**SECTION 1. COVID-19 TEST**

A requirement for this survey is that you recently tested positive for COVID-19.

The following questions ask about the COVID-19 test and results that you received.

1. Have you tested positive for COVID-19 in the past 8 weeks?

Yes  No

1. When did you test positive for COVID-19?
2. Date of swab: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_
3. Date of result: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_
4. Have you been recently tested for COVID-19?

Yes  No

1. When was your most recent test date?

\_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

1. Where did you get tested for COVID-19?

At work  Public health/county  Clinic/drive-thru  Doctor appointment

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Why did you get tested for COVID-19? Check all that apply.

It was required by work  I was experiencing symptoms

I was exposed to someone with COVID-19  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In general, before you had COVID-19, how would have rated your overall health?

Excellent  Very Good  Good  Fair  Poor

1. How would you rate your health now?

Excellent  Very Good  Good  Fair  Poor

1. What is your job within the nursing home?

|  |  |
| --- | --- |
| Certified nursing assistant (CNA) or Restorative Nursing Assistant (RNA) | Assistant Director of Nursing (ADON) |
| Nurse (Medication/Treatment/Would Care/Minimum Data Set/Nurse Supervisor) | Administrator |
| Environmental Services (EVS)/Laundry | Assistant Administrator |
| Maintenance Worker | Receptionist |
| Central Supply | Medical Records Office |
| Dietary/Kitchen Services | Social Services |
| Director of Staff Development (DSD)/Infection Preventionist (IP) | Activities Director |
| Director of Nursing (DON) | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. In the two weeks before you became ill, were you less than 6 feet apart for more than 15 minutes with someone who was sick with cold or flu symptoms such as a new cough, fever, or other symptoms?
2. At home?  Definitely Yes Possibly Definitely No
3. Close friends not at work?  Definitely Yes Possibly Definitely No
4. Co-workers at work?  Definitely Yes Possibly Definitely No
5. Residents at work?  Definitely Yes Possibly Definitely No
6. When you need medical care, where do you usually go?

My regular doctor  Emergency room

Urgent care clinic  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Outpatient clinic

1. What is your primary insurance?

Private insurance  Medicare AND Medi-Cal

Medi-Cal (Medicaid)  Free care

Medicare  None

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 2. SYMPTOMS of COVID**

Symptoms of COVID-19 can be very mild.

The next set of questions ask about your experience with COVID-19 related symptoms.

1. Did you have any of the following symptoms around the time you tested positive for COVID-19? When I ask you about each symptom, tell me whether you had the symptom and how many days before or after your test did it start.

| **SYMPTOM** | **YES OR NO** | | **(# DAYS BEFORE OR AFTER TEST)** | |
| --- | --- | --- | --- | --- |
| 1. Fever (≥ 99F) | NO | YES | \_\_\_\_\_DAYS | BEFORE  AFTER |
| 1. Chills | NO | YES | \_\_\_\_\_DAYS | BEFORE  AFTER |
| 1. Cough (new) | NO | YES | \_\_\_\_\_DAYS | BEFORE  AFTER |
| 1. Shortness of breath (new) | NO | YES | \_\_\_\_\_DAYS | BEFORE  AFTER |
| 1. Sore throat | NO | YES | \_\_\_\_\_DAYS | BEFORE  AFTER |
| 1. Body aches | NO | YES | \_\_\_\_\_DAYS | BEFORE  AFTER |
| 1. Excessive fatigue | NO | YES | \_\_\_\_\_DAYS | BEFORE  AFTER |
| 1. Headache | NO | YES | \_\_\_\_\_DAYS | BEFORE  AFTER |
| 1. Loss of taste/smell | NO | YES | \_\_\_\_\_DAYS | BEFORE  AFTER |
| 1. Lack of appetite | NO | YES | \_\_\_\_\_DAYS | BEFORE  AFTER |
| 1. Runny nose or congestion | NO | YES | \_\_\_\_\_DAYS | BEFORE  AFTER |
| 1. Nausea, vomiting, or diarrhea | NO | YES | \_\_\_\_\_DAYS | BEFORE  AFTER |

1. If yes to any of the above, did you tell anyone about your symptoms before your test?
2. N/A (did not respond yes to any of the above)
3. Family?  Yes, all symptoms  Yes, some symptoms  No symptoms
4. Friends outside work?  Yes, all symptoms  Yes, some symptoms  No symptoms
5. Co-workers?  Yes, all symptoms  Yes, some symptoms  No symptoms
6. Supervisors?  Yes, all symptoms  Yes, some symptoms  No symptoms
7. Public health?  Yes, all symptoms  Yes, some symptoms  No symptoms
8. In general, how likely do you think **nursing home workers** are to report:
   1. **Mild** symptoms (your energy level is good, but you may have symptoms such as sore throat, runny nose, cough) to their supervisors?

Extremely unlikely  Unlikely  Not likely or unlikely  Likely  Extremely likely

* 1. **Moderate** symptoms (your energy level is fair, and you have symptoms such as muscle aches or headache) to their supervisors?

Extremely unlikely  Unlikely  Not likely or unlikely  Likely  Extremely likely

* 1. **More serious** symptoms (your energy level is poor and you have symptoms such as fever or chills) to their supervisors?

Extremely unlikely  Unlikely  Not likely or unlikely  Likely  Extremely likely

1. If you are experiencing **mild symptoms** (such as sore throat, runny nose, cough) how likely are **you** to do the following?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Extremely unlikely  **[1]** | Unlikely  **[2]** | Not likely or unlikely  **[3]** | Likely  **[4]** | Extremely likely  **[5]** |
| 1. Seek care from a doctor’s office | **1** | **2** | **3** | **4** | **5** |
| 1. Seek advice on the internet | **1** | **2** | **3** | **4** | **5** |
| 1. Seek advice from friends or family | **1** | **2** | **3** | **4** | **5** |
| 1. Stay home | **1** | **2** | **3** | **4** | **5** |
| 1. Stay home in bed | **1** | **2** | **3** | **4** | **5** |
| 1. Take over the counter medication (Tylenol, Advil/Motrin) | **1** | **2** | **3** | **4** | **5** |

1. If you are feeling **moderately sick**, how likely are **you** to do the following?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Extremely unlikely  **[1]** | Unlikely  **[2]** | Not likely or unlikely  **[3]** | Likely  **[4]** | Extremely likely  **[5]** |
| 1. Seek care from a doctor’s office | **1** | **2** | **3** | **4** | **5** |
| 1. Seek advice on the internet | **1** | **2** | **3** | **4** | **5** |
| 1. Seek advice from friends or family | **1** | **2** | **3** | **4** | **5** |
| 1. Stay home | **1** | **2** | **3** | **4** | **5** |
| 1. Stay home in bed | **1** | **2** | **3** | **4** | **5** |
| 1. Take over the counter medication (Tylenol, Advil/Motrin) | **1** | **2** | **3** | **4** | **5** |

1. If you are feeling **severely sick**, how likely are **you** to do the following?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Extremely unlikely  **[1]** | Unlikely  **[2]** | Not likely or unlikely  **[3]** | Likely  **[4]** | Extremely likely  **[5]** |
| 1. Seek care from a doctor’s office | **1** | **2** | **3** | **4** | **5** |
| 1. Seek advice on the internet | **1** | **2** | **3** | **4** | **5** |
| 1. Seek advice from friends or family | **1** | **2** | **3** | **4** | **5** |
| 1. Stay home | **1** | **2** | **3** | **4** | **5** |
| 1. Stay home in bed | **1** | **2** | **3** | **4** | **5** |
| 1. Take over the counter medication (Tylenol, Advil/Motrin) | **1** | **2** | **3** | **4** | **5** |

1. If you had one of the below symptoms (not all of which are COVID-19 symptoms), how likely would you be to report it to your supervisor?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Extremely unlikely  **[1]** | Unlikely  **[2]** | Not likely or unlikely  **[3]** | Likely  **[4]** | Extremely likely  **[5]** |
| 1. Mild fatigue | **1** | **2** | **3** | **4** | **5** |
| 1. Moderate fatigue | **1** | **2** | **3** | **4** | **5** |
| 1. Excessive fatigue | **1** | **2** | **3** | **4** | **5** |
| 1. Headache | **1** | **2** | **3** | **4** | **5** |
| 1. Lower back pain | **1** | **2** | **3** | **4** | **5** |
| 1. Body aches | **1** | **2** | **3** | **4** | **5** |
| 1. Sore throat | **1** | **2** | **3** | **4** | **5** |
| 1. Cough | **1** | **2** | **3** | **4** | **5** |
| 1. Fever (99 to 101F) | **1** | **2** | **3** | **4** | **5** |
| 1. Fever (>101F) | **1** | **2** | **3** | **4** | **5** |
| 1. Chills | **1** | **2** | **3** | **4** | **5** |
| 1. Shortness of breath | **1** | **2** | **3** | **4** | **5** |
| 1. Abdominal cramps | **1** | **2** | **3** | **4** | **5** |
| 1. Muscle spasms | **1** | **2** | **3** | **4** | **5** |
| 1. Joint stiffness | **1** | **2** | **3** | **4** | **5** |
| 1. Loss of taste/smell | **1** | **2** | **3** | **4** | **5** |
| 1. Lack of appetite | **1** | **2** | **3** | **4** | **5** |
| 1. Runny nose or congestion | **1** | **2** | **3** | **4** | **5** |
| 1. Nausea, vomiting, diarrhea | **1** | **2** | **3** | **4** | **5** |

**SECTION 3. HEALTH BEHAVIORS AND PERCEPTIONS**

The following questions ask about your experiences and perspectives related to

symptom reporting, working while ill, and accepting vaccines.

1. When someone has potential COVID-19 symptoms, how harmful is it to not report the symptoms(s) to a supervisor at work?

Not at all harmful  Very harmful

Slightly harmful  Extremely harmful

Somewhat harmful

1. How confident are you that if you have to go home due to COVID-19 symptoms:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not at all confident **[1]** | Slightly confident  **[2]** | Fairly confident  **[3]** | Very confident  **[4]** | Extremely confident  **[5]** |
| 1. Your supervisor would support your decision | **1** | **2** | **3** | **4** | **5** |
| 1. Your co-workers would support your decision | **1** | **2** | **3** | **4** | **5** |

1. In general, how much does each of the following matter when deciding to report possible symptoms of COVID-19 to a supervisor at work?

|  | Not at all  **[1]** | Slightly  **[2]** | Somewhat  **[3]** | A lot  **[4]** | Very Much  **[5]** |
| --- | --- | --- | --- | --- | --- |
| 1. Having information about COVID-19 symptoms | **1** | **2** | **3** | **4** | **5** |
| 1. Having information about protecting family from getting COVID-19 | **1** | **2** | **3** | **4** | **5** |
| 1. Supervisor encourages reporting of symptoms | **1** | **2** | **3** | **4** | **5** |
| 1. Coworkers encourage reporting of symptoms | **1** | **2** | **3** | **4** | **5** |
| 1. Coworkers finding out you have COVID-19 | **1** | **2** | **3** | **4** | **5** |
| 1. How many paid sick days you have | **1** | **2** | **3** | **4** | **5** |
| 1. Concerns about losing your job | **1** | **2** | **3** | **4** | **5** |
| 1. Staffing to cover if you cannot work | **1** | **2** | **3** | **4** | **5** |
| 1. Support at home if you were sick | **1** | **2** | **3** | **4** | **5** |
| 1. Having free transportation to medical care | **1** | **2** | **3** | **4** | **5** |
| 1. Out-of-pocket costs for medical care | **1** | **2** | **3** | **4** | **5** |
| 1. Having free COVID-19 testing outside of work | **1** | **2** | **3** | **4** | **5** |

1. How much would it help if you had a confidential phone number to call to:

|  | Not at all  **[1]** | Slightly  **[2]** | Somewhat  **[3]** | A lot  **[4]** | Very Much  **[5]** |
| --- | --- | --- | --- | --- | --- |
| 1. Discuss COVID-19 symptoms or concerns | **1** | **2** | **3** | **4** | **5** |
| 1. Help decide if you should report your symptoms | **1** | **2** | **3** | **4** | **5** |
| 1. Understand COVID-19 testing or results | **1** | **2** | **3** | **4** | **5** |
| 1. Ask about available resources | **1** | **2** | **3** | **4** | **5** |
| 1. Ask about COVID-19 vaccines | **1** | **2** | **3** | **4** | **5** |

1. How worried are you about: (If positive, how worried WERE you before tested positive)

|  | Not at all worried  **[1]** | Slightly worried  **[2]** | Fairly worried  **[3]** | Very worried  **[4]** | Extremely worried  **[5]** |
| --- | --- | --- | --- | --- | --- |
| 1. Yourself getting COVID-19 | **1** | **2** | **3** | **4** | **5** |
| 1. People you live with getting COVID-19 | **1** | **2** | **3** | **4** | **5** |
| 1. Your coworkers getting COVID-19 | **1** | **2** | **3** | **4** | **5** |
| 1. Nursing home residents getting COVID-19 | **1** | **2** | **3** | **4** | **5** |

1. In the past 4 weeks (or weeks before you tested positive), how often did you:

|  | Never  **[1]** | Rarely  **[2]** | Sometimes  **[3]** | Often  **[4]** | Very Often  **[5]** |
| --- | --- | --- | --- | --- | --- |
| 1. Wear a mask at work | **1** | **2** | **3** | **4** | **5** |
| 1. Go shopping indoors without a mask | **1** | **2** | **3** | **4** | **5** |
| 1. Eat indoors at a restaurant | **1** | **2** | **3** | **4** | **5** |
| 1. Eat outdoors at a restaurant | **1** | **2** | **3** | **4** | **5** |
| 1. Share a meal at the same table with coworkers less than 6-feet apart | **1** | **2** | **3** | **4** | **5** |
| 1. Share a meal at the same table with friends/family you don’t live with | **1** | **2** | **3** | **4** | **5** |
| 1. Travel and stay overnight somewhere besides home | **1** | **2** | **3** | **4** | **5** |
| 1. Attend a group gathering | **1** | **2** | **3** | **4** | **5** |

1. Do you usually get the annual flu vaccine?

Yes  No

Have you or do you plan to get the COVID-19 vaccine?

Definitely not  Probably yes

Probably not  Definitely yes

Maybe  Already received it

1. How much does each of the following matter in getting people to take a COVID-19 vaccine?

|  | Not at all  **[1]** | Slightly  **[2]** | Somewhat  **[3]** | A lot  **[4]** | Very Much  **[5]** |
| --- | --- | --- | --- | --- | --- |
| 1. Out-of-pocket costs | **1** | **2** | **3** | **4** | **5** |
| 1. Short-term side effects | **1** | **2** | **3** | **4** | **5** |
| 1. Long-term side effects | **1** | **2** | **3** | **4** | **5** |
| 1. How well the vaccine protects you from getting COVID-19 | **1** | **2** | **3** | **4** | **5** |
| 1. How well the vaccine protects you from spreading COVID-19 to others | **1** | **2** | **3** | **4** | **5** |

1. Where do you get your information about COVID-19 vaccines?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How much do you trust each of the following when it comes to COVID-19 vaccines?

|  | Not at all  **[1]** | Slightly  **[2]** | Somewhat  **[3]** | A lot  **[4]** | Completely  **[5]** |
| --- | --- | --- | --- | --- | --- |
| 1. Your doctor | **1** | **2** | **3** | **4** | **5** |
| 1. Your supervisor at work | **1** | **2** | **3** | **4** | **5** |
| 1. Your family or friends | **1** | **2** | **3** | **4** | **5** |
| 1. The government | **1** | **2** | **3** | **4** | **5** |
| 1. The internet | **1** | **2** | **3** | **4** | **5** |
|  |  |  |  |  |  |

**SECTION 4. ABOUT YOU: HOME and WORK ENVIRONMENT**

The following questions ask about you, your household and work environment.

1. What is your current age? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What is your gender?

Male  Female  Other

1. Are you Hispanic?

Yes  No

1. What is your race?

American Indian  Native Hawaiian or Other Pacific Islander

Alaskan Native  White or Caucasian

Asian  More Than One Race

Black or African American  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How many nursing home facilities do you work in currently? \_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How long have you had your current job at the nursing home? (years) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. In total, how long have you worked in nursing homes? (years) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Do you have someone who supports you when you are sick?

No  Yes, coworkers

Yes, family  Yes, neighbors

Yes, friends outside work  Yes, healthcare provider

1. How many total people do you live with, including yourself? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
|  | **ENTER NUMBER** |
| 1. **Total people** in household | \_\_\_\_\_\_\_ |
| 1. **Total adults** (≥18 years old – including yourself) | \_\_\_\_\_\_\_ |
| 1. Total adults aged 65 or above | \_\_\_\_\_\_\_ |
| 1. How many adults are actively going to work in a *non-healthcare* setting? Please specify setting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ |
| 1. How many adults are actively going to work in a *healthcare* setting? Please specify setting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ |
| 1. **Total children** (<18 years old) | \_\_\_\_\_\_\_ |

1. Does anyone in the household currently attend:

|  | No  **[1]** | Yes, Online Only  **[2]** | Yes, Hybrid  **[3]** | Yes, In Person Only  **[4]** |
| --- | --- | --- | --- | --- |
| 1. Pre-school or day care | **1** | **2** | **3** | **4** |
| 1. Elementary school | **1** | **2** | **3** | **4** |
| 1. Middle school | **1** | **2** | **3** | **4** |
| 1. High school | **1** | **2** | **3** | **4** |
| 1. College | **1** | **2** | **3** | **4** |
| 1. Other (specify) | **1** | **2** | **3** | **4** |

Other School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have any other comments you’d like to share?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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