Form Approved
OMB No. 0920-XXXX
Exp. Date: XX/XX/2020
Version:

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

EIP HCP ID: _______________ **IF PUI or COVID-19 CASE, ENTER STATE OR CDC ID: _____________**

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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
☐ Not sure

8. Have you been diagnosed with COVID-19?

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☐ 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 or form completion
   ☐ 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; to go Q12
    ☐ Not sure; go to Q12

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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

11 c. 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 the 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 a few 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 that you work? (record interview date or today's date if close contact is still occurring) MM / DD / YYYY ☐ Not sure

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

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☐ 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 or 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 or 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
☐ 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
☐ Nausea or vomiting	MM / DD / YYYY ☐ Not sure	MM / DD / YYYY ☐ Not sure
☐ Diarrhea	MM / DD / YYYY ☐ Not sure	MM / DD / YYYY ☐ Not sure
☐ 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
☐ Other, ____________________	MM / DD / YYYY ☐ Not sure	MM / DD / YYYY ☐ Not sure

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☐ 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

IV. HCP COMMUNITY EXPOSURES

READ ME FIRST (EIP Interview Instruction Only)

- If the HCP was diagnosed with COVID-19 and had symptoms, complete Questions #15–39 with information for the 14 days before and the day of symptom onset (MM / DD / YYYY to MM / DD / YYYY)
- If the HCP was diagnosed with COVID-19 and did NOT have symptoms, complete Questions #15–39 with information for the 14 days before the specimen collection date of the first positive coronavirus test (MM / DD / YYYY to MM / DD / YYYY)
- If the HCP was NOT diagnosed with COVID-19 and had symptoms, complete Questions #15–39 with information for the14 days before and the day of symptom onset (MM / DD / YYYY to MM / DD / YYYY)
- If the HCP was NOT diagnosed with COVID-19 and did NOT have symptoms, complete Questions #16–40 with information for the 14 days before the specimen collection date of the most recent NEGATIVE coronavirus test result (MM / DD / YYYY to MM / DD / YYYY)

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)

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☐ Spouse/partner ☐ Child ☐ Parent ☐ Other family ☐ Friend ☐ Medical provider ☐ 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 ☐ Work ☐ Daycare ☐ School/University ☐ Transit ☐ Rideshare ☐ Hotel

☐ Cruise Ship ☐ Healthcare facility ☐ Other; can you specify? ______________________________

16. Did you travel away from home? (Check "Yes" if your return date is during the 14 days from MM / DD / YYYY to MM / DD / YYYY date range 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.

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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 mass gathering (such as a religious event, wedding, party, dance, concert, banquet, festival, sports event, or other event)?	☐ Yes ☐ No ☐ Not sure	From: MM / DD / YYYY 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

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

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

- ☐ Chaplain
- ☐ Environmental services worker
- ☐ Facilities/maintenance worker
- ☐ Food services worker
- ☐ Laboratory personnel
  - ☐ Cytotechnologist
  - ☐ Histotechnologist
  - ☐ Medical/Clinical Lab Scientist
  - ☐ PhD laboratory scientist
  - ☐ Other laboratory personnel
  - ☐ Medical Laboratory Technician
- ☐ Licensed practical nurse
- ☐ Medical assistant
- ☐ 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
- ☐ Speech therapist
- ☐ Student
- ☐ Ward clerk

Reminder! For this interview, a "COVID-19 patient" is a person 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 respiratory	☐ 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. 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)

- ☐ Emergency room/department
- ☐ Endoscopy room
- ☐ Intensive care unit
- ☐ Inpatient ward
- ☐ Unknown
- ☐ Laboratory
  - ☐ Clinical pathology
  - ☐ Anatomic pathology
  - ☐ Other laboratory type
- ☐ Operating room
- ☐ Outpatient clinic area
- ☐ Pharmacy
- ☐ Reception area
- ☐ Radiology department
- ☐ Other; can you specify? ____________

8. Did you have any close contacts with COVID-19 patient(s) during work in your facility?

- ☐ Yes
- ☐ No; go to Q38
- ☐ Not sure; go to Q38

9. In which area(s) of the facility did your close contacts with COVID-19 patient(s) occur? (Check all that apply)

- ☐ During transport
- ☐ Emergency room examination room
- ☐ Endoscopy room
- ☐ Inpatient ward patient room
- ☐ Intensive care unit patient room
- ☐ Not sure
- ☐ Laboratory
- ☐ Operating room
- ☐ Outpatient examination room
- ☐ Radiology department
- ☐ Reception area
- ☐ Other; can you specify? ____________

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VI. HCP PARTICIPATION IN AEROSOL-GENERATING PROCEDURES DURING WORK IN HEALTHCARE FACILITY

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

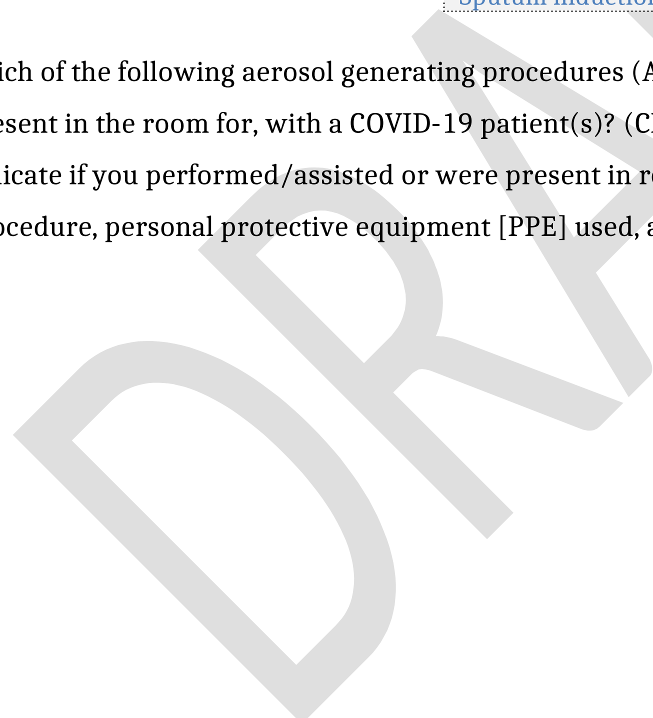
☐ Yes; answer Q25a

☐ No; go to Q26

☐ Not sure; go to Q26

Examples of aerosol generating procedures
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)
Other aerosol generating procedures
Sputum induction

25a. 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	☐ 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	Gloves	☐ All the time	☐ Most of the time	☐ Sometimes	☐ Rarely or never
	Gown	☐ All the time	☐ Most of the time	☐ Sometimes	☐ Rarely or

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Procedure	PPE				
Number of procedures: ________________ Average length of procedure: _____________ minutes					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

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	Goggles or face shield	☐ All the time	☐ Most of the time	☐ Sometimes	never ☐ Rarely or never

☐ **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)**	Gloves	☐ All the time	☐ Most of the time	☐ Sometimes	☐ Rarely or

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Procedure	PPE				
☐ Performed or assisted ☐ Present in room Number of procedures: ________________ Average length of procedure: ____________minutes					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

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					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

☐ **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

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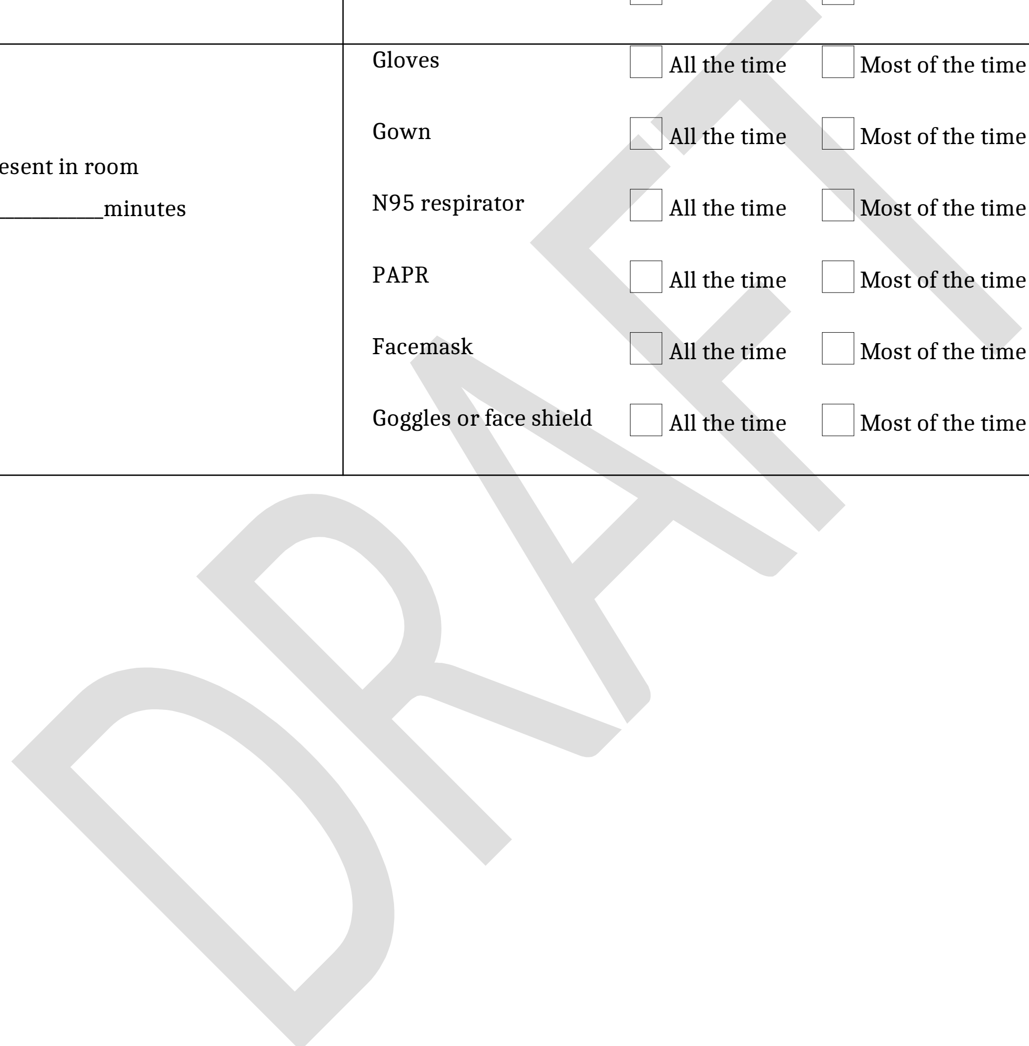
	Goggles or face shield	☐ All the time	☐ Most of the time	☐ Sometimes	☐ Rarely or never
☐ **Other AGP; can you specify?** ________________________ ☐ Performed or assisted ☐ Present in room Time in room during AGP: ___________minutes	Gloves	☐ All the time	☐ Most of the time	☐ Sometimes	☐ Rarely or never
	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: _______________ **IF PUI or COVID-19 CASE, ENTER STATE OR CDC ID: _____________**

19. What is the longest single (continuous) amount of time were you 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 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

    29a. Which of the following was in place on COVID-19 patient(s) during your contacts?
    - ☐ Surgical mask
    - ☐ N95 respirator (mask with closer fit)
    - ☐ Intubation (i.e., tube for breathing)
    - ☐ Other; can you specify? ____________________________________
    - ☐ 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

25. Did you reuse a respirator (for example, N95 respirator) during care for COVID-19 patient(s)? (Reuse means the practice of using the same respirator [usually a N95 respirator] for multiple encounters with

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EIP HCP ID: ______________ **IF PUI or COVID-19 CASE, ENTER STATE OR CDC ID:** ____________

patients but removing it [doffing] after each encounter and storing it between encounters)

☐ Yes ☐ No ☐ Not sure ☐ Did not use a respirator

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

☐ Yes; answer Q33a

☐ No; go to Q34

☐ Not sure; go to Q34

35a. Were you able to wear the respirator that you were fit tested for?

☐ Yes ☐ No ☐ Not sure

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

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

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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 DEMOGRAPHIC AND UNDERLYING MEDICAL CONDITIONS

33. What is your sex at birth? ☐ Male ☐ Female ☐ Prefer not to answer

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

37. How would you define your race? (Check all that apply)
    ☐ American Indian or Alaska Native ☐ Black or African American ☐ White
    ☐ Native Hawaiian/other Pacific Islander ☐ Asian ☐ Other race
    ☐ Prefer not to answer

38. How would you define your ethnicity? (Check one)
    ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Prefer not to answer

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

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

EIP HCP ID: _______________ **IF PUI or COVID-19 CASE, ENTER STATE OR CDC ID:** _____________

	_________________________			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

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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 Q49a
   - ☐ No; go to Q50
   - ☐ Prefer not to answer; go to Q50

   49a. How long have you been smoking? __________ years

43. Are you a former smoker (includes tobacco, e-cigarettes/vaping, marijuana)?
   - ☐ Yes; answer Q50a and Q50b
   - ☐ No; go to Q51
   - ☐ Prefer not to answer; go to Q51

   50a. How long did you smoke? __________ years

   50b. How long since you quit smoking? __________ ☐ years or ☐ months

44. Do you have any questions or additional details to share about the above patient care activities for COVID-19 patient(s)?

____
____
____
____
____
____
____
____

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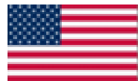

2020

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		