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Possible Reinfection Form

NEW EIP HCP ID: _____ **FIRST 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 (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:
   - **A. The date of initial interview for this project was:** MM / DD / YYYY
   - **B. The date of collection of the initial swab that tested positive for SARS-CoV-2 by PCR was:** MM / DD / YYYY
   - **C. 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.

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7. 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

8. 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)

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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)

2) 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).

IV. HCP COMMUNITY EXPOSURES DURING TIMEFRAME OF INTEREST

(MM / DD / YYYY to MM / DD / YYYY)

9. 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? _____

10. 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)

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- ☐ 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

V. HCP EXPOSURES AND PATIENT CARE ACTIVITIES DURING WORK IN HEALTHCARE FACILITY DURING TIMEFRAME OF INTEREST (MM / DD / YYYY to MM / DD / YYYY)

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5. Did your healthcare personnel role(s) change since the initial interview?

☐ No; go to Q12

☐ Yes; answer Q11

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				

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

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

6. 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)
☐ 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. 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
☐ Dining room or cafeteria
☐ Emergency room/department
☐ Endoscopy room
☐ Inpatient ward
☐ Intensive care unit
☐ Laboratory
  ☐ Clinical pathology
  ☐ Anatomic pathology
  ☐ Other laboratory type
☐ Nursing home ward
☐ Operating room
☐ Pharmacy
☐ Private residence (home health)
☐ Radiology department
☐ Reception area
☐ Other; can you specify? _____
_____

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17. 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? _____

VI. HCP PARTICIPATION IN AEROSOL-G[redacted]RE 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

18. 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

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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

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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

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	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

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	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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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. 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

21. 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

22. 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

23. 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.

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☐ Other; can you specify? _____

24. 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

25. 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

26. 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

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

☐ Yes ☐ No ☐ Not sure

28. 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

29. 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

Assessment of Healthcare Personnel Exposed to or Infected with SARS-CoV-2:
Possible Reinfection Form

NEW EIP HCP ID: _____ **FIRST EIP HCP ID:** _____ **IF COVID-19 CASE, STATE OR CDC ID:** _____

30. 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

VII. ADDITIONAL INFORMATION

31. 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		