensive
 3 No, I didn't because it was not offered
 4 No, I didn't because I was not eligible
 5 No, I didn't because I was covered under another job
 6 No, I was covered by health insurance of another family member

Please answer questions 32-38 for your current job; the same job you had before COVID.
[Display if options 1, 2 or 3, "same job" in Question 18 are checked]
[Repeat for new Job #1, Job #2]

32. Between the outbreak of COVID-19 and now, are you using protective equipment?

Check all that apply:

- | | |
|--|--|
| 1 <input type="checkbox"/> Surgical masks | 2 <input type="checkbox"/> N-95 masks or similar (N99, R95, etc.) |
| 3 <input type="checkbox"/> Cloth masks | 4 <input type="checkbox"/> Reusable respirators (elastomeric respirators or powered air purifying respirators) |
| 5 <input type="checkbox"/> Disposable face shields | 6 <input type="checkbox"/> Reusable face shields |
| 7 <input type="checkbox"/> Gloves | 8 <input type="checkbox"/> Footwear/boot covers |
| 9 <input type="checkbox"/> Protective head covers | 10 <input type="checkbox"/> Disposable fluid resistant aprons |
| 11 <input type="checkbox"/> Jumpsuit/protective coverall | 12 <input type="checkbox"/> Plastic gowns |

[If any of the protective equipment were checked, ask for each one checked]

a. Were these provided by your employer?

- 1 Yes 0 No

33. Between the outbreak of COVID-19 and now, has your employer? (Mark all that apply)

- 1 Provided additional stations or supplies for washing or sanitizing hands
 2 Physically distanced staff from each other or from patrons/clients
 3 Added plastic/other physical barriers between workers and others
 4 Required body temperature checks for employees before work
 0 None of the above

34. Between the outbreak of COVID-19 and now, has your employer required you to wear a mask?

- 1 Yes 0 No

35. Between the outbreak of COVID-19 and now, has your employer required customers/other patrons to wear masks?

- 1 Yes 0 No

36. Between the outbreak of COVID-19 and now, has your employer: (Mark all that apply)

- 1 Required employees to re-use masks that are meant to be disposable
 2 Provided you with masks previously worn by others
 3 Started doing fit testing of employee respirators
 4 Started de-contaminating disposable masks or respirators to make them last longer
 5 Required rapid COVID-19 testing before work
 0 None of the above

37. **Between the outbreak of COVID-19 and now**, has your employer provided mental health resources.

1 Yes 0 No

38. **Between the outbreak of COVID-19 and now**, on a typical day during the time you are at work, how many people do you encounter within 6 feet?

- 1 1-4
 2 5-10
 3 11-20
 4 21 or more
 0 None

39. Are there other adults in your household who were working prior to the outbreak of COVID-19?

1 Yes

a. *[If yes]* Would they like to participate in this survey?

1 Yes

a. *[If yes]* To link their survey with yours as one household, please provide their contact information. We will send them a specific link.

e-mail address: _____

telephone number: (____) ____ - ____

0 No

0 No

Healthcare Workers Only (REQUIRED)

[Display if "health or healthcare" is selected in 13 or 28]

6/21a. In what ways do you have contact with suspected or confirmed COVID-19 patients? *(Select all that apply)*

- 1 I am in direct physical contact or work within 6 feet of patients
 2 I work in or clean patients' rooms within 6 feet of patients
 3 I work in or clean patients' rooms, but more than 6 feet away
 4 I work on or sometimes visit the same floor/ward/department that patients are cared for
 5 I share work spaces (entrances, cafeteria, washrooms, locker-rooms, etc.) with other workers who work with/near COVID-19 patients
 6 I visit or have visited a patient at their home
 7 I work in a specialized COVID-19 unit
 8 Other, describe _____
 9 I don't know

6/21b. Were you at work in the 10 days prior to experiencing symptoms?

1 Yes

0 No

2 Not applicable, I did not have symptoms

Contains items 8-46, and 13/28a and 13/28b from "Section B: The Workplace" and was renumbered from the full document "Survey for Workers"