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| 1. **`INTERVIEWER INFORMATION** |
| 1. Date of interview and form completion: MM / DD / YYYY 2. Interviewer name Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **HEALTHCARE PERSONNEL (HCP) IDENTIFIERS (NOT TO BE TRANSMITTED TO CDC)** |
| 1. HCP Name: Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. Phone no.:(\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. HCP address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_ 3. Facility Name: 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **HCP CASE STATUS INFORMATION** |
| |  | | --- | | **READ ME FIRST (EIP interviewer instructions)**   1. Tell HCP to answer all questions on this form to the best of their knowledge. 2. For dates, tell HCP to use a calendar and any additional documentation or information they have available to help them remember and records dates as accurately as possible. 3. Record or calculate important reference dates below: 4. **The date of initial interview for this project was:** MM / DD / YYYY 5. **The date of collection of the initial swab that tested positive for SARS-CoV-2 by PCR was:**   MM / DD / YYYY   1. **The symptom onset date of your initial SARS-CoV-2 infection was:** MM / DD / YYYY or   No symptoms reported  **D. The initial infection end date is:** MM / DD / YYYY(the date of collection of the initial swab that tested positive for SARS-CoV-2 by PCR [B, above] + 60 days if HCP did NOT report any symptoms during the initial interview **OR** symptom onset date [C, above] + 60 days if HCP reported symptoms during the initial interview) |  |  | | --- | | **“Possible reinfection” definition:**  A HCP case who has collection of a positive SARS-CoV-2 PCR test at least 60 days after the symptom onset date or (if symptoms were not reported) the first positive SARS-CoV-2 PCR test collection date of the prior infection during the project period. |  1. On or after MM / DD / YYYY (insert initial infection end date), did you ever test positive for SARS-CoV-2 by PCR on a swab collected from your throat or nose?   Yes; go to Q7a  No; stop interview (NOT a reinfection)  Not sure; stop interview (NOT a reinfection)    7a. On or after MM / DD / YYYY (insert initial infection end date), when was the first swab collected that tested positive for SARS-CoV-2 by PCR?  MM / DD / YYYY **(this is the possible reinfection date)**  Not sure     1. Did you have any symptoms in the 14 days before and on the possible reinfection date? MM / DD / YYYY to   MM / DD / YYYY  No; go to Q9  Yes; answer Q8a and Q8b.    8a. What symptoms did you have?   |  |  |  | | --- | --- | --- | | Felt feverish | Sore throat | Nausea or vomiting | | Documented fever ≥100.0°F | Runny nose | Diarrhea | | Chills | Shortness of breath | Abdominal pain | | Dry cough | Muscle aches | Altered sense of smell or taste | | Productive cough | Headache | Congestion | | Fatigue or malaise | Chest pain/tightness | Loss of appetite | | Other; specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |   Other; specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other; specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other; specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  8b. What was the first date you started to have these symptoms? MM / DD / YYYY  Not sure |
| **INSTRUCTIONS FOR SECTIONS IV–VI** |
| **READ ME FIRST (EIP interviewer instructions)**   1. **Determine the “timeframe of interest” for answering Questions 9–33, as follows:**  * If the HCP had symptoms reported in Q8a, the timeframe of interest is defined by the 14 days before and on the day of symptom onset reported in Q8b (MM / DD / YYYY to MM / DD / YYYY) * If the HCP did NOT report symptoms in Q8a, the timeframe of interest is defined by the 14 days before and on the possible reinfection date reported in question 7a above (MM / DD / YYYY to MM / DD / YYYY)  1. **Review the following definitions:**  * A person with **suspected** COVID-19 is someone who has symptoms consistent with COVID-19 but has not had a laboratory test for SARS-CoV-2. * A person with **confirmed** COVID-19 is someone who has a positive laboratory test for SARS-CoV-2. * For this interview, a “person with COVID-19” or a “COVID-19 patient” means a person with **suspected or confirmed** COVID-19. * For this interview, **close contact** means: a) being within approximately 6 feet (2 meters) of a person with COVID-19 for at least a few minutes; or b) having unprotected direct contact with infectious secretions or excretions of the patient (e.g., being coughed on, touching used tissues with a bare hand). |
| 1. **HCP COMMUNITY EXPOSURES DURING TIMEFRAME OF INTEREST**   (MM / DD / YYYY to MM / DD / YYYY) |
| 1. Did you have close contact with a person(s) with COVID-19 outside of the healthcare facility(ies) where you   worked during the timeframe of interest?  Yes; answer Q9a and Q9b  No; go to Q10  Not sure; go to Q10    9a. What is your relationship to the person(s) with COVID-19? (Check all that apply)  Spouse/partner  Child  Parent  Other family  Friend  Co-worker  Classmate  Roommate  Contact only–no relationship  Other; can you specify? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  9b. Where did the close contact with a person(s) with COVID-19 occur? (Check all that apply)  Household  Daycare  School/University  Transit  Rideshare  Hotel  Cruise ship  Healthcare facility (non-work reasons)  Other; can you specify? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Did any of the following situations apply to you during the timeframe of interest? (Check all that apply)   Attended a gathering that included people other than your household members (such as a religious event, wedding, party, sports event)  Used public transportation (for example, a bus, train, airplane)  Used shared transportation (such as a car or van pool, ride share service)  Had close contact with a child who attended school or daycare  Traveled overnight domestically or internationally  Other; can you specify? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  None of these apply |
| 1. **HCP EXPOSURES AND PATIENT CARE ACTIVITIES DURING WORK IN HEALTHCARE FACILITY DURING TIMEFRAME OF INTEREST** (MM / DD / YYYY to MM / DD / YYYY) |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 1. Did your healthcare personnel role(s) change since the initial interview?   No; go to Q12  Yes; answer Q11a  11a. What is your role(s) in the healthcare facility(ies) where you work? (Check all that apply)   |  |  |  | | --- | --- | --- | | Administrative staff | Licensed practical nurse | Physician assistant | | Chaplain | Medical assistant | Physician (intern/resident) | | Environmental services worker | Nurse practitioner | Physician (fellow) | | Facilities/maintenance worker | Nursing assistant | Respiratory therapist | | Food services worker | Nutritionist | Registered nurse | | Home health aide/caregiver | Occupational therapist | Social worker | | Laboratory personnel | Pharmacist or pharmacy personnel | Speech therapist | | Cytotechnologist | Phlebotomist | Student | | Histotechnologist | Physician (attending) | Ward clerk | | Medical/clinical lab scientist | Physical therapist |  | | Medical laboratory technician | Other; can you specify? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | PhD laboratory scientist | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Other laboratory personnel |  | |  1. Did the type of healthcare facility where you work change since the initial interview?   No; go to Q13  Yes; answer Q12a  12a. What type of healthcare facility(ies) do you work in now? (Check all that apply)   |  |  | | --- | --- | | Hospital (including hospital emergency department) | Outpatient dialysis unit or center | | Free-standing emergency room/department | Nursing home or skilled nursing facility | | Urgent care clinic | Other; can you specify? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Outpatient clinic; can you specify clinic type? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  1. Do you work in a different area(s) in the facility (e.g., ICU, Emergency Room, etc.) than at the time of your initial interview?   No; go to question 14  Yes; answer question 13a  13a. In which area(s) of the facility(ies) do you normally work now? (Check all that apply)   |  |  |  | | --- | --- | --- | | Administrative offices | Laboratory | Pharmacy | | Dining room or cafeteria | Clinical pathology | Private residence (home health) | | Emergency room/department | Anatomic pathology | Radiology department | | Endoscopy room | Other laboratory type | Reception area | | Inpatient ward | Nursing home ward | Other; can you specify? \_\_\_\_\_\_\_\_\_\_\_\_\_ | | Intensive care unit | Operating room | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Kitchen | Outpatient clinic area |  |   14. Did you telework or work remotely from a location that is not a healthcare facility (such as from home)?  All the time  Some of the time  Not at all  Not sure   1. Did you have close contact with someone with COVID-19 who was not a patient during work in your facility? (Check all that apply)   Coworker with COVID-19  Visitor with COVID-19  Someone else (NOT a patient) with COVID-19; can you specify? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No  Not sure  16. Did you have any close contacts with COVID-19 patient(s) during work in your facility during the timeframe of interest?  **Reminder!** For this interview, a “COVID-19 patient” is a patient with **suspected or confirmed** COVID-19.  Yes  No; go to Q32  Not sure; go to Q32   1. In which area(s) of the facility did your close contacts with COVID-19 patient(s) occur? (Check all that apply)  |  |  | | --- | --- | | Dining room or cafeteria | Nursing home common area | | During transport | Nursing home resident room | | Emergency room examination room | Operating room | | Endoscopy room | Outpatient examination room | | Inpatient ward patient room | Other; can you specify? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Intensive care unit patient room | Private residence (home health) | | Laboratory | Radiology department | | Not sure | Reception area |  1. Which of the following activities did you perform with COVID-19 patient(s)? (Check all that apply)  |  |  | | --- | --- | | Arterial blood gas collection | Insertion of peripheral line | | Bathing | Lifting or positioning | | Changing linen | Manipulation of oxygen face mask or tubing | | Chest tube (insert or remove) | Manipulation of ventilator or tubing | | Cleaning the room | Participating in surgery | | Collecting respiratory specimens | Performing oral care (such as tooth brushing) | | Drawing blood | Performing physical exam | | Extracorporeal Membrane Oxygenation (ECMO) | Performing X-ray | | Emptying bedpan | Placing urinary catheter | | Feeding | Providing medication | | Giving injection | Taking vital signs | | Hemodialysis | Tracheostomy care | | Insertion of central line | Transport in the facility | | Insertion of nasogastric tube | Other; can you specify? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  1. What Personal Protective Equipment (PPE) were you wearing during the above patient care activities for COVID-19 patient(s)? (Check the frequency of use for each PPE item)  |  |  |  |  |  | | --- | --- | --- | --- | --- | | Gloves | All the time | Most of the time | Sometimes | Rarely or never | | Gown | All the time | Most of the time | Sometimes | Rarely or never | | N95 respirator | All the time | Most of the time | Sometimes | Rarely or never | | PAPR | All the time | Most of the time | Sometimes | Rarely or never | | Facemask | All the time | Most of the time | Sometimes | Rarely or never | | Goggles/face shield | All the time | Most of the time | Sometimes | Rarely or never | |   Did you wear any alternative or improvised equipment to protect yourself during care of COVID-19 patients?  No; go to Q21  Yes; answer Q20a  20a. If yes, what alternative or improvised equipment did you wear? (Check all that apply)  Face covering that was not a medical mask or respirator, such as a cloth face covering, bandana, balaclava  A covering for clothing other than a medical gown, such as a lab coat, trash bag, or raincoat  Improvised eye protection, such as a homemade face shield  Other; can you specify? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **HCP PARTICIPATION IN AEROSOL-GENERATING PROCEDURES DURING WORK IN HEALTHCARE FACILITY DURING TIMEFRAME OF INTEREST** (MM / DD / YYYY to MM / DD / YYYY) |
| **READ ME FIRST (EIP interviewer instructions)**  For this section, refer to these examples of aerosol-generating procedures (AGPs):   * Airway suctioning * Breaking ventilation circuit (intentionally or unintentionally) * Bronchoscopy * Chest physiotherapy * Code/CPR * High-flow oxygen delivery * High-frequency oscillatory ventilation (HFOV) * Intubation * Mini-bronchoalveolar lavage (BAL) * Manual (bag) ventilation * Nebulizer treatments * Non-invasive positive-pressure ventilation (NIPPV, e.g., BiPAP, CPAP) * Sputum induction * Certain dental procedures * Other aerosol generating procedures |
| 1. Did you participate (i.e., perform/assist or present in room) in any aerosol-generating procedures (AGPs) for COVID-19 patient(s)? (Refer to examples of AGPs above)   Yes; answer Q21a  No; go to Q22  Not sure; go to Q22  20a. Which of the following AGPs did you perform, assist with, or were you present in the room for, with a COVID-19 patient(s)? (Check all that apply; for each procedure selected, indicate if you performed/assisted or were present in room, number of procedures, average length of procedure, personal protective equipment [PPE] used, and frequency of PPE use). |

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| | **Procedure** | **PPE Frequency of use** | | --- | --- | | **Airway suctioning**  Performed or assisted  Present in room  Number of procedures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Average length of procedure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_minutes | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Gloves | All the time | Most of the time | Sometimes | Rarely or never | | Gown | All the time | Most of the time | Sometimes | Rarely or never | | N95 respirator | All the time | Most of the time | Sometimes | Rarely or never | | PAPR | All the time | Most of the time | Sometimes | Rarely or never | | Facemask | All the time | Most of the time | Sometimes | Rarely or never | | Goggles or face shield | All the time | Most of the time | Sometimes | Rarely or never | | | **Non-invasive positive-pressure ventilation (NIPPV, e.g., BiPAP, CPAP)**  Performed or assisted  Present in room  Time spent in room during NIPPV: \_\_\_\_\_\_\_\_\_\_\_\_\_\_minutes | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Gloves | All the time | Most of the time | Sometimes | Rarely or never | | Gown | All the time | Most of the time | Sometimes | Rarely or never | | N95 respirator | All the time | Most of the time | Sometimes | Rarely or never | | PAPR | All the time | Most of the time | Sometimes | Rarely or never | | Facemask | All the time | Most of the time | Sometimes | Rarely or never | | Goggles or face shield | All the time | Most of the time | Sometimes | Rarely or never | | | **Manual (bag) ventilation**  Performed or assisted  Present in room  Number of procedures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Average length of procedure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ minutes | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Gloves | All the time | Most of the time | Sometimes | Rarely or never | | Gown | All the time | Most of the time | Sometimes | Rarely or never | | N95 respirator | All the time | Most of the time | Sometimes | Rarely or never | | PAPR | All the time | Most of the time | Sometimes | Rarely or never | | Facemask | All the time | Most of the time | Sometimes | Rarely or never | | Goggles or face shield | All the time | Most of the time | Sometimes | Rarely or never | | | **Nebulizer treatments**  Performed or assisted  Present in room  Number of procedures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Average length of procedure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_minutes | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Gloves | All the time | Most of the time | Sometimes | Rarely or never | | Gown | All the time | Most of the time | Sometimes | Rarely or never | | N95 respirator | All the time | Most of the time | Sometimes | Rarely or never | | PAPR | All the time | Most of the time | Sometimes | Rarely or never | | Facemask | All the time | Most of the time | Sometimes | Rarely or never | | Goggles or face shield | All the time | Most of the time | Sometimes | Rarely or never | | | **Intubation**  Performed or assisted  Present in room  Number of procedures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Average length of procedure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_minutes | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Gloves | All the time | Most of the time | Sometimes | Rarely or never | | Gown | All the time | Most of the time | Sometimes | Rarely or never | | N95 respirator | All the time | Most of the time | Sometimes | Rarely or never | | PAPR | All the time | Most of the time | Sometimes | Rarely or never | | Facemask | All the time | Most of the time | Sometimes | Rarely or never | | Goggles or face shield | All the time | Most of the time | Sometimes | Rarely or never | | |

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| **Procedure** | **PPE Frequency of use** |
| **High-frequency oscillatory ventilation (HFOV)**  Performed or assisted  Present in room  Time spent in room during HFOV: \_\_\_\_\_\_\_\_\_\_\_\_\_\_minutes | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Gloves | All the time | Most of the time | Sometimes | Rarely or never | | Gown | All the time | Most of the time | Sometimes | Rarely or never | | N95 respirator | All the time | Most of the time | Sometimes | Rarely or never | | PAPR | All the time | Most of the time | Sometimes | Rarely or never | | Facemask | All the time | Most of the time | Sometimes | Rarely or never | | Goggles or face shield | All the time | Most of the time | Sometimes | Rarely or never | |
| **Chest physiotherapy**  Performed or assisted  Present in room  Number of procedures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Average length of procedure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_minutes | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Gloves | All the time | Most of the time | Sometimes | Rarely or never | | Gown | All the time | Most of the time | Sometimes | Rarely or never | | N95 respirator | All the time | Most of the time | Sometimes | Rarely or never | | PAPR | All the time | Most of the time | Sometimes | Rarely or never | | Facemask | All the time | Most of the time | Sometimes | Rarely or never | | Goggles or face shield | All the time | Most of the time | Sometimes | Rarely or never | |
| **Mini-bronchoalveolar lavage (BAL)**  Performed or assisted  Present in room  Number of procedures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Average length of procedure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_minutes | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Gloves | All the time | Most of the time | Sometimes | Rarely or never | | Gown | All the time | Most of the time | Sometimes | Rarely or never | | N95 respirator | All the time | Most of the time | Sometimes | Rarely or never | | PAPR | All the time | Most of the time | Sometimes | Rarely or never | | Facemask | All the time | Most of the time | Sometimes | Rarely or never | | Goggles or face shield | All the time | Most of the time | Sometimes | Rarely or never | |
| **Breaking ventilation circuit (intentionally or unintentionally)**  Performed or assisted  Present in room  Number of disconnections: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Average duration of each disconnection: \_\_\_\_\_\_\_\_\_\_minutes | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Gloves | All the time | Most of the time | Sometimes | Rarely or never | | Gown | All the time | Most of the time | Sometimes | Rarely or never | | N95 respirator | All the time | Most of the time | Sometimes | Rarely or never | | PAPR | All the time | Most of the time | Sometimes | Rarely or never | | Facemask | All the time | Most of the time | Sometimes | Rarely or never | | Goggles or face shield | All the time | Most of the time | Sometimes | Rarely or never | |
| **Sputum induction**  Performed or assisted  Present in room  Number of procedures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Average length of procedure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_minutes | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Gloves | All the time | Most of the time | Sometimes | Rarely or never | | Gown | All the time | Most of the time | Sometimes | Rarely or never | | N95 respirator | All the time | Most of the time | Sometimes | Rarely or never | | PAPR | All the time | Most of the time | Sometimes | Rarely or never | | Facemask | All the time | Most of the time | Sometimes | Rarely or never | | Goggles or face shield | All the time | Most of the time | Sometimes | Rarely or never | |

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| **Procedure** | **PPE Frequency of use** |
| **Bronchoscopy**  Performed or assisted  Present in room  Number of procedures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Average length of procedure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_minutes | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Gloves | All the time | Most of the time | Sometimes | Rarely or never | | Gown | All the time | Most of the time | Sometimes | Rarely or never | | N95 respirator | All the time | Most of the time | Sometimes | Rarely or never | | PAPR | All the time | Most of the time | Sometimes | Rarely or never | | Facemask | All the time | Most of the time | Sometimes | Rarely or never | | Goggles or face shield | All the time | Most of the time | Sometimes | Rarely or never | |
| **High-flow oxygen delivery**  Performed or assisted  Present in room  Time in room during delivery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_minutes | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Gloves | All the time | Most of the time | Sometimes | Rarely or never | | Gown | All the time | Most of the time | Sometimes | Rarely or never | | N95 respirator | All the time | Most of the time | Sometimes | Rarely or never | | PAPR | All the time | Most of the time | Sometimes | Rarely or never | | Facemask | All the time | Most of the time | Sometimes | Rarely or never | | Goggles or face shield | All the time | Most of the time | Sometimes | Rarely or never | |
| **Other AGP; can you specify? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Performed or assisted  Present in room  Number of procedures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Time in room during AGP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_minutes | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Gloves | All the time | Most of the time | Sometimes | Rarely or never | | Gown | All the time | Most of the time | Sometimes | Rarely or never | | N95 respirator | All the time | Most of the time | Sometimes | Rarely or never | | PAPR | All the time | Most of the time | Sometimes | Rarely or never | | Facemask | All the time | Most of the time | Sometimes | Rarely or never | | Goggles or face shield | All the time | Most of the time | Sometimes | Rarely or never | |
| **Other AGP; can you specify? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Performed or assisted  Present in room  Number of procedures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Time in room during AGP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_minutes | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Gloves | All the time | Most of the time | Sometimes | Rarely or never | | Gown | All the time | Most of the time | Sometimes | Rarely or never | | N95 respirator | All the time | Most of the time | Sometimes | Rarely or never | | PAPR | All the time | Most of the time | Sometimes | Rarely or never | | Facemask | All the time | Most of the time | Sometimes | Rarely or never | | Goggles or face shield | All the time | Most of the time | Sometimes | Rarely or never | |
| **Other AGP; can you specify? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Performed or assisted  Present in room  Number of procedures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Time in room during AGP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_minutes | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Gloves | All the time | Most of the time | Sometimes | Rarely or never | | Gown | All the time | Most of the time | Sometimes | Rarely or never | | N95 respirator | All the time | Most of the time | Sometimes | Rarely or never | | PAPR | All the time | Most of the time | Sometimes | Rarely or never | | Facemask | All the time | Most of the time | Sometimes | Rarely or never | | Goggles or face shield | All the time | Most of the time | Sometimes | Rarely or never | |

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| 1. What is the longest single (continuous) amount of time you were in a room or other location with COVID-19 patient(s)?   Two minutes or less  Between 2 and 15 minutes  Between 15 and 30 minutes  Between 30 and 60 minutes  More than 60 minutes  Not sure   1. How often were COVID-19 patient(s) wearing a facemask or cloth face covering or were they intubated (i.e., have a tube inserted into their lungs for breathing) when you had contact with them? (Do not count masks used for delivery of oxygen or non-invasive positive pressure ventilation)   All the time  Most of the time  Sometimes  Rarely or never  Not sure    23a. Which of the following was in place on COVID-19 patient(s) during your contacts? (Check all that apply)  Surgical or procedure mask  Cloth face covering  N95 respirator  Endotracheal or nasotracheal tube (for invasive mechanical ventilation)  Other; can you specify? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  None  Not sure   1. How often were COVID-19 patient(s) in an Airborne Infection Isolation Room (AIIR) (i.e., negative pressure room used for isolation) when you had contact with them?   All the time  Most of the time  Sometimes  Rarely or never  Not sure     1. Did you have any concerns about your own PPE use during care for COVID-19 patient(s) (for example, did you have tears in your PPE, or did you need to change or replace your PPE while in the patient room)?   Yes; can you describe your concern(s)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No  Not sure     1. Did you use any of the following practices when wearing an N95 respirator? (Check all that apply)   I wore one N95 respirator for repeated close contact encounters with several patients, without removing the respirator between patient encounters.  I wore one N95 respirator for repeated close contact encounters with several patients, but I usually removed it (‘doffed’) after each encounter.  I wore the same N95 respirator for multiple workdays.  I wore a respirator, but I did not use any of these practices.  I did not use a respirator.  Other; can you specify? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Were you fit tested for a respirator (for example, a N95 respirator)?   Yes – during the past year; answer Q27a  Yes – more than one year ago; answer Q27a  No; go to Q28  Not sure; go to Q28  27a. During the timeframe of interest, were you able to wear the respirator that you were fit tested for while caring for COVID-19 patients?  Yes No Not sure  Did not use a respirator   1. Did you have any exposures of your mucous membranes (for example, your mouth or eyes) or skin to COVID-19 patients’ respiratory secretions (i.e., liquid from mouth or nose), blood or other body fluids?   Yes; can you specify the fluid to which you were exposed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No  Not sure   1. Did you have any percutaneous exposures (e.g., needle sticks or cuts) to COVID-19 patients’ respiratory secretions (i.e., liquid from mouth or nose), blood or other body fluids?  Yes; can specify the fluid to which you were exposed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   No  Not sure   1. Did you have any direct skin-to-skin contact(s) with COVID-19 patient(s)?   Yes  No  Not sure 2. How would you describe your hand hygiene compliance (i.e., following hand washing or sanitizing guidance) during care for COVID-19 patient(s) or working in the room of COVID-19 patient(s)?   All the time  Most of the time  Sometimes  Rarely or never   1. In your normal workday, how often were you able to practice social distancing with your co-workers? Social distancing means staying at least 6 feet away from other persons.   All the time  Most of the time  Sometimes  Rarely or never   1. How often did you practice universal masking at work (i.e., wearing any type of mask for the entire shift)?   All the time  Most of the time  Sometimes  Rarely or never |
| 1. **ADDITIONAL INFORMATION** |
| 1. Do you have any additional information you would like to share?  |  | | --- | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |

Public reporting burden of this collection of information is estimated to average 32 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Request Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30329; ATTN: PRA (0920-1296).

