Assessment of Healthcare Personnel Exposed to or Infected with SARS-CoV-2

OMB: 0920-1296
Exp: 10/31/2020

EIP HCP ID: _____ **COVID-NET ID:** _____ **CDC/STATE CASE ID:** _____

I. INTERVIEWER INFORMATION

1. Date of interview and form completion: MM / DD / YYYY
2. Interviewer name Last: _____ First: _____ Affiliation: _____
   Last: _____ First: _____ Affiliation: _____

II. HEALTHCARE PERSONNEL (HCP) IDENTIFIERS (NOT TO BE TRANSMITTED TO CDC)

3. HCP Name: Last: _____ First: _____ 4. Phone no.:(_____)_____
5. HCP address: _____City: _____State: _____ ZIP: _____
6. Facility Name: 1_____
   2_____
   3_____
   4_____

III. HCP CASE STATUS INFORMATION

READ ME FIRST! Answer all questions on this form to the best of your knowledge. For dates, use a calendar (one is included) and any additional documentation or information you have available to help you remember and records dates as accurately as possible.

Healthcare Personnel (HCP) refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including:

- body substances
- contaminated medical supplies, devices, and equipment
- contaminated environmental surfaces
- contaminated air

For example, this includes any employee or contractor of a healthcare facility such as **physicians, nurses, students, respiratory therapists, phlebotomists, laboratory staff, as well as transport, food service, housekeeping, volunteers, and maintenance personnel.**

7. Are you a healthcare personnel? (Refer to definition of healthcare personnel in the box)

☐ Yes

☐ No; STOP the interview

☐ Not sure; STOP the interview

8. Have you been diagnosed with COVID-19?

☐ Yes

☐ No

☐ Not sure

9. Have you been tested for coronavirus (also known as SARS-CoV-2), the virus that causes COVID-19?

☐ Yes

☐ No; STOP the interview

☐ Not sure

10. Did someone (for example a doctor, nurse, or lab technician) collect swab(s) from your nose and/or throat for coronavirus (SARS-CoV-2) testing?

☐ Yes; answer Q10a

☐ No; go to Q11

☐ Not sure; go to Q11

10a. What was the coronavirus test result of the swab(s)? (if they collected swabs from you more than once, check "Positive" if at least one of the swabs tested positive for coronavirus; check "Negative" only if all swabs tested negative for coronavirus)

☐ I was not told of my results

☐ Positive; answer Q10b

☐ Negative; answer Q10c

☐ My results were unclear

10b. When did they collect the first swab that tested positive? MM / DD / YYYY ☐ Not sure

10c. When did they collect the most recent swab that tested negative? MM / DD / YYYY ☐ Not sure

11. Did someone (for example a doctor, nurse, or lab technician) collect blood from you for coronavirus (SARS-CoV-2) testing?

☐ Yes; answer Q11a

☐ No; go to Q12

☐ Not sure; go to Q12

11a. What was the test result of your blood? (if they collected blood from you more than once, check "Positive" if at least one blood test was positive; check "Negative" only if all blood tests were negative)

☐ I was not told of my results
☐ Positive; answer Q11b and Q11c
☐ Negative; go to Q11d
☐ My results were unclear

11b. Was your result positive for IgM or IgG antibodies? ☐ IgM ☐ IgG ☐ Not sure

11c. When did they collect the first positive blood sample? MM / DD / YYYY ☐ Not sure

11d. When did they collect the most recent negative blood sample? MM / DD / YYYY ☐ Not sure

12. Did you have any close contact with a person(s) with COVID-19? (Refer to definitions in the box)

☐ Yes; answer Q12a
☐ No; go to Q13
☐ Not sure; go to Q13

12a. Did the close contact occur in the healthcare facility where you work?

☐ Yes; answer Q12b, Q12c, and Q12d
☐ No; go to Q13
☐ Not sure; go to Q13

12b. When was your first close contact with a person(s) with COVID-19 in the healthcare facility where you work?

MM / DD / YYYY ☐ Not sure

- A person with **suspected** COVID-19 is someone who has symptoms consistent with COVID-19, such as fever, cough, sore throat, runny nose, or shortness of breath 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 15 minutes (such as caring for or visiting the patient; or sitting within 6 feet of the patient in a healthcare waiting area or room); 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).

12c. When was your last close contact with a person(s) with COVID-19 in the healthcare facility where you work? (record interview date or today's date if close contact is still occurring) MM / DD / YYYY ☐ Not sure

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12d. Did your facility inform you of the exposure risk level of your close contact with a person(s) with COVID-19?

☐ Yes; answer Q12d1

☐ No

☐ Not sure

12d1. What was your exposure risk level? ☐ High / ☐ Medium / ☐ Low / ☐ Not sure

13. Have you had any of the symptoms in the table below?

☐ No; go to Q15

☐ Yes; check all symptoms in the table below that apply; provide onset and resolution date for any symptom you had; write interview or form completion date as resolution date if you still have the symptoms.

- If you have been diagnosed with COVID-19, check the symptoms you had during the 14 days before and on the specimen collection date of your first positive coronavirus test. For example, if you had a nasal swab for coronavirus testing done on April 15, check any symptoms you had from April 1 through April 15. (MM / DD / YYYY to MM / DD / YYYY)
- If you have NOT been diagnosed with COVID-19, check the symptoms you had during the 14 days before and on the specimen collection date of your most recent NEGATIVE coronavirus test result. (MM / DD / YYYY to MM / DD / YYYY)

Symptom	When did the symptom begin?	When did the symptom end?
☐ Felt feverish	MM / DD / YYYY ☐ Not sure	MM / DD / YYYY ☐ Not sure
☐ Documented fever ≥100.0°F	MM / DD / YYYY ☐ Not sure	MM / DD / YYYY ☐ Not sure
☐ Chills	MM / DD / YYYY ☐ Not sure	MM / DD / YYYY ☐ Not sure
☐ Dry cough	MM / DD / YYYY ☐ Not sure	MM / DD / YYYY ☐ Not sure
☐ Productive cough	MM / DD / YYYY ☐ Not sure	MM / DD / YYYY ☐ Not sure
☐ Fatigue or malaise	MM / DD / YYYY ☐ Not sure	MM / DD / YYYY ☐ Not sure
☐ Sore throat	MM / DD / YYYY ☐ Not sure	MM / DD / YYYY ☐ Not sure
☐ Runny nose	MM / DD / YYYY ☐ Not sure	MM / DD / YYYY ☐ Not sure
☐ Shortness of breath	MM / DD / YYYY ☐ Not sure	MM / DD / YYYY ☐ Not sure
☐ Muscle aches	MM / DD / YYYY ☐ Not sure	MM / DD / YYYY ☐ Not sure
☐ Headache	MM / DD / YYYY ☐ Not sure	MM / DD / YYYY ☐ Not sure
☐ Chest pain/tightness	MM / DD / YYYY ☐ Not sure	MM / DD / YYYY ☐ Not sure
☐ Nausea or vomiting	MM / DD / YYYY ☐ Not sure	MM / DD / YYYY ☐ Not sure
☐ Diarrhea	MM / DD / YYYY ☐ Not sure	MM / DD / YYYY ☐ Not sure

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☐ Abdominal pain	MM / DD / YYYY ☐ Not sure	MM / DD / YYYY ☐ Not sure
☐ Altered sense of smell or taste	MM / DD / YYYY ☐ Not sure	MM / DD / YYYY ☐ Not sure
☐ Congestion	MM / DD / YYYY ☐ Not sure	MM / DD / YYYY ☐ Not sure
☐ Loss of appetite	MM / DD / YYYY ☐ Not sure	MM / DD / YYYY ☐ Not sure
☐ Other, _____	MM / DD / YYYY ☐ Not sure	MM / DD / YYYY ☐ Not sure
☐ Other, _____	MM / DD / YYYY ☐ Not sure	MM / DD / YYYY ☐ Not sure
☐ Other, _____	MM / DD / YYYY ☐ Not sure	MM / DD / YYYY ☐ Not sure
☐ Other, _____	MM / DD / YYYY ☐ Not sure	MM / DD / YYYY ☐ Not sure

14. Based on the information on symptom dates in the table above, when was the first date you started to have COVID-19 symptom(s)? MM / DD / YYYY ☐ Not sure

INSTRUCTIONS FOR SECTIONS IV–VI

READ ME FIRST (EIP interviewer instructions)

1) If the HCP was diagnosed with COVID-19 and had symptoms, complete Questions #15–40 with information for the 14 days before and the day of symptom onset (MM / DD / YYYY to MM / DD / YYYY)

2) If the HCP was diagnosed with COVID-19 and did NOT have symptoms, complete Questions #15–40 with information for the 14 days before and on the specimen collection date of the first positive coronavirus test (MM / DD / YYYY to MM / DD / YYYY)

3) If the HCP was NOT diagnosed with COVID-19 and had symptoms, complete Questions #15–40 with information for the14 days before and the day of symptom onset (MM / DD / YYYY to MM / DD / YYYY)

4) If the HCP was NOT diagnosed with COVID-19 and did NOT have symptoms, complete Questions #15–40 with information for the 14 days before and on the specimen collection date of the most recent NEGATIVE coronavirus test result (MM / DD / YYYY to MM / DD / YYYY)

REMINDER: 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).

IV. HCP COMMUNITY EXPOSURES

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15. Did you have close contact with a person(s) with COVID-19 outside of the healthcare facility(ies) where you work?

☐ Yes; answer Q15a, Q15b, and Q15c
☐ No; go to Q16
☐ Not sure; go to Q16

15a. When did you first and last have close contact with a person(s) with COVID-19 outside of the facility(ies)?

Date of first close contact MM / DD / YYYY ☐ Not sure
Date of last close contact MM / DD / YYYY ☐ Not sure

15b. 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? _____

15c. 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? _____

16. Did you travel away from home? (Check "Yes" if your return date is between MM / DD / YYYY and MM / DD / YYYY as defined in guidance at top of page 5)

☐ Yes—domestic travel; can you specify destination(s)? _____
☐ Yes—international travel; can you specify destination(s)? _____
☐ No
☐ Not sure

17. Did any of the following situations apply to you? If "Yes," provide start and end dates for each situation.

Did you:	Answer	Date Range
Have any household members, friends, acquaintances, or co-workers who had fever or respiratory symptoms (for example, cough, sore throat, etc.)?	☐ Yes ☐ No ☐ Not sure	From: MM / DD / YYYY To: MM / DD / YYYY ☐ Not sure
Have close contact (such as caring for, speaking with, or touching) with any ill persons outside a healthcare facility?	☐ Yes ☐ No ☐ Not sure	From: MM / DD / YYYY To: MM / DD / YYYY ☐ Not sure
Attend a gathering that included people	☐ Yes ☐ No	From: MM / DD / YYYY

other than your household members (such as a religious event, wedding, party, sports event, or other event)?	☐ Not sure	To: MM / DD / YYYY ☐ Not sure
Use public transportation (for example, a bus, train, airplane)	☐ Yes ☐ No ☐ Not sure	From: MM / DD / YYYY To: MM / DD / YYYY ☐ Not sure
Use shared transportation (such as a car or van pool, ride share service)	☐ Yes ☐ No ☐ Not sure	From: MM / DD / YYYY To: MM / DD / YYYY ☐ Not sure
Attend or work at a school or daycare?	☐ Yes ☐ No ☐ Not sure	From: MM / DD / YYYY To: MM / DD / YYYY ☐ Not sure
Have a household member who attended school or daycare?	☐ Yes ☐ No ☐ Not sure	From: MM / DD / YYYY To: MM / DD / YYYY ☐ Not sure
Have close contact with a sick person who had contact with a person with COVID-19?	☐ Yes ☐ No ☐ Not sure	From: MM / DD / YYYY To: MM / DD / YYYY ☐ Not sure
Have close contact with a person who travelled internationally in the past 2 weeks?	☐ Yes ☐ No ☐ Not sure	From: MM / DD / YYYY To: MM / DD / YYYY ☐ Not sure
Have close contact with a person who had a fever and/or other flu-like symptoms such as cough, runny nose, or sore throat and international travel in the preceding 2 weeks?	☐ Yes ☐ No ☐ Not sure If "Yes," where did the person travel? _____	From: MM / DD / YYYY To: MM / DD / YYYY ☐ Not sure

V. HCP EXPOSURES AND PATIENT CARE ACTIVITIES DURING WORK IN HEALTHCARE FACILITY

(Remember to refer to the timeframe defined in the INSTRUCTIONS FOR SECTIONS IV–VI above)

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Reminder! For this interview, a "COVID-19 patient" is a patient with **suspected or confirmed** COVID-19.

5. What is your role(s) in the healthcare facility(ies) where you work? (Check all that apply)

- ☐ Administrative staff
- ☐ Chaplain
- ☐ Environmental services worker
- ☐ Facilities/maintenance worker
- ☐ Food services worker
- ☐ Home health aide/caregiver
- ☐ Laboratory personnel
  - ☐ Cytotechnologist
  - ☐ Histotechnologist
  - ☐ Medical/clinical lab scientist
  - ☐ Medical laboratory technician
  - ☐ PhD laboratory scientist
  - ☐ Other laboratory personnel
- ☐ Licensed practical nurse
- ☐ Medical assistant
- ☐ Nurse practitioner
- ☐ Nursing assistant
- ☐ Nutritionist
- ☐ Occupational therapist
- ☐ Pharmacist or pharmacy personnel
- ☐ Phlebotomist
- ☐ Physician (attending)
- ☐ Physical therapist
- ☐ Other; can you specify?
- ☐ Physician assistant
- ☐ Physician (intern/resident)
- ☐ Physician (fellow)
- ☐ Respiratory therapist
- ☐ Registered nurse
- ☐ Social worker _____
- ☐ Speech therapist
- ☐ Student
- ☐ Ward clerk

6. What type of healthcare facility(ies) do you work in? (Check all that apply)

- ☐ Hospital (including hospital emergency department)
- ☐ Free-standing emergency room/department
- ☐ Urgent care clinic
- ☐ Outpatient clinic; can you specify clinic type? _____
- ☐ Outpatient dialysis unit or center
- ☐ Nursing home or skilled nursing facility
- ☐ Other; can you specify? _____

7. In which area(s) of the facility(ies) do you normally work? (Check all that apply)

- ☐ Administrative offices
- ☐ Dining room or cafeteria
- ☐ Emergency room/department
- ☐ Endoscopy room
- ☐ Inpatient ward
- ☐ Intensive care unit
- ☐ Kitchen
- ☐ Laboratory
  - ☐ Clinical pathology
  - ☐ Anatomic pathology
  - ☐ Other laboratory type
- ☐ Nursing home ward
- ☐ Operating room
- ☐ Outpatient clinic area
- ☐ Pharmacy
- ☐ Private residence (home health)
- ☐ Radiology department
- ☐ Reception area
- ☐ Other; can you specify? _____

20a. 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

20b. 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

EIP HCP ID: _____

VI. HCP PARTICIPATION IN A FACILITY

(Remember to refer to the timeframe defined in the INSTRUCTIONS FOR SECTIONS IV–VI above)

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

18. Did you participate in any aerosol-generating procedures (AGPs) for COVID-19 patient(s)? (Refer to examples of AGPs in the table)

☐ Yes; answer Q26a

☐ No; go to Q27

☐ Not sure; go to Q27

26a. Which of the following aerosol generating procedures (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	☐ never
	Gown	☐ All the time	☐ Most of the time	☐ Sometimes	☐ never
	N95 respirator	☐ All the time	☐ Most of the time	☐ Sometimes	☐ never
	PAPR	☐ All the time	☐ Most of the time	☐ Sometimes	☐ never
	Facemask	☐ All the time	☐ Most of the time	☐ Sometimes	☐ never
	Goggles or face shield	☐ All the time	☐ Most of the time	☐ Sometimes	☐ 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	☐ never
	Gown	☐ All the time	☐ Most of the time	☐ Sometimes	☐ never
	N95 respirator	☐ All the time	☐ Most of the time	☐ Sometimes	☐ never
	PAPR	☐ All the time	☐ Most of the time	☐ Sometimes	☐ never
	Facemask	☐ All the time	☐ Most of the time	☐ Sometimes	☐ never
	Goggles or face shield	☐ All the time	☐ Most of the time	☐ Sometimes	☐ 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	☐ never
	Gown	☐ All the time	☐ Most of the time	☐ Sometimes	☐ never
	N95 respirator	☐ All the time	☐ Most of the time	☐ Sometimes	☐ never
	PAPR	☐ All the time	☐ Most of the time	☐ Sometimes	☐ never
	Facemask	☐ All the time	☐ Most of the time	☐ Sometimes	☐ never
	Goggles or face shield	☐ All the time	☐ Most of the time	☐ Sometimes	☐ 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	☐ never
	Gown	☐ All the time	☐ Most of the time	☐ Sometimes	☐ never
	N95 respirator	☐ All the time	☐ Most of the time	☐ Sometimes	☐ never
	PAPR	☐ All the time	☐ Most of the time	☐ Sometimes	☐ never
	Facemask	☐ All the time	☐ Most of the time	☐ Sometimes	☐ never
	Goggles or face shield	☐ All the time	☐ Most of the time	☐ Sometimes	☐

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Procedure	PPE	Frequency of use			
☐ **Intubation** ☐ Performed or assisted ☐ Present in room Number of procedures: _____ Average length of procedure: _____minutes	Gloves	☐ All the time	☐ Most of the time	☐ Sometimes	☐ never
	Gown	☐ All the time	☐ Most of the time	☐ Sometimes	☐ never
	N95 respirator	☐ All the time	☐ Most of the time	☐ Sometimes	☐ never
	PAPR	☐ All the time	☐ Most of the time	☐ Sometimes	☐ never
	Facemask	☐ All the time	☐ Most of the time	☐ Sometimes	☐ never
	Goggles or face shield	☐ All the time	☐ Most of the time	☐ Sometimes	☐ 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

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	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

Assessment of Healthcare Personnel Exposed to or Infected with SARS-CoV-2

EIP HCP ID: _____ **COVID-NET ID:** _____ **CDC/STATE CASE ID:** _____

	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

Assessment of Healthcare Personnel Exposed to or Infected with SARS-CoV-2

EIP HCP ID: _____ **COVID-NET ID:** _____ **CDC/STATE CASE ID:** _____

19. 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

20. What is the total amount of time that you were in a room or other location with COVID-19 patient(s)?

Estimated: _____minutes ☐ Not sure

21. How close did you get to the COVID-19 patient(s)? (if you saw more than one COVID-19 patient and/or had more than one interaction with COVID-19patient(s), give the closest distance)

☐ Within 6 feet or less ☐ More than 6 feet away at all times ☐ Not sure

22. 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

30a. 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

23. 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

24. 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

Assessment of Healthcare Personnel Exposed to or Infected with SARS-CoV-2

EIP HCP ID: _____ COVID-NET ID: _____ CDC/STATE CASE ID: _____

25. 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 on 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? _____

26. Were you fit tested for a respirator (for example, a N95 respirator)?

- ☐ Yes – during the past year; answer Q34a
- ☐ Yes – more than one year ago; answer Q34a
- ☐ No; go to Q35
- ☐ Not sure; go to Q35

34a. 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

27. Did you have any exposures of your mucous membranes (for example, your mouth or eyes) or skin to COVID-19 patient's 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

28. Did you have any percutaneous exposures (e.g., needle sticks or cuts) to COVID-19 patient's 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

29. Did you have any direct skin-to-skin contact(s) with COVID-19 patient(s)?

☐ Yes ☐ No ☐ Not sure

Assessment of Healthcare Personnel Exposed to or Infected with SARS-CoV-2

EIP HCP ID: _____ COVID-NET ID: _____ CDC/STATE CASE ID: _____

30. How would you describe your hand hygiene compliance (i.e., following hand washing guidance) during care for COVID-19 patient(s) or working in the room of COVID-19 patients?

☐ All the time ☐ Most of the time ☐ Sometimes ☐ Rarely or never

31. In your normal workday, how often were you able to practice social distancing with your co-workers? Social distancing means staying 6 feet away from other persons.

☐ All the time ☐ Most of the time ☐ Sometimes ☐ Rarely or never

32. How often did you practice universal masking at work (e.g., wearing any type of mask for the entire shift)?

☐ All the time ☐ Most of the time ☐ Sometimes ☐ Rarely or never

VII. HCP DEMOGRAPHICS AND UNDERLYING MEDICAL CONDITIONS

33. What sex were you assigned at birth, on your original birth certificate?

☐ Male ☐ Female ☐ Refused ☐ I don't know

41a. Do you currently describe yourself as male, female, or transgender?

☐ Male ☐ Female ☐ Transgender ☐ None of these

34. How old are you? _____ years ☐ Prefer not to answer

35. What is your height? _____ feet _____ inches ☐ Prefer not to answer

36. What is your weight? _____ pounds ☐ Prefer not to answer

READ ME FIRST: Questions 45 and 46 ask about your race and ethnicity based on federal government reporting standards.

37. How would you define your ethnicity? (Check one)

☐ Hispanic or Latino ☐ Not Hispanic or Latino

38. How would you define your race? (Check all that apply)

☐ American Indian or Alaska Native ☐ White

☐ Asian

☐ Black or African American

☐ Native Hawaiian/other Pacific Islander

Assessment of Healthcare Personnel Exposed to or Infected with SARS-CoV-2

EIP HCP ID: _____ COVID-NET ID: _____ CDC/STATE CASE ID: _____

39. Do you have any of the following underlying conditions?

Asthma	☐ Yes	☐ No	☐ Unknown	☐ Prefer not to answer
Allergic rhinitis	☐ Yes	☐ No	☐ Unknown	☐ Prefer not to answer
Chronic Obstructive Pulmonary Disease (COPD)	☐ Yes	☐ No	☐ Unknown	☐ Prefer not to answer
Chronic lung disease, other	☐ Yes; can you specify? _____	☐ No	☐ Unknown	☐ Prefer not to answer
Hypertension	☐ Yes	☐ No	☐ Unknown	☐ Prefer not to answer
Heart condition	☐ Yes; can you specify? _____	☐ No	☐ Unknown	☐ Prefer not to answer
Diabetes mellitus	☐ Yes	☐ No	☐ Unknown	☐ Prefer not to answer
Chronic kidney disease	☐ Yes	☐ No	☐ Unknown	☐ Prefer not to answer
Hemodialysis	☐ Yes	☐ No	☐ Unknown	☐ Prefer not to answer
Autoimmune or rheumatologic disease	☐ Yes; can you specify? _____	☐ No	☐ Unknown	☐ Prefer not to answer
Active cancer	☐ Yes; can you specify? _____	☐ No	☐ Unknown	☐ Prefer not to answer
Solid organ transplant	☐ Yes; can you specify? _____	☐ No	☐ Unknown	☐ Prefer not to answer
Hematopoietic stem cell transplant	☐ Yes	☐ No	☐ Unknown	☐ Prefer not to answer
Other immunosuppressing condition	☐ Yes; can you specify? _____	☐ No	☐ Unknown	☐ Prefer not to answer
Chronic liver disease	☐ Yes	☐ No	☐ Unknown	☐ Prefer not to answer
Pregnancy	☐ Yes; can you specify weeks? _____	☐ No	☐ Unknown	☐ Prefer not to answer
Other medical condition(s)	☐ Yes; can you specify? _____	☐ No	☐ Unknown	☐ Prefer not to answer

40. Are you taking any immunosuppressant medications (i.e., medications to reduce your body's immune response like corticosteroids, chemotherapy, or other medications)?

☐ Yes; can you specify? _____

☐ No

☐ Prefer not to answer

Assessment of Healthcare Personnel Exposed to or Infected with SARS-CoV-2

EIP HCP ID: _____ **COVID-NET ID:** _____ **CDC/STATE CASE ID:** _____

41. Are you taking any other medications?

- ☐ Yes; can you specify?_____
- ☐ No
- ☐ Prefer not to answer

42. Are you a current smoker (includes tobacco, e-cigarettes/vaping, or marijuana)?

- ☐ Yes; answer Q50a
- ☐ No; go to Q51
- ☐ Prefer not to answer; go to Q51

50a. How long have you been smoking? _____ years

43. Are you a former smoker (includes tobacco, e-cigarettes/vaping, marijuana)?

- ☐ Yes; answer Q51a and Q51b
- ☐ No; go to Q52
- ☐ Prefer not to answer; go to Q52

51a. How long did you smoke? _____ years

51b. How long since you quit smoking? _____ ☐ years or ☐ months

44. When was the last time you received flu vaccine? MM/YYYY ☐ Not sure

- ☐ Never received flu vaccine

VIII. ADDITIONAL INFORMATION

45. Do you have any additional information you would like to share?

_____

_____

_____

_____

_____

_____

2020

calendar2020i.com

January

S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

February

S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

March

S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

April

S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

May

S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

June

S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

July

S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

August

S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

September

S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

October

S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

November

S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

December

S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		