**Supplement 1: Flu Season Survey**

Please complete the survey below. Thank you!

Age:

18-30

31-40

41-50

51-60

61-70

70+

Gender

Female

Male

Are you a physician or advanced practice provider?

Yes

No

Do you provide care for transplant patients on a regular basis?

Yes

No

Are you a nurse?

Yes

No

Please indicate which of the following two groups of units you regularly work on:

G110, G111, G101, J82

H80, H81, G80, G81

Have you experienced any of the following symptoms in the preceding 2 weeks? (Check all that apply)

Fever (>100° F)

Cough

Sore Throat

None

Did you present to work while having any of the above symptoms?

Yes

No

Did you wear a face mask while at work with the above symptoms?

Yes

No

Did your illness result in time away from your regular work duties?

Yes

No