

Interview Date _____

Study ID _____

Callback survey to collect work-related information from confirmed COVID-19 cases

Last revised August 20, 2020

Section 1. Screening Questions

NOTES TO INTERVIEWER: These questions refer to the 14 days before the date of first symptom onset. If asymptomatic or if the date of first symptom onset is unknown, the questions can refer to 14 days before the interviewee's first positive test sample was collected. The information in this section can be completed based on the initial case report form prior to callback interview, if possible, and verified during callback interview.

To guide these questions, record the first date from the Case Report Form:

Date of first symptom onset or first positive test sample, whichever is earlier: MM / DD / YYYY

1. Our records show that you
[if case was ill] became sick...
[if case was asymptomatic] first tested positive for SARS-CoV-2 (the virus that causes COVID-19)...
...on [enter date from above]. Is this correct?
 Yes → Continue
 No → Record correct start date: MM / DD / YYYY

Calculating back 14 days from the first sign of symptoms (or had a positive test), it is likely that you were exposed on or after approximately: MM / DD / YYYY.

The following questions refer to the 14-day period between the two dates listed above.

2. Were you employed at any time during the 14-day period before you got sick or had a positive test?
 Yes → Continue
 No → Conclude interview and read thank you message:

"Thank you for your time. This survey is focused on people who worked outside of their homes during the time they likely became infected with the virus that causes COVID-19, so we have no further questions for you. Have a nice day."

3. During the 14-day period before you got sick (or had a positive test), did you work someplace other than from your home?
 Yes → Go to question 4

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No, I only worked from home (teleworked) → Conclude interview and read thank you message:

“Thank you for your time. This survey is focused on people who worked outside of their homes during the time they likely became infected with the virus that causes COVID-19, so we have no further questions for you. Have a nice day.”

4. During this time, did you work or volunteer in any job in a healthcare setting such as a hospital, doctor’s office, dentist’s office, or nursing home, or in a health-related occupation in another setting, such as working as a home health aide or an emergency medical technician?

Additional notes for interviewer:

“Healthcare personnel (HCP) are defined as all paid and unpaid persons working in health-care settings who have the potential for exposure to patients and/or to infectious materials, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air. HCP might include, but are not limited to, physicians, nurses, nursing assistants, therapists, technicians, emergency medical service personnel, dental personnel, pharmacists, laboratory personnel, autopsy personnel, students and trainees, contractual staff not employed by the health-care facility, and persons (e.g., clerical, dietary, environmental services, security, maintenance, administrative, billing, and volunteers) not directly involved in patient care but potentially exposed to infectious agents that can be transmitted to and from HCP and patients.”

Yes → Conclude interview and read thank you message below.

No → Go to Question 5

“Thank you for your time. Because there are a lot of other studies that are focusing on the risk for COVID-19 among those who work in healthcare settings or occupations, this survey is focusing on people who worked in other settings during the time they likely became infected, so we have no further questions for you. Have a nice day and thank you for your service.”

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Section 2. Clinical Information

NOTE TO INTERVIEWER: The information in this section can be completed based on the initial case report form prior to callback interview, if possible, and verified during callback interview.

5. Did you develop any of the following symptoms prior to testing positive for COVID-19 or during the 10 days after the test?

- Fever or chills,
- Cough,
- Shortness of breath or difficulty breathing,
- Fatigue,
- Muscle or body aches,
- Headache,
- New loss of taste or smell,
- Sore throat,
- Congestion or runny nose,
- Nausea or vomiting, or
- Diarrhea
- Other symptom, specify _____
- No symptoms

6. Were you hospitalized at any point due to COVID-19?

- Yes
- No

7. At the time you were diagnosed with COVID-19, did you have any of the following underlying chronic health conditions?

- Cancer
- Chronic kidney disease
- COPD (chronic obstructive pulmonary disease)
- Immunocompromised state (weakened immune system) from solid organ transplant
- Obesity (body mass index [BMI] of 30 or higher)
- Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Sickle cell disease
- Type 2 diabetes mellitus
- Pregnancy

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- Current smoker
- Other chronic diseases, specify _____
- No underlying conditions

Section 3. Occupational Information

The next set of questions are about your job during the 14-day period before you got sick (or had a positive test). If you had more than one job during that time, we will ask the same questions about each job up to 3 total jobs.

8. During the 14-day period before you got sick (or had a positive test), did you work at more than one job?
- Yes → Go to Question 8b.
 - No → Go to Question 9.

8b. How many jobs did you have during this time? _____

Now I'm going to ask you the same set of questions about each of the jobs you had during that time. Let's start with your main job (the one where you worked the most hours).

9. (For this job), what kind of work did you do?
(for example, janitor, cashier, auto mechanic, construction laborer)

10. (For this job), what kind of business or industry did you work in? (for example, elementary school, clothing manufacturing, restaurant, construction company)

11. (For this job), which of the following best describes your work arrangement?
- I was a self-employed business owner
 - I was a regular, permanent employee, paid by the company I work for (standard work arrangement)
 - I was paid by a temporary agency
 - I was paid by a contractor
 - I worked as an independent contractor, independent consultant, or freelance worker
 - I worked in some other work arrangement, specify _____

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12. Approximately how many hours per week did you work at this job during the 14-day period before you got sick (or had a positive test)? _____

13. (For this job), what type of transportation did you use to get to and from work or for job-related travel?

(Only read list if necessary; select all that apply)

- Walking or biking → Go to Question 14.
- Private vehicle alone → Go to Question 14.
- Private vehicle with other people → Go to Question 13b.
- Rideshare (e.g., Uber, Lyft, taxi) → Go to Question 13b.
- Public transportation → Go to Question 14.
- Airplane → Go to Question 14.

13b. Did you travel to or from work or as part of your job in a vehicle with co-workers who were not members of your household?

- Yes
- No

14. During the 14-day period before you got sick (or had a positive test), approximately how many co-workers did you come into close contact with (within 6 feet) for 15 minutes or more at work each day? (Record approximate number: __, then check box below; only read categories if necessary.)

- 0
- 1-9
- 10 or more

15. During the 14-day period before you got sick (or had a positive test), approximately how many customers/clients or visitors did you come into close contact with (within 6 feet) for 15 minutes or more at work each day? (Record approximate number: __, then check box below; only read categories if necessary.)

- 0
- 1-9
- 10 or more

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16. During the 14-day period before you got sick (or had a positive test), had your employer done any of the following to prevent COVID-19 in the workplace?

Select all that apply.

a.	Implemented safe distancing (6 feet or more) between employees and/or customers
b.	Provided respirators (like N95s) to employees specifically to prevent COVID-19
c.	Provided another type of face covering/mask to employees specifically to prevent COVID-19
d.	Required employees to wear a face covering/mask
e.	Screened employees (like asking about symptoms, taking temperatures)
f.	Screened customers/clients (like asking about symptoms, taking temperatures)
g.	Reassigned workers at increased risk for severe illness (older, underlying conditions)
h.	Put up physical barriers like plexiglass partitions or plastic curtains
i.	Used enhanced cleaning/disinfection procedures
j.	Provided special training to employees about COVID-19
k.	Limited the number of customers in the establishment at one time
l.	Provided hand sanitizer
m.	Required customers/clients to wear face coverings/masks
n.	Posted signs about safe practices (social distancing, face coverings, hand washing)
o.	Changed/improved the ventilation system (installed new HEPA filter, opened windows, etc.)
p.	None of these actions taken to prevent spread of COVID-19
q.	Not Applicable

17. During the 14-day period before you got sick (or had a positive test), how often did you wear each of these types of facial covering when you were within 6 feet of other people at work? Would you say: Always (5), Almost always (4), Sometimes (3), Rarely (2), or Never (1)?

a. ...a cloth face covering that can be washed and reused?	5	4	3	2	1
b. ...a surgical or other disposable mask?	5	4	3	2	1
c. ...a respirator such as an N95?	5	4	3	2	1

18. During the 14-day period before you got sick (or had a positive test), how many of your co-workers wore a face covering or mask over their mouth and nose when they were within 6 feet of you?

- All (100%)
- Most (50-99%)
- Some, but less than half (10-49%)

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- Few (less than 10%)
- None (0%)
- Not applicable

19. During the 14-day period before you got sick (or had a positive test), how many of the other people in your work location (customers/clients, visitors) wore a face covering or mask over their mouth and nose when they were within 6 feet of you?

- All (100%)
- Most (50-99%)
- Some, but less than half (10-49%)
- Few (less than 10%)
- None (0%)
- Not applicable

20. How much do you agree with the following statements regarding the 14-day period before you got sick (or had a positive test)? Would you say: Strongly agree (4), Agree (3), Disagree (2), or Strongly Disagree (1)?

a. It was possible to access the hand cleaning supplies whenever they were needed.	4	3	2	1
b. My employer provided adequate training about COVID-19 and how to reduce the risk of acquiring COVID-19 in the workplace.	4	3	2	1
c. Overall, protecting employees from exposure to COVID-19 was a high priority with management where I worked.	4	3	2	1

Section 4. Specific Workplace Exposures

For the following questions, close contact means being 6 feet or closer for at least 15 minutes. Six feet (2 meters) is about the length of a twin or full-size mattress.

For respondents who worked at more than one job during the 14-day period before they got sick (or had a positive test), these questions will be repeated for each job.

21. During the 14-day period before you got sick (or had a positive test), did you have close contact with a person or persons at this job who you knew or thought had COVID-19?

- Yes → Go to Question 21b.
- No → Go to Question 22.
- Don't know → Go to Question 22.

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21b. Which best describes this person/s? (check all that apply)

- Co-worker
- Customer/client
- Visitor
- Other, specify _____

21c. Could you still have accomplished your job duties without having close contact with this person/s?

- Yes
- No
- Don't know

If the respondent had >1 job during the 14-day period before they got sick (or had a positive test; i.e., answered Yes to question 8), repeat questions 9-21 for each job (up to 3 total) held during that period.

Section 5. Community (non-work) Exposures

NOTE TO INTERVIEWER: For the following questions, close contact means being 6 feet (or 2 meters) or closer for at least 15 minutes. Six feet (2 meters) is about the length of a twin or full-size mattress.

During the 14-day period before you got sick (or had a positive test), did you...

22. Have close contact outside of the place where you worked with someone who you knew or thought had COVID-19?

- Yes → Go to Question 22b.
- No → Go to Question 23.
- Don't know → Go to Question 23.

22b. How do you know this person(s)? (select all that apply)

- Household member/intimate partner
- Family (who does not live with you)
- Friend (non-household member)
- Co-worker (outside of work)
- Contact only – no relationship
- Other (specify): _____

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23. Which of these options best describes your living situation during the 14-day period before you got sick (or had a positive test)? (select all that apply)

- Lived in a home/apartment that I owned or rented
- Lived in temporary housing provided by my employer
- Did not have any reliable housing during this time
- Other (specify): _____

24. How many other adults and children lived with you in this place?

_____ adults

_____ children (<18 years old)

During the 14-day period before you got sick (or had a positive test), did you do any of the following activities outside of work? “Gatherings” include religious events, weddings, parties, dances, concerts, banquets, funerals, festivals, sports events, classes, or other similar types of events. Did you...

Activity	Answer
25. ...attend an <i>indoor</i> gathering of >50 people?	<input type="checkbox"/> Yes → Go to question 26 <input type="checkbox"/> No → Go to question 25b <input type="checkbox"/> Don't know
25b. ...attend an <i>indoor</i> gathering of >10 but <50 people?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
26. ...attend an <i>outdoor</i> gathering of >50 people?	<input type="checkbox"/> Yes → Go to question 27 <input type="checkbox"/> No → Go to question 26b <input type="checkbox"/> Don't know
26b. ...attend an <i>outdoor</i> gathering of >10 but <50 people?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
27. ...spend time inside a restaurant or bar?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
28. ... travel away from your home community (to a different city/town, county, state, or country) for reasons other than work or routine errands (e.g., grocery shopping)?	<input type="checkbox"/> Yes → Go to question 29 <input type="checkbox"/> No → Go to question 30
29. Which of these modes of transportation did you use? (check all that apply)	<input type="checkbox"/> Private car <input type="checkbox"/> Taxi/Rideshare <input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Airplane <input type="checkbox"/> Other, specify _____

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Section 6. Working while Infected and Leave

30. Did you work outside of your home at any time in the 10 days after you started experiencing symptoms of COVID-19 or were tested for COVID-19, including the day you first developed symptoms?

Yes

No

31. How many days did you miss work due to your infection?

0 → Go to question 32.

1 or more days, specify _____

31b. Did you receive pay for the time you were off work due to COVID-19?

Yes

No

Section 7. Demographic Information

NOTE TO INTERVIEWER: Some or all of the information in this section can be completed based on the initial case report form prior to callback interview, if possible.

32. How old were you at the time you were diagnosed with COVID-19? _____

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

Male

Female

Refused

I don't know

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

Male

Female

Transgender

None of these

NOTE TO INTERVIEWER: Respond with discretion to a confused or hostile respondent by saying something like “We ask everyone this question. Do you think of yourself as a ___ [man/woman (based on the response to the sex at birth question)]?”

35. What is your ethnicity?

Hispanic/Latino

Non-Hispanic/Latino

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36. What is your race (check all that apply)?

- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- White

37. Are you covered by any kind of health insurance or some other kind of health care plan? (Include health insurance obtained through employment or purchased directly as well as government programs like Medicare or Medicaid that provide medical care or help pay medical bills.)

- Yes
- No

38. What is the highest level of education you completed?

- Less than high school
- High school or equivalent (e.g., GED)
- Some college, including associate's degree
- Bachelor's degree or higher

Closing statement

This concludes the survey. Thank you for participating.

OPTIONAL: The next questions can be filled in by the interviewer or other study personnel based on health department records.

39. Was this case part of a recognized cluster?

- Yes → Go to question 39b.
- No → End
- Unknown → End

39b. Was the cluster linked to a workplace?

- Yes
- No

39c. What was the cluster ID (to determine whether any other cases interviewed for this study were part of the same cluster)? _____