

Follow-up Questionnaire for COVID-19 Survey of UPH Team Members

It has been a few weeks since you submitted information through the COVID-19 Survey of UnityPoint Health Team Members electronic questionnaire, and we are asking that you complete a brief update. You can still participate in the study, even if you plan to receive or have received the COVID-19 vaccine prior to your blood draw appointment. The antibody measured in this study is to a viral protein that is not included in the vaccine.

* Required

* This form will record your name, please fill your name.

1. COVID-19 Exposure:

In the time period since you completed the electronic study questionnaire, have you had a significant exposure (within 6 feet for a cumulative period of >15 minutes in a day) to anyone with COVID-19 outside of work? *

Yes

No

2. Have you had a significant exposure (within 6 feet for cumulative period of > 15 minutes in a day) to a co-worker with COVID-19? *

Yes

No

3. Have you had a significant exposure (within 6 feet for any time period when all recommended PPE for the type of care provided was not utilized) to a patient with COVID-19? *

Yes

No

4. COVID-19 Diagnosis:

In the time period since you completed the electronic study questionnaire, have you been diagnosed with COVID-19? *

Yes

No

5. If yes, approximate date: *



Format: M/d/yyyy

6. How do you think you got COVID-19? *

Home Exposure

Community Exposure

Work Exposure from Patient

Work Exposure from Coworker

Unsure

Prefer Not to Answer

7. COVID-19 Vaccination:

In the time period since you completed the electronic study questionnaire, have you received the COVID-19 vaccine? *

Yes

No

8. If yes, approximate date: *

Format: M/d/yyyy

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