

Project PREVENT

PID 9075

Codebook ▾

Data Dictionary Codebook

12/31/2020 10:54am

▾ Expand all instruments

| # | Variable / Field Name | Field Label <i>Field Note</i> | Field Attributes (Field Type, Validation, Choices, Calculations, etc.) |
|---|---------------------------|--|---|
| Instrument: Screening Form (screening_form) Enabled as survey ▾ Expand | | | |
| Instrument: Consent Information (consent_information) Enabled as survey ▾ Expand | | | |
| Instrument: Contact Information (contact_information) Enabled as survey ▾ Expand | | | |
| Instrument: Baseline Enrollment Survey (baseline_enrollment_survey) Enabled as survey ▴ Collapse | | | |
| 82 | baselinedt | Baseline date complete <i>ef5433</i> | text (date_mdy) Field Annotation: @HIDDEN-SURVEY @TODAY |
| 83 | dt_twilio_clintrial | Datetime to send Clinical Trial Twilio alert | text (datetime_mdy) Field Annotation: @CALCTEXT(concat([baselinedt], " ", "08:30")) @HIDDEN-SURVEY |
| 84 | survey_text_baseline_form | | descriptive Field Annotation: @p1000surveytext{"English": {"surveytitle": "PREVENT - Baseline Information", "surveyinstructions": "Thank you for agreeing to participate in Project PREVENT. The purpose of this survey is to collect detailed information about your job, your illness, and how your illness has affected your work. Please answer all questions as completely as you can."}, "Español": {"surveyinstructions": "Gracias por aceptar participar en el Proyecto PREVENT. El propósito de este cuestionario es recopilar información detallada sobre su trabajo, su enfermedad y cómo ella ha afectado su trabajo. Responda todas las preguntas de la manera más completa posible."}} |
| 85 | swabn | Section Header: <i>Your Illness</i> Approximately, how many total times have you been tested for COVID-19 (with a swab in your nose, mouth, or throat) since December 31, 2019? <i>ef3994</i> | text, Required Custom alignment: LV |
| 86 | firstcovtest | What was the date of your FIRST COVID-19 test for this episode of illness/exposure? An episode of illness includes the period of symptoms until full recovery of symptoms. <i>ef2377_eip10b</i> | text (date_mdy, Min: 2020-09-01), Required Custom alignment: LV Field Annotation: @HIDEBUTTON @NOTFUTURE |
| 87 | totalcovidtests | How many total COVID-19 nasal, nasopharyngeal, or saliva tests have you had during this episode of illness/exposure? <i>ef1673</i> | text, Required Custom alignment: LV |
| 88 | covtesting | COVID Test 1 COVID Test 2 COVID Test 3 On what date was the test performed? {covtestdate1} {covtestdate2} {covtestdate3} Where was your test performed? {covtestloc1} {covtestloc2} {covtestloc3} What was the reason? {covtestwhy1} {covtestwhy2} {covtestwhy3} How would you like us to get your results? {covtestverify1} {covtestverify2} {covtestverify3} | descriptive |

| | | | | | | | | | | | | | | | | | | | | | |
|----|---|--|--|---|--|--|-----------------------------------|----------------|---|---|--|---|--|----------------|--|---|--|---|---|----------------|----------|
| 89 | covidts_warn Show the field ONLY if: datediff([baseline_arm_1][firstcovtest],[baseline_arm_1][covtestdate1], "d", "mdy", true)<0 | The COVID-19 test date reported in the 'COVID Test 1' column occurs BEFORE the earliest COVID-19 date ([baseline_arm_1][firstcovtest]) you reported above. Please review and update your COVID-19 testing dates. | descriptive | | | | | | | | | | | | | | | | | | |
| 90 | covidts_warn_2 Show the field ONLY if: [baseline_arm_1][covtestdate2] <> "" and datediff([baseline_arm_1][firstcovtest],[baseline_arm_1][covtestdate2], "d", "mdy", true)<0 | The COVID-19 test date reported in the 'COVID Test 2' column occurs BEFORE the earliest COVID-19 date ([baseline_arm_1][firstcovtest]) you reported above. Please review and update your COVID-19 testing dates. | descriptive | | | | | | | | | | | | | | | | | | |
| 91 | covidts_warn_3 Show the field ONLY if: [baseline_arm_1][covtestdate3] <> "" and datediff([baseline_arm_1][firstcovtest],[baseline_arm_1][covtestdate3], "d", "mdy", true)<0 | The COVID-19 test date reported in the 'COVID Test 2' column occurs BEFORE the earliest COVID-19 date ([baseline_arm_1][firstcovtest]) you reported above. Please review and update your COVID-19 testing dates. | descriptive | | | | | | | | | | | | | | | | | | |
| 92 | covtestdate1 Show the field ONLY if: [baseline_arm_1][totalcovidtests] <> "" and [baseline_arm_1][totalcovidtests] >= "1" | On what date (approximately) was this test performed? <i>ef4078</i> | text (date_mdy, Min: 2020-09-01), Required Field Annotation: @NOTFUTURE @HIDEBUTTON | | | | | | | | | | | | | | | | | | |
| 93 | covtestloc1 Show the field ONLY if: [baseline_arm_1][totalcovidtests] <> "" and [baseline_arm_1][totalcovidtests] >= "1" | Where was your test performed? <i>ef4592_eip10bi</i> | <div>radio, Required</div> <table><tr><td>1</td><td>Employee health/occupational health clinic</td></tr><tr><td>2</td><td>Employer-sponsored testing center</td></tr><tr><td>3</td><td>Personal health care provider</td></tr><tr><td>4</td><td>Public testing center not affiliated with my place of employment</td></tr><tr><td>5</td><td>Emergency department or walk-in clinic (urgent care)</td></tr><tr><td>6</td><td>In the hospital because I was being admitted for an overnight stay</td></tr><tr><td>7</td><td>Someplace else, please specify {covtestlocspec1}</td></tr></table> <div>Custom alignment: LV</div> | 1 | Employee health/occupational health clinic | 2 | Employer-sponsored testing center | 3 | Personal health care provider | 4 | Public testing center not affiliated with my place of employment | 5 | Emergency department or walk-in clinic (urgent care) | 6 | In the hospital because I was being admitted for an overnight stay | 7 | Someplace else, please specify {covtestlocspec1} | | | | |
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| 94 | covtestlocspec1 Show the field ONLY if: [baseline_arm_1][covtestloc1] = "7" | Where? <i>ef3163</i> | text | | | | | | | | | | | | | | | | | | |
| 95 | covtestwhy1 Show the field ONLY if: [baseline_arm_1][totalcovidtests] <> "" and [baseline_arm_1][totalcovidtests] >= "1" | What was the reason the test was performed? <i>ef4762_eip10bii</i> | <div>checkbox, Required</div> <table><tr><td>1</td><td>covtestwhy1__1</td><td>I had symptoms that could have been caused by COVID-19</td></tr><tr><td>2</td><td>covtestwhy1__2</td><td>I had an occupational or workplace exposure</td></tr><tr><td>3</td><td>covtestwhy1__3</td><td>I had exposure outside of the workplace</td></tr><tr><td>4</td><td>covtestwhy1__4</td><td>Routine screening in absence of COVID-19 symptoms (for example, by your employer or required for overnight hospital stay or procedure)</td></tr><tr><td>5</td><td>covtestwhy1__5</td><td>Other, please specify {covtestwhyspec1}</td></tr><tr><td>6</td><td>covtestwhy1__6</td><td>Not sure</td></tr></table> <div>Custom alignment: LV</div> | 1 | covtestwhy1__1 | I had symptoms that could have been caused by COVID-19 | 2 | covtestwhy1__2 | I had an occupational or workplace exposure | 3 | covtestwhy1__3 | I had exposure outside of the workplace | 4 | covtestwhy1__4 | Routine screening in absence of COVID-19 symptoms (for example, by your employer or required for overnight hospital stay or procedure) | 5 | covtestwhy1__5 | Other, please specify {covtestwhyspec1} | 6 | covtestwhy1__6 | Not sure |
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| 6 | covtestwhy1__6 | Not sure | | | | | | | | | | | | | | | | | | | |

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|-----|--|---|---|---|---|---|-----------------------------------|---|------------------------------------|---|--|---|---|---|--|---|--|
| 96 | <div>covtestwhyspec1</div> <div>Show the field ONLY if: [baseline_arm_1][covtestwhy1(5)] = "1"</div> | <div>Why?</div> <div>ef2275</div> | text | | | | | | | | | | | | | | |
| 97 | <div>covtestverify1</div> <div>Show the field ONLY if: [baseline_arm_1][totalcovidtests] <> "" and [baseline_arm_1][totalcovidtests] >= "1"</div> | <div>We need to verify the results of your COVID-19 test. How would you like us to get the results of your COVID-19 test?</div> <div>ef4414</div> | <div>radio, Required</div> <table><tr><td>1</td><td>Contact my occupational/employee health clinic.</td></tr><tr><td>2</td><td>Contact my health care provider.</td></tr><tr><td>3</td><td>Contact the public testing center.</td></tr><tr><td>4</td><td>I will provide a copy of my test result myself now (photo or pdf).</td></tr><tr><td>5</td><td>I will provide a copy of my test result myself when it is available (photo or pdf).</td></tr><tr><td>6</td><td>I do not want to provide my COVID-19 test result. If I am not willing to provide documentation of my test result, I know that I am not eligible to participate in Project PREVENT.</td></tr></table> <div>Custom alignment: LV</div> <div>Stop actions on 6</div> | 1 | Contact my occupational/employee health clinic. | 2 | Contact my health care provider. | 3 | Contact the public testing center. | 4 | I will provide a copy of my test result myself now (photo or pdf). | 5 | I will provide a copy of my test result myself when it is available (photo or pdf). | 6 | I do not want to provide my COVID-19 test result. If I am not willing to provide documentation of my test result, I know that I am not eligible to participate in Project PREVENT. | | |
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| 98 | <div>covtestdate2</div> <div>Show the field ONLY if: [baseline_arm_1][totalcovidtests] <> "" and [baseline_arm_1][totalcovidtests] >= "2"</div> | <div>On what date (approximately) was this test performed?</div> <div>ef2495</div> | <div>text (date_mdy, Min: 2020-09-01), Required</div> <div>Field Annotation: @NOTFUTURE @HIDEBUTTON</div> | | | | | | | | | | | | | | |
| 99 | <div>covtestloc2</div> <div>Show the field ONLY if: [baseline_arm_1][totalcovidtests] <> "" and [baseline_arm_1][totalcovidtests] >= "2"</div> | <div>Where was your test performed?</div> <div>ef3605_eip10bi</div> | <div>radio, Required</div> <table><tr><td>1</td><td>Employee health/occupational health clinic</td></tr><tr><td>2</td><td>Employer-sponsored testing center</td></tr><tr><td>3</td><td>Personal health care provider</td></tr><tr><td>4</td><td>Public testing center not affiliated with my place of employment</td></tr><tr><td>5</td><td>Emergency department or walk-in clinic (urgent care)</td></tr><tr><td>6</td><td>In the hospital because I was being admitted for an overnight stay</td></tr><tr><td>7</td><td>Someplace else, please specify {covtestlocspec2}</td></tr></table> <div>Custom alignment: LV</div> | 1 | Employee health/occupational health clinic | 2 | Employer-sponsored testing center | 3 | Personal health care provider | 4 | Public testing center not affiliated with my place of employment | 5 | Emergency department or walk-in clinic (urgent care) | 6 | In the hospital because I was being admitted for an overnight stay | 7 | Someplace else, please specify {covtestlocspec2} |
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| 100 | <div>covtestlocspec2</div> <div>Show the field ONLY if: [baseline_arm_1][covtestloc2] = "7"</div> | <div>Where?</div> <div>ef4723</div> | text | | | | | | | | | | | | | | |

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|-----|--|--|--|---|---|--|-----------------------------------|----------------|---|---|--|---|---|----------------|--|---|--|---|---|----------------|----------|
| 101 | covtestwhy2 Show the field ONLY if: [baseline_arm_1][totalcovidtests] <> "" and [baseline_arm_1][totalcovidtests] >= "2" | What was the reason the test was performed? <i>ef1691_eip10bii</i> | checkbox, Required <table border="1"> <tr> <td>1</td> <td>covtestwhy2__1</td> <td>I had symptoms that could have been caused by COVID-19</td> </tr> <tr> <td>2</td> <td>covtestwhy2__2</td> <td>I had an occupational or workplace exposure</td> </tr> <tr> <td>3</td> <td>covtestwhy2__3</td> <td>I had exposure outside of the workplace</td> </tr> <tr> <td>4</td> <td>covtestwhy2__4</td> <td>Routine screening in absence of COVID-19 symptoms (for example, by your employer or required for overnight hospital stay or procedure)</td> </tr> <tr> <td>5</td> <td>covtestwhy2__5</td> <td>Other, please specify {covtestwhyspec2}</td> </tr> <tr> <td>6</td> <td>covtestwhy2__6</td> <td>Not sure</td> </tr> </table> Custom alignment: LV | 1 | covtestwhy2__1 | I had symptoms that could have been caused by COVID-19 | 2 | covtestwhy2__2 | I had an occupational or workplace exposure | 3 | covtestwhy2__3 | I had exposure outside of the workplace | 4 | covtestwhy2__4 | Routine screening in absence of COVID-19 symptoms (for example, by your employer or required for overnight hospital stay or procedure) | 5 | covtestwhy2__5 | Other, please specify {covtestwhyspec2} | 6 | covtestwhy2__6 | Not sure |
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| 5 | covtestwhy2__5 | Other, please specify {covtestwhyspec2} | | | | | | | | | | | | | | | | | | | |
| 6 | covtestwhy2__6 | Not sure | | | | | | | | | | | | | | | | | | | |
| 102 | covtestwhyspec2 Show the field ONLY if: [baseline_arm_1][covtestwhy2(5)] = "1" | Why? <i>ef4879</i> | text | | | | | | | | | | | | | | | | | | |
| 103 | covtestverify2 Show the field ONLY if: [baseline_arm_1][totalcovidtests] <> "" and [baseline_arm_1][totalcovidtests] >= "2" | We need to verify the results of your COVID-19 test. How would you like us to get the results of your COVID-19 test? <i>ef4202</i> | radio, Required <table border="1"> <tr> <td>1</td> <td>Contact my occupational/employee health clinic.</td> </tr> <tr> <td>2</td> <td>Contact my health care provider.</td> </tr> <tr> <td>3</td> <td>Contact the public testing center.</td> </tr> <tr> <td>4</td> <td>I will provide a copy of my test result myself now (photo or pdf).</td> </tr> <tr> <td>5</td> <td>I will provide a copy of my test result myself when it is available (photo or pdf).</td> </tr> <tr> <td>6</td> <td>I do not want to provide my COVID-19 test result. If I am not willing to provide documentation of my test result, I know that I am not eligible to participate in Project PREVENT.</td> </tr> </table> Custom alignment: LV Stop actions on 6 | 1 | Contact my occupational/employee health clinic. | 2 | Contact my health care provider. | 3 | Contact the public testing center. | 4 | I will provide a copy of my test result myself now (photo or pdf). | 5 | I will provide a copy of my test result myself when it is available (photo or pdf). | 6 | I do not want to provide my COVID-19 test result. If I am not willing to provide documentation of my test result, I know that I am not eligible to participate in Project PREVENT. | | | | | | |
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| 104 | covtestdate3 Show the field ONLY if: [baseline_arm_1][totalcovidtests] <> "" and [baseline_arm_1][totalcovidtests] >= "3" | On what date (approximately) was this test performed? <i>ef4341</i> | text (date_mdy, Min: 2020-09-01), Required Field Annotation: @NOTFUTURE @HIDEBUTTON | | | | | | | | | | | | | | | | | | |
| 105 | covtestloc3 Show the field ONLY if: [baseline_arm_1][totalcovidtests] <> "" and [baseline_arm_1][totalcovidtests] >= "3" | Where was your test performed? <i>ef1931_eip10bi</i> | radio, Required <table border="1"> <tr> <td>1</td> <td>Employee health/occupational health clinic</td> </tr> <tr> <td>2</td> <td>Employer-sponsored testing center</td> </tr> <tr> <td>3</td> <td>Personal health care provider</td> </tr> <tr> <td>4</td> <td>Public testing center not affiliated with my place of employment</td> </tr> <tr> <td>5</td> <td>Emergency department or walk-in clinic (urgent care)</td> </tr> <tr> <td>6</td> <td>In the hospital because I was being admitted for an overnight stay</td> </tr> <tr> <td>7</td> <td>Someplace else, please specify {covtestlocspec3}</td> </tr> </table> Custom alignment: LV | 1 | Employee health/occupational health clinic | 2 | Employer-sponsored testing center | 3 | Personal health care provider | 4 | Public testing center not affiliated with my place of employment | 5 | Emergency department or walk-in clinic (urgent care) | 6 | In the hospital because I was being admitted for an overnight stay | 7 | Someplace else, please specify {covtestlocspec3} | | | | |
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|-----|---|---|---|---|---|--|----------------------------------|----------------|---|---|--|---|---|----------------|--|---|----------------|---|---|----------------|----------|
| 106 | <div>covtestlocspec3</div> <div>Show the field ONLY if: [baseline_arm_1][covtestloc3] = "7"</div> | <div>Where?</div> <div>ef1684</div> | text | | | | | | | | | | | | | | | | | | |
| 107 | <div>covtestwhy3</div> <div>Show the field ONLY if: [baseline_arm_1][totalcovidtests] <> "" and [baseline_arm_1][totalcovidtests] >= "3"</div> | <div>What was the reason the test was performed?</div> <div>ef264_eip10bii</div> | <div>checkbox, Required</div> <table><tr><td>1</td><td>covtestwhy3__1</td><td>I had symptoms that could have been caused by COVID-19</td></tr><tr><td>2</td><td>covtestwhy3__2</td><td>I had an occupational or workplace exposure</td></tr><tr><td>3</td><td>covtestwhy3__3</td><td>I had exposure outside of the workplace</td></tr><tr><td>4</td><td>covtestwhy3__4</td><td>Routine screening in absence of COVID-19 symptoms (for example, by your employer or required for overnight hospital stay or procedure)</td></tr><tr><td>5</td><td>covtestwhy3__5</td><td>Other, please specify {covtestwhyspec3}</td></tr><tr><td>6</td><td>covtestwhy3__6</td><td>Not sure</td></tr></table> <div>Custom alignment: LV</div> | 1 | covtestwhy3__1 | I had symptoms that could have been caused by COVID-19 | 2 | covtestwhy3__2 | I had an occupational or workplace exposure | 3 | covtestwhy3__3 | I had exposure outside of the workplace | 4 | covtestwhy3__4 | Routine screening in absence of COVID-19 symptoms (for example, by your employer or required for overnight hospital stay or procedure) | 5 | covtestwhy3__5 | Other, please specify {covtestwhyspec3} | 6 | covtestwhy3__6 | Not sure |
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| 108 | <div>covtestwhyspec3</div> <div>Show the field ONLY if: [baseline_arm_1][covtestwhy3(5)] = "1"</div> | <div>Why?</div> <div>ef3716</div> | text | | | | | | | | | | | | | | | | | | |
| 109 | <div>covtestverify3</div> <div>Show the field ONLY if: [baseline_arm_1][totalcovidtests] <> "" and [baseline_arm_1][totalcovidtests] >= "3"</div> | <div>We need to verify the results of your COVID-19 test. How would you like us to get the results of your COVID-19 test?</div> <div>ef4679</div> | <div>radio, Required</div> <table><tr><td>1</td><td>Contact my occupational/employee health clinic.</td></tr><tr><td>2</td><td>Contact my health care provider.</td></tr><tr><td>3</td><td>Contact the public testing center.</td></tr><tr><td>4</td><td>I will provide a copy of my test result myself now (photo or pdf).</td></tr><tr><td>5</td><td>I will provide a copy of my test result myself when it is available (photo or pdf).</td></tr><tr><td>6</td><td>I do not want to provide my COVID-19 test result. If I am not willing to provide documentation of my test result, I know that I am not eligible to participate in Project PREVENT.</td></tr></table> <div>Custom alignment: LV</div> <div>Stop actions on 6</div> | 1 | Contact my occupational/employee health clinic. | 2 | Contact my health care provider. | 3 | Contact the public testing center. | 4 | I will provide a copy of my test result myself now (photo or pdf). | 5 | I will provide a copy of my test result myself when it is available (photo or pdf). | 6 | I do not want to provide my COVID-19 test result. If I am not willing to provide documentation of my test result, I know that I am not eligible to participate in Project PREVENT. | | | | | | |
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| 3 | Contact the public testing center. | | | | | | | | | | | | | | | | | | | | |
| 4 | I will provide a copy of my test result myself now (photo or pdf). | | | | | | | | | | | | | | | | | | | | |
| 5 | I will provide a copy of my test result myself when it is available (photo or pdf). | | | | | | | | | | | | | | | | | | | | |
| 6 | I do not want to provide my COVID-19 test result. If I am not willing to provide documentation of my test result, I know that I am not eligible to participate in Project PREVENT. | | | | | | | | | | | | | | | | | | | | |
| 110 | <div>releaseemail</div> <div>Show the field ONLY if: [baseline_arm_1][covtestverify1] = "2" or [baseline_arm_1][covtestverify1] = "3" or [baseline_arm_1][covtestverify2] = "2" or [baseline_arm_1][covtestverify2] = "3" or [baseline_arm_1][covtestverify3] = "2" or [baseline_arm_1][covtestverify3] = "3"</div> | <div>You will receive an e-mail with a Release of Information for Medical Records that will be completed with the information you have provided. Please sign and return according to the procedures detailed in the e-mail.</div> | descriptive | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | |
|-----|---|---|---|---|-----|---|----|---|--------------|
| 111 | coviduploadmsg Show the field ONLY if: [baseline_arm_1][covtestverify1] = "5" or [baseline_arm_1][covtestverify2] = "5" or [baseline_arm_1][covtestverify3] = "5" or [baseline_arm_1][covtestverify1] = "4" or [baseline_arm_1][covtestverify2] = "4" or [baseline_arm_1][covtestverify3] = "4" | If you have COVID-19 test records to upload now, please use the 'Testing Verification Form' to upload these results after you have completed the baseline survey.If you need to upload records at a later time, you will receive an e-mail with a link where you can provide verification at a later date. For tests, we need an official document showing: Your name Date of test Type of test (PCR, antigen, antibody) Result Files can be uploaded as a photograph or pdf. | descriptive | | | | | | |
| 112 | addltest | In the period from [screening_arm_1][start_index] to [screening_arm_1][end_index], have you had testing for any of the following? If yes, please provide the date of testing. Test Completed Date Influenza {influenza} {influenzadate} Other respiratory viruses (adenovirus, rhinovirus) {respvirus} {respvirusdate} Respiratory bacteria (mycoplasma, streptococcus) {respbac} {respbacdate} Urine testing (legionella) {urine} {urinedate} | descriptive | | | | | | |
| 113 | influenza | Influenza ef1723 | radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>I don't know</td></tr></table> Custom alignment: LV | 1 | Yes | 0 | No | 2 | I don't know |
| 1 | Yes | | | | | | | | |
| 0 | No | | | | | | | | |
| 2 | I don't know | | | | | | | | |
| 114 | influenzadate Show the field ONLY if: [baseline_arm_1][influenza] = "1" | Please provide the date of testing ef3763 | text (date_mdy, Min: 2020-09-01), Required Custom alignment: RH Field Annotation: @NOTFUTURE @HIDEBUTTON | | | | | | |
| 115 | respvirus | Other respiratory viruses (adenovirus, rhinovirus) ef1336 | radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>I don't know</td></tr></table> Custom alignment: LV | 1 | Yes | 0 | No | 2 | I don't know |
| 1 | Yes | | | | | | | | |
| 0 | No | | | | | | | | |
| 2 | I don't know | | | | | | | | |
| 116 | respvirusdate Show the field ONLY if: [baseline_arm_1][respvirus] = "1" | Please provide the date of testing ef2968 | text (date_mdy, Min: 2020-09-01), Required Custom alignment: RH Field Annotation: @PAST @HIDEBUTTON | | | | | | |
| 117 | respbac | Other respiratory bacteria (mycoplasma, streptococcus) ef1347 | radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>I don't know</td></tr></table> Custom alignment: LV | 1 | Yes | 0 | No | 2 | I don't know |
| 1 | Yes | | | | | | | | |
| 0 | No | | | | | | | | |
| 2 | I don't know | | | | | | | | |
| 118 | respbacdate Show the field ONLY if: [baseline_arm_1][respbac] = "1" | Please provide the date of testing ef2097 | text (date_mdy, Min: 2020-09-01), Required Custom alignment: RH Field Annotation: @NOTFUTURE @HIDEBUTTON | | | | | | |
| 119 | urine | Urine testing (legionella) ef3376 | radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>I don't know</td></tr></table> Custom alignment: LV | 1 | Yes | 0 | No | 2 | I don't know |
| 1 | Yes | | | | | | | | |
| 0 | No | | | | | | | | |
| 2 | I don't know | | | | | | | | |
| 120 | urinedate Show the field ONLY if: [baseline_arm_1][urine] = "1" | Please provide the date of testing ef1987 | text (date_mdy, Min: 2020-09-01), Required Custom alignment: RH Field Annotation: @NOTFUTURE @HIDEBUTTON | | | | | | |

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|-----|--|--|--|---|---|---|--|---|--|---|--------------|
| 121 | blood | In the period from [screening_arm_1][start_index] to [screening_arm_1][end_index], did anyone (for example, a doctor, nurse, or lab technician) collect blood from you for COVID-19 antibody testing? <i>ef4028_eip11</i> | radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>I don't know</td></tr></table> Custom alignment: LV | 1 | Yes | 0 | No | 2 | I don't know | | |
| 1 | Yes | | | | | | | | | | |
| 0 | No | | | | | | | | | | |
| 2 | I don't know | | | | | | | | | | |
| 122 | blooddate Show the field ONLY if: [baseline_arm_1][blood] = "1" | On what date (approximately) did you have this test? <i>ef2569</i> | text (date_mdy, Min: 2020-09-01), Required Custom alignment: LV Field Annotation: @NOTFUTURE @HIDEBUTTON | | | | | | | | |
| 123 | blood_result Show the field ONLY if: [baseline_arm_1][blood] = "1" | Do you know what the test result was? <i>ef4526_eip11a</i> | radio, Required <table><tr><td>1</td><td>Yes. It was positive, meaning that it showed evidence of COVID-19 infection</td></tr><tr><td>2</td><td>Yes. It was negative, meaning that it showed NO evidence of COVID-19 infection</td></tr><tr><td>0</td><td>No. I don't know my result or it was indeterminate (neither positive or negative)</td></tr></table> Custom alignment: LV | 1 | Yes. It was positive, meaning that it showed evidence of COVID-19 infection | 2 | Yes. It was negative, meaning that it showed NO evidence of COVID-19 infection | 0 | No. I don't know my result or it was indeterminate (neither positive or negative) | | |
| 1 | Yes. It was positive, meaning that it showed evidence of COVID-19 infection | | | | | | | | | | |
| 2 | Yes. It was negative, meaning that it showed NO evidence of COVID-19 infection | | | | | | | | | | |
| 0 | No. I don't know my result or it was indeterminate (neither positive or negative) | | | | | | | | | | |
| 124 | seekcarebfr | Section Header: <i>Your Medical Care</i> In the period from [screening_arm_1][indexdt] to [screening_arm_1][end_index], have you seen a health care provider for any reason? Please include ALL health care visits to primary care clinic, urgent care/walk-in clinic, emergency department and hospital admissions for any reason except mental health. Hospital admission means that you stayed in the hospital overnight in an inpatient room or observation unit. Do not include a visit only for the purpose of testing if you did not see a healthcare provider. <i>ef1814_eip10ei</i> | yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV | 1 | Yes | 0 | No | | | | |
| 1 | Yes | | | | | | | | | | |
| 0 | No | | | | | | | | | | |
| 125 | hlthcareutilmsg Show the field ONLY if: [baseline_arm_1][seekcarebfr] = "1" | After you have completed this form, you will be asked to report details on each of these healthcare visits. | descriptive | | | | | | | | |
| 126 | cov19vacc | Section Header: <i>Your Vaccination History</i> Have you received a vaccine for COVID-19 (SARS-CoV-2)? <i>ef1123_eip15/16</i> | radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>I participated in a vaccine study during which I did, or may have, received a SARS-CoV-2 vaccine</td></tr><tr><td>3</td><td>I don't know</td></tr></table> Custom alignment: LV | 1 | Yes | 0 | No | 2 | I participated in a vaccine study during which I did, or may have, received a SARS-CoV-2 vaccine | 3 | I don't know |
| 1 | Yes | | | | | | | | | | |
| 0 | No | | | | | | | | | | |
| 2 | I participated in a vaccine study during which I did, or may have, received a SARS-CoV-2 vaccine | | | | | | | | | | |
| 3 | I don't know | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|--|--|---|---|----------------|---|--------------|---|------------------|---|--------------|---|-------------------------|---|-------|---|---------|---|---------|---|---------|----|--------------------|----|-----------------|----|------------|----|--------|----|--------|----|------------------|----|--------------|
| 127 | <div>clintrial_compname</div> <div>Show the field ONLY if: [baseline_arm_1][cov19vacc] = "2"</div> | <div>With which company did you participate in a clinical trial?</div> <div>ef1252_eip15a</div> | <div>dropdown, Required</div> <table><tr><td>1</td><td>Aivita</td></tr><tr><td>2</td><td>City of Hope</td></tr><tr><td>3</td><td>ImmunityBio</td></tr><tr><td>4</td><td>Inovio</td></tr><tr><td>5</td><td>Johnson&Johnson/Janssen</td></tr><tr><td>6</td><td>Merck</td></tr><tr><td>7</td><td>Moderna</td></tr><tr><td>8</td><td>Novavax</td></tr><tr><td>9</td><td>OncoSec</td></tr><tr><td>10</td><td>Oxford/AstraZeneca</td></tr><tr><td>11</td><td>Pfizer/BioNTech</td></tr><tr><td>12</td><td>Sanofi/GSK</td></tr><tr><td>13</td><td>Themis</td></tr><tr><td>14</td><td>Vaxart</td></tr><tr><td>15</td><td>Other/not listed</td></tr><tr><td>16</td><td>I don't know</td></tr></table> <div>Custom alignment: LV</div> | 1 | Aivita | 2 | City of Hope | 3 | ImmunityBio | 4 | Inovio | 5 | Johnson&Johnson/Janssen | 6 | Merck | 7 | Moderna | 8 | Novavax | 9 | OncoSec | 10 | Oxford/AstraZeneca | 11 | Pfizer/BioNTech | 12 | Sanofi/GSK | 13 | Themis | 14 | Vaxart | 15 | Other/not listed | 16 | I don't know |
| 1 | Aivita | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | City of Hope | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | ImmunityBio | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Inovio | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Johnson&Johnson/Janssen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Merck | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Moderna | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Novavax | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | OncoSec | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | Oxford/AstraZeneca | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | Pfizer/BioNTech | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | Sanofi/GSK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | Themis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | Vaxart | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Other/not listed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | I don't know | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 128 | <div>clintrial_compnameoth</div> <div>Show the field ONLY if: [baseline_arm_1][clintrial_compname] = "15"</div> | <div>Which one?</div> <div>ef2661</div> | <div>text</div> <div>Custom alignment: LV</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 129 | <div>clintrial_arm</div> <div>Show the field ONLY if: [baseline_arm_1][cov19vacc] = "2"</div> | <div>Do you know whether you received active vaccine or placebo?</div> <div>ef1067_eip15b</div> | <div>radio, Required</div> <table><tr><td>1</td><td>Active vaccine</td></tr><tr><td>2</td><td>Placebo</td></tr><tr><td>3</td><td>I don't know yet</td></tr></table> <div>Custom alignment: LV</div> | 1 | Active vaccine | 2 | Placebo | 3 | I don't know yet | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Active vaccine | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Placebo | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | I don't know yet | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 130 | <div>clintrialmsg</div> <div>Show the field ONLY if: [baseline_arm_1][clintrial_arm] = "3"</div> | <div>It is very important that we know whether you received the vaccine. At the conclusion of the vaccine trial, you will be told to which arm of the study you had been assigned. When that happens, we would like to get documentation from the study team. We will send you an e-mail every month with a short survey until you are notified of your vaccine assignment. Please save any documentation you receive from the vaccine trial so that you can share it with us.</div> | <div>descriptive</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 131 | <div>clintrial_plac</div> <div>Show the field ONLY if: [baseline_arm_1][cov19vacc] = "2"</div> | <div>After the clinical trial ended, did you receive a COVID-19 vaccine or an additional COVID-19 vaccination?</div> <div>ef3856_eip15bi</div> | <div>yesno, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: LV</div> | 1 | Yes | 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 132 | <div>cov19vaccn</div> <div>Show the field ONLY if: [baseline_arm_1][cov19vacc] = "1" or [baseline_arm_1][clintrial_plac]="1"</div> | <div>How many total doses of a COVID-19 vaccine did you receive?</div> <div>ef3189_eip16a</div> | <div>radio, Required</div> <table><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>More than 2</td></tr><tr><td>4</td><td>I'm not sure</td></tr></table> <div>Custom alignment: LV</div> | 1 | 1 | 2 | 2 | 3 | More than 2 | 4 | I'm not sure | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | More than 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | I'm not sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|-----|---|---|--|---|---|---|--|---|---|---|--------------------------------|---|----------------|
| 133 | cov19vacclloc1 Show the field ONLY if: [baseline_arm_1][cov19vacc] >= "1" | Where did you receive the COVID-19 vaccine? <i>ef3779_eip16d/16g</i> | <div>radio, Required</div> <table border="1"> <tr><td>1</td><td>At my employer or occupational/employee health clinic</td></tr> <tr><td>2</td><td>At my local city, county, or state health department</td></tr> <tr><td>3</td><td>At a clinic or a health care provider's office</td></tr> <tr><td>4</td><td>At a public vaccination center</td></tr> <tr><td>5</td><td>Someplace else</td></tr> </table> <div>Custom alignment: LV</div> | 1 | At my employer or occupational/employee health clinic | 2 | At my local city, county, or state health department | 3 | At a clinic or a health care provider's office | 4 | At a public vaccination center | 5 | Someplace else |
| 1 | At my employer or occupational/employee health clinic | | | | | | | | | | | | |
| 2 | At my local city, county, or state health department | | | | | | | | | | | | |
| 3 | At a clinic or a health care provider's office | | | | | | | | | | | | |
| 4 | At a public vaccination center | | | | | | | | | | | | |
| 5 | Someplace else | | | | | | | | | | | | |
| 134 | cov19vaccdt1 Show the field ONLY if: [baseline_arm_1][cov19vacc] >= "1" | On what date (approximately) did you receive this first COVID-19 vaccine? <i>ef1213_eip16b/16e</i> | <div>text (date_mdy, Min: 2020-01-01), Required</div> <div>Custom alignment: LV</div> <div>Field Annotation: @NOTFUTURE @HIDEBUTTON</div> | | | | | | | | | | |
| 135 | cov19vacclloc2 Show the field ONLY if: [baseline_arm_1][cov19vaccn] >= "2" | Where did you receive the second COVID-19 vaccine? <i>ef1256_eip16d/16g</i> | <div>radio, Required</div> <table border="1"> <tr><td>1</td><td>At my employer or occupational/employee health clinic</td></tr> <tr><td>2</td><td>At my local city, county, or state health department</td></tr> <tr><td>3</td><td>At a clinic or a health care provider's office</td></tr> <tr><td>4</td><td>At a public vaccination center</td></tr> <tr><td>5</td><td>Someplace else</td></tr> </table> <div>Custom alignment: LV</div> | 1 | At my employer or occupational/employee health clinic | 2 | At my local city, county, or state health department | 3 | At a clinic or a health care provider's office | 4 | At a public vaccination center | 5 | Someplace else |
| 1 | At my employer or occupational/employee health clinic | | | | | | | | | | | | |
| 2 | At my local city, county, or state health department | | | | | | | | | | | | |
| 3 | At a clinic or a health care provider's office | | | | | | | | | | | | |
| 4 | At a public vaccination center | | | | | | | | | | | | |
| 5 | Someplace else | | | | | | | | | | | | |
| 136 | cov19vaccdt2 Show the field ONLY if: [baseline_arm_1][cov19vaccn] >= "2" | On what date (approximately) did you receive this third COVID-19 vaccine? <i>ef2280_eip16b/16e</i> | <div>text (date_mdy, Min: 2020-01-01), Required</div> <div>Custom alignment: LV</div> | | | | | | | | | | |
| 137 | cov19vacclloc3 Show the field ONLY if: [baseline_arm_1][cov19vaccn] >= "3" | Where did you receive the third COVID-19 vaccine? <i>ef1028_eip16d/16g</i> | <div>radio, Required</div> <table border="1"> <tr><td>1</td><td>At my employer or occupational/employee health clinic</td></tr> <tr><td>2</td><td>At my local city, county, or state health department</td></tr> <tr><td>3</td><td>At a clinic or a health care provider's office</td></tr> <tr><td>4</td><td>At a public vaccination center</td></tr> <tr><td>5</td><td>Someplace else</td></tr> </table> <div>Custom alignment: LV</div> | 1 | At my employer or occupational/employee health clinic | 2 | At my local city, county, or state health department | 3 | At a clinic or a health care provider's office | 4 | At a public vaccination center | 5 | Someplace else |
| 1 | At my employer or occupational/employee health clinic | | | | | | | | | | | | |
| 2 | At my local city, county, or state health department | | | | | | | | | | | | |
| 3 | At a clinic or a health care provider's office | | | | | | | | | | | | |
| 4 | At a public vaccination center | | | | | | | | | | | | |
| 5 | Someplace else | | | | | | | | | | | | |
| 138 | cov19vaccdt3 Show the field ONLY if: [baseline_arm_1][cov19vaccn] >= "3" | On what date (approximately) did you receive this COVID-19 vaccine? <i>ef2348_eip16b/16e</i> | <div>text (date_mdy, Min: 2020-01-01), Required</div> <div>Custom alignment: LV</div> <div>Field Annotation: @HIDEBUTTON</div> | | | | | | | | | | |
| 139 | cov19vacc_doc Show the field ONLY if: [baseline_arm_1][cov19vacc] = "1" or [baseline_arm_1][clinical_plac]="1" | Do you have documentation of your vaccination status (including date of administration, vaccine administered, and lot number of vaccine administration)? <i>ef4491</i> | <div>radio, Required</div> <table border="1"> <tr><td>1</td><td>Yes. I will provide a copy of these records now</td></tr> <tr><td>2</td><td>Yes. I will provide a copy of these records later</td></tr> <tr><td>0</td><td>No. Please contact the person who administered my vaccination to get a copy of my records</td></tr> </table> <div>Custom alignment: LV</div> | 1 | Yes. I will provide a copy of these records now | 2 | Yes. I will provide a copy of these records later | 0 | No. Please contact the person who administered my vaccination to get a copy of my records | | | | |
| 1 | Yes. I will provide a copy of these records now | | | | | | | | | | | | |
| 2 | Yes. I will provide a copy of these records later | | | | | | | | | | | | |
| 0 | No. Please contact the person who administered my vaccination to get a copy of my records | | | | | | | | | | | | |
| 140 | flu | Have you received an influenza vaccine since September 1, 2020? <i>ef1633_eip17</i> | <div>radio, Required</div> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>I don't know</td></tr> </table> <div>Custom alignment: LV</div> | 1 | Yes | 0 | No | 2 | I don't know | | | | |
| 1 | Yes | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | |
| 2 | I don't know | | | | | | | | | | | | |

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|-----|--|---|---|---|---|---|--|---|---|---|--------------------------------|---|---------------|---|----------------|
| 141 | fludate Show the field ONLY if: [baseline_arm_1][flu] = "1" | On what date (approximately) did you receive this influenza vaccine? <i>ef3628</i> | text (date_mdy, Min: 2020-09-01), Required Custom alignment: LV Field Annotation: @NOTFUTURE @HIDEBUTTON | | | | | | | | | | | | |
| 142 | fluloc Show the field ONLY if: [baseline_arm_1][flu] = "1" | Where did you receive the influenza vaccine? <i>ef2590</i> | radio, Required <table><tr><td>1</td><td>At my employer or occupational/employee health clinic</td></tr><tr><td>2</td><td>At my local city, county, or state health department</td></tr><tr><td>3</td><td>At a clinic or a health care provider's office</td></tr><tr><td>4</td><td>At a public vaccination center</td></tr><tr><td>6</td><td>At a pharmacy</td></tr><tr><td>5</td><td>Someplace else</td></tr></table> Custom alignment: LV | 1 | At my employer or occupational/employee health clinic | 2 | At my local city, county, or state health department | 3 | At a clinic or a health care provider's office | 4 | At a public vaccination center | 6 | At a pharmacy | 5 | Someplace else |
| 1 | At my employer or occupational/employee health clinic | | | | | | | | | | | | | | |
| 2 | At my local city, county, or state health department | | | | | | | | | | | | | | |
| 3 | At a clinic or a health care provider's office | | | | | | | | | | | | | | |
| 4 | At a public vaccination center | | | | | | | | | | | | | | |
| 6 | At a pharmacy | | | | | | | | | | | | | | |
| 5 | Someplace else | | | | | | | | | | | | | | |
| 143 | fludoc Show the field ONLY if: [baseline_arm_1][flu] = "1" | Do you have documentation of your influenza vaccination status (including date of administration and vaccine administered)? <i>ef2944</i> | radio, Required <table><tr><td>1</td><td>Yes. I will provide a copy of these records now</td></tr><tr><td>2</td><td>Yes. I will provide a copy of these records later</td></tr><tr><td>0</td><td>No. Please contact the person who administered my vaccination to get a copy of my records</td></tr></table> Custom alignment: LV | 1 | Yes. I will provide a copy of these records now | 2 | Yes. I will provide a copy of these records later | 0 | No. Please contact the person who administered my vaccination to get a copy of my records | | | | | | |
| 1 | Yes. I will provide a copy of these records now | | | | | | | | | | | | | | |
| 2 | Yes. I will provide a copy of these records later | | | | | | | | | | | | | | |
| 0 | No. Please contact the person who administered my vaccination to get a copy of my records | | | | | | | | | | | | | | |
| 144 | vaccuploadmsg Show the field ONLY if: [baseline_arm_1][fludoc] = "1" or [baseline_arm_1][cov19vacc_doc] = "1" or [baseline_arm_1][fludoc] = "2" or [baseline_arm_1][cov19vacc_doc] = "2" | If you have COVID-19 or flu vaccine records to upload now, please use the 'Vaccine Verification Form' to upload these results after you have completed the baseline survey.If you need to upload records at a later time, you will receive an e-mail with a link where you can provide verification at a later date. For vaccines, we need an official document showing: Your name Date administered Vaccine type (COVID, influenza) Manufacturer (and lot number, if available) Files can be uploaded as a photograph or pdf. <i>ef2712</i> | descriptive | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|---|--|---|---|---------|-------------------------------|---|---------|--|---|---------|---|---|---------|----------|---|---------|--------------------------|---|---------|---|---|---------|------------------------|---|---------|------------------------------|---|---------|------------------------------------|----|----------|---|----|----------|----------------------|----|----------|----------------------------------|----|----------|--------------------------|----|----------|--|----|----------|-------------------|----|----------|--|----|----------|------------------------|----|----------|---------------------------------|----|----------|-------------------------------------|----|----------|-------------------------------|----|----------|--------------|----|----------|---------------------------|----|----------|-----------------------------|----|----------|--------------------|----|----------|------------------------|----|----------|------------------------------------|----|----------|---------------|----|----------|-------------------------------|----|----------|--|----|----------|--------------------|----|----------|--|----|----------|---|----|----------|-----------|----|----------|------------------------------------|
| 145 | role | <p>Section Header: <i>Your Job</i></p> <p>Which job classification describes you? [select all that apply]</p> <p><i>ef1876_eip20</i></p> | <p>checkbox, Required</p> <table border="1"> <tr><td>1</td><td>role__1</td><td>Administrative Staff/Managers</td></tr> <tr><td>2</td><td>role__2</td><td>Advanced Practice Provider - Physician Assistant</td></tr> <tr><td>3</td><td>role__3</td><td>Advanced Practice Provider - Nurse Practitioner</td></tr> <tr><td>4</td><td>role__4</td><td>Chaplain</td></tr> <tr><td>5</td><td>role__5</td><td>Clerk/Registration staff</td></tr> <tr><td>6</td><td>role__6</td><td>Environmental Services/Custodial/Housekeeping Staff</td></tr> <tr><td>7</td><td>role__7</td><td>Facilities/Maintenance</td></tr> <tr><td>8</td><td>role__8</td><td>Food Service/Cafeteria Staff</td></tr> <tr><td>9</td><td>role__9</td><td>Home Health Aide/In-home Caregiver</td></tr> <tr><td>10</td><td>role__10</td><td>Information Technology/Computer Support</td></tr> <tr><td>11</td><td>role__11</td><td>Laboratory Personnel</td></tr> <tr><td>12</td><td>role__12</td><td>Nurse - Licensed Practical Nurse</td></tr> <tr><td>13</td><td>role__13</td><td>Nurse - Registered nurse</td></tr> <tr><td>14</td><td>role__14</td><td>Nursing Aide/Nursing Assistant/Patient Care Technician</td></tr> <tr><td>15</td><td>role__15</td><td>Medical Assistant</td></tr> <tr><td>16</td><td>role__16</td><td>Patient Care Technician/Nursing Aide/Nursing Assistant</td></tr> <tr><td>17</td><td>role__17</td><td>Dietician/Nutritionist</td></tr> <tr><td>18</td><td>role__18</td><td>Physical Therapist or Assistant</td></tr> <tr><td>19</td><td>role__19</td><td>Occupational Therapist or Assistant</td></tr> <tr><td>20</td><td>role__20</td><td>Pharmacist/Pharmacy Personnel</td></tr> <tr><td>21</td><td>role__21</td><td>Phlebotomist</td></tr> <tr><td>22</td><td>role__22</td><td>Physician - Staff/Faculty</td></tr> <tr><td>23</td><td>role__23</td><td>Physician - Intern/Resident</td></tr> <tr><td>24</td><td>role__24</td><td>Physician - Fellow</td></tr> <tr><td>34</td><td>role__34</td><td>Psychologist/Counselor</td></tr> <tr><td>25</td><td>role__25</td><td>Respiratory Therapist or Assistant</td></tr> <tr><td>26</td><td>role__26</td><td>Social Worker</td></tr> <tr><td>27</td><td>role__27</td><td>Speech Therapist or Assistant</td></tr> <tr><td>28</td><td>role__28</td><td>Paramedic/Emergency Medical Technician</td></tr> <tr><td>29</td><td>role__29</td><td>Security Personnel</td></tr> <tr><td>30</td><td>role__30</td><td>Research Staff (clinical, translational, or basic science)</td></tr> <tr><td>31</td><td>role__31</td><td>Health Sciences Students (medical, nursing, pharmacy, dentistry, advanced practice provider, or others)</td></tr> <tr><td>32</td><td>role__32</td><td>Volunteer</td></tr> <tr><td>33</td><td>role__33</td><td>Other, please specify {role_other}</td></tr> </table> <p>Custom alignment: LV</p> | 1 | role__1 | Administrative Staff/Managers | 2 | role__2 | Advanced Practice Provider - Physician Assistant | 3 | role__3 | Advanced Practice Provider - Nurse Practitioner | 4 | role__4 | Chaplain | 5 | role__5 | Clerk/Registration staff | 6 | role__6 | Environmental Services/Custodial/Housekeeping Staff | 7 | role__7 | Facilities/Maintenance | 8 | role__8 | Food Service/Cafeteria Staff | 9 | role__9 | Home Health Aide/In-home Caregiver | 10 | role__10 | Information Technology/Computer Support | 11 | role__11 | Laboratory Personnel | 12 | role__12 | Nurse - Licensed Practical Nurse | 13 | role__13 | Nurse - Registered nurse | 14 | role__14 | Nursing Aide/Nursing Assistant/Patient Care Technician | 15 | role__15 | Medical Assistant | 16 | role__16 | Patient Care Technician/Nursing Aide/Nursing Assistant | 17 | role__17 | Dietician/Nutritionist | 18 | role__18 | Physical Therapist or Assistant | 19 | role__19 | Occupational Therapist or Assistant | 20 | role__20 | Pharmacist/Pharmacy Personnel | 21 | role__21 | Phlebotomist | 22 | role__22 | Physician - Staff/Faculty | 23 | role__23 | Physician - Intern/Resident | 24 | role__24 | Physician - Fellow | 34 | role__34 | Psychologist/Counselor | 25 | role__25 | Respiratory Therapist or Assistant | 26 | role__26 | Social Worker | 27 | role__27 | Speech Therapist or Assistant | 28 | role__28 | Paramedic/Emergency Medical Technician | 29 | role__29 | Security Personnel | 30 | role__30 | Research Staff (clinical, translational, or basic science) | 31 | role__31 | Health Sciences Students (medical, nursing, pharmacy, dentistry, advanced practice provider, or others) | 32 | role__32 | Volunteer | 33 | role__33 | Other, please specify {role_other} |
| 1 | role__1 | Administrative Staff/Managers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | role__2 | Advanced Practice Provider - Physician Assistant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | role__3 | Advanced Practice Provider - Nurse Practitioner | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | role__4 | Chaplain | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | role__5 | Clerk/Registration staff | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | role__6 | Environmental Services/Custodial/Housekeeping Staff | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | role__7 | Facilities/Maintenance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | role__8 | Food Service/Cafeteria Staff | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | role__9 | Home Health Aide/In-home Caregiver | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | role__10 | Information Technology/Computer Support | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | role__11 | Laboratory Personnel | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | role__12 | Nurse - Licensed Practical Nurse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | role__13 | Nurse - Registered nurse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | role__14 | Nursing Aide/Nursing Assistant/Patient Care Technician | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | role__15 | Medical Assistant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | role__16 | Patient Care Technician/Nursing Aide/Nursing Assistant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | role__17 | Dietician/Nutritionist | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | role__18 | Physical Therapist or Assistant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | role__19 | Occupational Therapist or Assistant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | role__20 | Pharmacist/Pharmacy Personnel | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | role__21 | Phlebotomist | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | role__22 | Physician - Staff/Faculty | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | role__23 | Physician - Intern/Resident | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | role__24 | Physician - Fellow | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 34 | role__34 | Psychologist/Counselor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | role__25 | Respiratory Therapist or Assistant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 | role__26 | Social Worker | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 | role__27 | Speech Therapist or Assistant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28 | role__28 | Paramedic/Emergency Medical Technician | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29 | role__29 | Security Personnel | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30 | role__30 | Research Staff (clinical, translational, or basic science) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31 | role__31 | Health Sciences Students (medical, nursing, pharmacy, dentistry, advanced practice provider, or others) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 32 | role__32 | Volunteer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 33 | role__33 | Other, please specify {role_other} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 146 | <p>role_other</p> <p>Show the field ONLY if: [baseline_arm_1][role(33)] = "1"</p> | <p>Please describe.</p> <p><i>ef1398</i></p> | <p>text</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|-----|--|--|---|---|--|---|------------------|-------------|---|---|-------------|--------------------|---|-------------|----------------------------------|---|-------------|----------------------------|---|-------------|--|---|-------------|---------------------|---|-------------|-----------------------------|---|-------------|----------------------------|----|--------------|---|----|--------------|--------------------------------------|
| 147 | facility | In which types of healthcare facilities do you work, study, or volunteer? [select all that apply] <i>ef1639_eip21</i> | checkbox, Required <table border="1"> <tr> <td>1</td> <td>facility__1</td> <td>Hospital (including emergency department)</td> </tr> <tr> <td>2</td> <td>facility__2</td> <td>Free-standing Emergency Department</td> </tr> <tr> <td>3</td> <td>facility__3</td> <td>Urgent Care Clinic</td> </tr> <tr> <td>4</td> <td>facility__4</td> <td>Outpatient Clinic {facility_out}</td> </tr> <tr> <td>5</td> <td>facility__5</td> <td>Outpatient Dialysis Center</td> </tr> <tr> <td>6</td> <td>facility__6</td> <td>Nursing Home or Skilled Nursing Facility</td> </tr> <tr> <td>7</td> <td>facility__7</td> <td>Residential Hospice</td> </tr> <tr> <td>8</td> <td>facility__8</td> <td>Patient Homes (Home Health)</td> </tr> <tr> <td>9</td> <td>facility__9</td> <td>Ambulance or Air Ambulance</td> </tr> <tr> <td>10</td> <td>facility__10</td> <td>Office Building (facility with no patient care areas)</td> </tr> <tr> <td>11</td> <td>facility__11</td> <td>Other, please specify {facility_oth}</td> </tr> </table> <p>Custom alignment: LV</p> | 1 | facility__1 | Hospital (including emergency department) | 2 | facility__2 | Free-standing Emergency Department | 3 | facility__3 | Urgent Care Clinic | 4 | facility__4 | Outpatient Clinic {facility_out} | 5 | facility__5 | Outpatient Dialysis Center | 6 | facility__6 | Nursing Home or Skilled Nursing Facility | 7 | facility__7 | Residential Hospice | 8 | facility__8 | Patient Homes (Home Health) | 9 | facility__9 | Ambulance or Air Ambulance | 10 | facility__10 | Office Building (facility with no patient care areas) | 11 | facility__11 | Other, please specify {facility_oth} |
| 1 | facility__1 | Hospital (including emergency department) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | facility__2 | Free-standing Emergency Department | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | facility__3 | Urgent Care Clinic | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | facility__4 | Outpatient Clinic {facility_out} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | facility__5 | Outpatient Dialysis Center | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | facility__6 | Nursing Home or Skilled Nursing Facility | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | facility__7 | Residential Hospice | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | facility__8 | Patient Homes (Home Health) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | facility__9 | Ambulance or Air Ambulance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | facility__10 | Office Building (facility with no patient care areas) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | facility__11 | Other, please specify {facility_oth} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 148 | facility_oth Show the field ONLY if: [baseline_arm_1][facility(11)] = "1" | Please specify. <i>ef1765_eip21</i> | text | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 149 | facility_out Show the field ONLY if: [baseline_arm_1][facility(4)] = "1" | What type of clinic? <i>ef1238_eip21</i> | radio, Required <table border="1"> <tr> <td>1</td> <td>Primary care clinic (e.g., pediatric, family medicine, general internal medicine, including multi-specialty clinics that include primary care)</td> </tr> <tr> <td>2</td> <td>Specialty clinic</td> </tr> <tr> <td>3</td> <td>Other outpatient clinics (including dental clinics)</td> </tr> </table> <p>Custom alignment: LV</p> | 1 | Primary care clinic (e.g., pediatric, family medicine, general internal medicine, including multi-specialty clinics that include primary care) | 2 | Specialty clinic | 3 | Other outpatient clinics (including dental clinics) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Primary care clinic (e.g., pediatric, family medicine, general internal medicine, including multi-specialty clinics that include primary care) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Specialty clinic | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Other outpatient clinics (including dental clinics) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | |
|-----|---|--|--|
| 150 | area | In which department/practice environment(s) do you work, study, or volunteer? [select all that apply] <i>ef3433_eip22</i> | checkbox, Required |
| | | | 1 area__1 Administrative Offices - Non-Public Facing |
| | | | 2 area__2 Cafeteria/Dining Room |
| | | | 3 area__3 Clinical laboratory - Anatomic Pathology |
| | | | 4 area__4 Clinical laboratory - Clinical Pathology |
| | | | 5 area__5 Clinical laboratory - Other laboratory type (not clinical pathology or anatomic pathology) |
| | | | 6 area__6 Dentistry |
| | | | 7 area__7 Diagnostic laboratory (e.g., pulmonary function testing, etc.) |
| | | | 8 area__8 Kitchen |
| | | | 9 area__9 Emergency department |
| | | | 10 area__10 Emergency medical services/ambulance/air transport |
| | | | 11 area__11 Endoscopy Suite |
| | | | 12 area__12 Home health/patient home/private residence |
| | | | 13 area__13 Inpatient (Medical/surgical) floor/ward - not a COVID-19 unit |
| | | | 30 area__30 Inpatient (Medical/surgical) floor/ward - COVID-19 unit |
| | | | 29 area__29 Inpatient psychiatric floor/ward |
| | | | 14 area__14 Intensive care unit - not a COVID-19 unit |
| | | | 31 area__31 Intensive care unit - COVID-19 unit |
| | | | 15 area__15 Nursing home/skilled nursing facility |
| | | | 16 area__16 Operating room |
| | | | 17 area__17 Outpatient clinic |
| | | | 18 area__18 Pharmacy |
| | | | 19 area__19 Public-facing hallways, entrances, etc. |
| | | | 20 area__20 Radiology - Diagnostic |
| | | | 21 area__21 Radiology - Interventional |
| | | | 28 area__28 Reception area - Public facing |
| | | | 22 area__22 Research - Clinical |
| | | | 23 area__23 Research - Laboratory (non-clinical) |
| | | | 24 area__24 Teaching - Classroom |
| | | | 25 area__25 Transport within the hospital |
| | | | 26 area__26 Telemedicine program |
| | | | 27 area__27 Other, please specify {area_oth} |
| | | | Custom alignment: LV |
| 151 | area_oth Show the field ONLY if: [baseline_arm_1][area(27)] = "1" | Please list other: <i>ef2511</i> | text |

| | | | | | | | | | | | | | | | | | | | | | |
|-----|------------------------------|--|--|---|------------------------------|--|----------------------|-------------|--|---|--------------------|---|---------------|-------------|---|---|-------------|---|---|-------------|--|
| 152 | workhrs | Approximately how many hours do you work inside your workplace each week (hospital, laboratory, etc.), on average? Please do NOT include any time you spend working from home. <i>ef3794</i> | radio, Required <table border="1"> <tr><td>1</td><td>36 hours or more (full-time)</td></tr> <tr><td>2</td><td>25-36 hours</td></tr> <tr><td>3</td><td>13-24 hours</td></tr> <tr><td>4</td><td>12 or fewer hours</td></tr> </table> Custom alignment: LV | 1 | 36 hours or more (full-time) | 2 | 25-36 hours | 3 | 13-24 hours | 4 | 12 or fewer hours | | | | | | | | | | |
| 1 | 36 hours or more (full-time) | | | | | | | | | | | | | | | | | | | | |
| 2 | 25-36 hours | | | | | | | | | | | | | | | | | | | | |
| 3 | 13-24 hours | | | | | | | | | | | | | | | | | | | | |
| 4 | 12 or fewer hours | | | | | | | | | | | | | | | | | | | | |
| 153 | ppetrain | What type of training have you had in the use of personal protective equipment (PPE) (e.g., facemasks, respirators, eye protection, gowns, etc.) at your current place of employment? [select all that apply] <i>ef3606</i> | checkbox, Required <table border="1"> <tr><td>1</td><td>ppetrain__1</td><td>Individual in-person session in which I was observed putting PPE on and removing it properly</td></tr> <tr><td>2</td><td>ppetrain__2</td><td>Individual in-person demonstration in which I only watched</td></tr> <tr><td>3</td><td>ppetrain__3</td><td>Group in-person session in which I was observed putting PPE on and removing it properly</td></tr> <tr><td>4</td><td>ppetrain__4</td><td>Group in-person demonstration in which I only watched</td></tr> <tr><td>5</td><td>ppetrain__5</td><td>Online training (video, reading material)</td></tr> <tr><td>6</td><td>ppetrain__6</td><td>None - I have not completed any online training or employer required/directed training</td></tr> </table> Custom alignment: LV Field Annotation: @NONEOFTHEABOVE = "6" | 1 | ppetrain__1 | Individual in-person session in which I was observed putting PPE on and removing it properly | 2 | ppetrain__2 | Individual in-person demonstration in which I only watched | 3 | ppetrain__3 | Group in-person session in which I was observed putting PPE on and removing it properly | 4 | ppetrain__4 | Group in-person demonstration in which I only watched | 5 | ppetrain__5 | Online training (video, reading material) | 6 | ppetrain__6 | None - I have not completed any online training or employer required/directed training |
| 1 | ppetrain__1 | Individual in-person session in which I was observed putting PPE on and removing it properly | | | | | | | | | | | | | | | | | | | |
| 2 | ppetrain__2 | Individual in-person demonstration in which I only watched | | | | | | | | | | | | | | | | | | | |
| 3 | ppetrain__3 | Group in-person session in which I was observed putting PPE on and removing it properly | | | | | | | | | | | | | | | | | | | |
| 4 | ppetrain__4 | Group in-person demonstration in which I only watched | | | | | | | | | | | | | | | | | | | |
| 5 | ppetrain__5 | Online training (video, reading material) | | | | | | | | | | | | | | | | | | | |
| 6 | ppetrain__6 | None - I have not completed any online training or employer required/directed training | | | | | | | | | | | | | | | | | | | |
| 154 | ppecomfort | Please rate your comfort with being able to properly use recommended PPE. <i>ef2882</i> | radio, Required <table border="1"> <tr><td>1</td><td>Very comfortable</td></tr> <tr><td>2</td><td>Somewhat comfortable</td></tr> <tr><td>3</td><td>Somewhat uncomfortable</td></tr> <tr><td>4</td><td>Very uncomfortable</td></tr> </table> Custom alignment: LV | 1 | Very comfortable | 2 | Somewhat comfortable | 3 | Somewhat uncomfortable | 4 | Very uncomfortable | | | | | | | | | | |
| 1 | Very comfortable | | | | | | | | | | | | | | | | | | | | |
| 2 | Somewhat comfortable | | | | | | | | | | | | | | | | | | | | |
| 3 | Somewhat uncomfortable | | | | | | | | | | | | | | | | | | | | |
| 4 | Very uncomfortable | | | | | | | | | | | | | | | | | | | | |
| 155 | covpt_4wks | In the 4 weeks before your illness, how likely is it that you have personally provided care or interacted directly with an actively infected COVID-19 patient, even if you did not know that person was infected? <i>ef1244</i> | radio, Required <table border="1"> <tr><td>1</td><td>Certain I did</td></tr> <tr><td>2</td><td>Very likely</td></tr> <tr><td>3</td><td>Likely</td></tr> <tr><td>4</td><td>Unlikely</td></tr> <tr><td>5</td><td>Very unlikely</td></tr> <tr><td>6</td><td>Certain I did not</td></tr> </table> Custom alignment: LV | 1 | Certain I did | 2 | Very likely | 3 | Likely | 4 | Unlikely | 5 | Very unlikely | 6 | Certain I did not | | | | | | |
| 1 | Certain I did | | | | | | | | | | | | | | | | | | | | |
| 2 | Very likely | | | | | | | | | | | | | | | | | | | | |
| 3 | Likely | | | | | | | | | | | | | | | | | | | | |
| 4 | Unlikely | | | | | | | | | | | | | | | | | | | | |
| 5 | Very unlikely | | | | | | | | | | | | | | | | | | | | |
| 6 | Certain I did not | | | | | | | | | | | | | | | | | | | | |
| 156 | cc_work | Between [screening_arm_1][start_index] to [screening_arm_1][indexdt], did you have any close contact with a PATIENT with suspected or confirmed COVID-19? Close contact is defined as being within 6 feet of a person for at least 15 cumulative minutes over a 24-hour period (regardless of the use of personal protective equipment) while that person is symptomatic, up to 2 days before they were symptomatic, or up to 2 days before a positive COVID-19 test. <i>ef2310_eip23</i> | radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Not sure</td></tr> </table> Custom alignment: LV | 1 | Yes | 0 | No | 2 | Not sure | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | |
| 2 | Not sure | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | |
|-----|--|---|--|---|--------------|---|------------------|---|-----------|---|-----------------|---|---|
| 157 | ppematrixheading Show the field ONLY if: [baseline_arm_1][cc_work] <> "0" | In the next section, you will be asked about your use of personal protective equipment (PPE). If you have interacted with or provided care to a known or presumed COVID-19 infected patient recently, please report what types of PPE you wore when you cared for that patient. If you have not recently interacted with or provided care to a COVID-19 patient, please report the types of PPE you WOULD wear if you were asked to see a patient with COVID-19 (suspected or confirmed). What personal protective equipment were you wearing during patient care activities? | descriptive | | | | | | | | | | |
| 158 | act_gloves Show the field ONLY if: [baseline_arm_1][cc_work] <> "0" | Glovesef1897eip24 | radio (Matrix), Required <table><tr><td>1</td><td>All the time</td></tr><tr><td>2</td><td>Most of the time</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Rarely or never</td></tr><tr><td>5</td><td>In my job, I would never be interacting with or providing care to COVID-19 patients</td></tr></table> | 1 | All the time | 2 | Most of the time | 3 | Sometimes | 4 | Rarely or never | 5 | In my job, I would never be interacting with or providing care to COVID-19 patients |
| 1 | All the time | | | | | | | | | | | | |
| 2 | Most of the time | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | |
| 4 | Rarely or never | | | | | | | | | | | | |
| 5 | In my job, I would never be interacting with or providing care to COVID-19 patients | | | | | | | | | | | | |
| 159 | act_mask Show the field ONLY if: [baseline_arm_1][cc_work] <> "0" | Facemaskef2546eip24 | radio (Matrix), Required <table><tr><td>1</td><td>All the time</td></tr><tr><td>2</td><td>Most of the time</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Rarely or never</td></tr><tr><td>5</td><td>In my job, I would never be interacting with or providing care to COVID-19 patients</td></tr></table> | 1 | All the time | 2 | Most of the time | 3 | Sometimes | 4 | Rarely or never | 5 | In my job, I would never be interacting with or providing care to COVID-19 patients |
| 1 | All the time | | | | | | | | | | | | |
| 2 | Most of the time | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | |
| 4 | Rarely or never | | | | | | | | | | | | |
| 5 | In my job, I would never be interacting with or providing care to COVID-19 patients | | | | | | | | | | | | |
| 160 | act_resp Show the field ONLY if: [baseline_arm_1][cc_work] <> "0" | N-95 respirator or equivalent (a special type of face mask that doesn't let small droplets come through)ef1657eip24 | radio (Matrix), Required <table><tr><td>1</td><td>All the time</td></tr><tr><td>2</td><td>Most of the time</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Rarely or never</td></tr><tr><td>5</td><td>In my job, I would never be interacting with or providing care to COVID-19 patients</td></tr></table> | 1 | All the time | 2 | Most of the time | 3 | Sometimes | 4 | Rarely or never | 5 | In my job, I would never be interacting with or providing care to COVID-19 patients |
| 1 | All the time | | | | | | | | | | | | |
| 2 | Most of the time | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | |
| 4 | Rarely or never | | | | | | | | | | | | |
| 5 | In my job, I would never be interacting with or providing care to COVID-19 patients | | | | | | | | | | | | |
| 161 | act_gown Show the field ONLY if: [baseline_arm_1][cc_work] <> "0" | Gownef1897eip24 | radio (Matrix), Required <table><tr><td>1</td><td>All the time</td></tr><tr><td>2</td><td>Most of the time</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Rarely or never</td></tr><tr><td>5</td><td>In my job, I would never be interacting with or providing care to COVID-19 patients</td></tr></table> | 1 | All the time | 2 | Most of the time | 3 | Sometimes | 4 | Rarely or never | 5 | In my job, I would never be interacting with or providing care to COVID-19 patients |
| 1 | All the time | | | | | | | | | | | | |
| 2 | Most of the time | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | |
| 4 | Rarely or never | | | | | | | | | | | | |
| 5 | In my job, I would never be interacting with or providing care to COVID-19 patients | | | | | | | | | | | | |
| 162 | act_papr Show the field ONLY if: [baseline_arm_1][cc_work] <> "0" | Positive air-purifying respirator (PAPR, CAPR)ef2378eip24 | radio (Matrix), Required <table><tr><td>1</td><td>All the time</td></tr><tr><td>2</td><td>Most of the time</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Rarely or never</td></tr><tr><td>5</td><td>In my job, I would never be interacting with or providing care to COVID-19 patients</td></tr></table> | 1 | All the time | 2 | Most of the time | 3 | Sometimes | 4 | Rarely or never | 5 | In my job, I would never be interacting with or providing care to COVID-19 patients |
| 1 | All the time | | | | | | | | | | | | |
| 2 | Most of the time | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | |
| 4 | Rarely or never | | | | | | | | | | | | |
| 5 | In my job, I would never be interacting with or providing care to COVID-19 patients | | | | | | | | | | | | |
| 163 | act_gogg Show the field ONLY if: [baseline_arm_1][cc_work] <> "0" | Goggles or face shieldef1798eip24 | radio (Matrix), Required <table><tr><td>1</td><td>All the time</td></tr><tr><td>2</td><td>Most of the time</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Rarely or never</td></tr><tr><td>5</td><td>In my job, I would never be interacting with or providing care to COVID-19 patients</td></tr></table> | 1 | All the time | 2 | Most of the time | 3 | Sometimes | 4 | Rarely or never | 5 | In my job, I would never be interacting with or providing care to COVID-19 patients |
| 1 | All the time | | | | | | | | | | | | |
| 2 | Most of the time | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | |
| 4 | Rarely or never | | | | | | | | | | | | |
| 5 | In my job, I would never be interacting with or providing care to COVID-19 patients | | | | | | | | | | | | |

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|-----|--|--|---|---|-----------------|------------------|------------------|-------------|-----------------|---|-----------------|---|---|-------------|----|---|-------------|----------|
| 164 | source Show the field ONLY if: [baseline_arm_1][cc_work] = "1" | If you were to see a patient with suspected or confirmed COVID-19 in your facility, how likely is it that he/she would be wearing a surgical or procedure mask (if not on a ventilator)? <i>ef4252</i> | radio, Required <table border="1"> <tr><td>1</td><td>Very likely</td></tr> <tr><td>2</td><td>Likely</td></tr> <tr><td>3</td><td>Unlikely</td></tr> <tr><td>4</td><td>Very unlikely</td></tr> </table> Custom alignment: LV | 1 | Very likely | 2 | Likely | 3 | Unlikely | 4 | Very unlikely | | | | | | | |
| 1 | Very likely | | | | | | | | | | | | | | | | | |
| 2 | Likely | | | | | | | | | | | | | | | | | |
| 3 | Unlikely | | | | | | | | | | | | | | | | | |
| 4 | Very unlikely | | | | | | | | | | | | | | | | | |
| 165 | agp Show the field ONLY if: [baseline_arm_1][cc_work] = "1" | Between [screening_arm_1][start_index] to [screening_arm_1][indexdt], have you participated in any aerosol-generating procedures for known or presumed COVID-19 infected patients? Aerosol-generating procedures include any of the following: airway suctioning, disrupting a mechanical ventilation circuit (intentionally or unintentionally), bronchoscopy, chest physiotherapy, cardiac arrest/cardiopulmonary resuscitation, high-flow oxygen delivery, high-frequency oscillatory ventilation, endotracheal intubation, mini-bronchoalveolar lavage, manual (bag) ventilation, nebulizer treatments, non-invasive positive pressure ventilation (BiPap, CPAP), sputum induction, dental procedures, or other similar procedures. <i>ef3908_eip26</i> | radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Not Sure</td></tr> </table> Custom alignment: LV | 1 | Yes | 0 | No | 2 | Not Sure | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | |
| 2 | Not Sure | | | | | | | | | | | | | | | | | |
| 166 | cc_other | In the period between [screening_arm_1][start_index] to [screening_arm_1][indexdt], did you have close contact with a person with known or suspected COVID-19 infection who was NOT a patient WHILE YOU WERE WORKING in your facility? Please select all that apply. Close contact is defined as being within 6 feet of a person for at least 15 cumulative minutes over a 24-hour period (regardless of the use of personal protective equipment) either while that person is symptomatic, up to 2 days before they were symptomatic, or up to 2 days before a positive COVID-19 test. <i>ef1257_eip22a</i> | checkbox, Required <table border="1"> <tr><td>1</td><td>cc_other__1</td><td>Yes - a coworker</td></tr> <tr><td>2</td><td>cc_other__2</td><td>Yes - a visitor</td></tr> <tr><td>3</td><td>cc_other__3</td><td>Yes - someone who was not a patient, coworker, or visitor</td></tr> <tr><td>0</td><td>cc_other__0</td><td>No</td></tr> <tr><td>4</td><td>cc_other__4</td><td>Not sure</td></tr> </table> Custom alignment: LV Field Annotation: @NONEOFTHEABOVE | 1 | cc_other__1 | Yes - a coworker | 2 | cc_other__2 | Yes - a visitor | 3 | cc_other__3 | Yes - someone who was not a patient, coworker, or visitor | 0 | cc_other__0 | No | 4 | cc_other__4 | Not sure |
| 1 | cc_other__1 | Yes - a coworker | | | | | | | | | | | | | | | | |
| 2 | cc_other__2 | Yes - a visitor | | | | | | | | | | | | | | | | |
| 3 | cc_other__3 | Yes - someone who was not a patient, coworker, or visitor | | | | | | | | | | | | | | | | |
| 0 | cc_other__0 | No | | | | | | | | | | | | | | | | |
| 4 | cc_other__4 | Not sure | | | | | | | | | | | | | | | | |
| 167 | social | In a normal workday (before your recent illness), how often were you able to practice social distancing from your co-workers? Social distancing means that you stay at least 6 feet away from other people, regardless of whether you are wearing a mask. <i>ef4807_eip29</i> | radio, Required <table border="1"> <tr><td>1</td><td>All of the time</td></tr> <tr><td>2</td><td>Most of the time</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Rarely or never</td></tr> </table> Custom alignment: LV | 1 | All of the time | 2 | Most of the time | 3 | Sometimes | 4 | Rarely or never | | | | | | | |
| 1 | All of the time | | | | | | | | | | | | | | | | | |
| 2 | Most of the time | | | | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | | | | |
| 4 | Rarely or never | | | | | | | | | | | | | | | | | |
| 168 | universal | In a normal workday between [screening_arm_1][start_index] and [screening_arm_1][indexdt], how often did you practice universal masking at work (e.g., wearing a mask for your entire shift in the hospital [excluding eating and drinking])? Do NOT include bandanas or cloth masks. <i>ef3142_eip30</i> | radio, Required <table border="1"> <tr><td>1</td><td>All of the time</td></tr> <tr><td>2</td><td>Most of the time</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Rarely or never</td></tr> </table> Custom alignment: LV | 1 | All of the time | 2 | Most of the time | 3 | Sometimes | 4 | Rarely or never | | | | | | | |
| 1 | All of the time | | | | | | | | | | | | | | | | | |
| 2 | Most of the time | | | | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | | | | |
| 4 | Rarely or never | | | | | | | | | | | | | | | | | |
| 169 | cc_comm | Section Header: <i>Outside of Work</i> Between [screening_arm_1][start_index] and [screening_arm_1][indexdt], have you had any known close contact with anyone outside of the healthcare facility where you work who had confirmed COVID-19? Close contact is defined as being within 6 feet of a person for at least 15 cumulative minutes over a 24-hour period (regardless of the use of personal protective equipment) either while that person is symptomatic, up to 2 days before they were symptomatic, or up to 2 days before a positive COVID-19 test. <i>ef4754_eip18</i> | yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: LV | 1 | Yes | 0 | No | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | |

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|-----|-------------------|---|--|---|--------|---|-----------|---|--------|---|-------|
| 170 | ill | Between [screening_arm_1][start_index] and [screening_arm_1][indexdt], have you had any known close contact with anyone outside of a healthcare facility who was ill? Close contact is defined as being within 6 feet of a person for at least 15 cumulative minutes over a 24-hour period (regardless of the use of personal protective equipment) either while that person is symptomatic, up to 2 days before they were symptomatic, or up to 2 days before a positive COVID-19 test. <i>ef1733_eip19</i> | yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV | 1 | Yes | 0 | No | | | | |
| 1 | Yes | | | | | | | | | | |
| 0 | No | | | | | | | | | | |
| 171 | mass | Section Header: <i>Between [screening_arm_1][start_index] and [screening_arm_1][indexdt], did you:</i> Attend a gathering that included people other than your household members (e.g., religious event, wedding, party, dance, concert, banquet, funeral, festival, sports event, or other event)?ef4125eip19 | radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> | 1 | Yes | 0 | No | | | | |
| 1 | Yes | | | | | | | | | | |
| 0 | No | | | | | | | | | | |
| 172 | eat_indoors | Eat indoors in a restaurant, bar, or coffee shop?ef3247 | radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> | 1 | Yes | 0 | No | | | | |
| 1 | Yes | | | | | | | | | | |
| 0 | No | | | | | | | | | | |
| 173 | gym | Go to a gym to exercise while other people were there?ef5544 | radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> | 1 | Yes | 0 | No | | | | |
| 1 | Yes | | | | | | | | | | |
| 0 | No | | | | | | | | | | |
| 174 | trans | Use any public transportation (e.g., bus, train, airplane, boat)? ef2365eip19 | radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> | 1 | Yes | 0 | No | | | | |
| 1 | Yes | | | | | | | | | | |
| 0 | No | | | | | | | | | | |
| 175 | shared | Use shared transportation, such as a carpool, vanpool, taxi, or ride sharing service (e.g., Uber or Lyft)?ef1457eip19 | radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> | 1 | Yes | 0 | No | | | | |
| 1 | Yes | | | | | | | | | | |
| 0 | No | | | | | | | | | | |
| 176 | shop | Shop for items (e.g., groceries, prescriptions, home goods, clothing) in a store?ef4527 | radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> | 1 | Yes | 0 | No | | | | |
| 1 | Yes | | | | | | | | | | |
| 0 | No | | | | | | | | | | |
| 177 | salon | Go to a salon or barber (e.g., hair salon, nail salon)?ef4527 | radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> | 1 | Yes | 0 | No | | | | |
| 1 | Yes | | | | | | | | | | |
| 0 | No | | | | | | | | | | |
| 178 | social_gatherless | Have people visit you inside your home or go inside someone else's home with less than 10 people who do not live in your household? ef1258 | radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> | 1 | Yes | 0 | No | | | | |
| 1 | Yes | | | | | | | | | | |
| 0 | No | | | | | | | | | | |
| 179 | social_gathermore | Have people visit you inside your home or go inside someone else's home with more than 10 people who do not live in your household? ef47915 | radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> | 1 | Yes | 0 | No | | | | |
| 1 | Yes | | | | | | | | | | |
| 0 | No | | | | | | | | | | |
| 180 | outside_maskbef | Before your recent illness, how often did you wear face masks or face coverings to cover your mouth and nose outside of work while indoors in public? <i>ef4309</i> | radio, Required <table><tr><td>1</td><td>Always</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Rarely</td></tr><tr><td>4</td><td>Never</td></tr></table> Custom alignment: LV | 1 | Always | 2 | Sometimes | 3 | Rarely | 4 | Never |
| 1 | Always | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | |
| 3 | Rarely | | | | | | | | | | |
| 4 | Never | | | | | | | | | | |

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|-----|--|---|--|---|----------|-----------------------|----|----------|-----------------------------|---|----------|-------------|---|----------|----------------|---|----------|--|
| 181 | hhold | <div>Section Header: <i>Your Living Situation</i></div> <div>I currently live with: [select all that apply]</div> <div>ef3458</div> | <div>checkbox, Required</div> <table><tr><td>1</td><td>hhold__1</td><td>No one (I live alone)</td></tr><tr><td>2</td><td>hhold__2</td><td>Spouse or significant other</td></tr><tr><td>3</td><td>hhold__3</td><td>Roommate(s)</td></tr><tr><td>4</td><td>hhold__4</td><td>Child/children</td></tr><tr><td>5</td><td>hhold__5</td><td>Parents, grandparents, aunts, uncles, or other family not including a spouse/significant other and/or children</td></tr></table> <div>Custom alignment: LV</div> <div>Field Annotation: @NONEOFTHEABOVE = "1"</div> | 1 | hhold__1 | No one (I live alone) | 2 | hhold__2 | Spouse or significant other | 3 | hhold__3 | Roommate(s) | 4 | hhold__4 | Child/children | 5 | hhold__5 | Parents, grandparents, aunts, uncles, or other family not including a spouse/significant other and/or children |
| 1 | hhold__1 | No one (I live alone) | | | | | | | | | | | | | | | | |
| 2 | hhold__2 | Spouse or significant other | | | | | | | | | | | | | | | | |
| 3 | hhold__3 | Roommate(s) | | | | | | | | | | | | | | | | |
| 4 | hhold__4 | Child/children | | | | | | | | | | | | | | | | |
| 5 | hhold__5 | Parents, grandparents, aunts, uncles, or other family not including a spouse/significant other and/or children | | | | | | | | | | | | | | | | |
| 182 | hhold_n <div>Show the field ONLY if: [baseline_arm_1][hhold(2)] = '1' or [baseline_arm_1][hhold(3)]='1' or [baseline_arm_1][hhold(4)]='1' or [baseline_arm_1][hhold(5)]='1'</div> | <div>How many total people, including yourself, live in your home or unit? If you live in a multi-unit housing, do not include the total number of people in your complex - just those who live in your unit.</div> <div>ef2805</div> | <div>text (integer, Max: 10), Required</div> <div>Custom alignment: LV</div> | | | | | | | | | | | | | | | |
| 183 | house | <div>Between [screening_arm_1][start_index] and [screening_arm_1][indexdt], did any of your household members, friends, acquaintances, or co-workers have fever or respiratory symptoms (e.g., cough, sore throat)?</div> <div>ef4497</div> | <div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Not sure</td></tr></table> <div>Custom alignment: LV</div> | 1 | Yes | 0 | No | 2 | Not sure | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | |
| 2 | Not sure | | | | | | | | | | | | | | | | | |
| 184 | day | <div>Do you attend or work at a school or daycare? If you pick up children from school or daycare only, please respond "no".</div> <div>ef4350_eip19</div> | <div>yesno, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: LV</div> | 1 | Yes | 0 | No | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | |
| 185 | houday <div>Show the field ONLY if: [baseline_arm_1][hhold(1)] <> "1"</div> | <div>Do you have a household member who attends or works in person at a school or daycare?</div> <div>ef4846_eip19</div> | <div>yesno, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: LV</div> | 1 | Yes | 0 | No | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | |
| 186 | stopwork | <div>Section Header: <i>Return to work</i></div> <div>Did you stop working at any time related to your current/recent illness/exposure (for which you were tested)?</div> <div>ef1889</div> | <div>yesno, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: LV</div> | 1 | Yes | 0 | No | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | |
| 187 | stopworkdt <div>Show the field ONLY if: [baseline_arm_1][stopwork] = "1"</div> | <div>On what date did you stop working? This would be the first date that you did NOT work.</div> <div>ef1216</div> | <div>text (date_mdy, Min: 2020-09-01), Required</div> <div>Field Annotation: @NOTFUTURE @HIDEBUTTON</div> | | | | | | | | | | | | | | | |

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|-----|--|--|---|---|-----------------|--|----|-----------------|--|---|-----------------|---|---|-----------------|--|---|-----------------|--|---|-----------------|--|
| 188 | <div>stopwork_who</div> <div>Show the field ONLY if: [baseline_arm_1][stopwork] = "1"</div> | <div>Who was responsible for the decision for you to stop working? [select all that apply]</div> <div>ef1095</div> | <div>checkbox, Required</div> <table><tr><td>1</td><td>stopwork_who__1</td><td>My employee/occupational health clinic</td></tr><tr><td>2</td><td>stopwork_who__2</td><td>My department head/supervisor</td></tr><tr><td>3</td><td>stopwork_who__3</td><td>My primary care provider or another personal physician/provider</td></tr><tr><td>4</td><td>stopwork_who__4</td><td>It was my decision</td></tr><tr><td>6</td><td>stopwork_who__6</td><td>It was required by policy of my employer</td></tr><tr><td>5</td><td>stopwork_who__5</td><td>Other, please specify {stopwork_whospec}</td></tr></table> <div>Custom alignment: LV</div> | 1 | stopwork_who__1 | My employee/occupational health clinic | 2 | stopwork_who__2 | My department head/supervisor | 3 | stopwork_who__3 | My primary care provider or another personal physician/provider | 4 | stopwork_who__4 | It was my decision | 6 | stopwork_who__6 | It was required by policy of my employer | 5 | stopwork_who__5 | Other, please specify {stopwork_whospec} |
| 1 | stopwork_who__1 | My employee/occupational health clinic | | | | | | | | | | | | | | | | | | | |
| 2 | stopwork_who__2 | My department head/supervisor | | | | | | | | | | | | | | | | | | | |
| 3 | stopwork_who__3 | My primary care provider or another personal physician/provider | | | | | | | | | | | | | | | | | | | |
| 4 | stopwork_who__4 | It was my decision | | | | | | | | | | | | | | | | | | | |
| 6 | stopwork_who__6 | It was required by policy of my employer | | | | | | | | | | | | | | | | | | | |
| 5 | stopwork_who__5 | Other, please specify {stopwork_whospec} | | | | | | | | | | | | | | | | | | | |
| 189 | <div>stopwork_whospec</div> <div>Show the field ONLY if: [baseline_arm_1][stopwork_who(5)] = "1"</div> | <div>Who?</div> <div>ef4314</div> | <div>text</div> | | | | | | | | | | | | | | | | | | |
| 190 | <div>stopwork_why</div> <div>Show the field ONLY if: [baseline_arm_1][stopwork] = "1"</div> | <div>What was the reason you stopped working? [select all that apply]</div> <div>ef2960</div> | <div>checkbox, Required</div> <table><tr><td>1</td><td>stopwork_why__1</td><td>I had symptoms of COVID-19</td></tr><tr><td>2</td><td>stopwork_why__2</td><td>Positive COVID-19 test (throat or nose swab)</td></tr><tr><td>3</td><td>stopwork_why__3</td><td>I was quarantined because of a high-risk exposure</td></tr><tr><td>4</td><td>stopwork_why__4</td><td>Other, please specify {stopwork_whyspec}</td></tr></table> <div>Custom alignment: LV</div> | 1 | stopwork_why__1 | I had symptoms of COVID-19 | 2 | stopwork_why__2 | Positive COVID-19 test (throat or nose swab) | 3 | stopwork_why__3 | I was quarantined because of a high-risk exposure | 4 | stopwork_why__4 | Other, please specify {stopwork_whyspec} | | | | | | |
| 1 | stopwork_why__1 | I had symptoms of COVID-19 | | | | | | | | | | | | | | | | | | | |
| 2 | stopwork_why__2 | Positive COVID-19 test (throat or nose swab) | | | | | | | | | | | | | | | | | | | |
| 3 | stopwork_why__3 | I was quarantined because of a high-risk exposure | | | | | | | | | | | | | | | | | | | |
| 4 | stopwork_why__4 | Other, please specify {stopwork_whyspec} | | | | | | | | | | | | | | | | | | | |
| 191 | <div>stopwork_whyspec</div> <div>Show the field ONLY if: [baseline_arm_1][stopwork_why(4)] = "1"</div> | <div>Why?</div> <div>ef3843</div> | <div>text</div> <div>Custom alignment: LV</div> | | | | | | | | | | | | | | | | | | |
| 192 | <div>returnwork</div> <div>Show the field ONLY if: [baseline_arm_1][stopwork] = "1"</div> | <div>Have you returned to work now?</div> <div>ef4196</div> | <div>yesno, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: RH</div> | 1 | Yes | 0 | No | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | |
| 193 | <div>returnworkdt</div> <div>Show the field ONLY if: [baseline_arm_1][returnwork] = "1"</div> | <div>On what date (approximately) did you return to work?</div> <div>ef1047</div> | <div>text (date_mdy, Min: 2020-09-01), Required</div> <div>Custom alignment: RH</div> <div>Field Annotation: @HIDEBUTTON @NOTFUTURE</div> | | | | | | | | | | | | | | | | | | |

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|-----|--|---|--|---|--------------------|---|----|--------------------|---|---|--------------------|--|---|--------------------|--|---|-------------------|--------------------|---|-------------------|--|
| 194 | returnwork_who Show the field ONLY if: [baseline_arm_1][returnwork] = "1" | Who was responsible for the decision for you to resume work? [select all that apply] <i>ef2033</i> | checkbox, Required <table border="1"> <tr> <td>1</td> <td>returnwork_who__1</td> <td>My employee/occupational health clinic</td> </tr> <tr> <td>2</td> <td>returnwork_who__2</td> <td>My department head/supervisor</td> </tr> <tr> <td>3</td> <td>returnwork_who__3</td> <td>My primary care provider or another personal physician/provider</td> </tr> <tr> <td>6</td> <td>returnwork_who__6</td> <td>I followed the policy of my employer</td> </tr> <tr> <td>4</td> <td>returnwork_who__4</td> <td>It was my decision</td> </tr> <tr> <td>5</td> <td>returnwork_who__5</td> <td>Other, please specify {returnwork_whospec}</td> </tr> </table> Custom alignment: LV | 1 | returnwork_who__1 | My employee/occupational health clinic | 2 | returnwork_who__2 | My department head/supervisor | 3 | returnwork_who__3 | My primary care provider or another personal physician/provider | 6 | returnwork_who__6 | I followed the policy of my employer | 4 | returnwork_who__4 | It was my decision | 5 | returnwork_who__5 | Other, please specify {returnwork_whospec} |
| 1 | returnwork_who__1 | My employee/occupational health clinic | | | | | | | | | | | | | | | | | | | |
| 2 | returnwork_who__2 | My department head/supervisor | | | | | | | | | | | | | | | | | | | |
| 3 | returnwork_who__3 | My primary care provider or another personal physician/provider | | | | | | | | | | | | | | | | | | | |
| 6 | returnwork_who__6 | I followed the policy of my employer | | | | | | | | | | | | | | | | | | | |
| 4 | returnwork_who__4 | It was my decision | | | | | | | | | | | | | | | | | | | |
| 5 | returnwork_who__5 | Other, please specify {returnwork_whospec} | | | | | | | | | | | | | | | | | | | |
| 195 | returnwork_whospec Show the field ONLY if: [baseline_arm_1][returnwork_who(5)] = "1" | Who? <i>ef3198</i> | text | | | | | | | | | | | | | | | | | | |
| 196 | returnwork_self Show the field ONLY if: [baseline_arm_1][returnwork_who(4)] = "1" | How did you decide that you could return to work? [select all that apply] <i>ef2034</i> | checkbox, Required <table border="1"> <tr> <td>1</td> <td>returnwork_self__1</td> <td>My symptoms had resolved, so I decided to go back to work</td> </tr> <tr> <td>2</td> <td>returnwork_self__2</td> <td>I felt better, but I still had symptoms</td> </tr> <tr> <td>3</td> <td>returnwork_self__3</td> <td>I used the guidelines of a national organization or my local health system to decide that I met criteria to return to work</td> </tr> <tr> <td>4</td> <td>returnwork_self__4</td> <td>I had a follow-up test and it was negative</td> </tr> </table> Custom alignment: LV | 1 | returnwork_self__1 | My symptoms had resolved, so I decided to go back to work | 2 | returnwork_self__2 | I felt better, but I still had symptoms | 3 | returnwork_self__3 | I used the guidelines of a national organization or my local health system to decide that I met criteria to return to work | 4 | returnwork_self__4 | I had a follow-up test and it was negative | | | | | | |
| 1 | returnwork_self__1 | My symptoms had resolved, so I decided to go back to work | | | | | | | | | | | | | | | | | | | |
| 2 | returnwork_self__2 | I felt better, but I still had symptoms | | | | | | | | | | | | | | | | | | | |
| 3 | returnwork_self__3 | I used the guidelines of a national organization or my local health system to decide that I met criteria to return to work | | | | | | | | | | | | | | | | | | | |
| 4 | returnwork_self__4 | I had a follow-up test and it was negative | | | | | | | | | | | | | | | | | | | |
| 197 | returnworksx Show the field ONLY if: [baseline_arm_1][returnwork] = "1" | When you returned to work, had your symptoms improved? <i>ef4991</i> | radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>2</td> <td>Not sure</td> </tr> </table> Custom alignment: LV | 1 | Yes | 0 | No | 2 | Not sure | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | |
| 2 | Not sure | | | | | | | | | | | | | | | | | | | | |
| 198 | returnwork_fever Show the field ONLY if: [baseline_arm_1][returnwork] = "1" | When you returned to work, had your fever resolved without the use of fever-reducing medications (e.g., acetaminophen [Tylenol], ibuprofen [Advil])? <i>ef4251</i> | radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>2</td> <td>Not sure</td> </tr> </table> Custom alignment: LV | 1 | Yes | 0 | No | 2 | Not sure | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | |
| 2 | Not sure | | | | | | | | | | | | | | | | | | | | |
| 199 | returnwork_sxgone Show the field ONLY if: [baseline_arm_1][returnwork] = "1" | At the time you returned to work, had ALL of your symptoms resolved (even if you tested negative for COVID-19)? <i>ef1415</i> | yesno, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Custom alignment: LV | 1 | Yes | 0 | No | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | |

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|-----|---------------------|--|-------------------------|---|
| 200 | returnwork_sxremain | Which of the following symptoms did you still have when you returned to work? <i>ef3160</i> | checkbox, Required | |
| | 16 | | returnwork_sxremain__16 | Abdominal pain |
| | 19 | | returnwork_sxremain__19 | Bruised toes or feet |
| | 6 | | returnwork_sxremain__6 | Changes in my ability to smell or taste |
| | 10 | | returnwork_sxremain__10 | Chest pain or chest tightness |
| | 7 | | returnwork_sxremain__7 | Chills |
| | 2 | | returnwork_sxremain__2 | Cough |
| | 15 | | returnwork_sxremain__15 | Diarrhea |
| | 18 | | returnwork_sxremain__18 | Fatigue (unusual feeling of tiredness) |
| | 4 | | returnwork_sxremain__4 | Fever (greater than 100°F or 37.8°C) |
| | 9 | | returnwork_sxremain__9 | Headache |
| | 17 | | returnwork_sxremain__17 | Loss of appetite |
| | 5 | | returnwork_sxremain__5 | Myalgia (muscle aches) |
| | 14 | | returnwork_sxremain__14 | Nausea (sick to your stomach) or vomiting |
| | 12 | | returnwork_sxremain__12 | Rhinorrhea (runny nose) |
| | 8 | | returnwork_sxremain__8 | Rigors (sudden feeling of cold with shaking) |
| | 3 | | returnwork_sxremain__3 | Severe respiratory illness, including pneumonia |
| | 1 | | returnwork_sxremain__1 | Shortness of breath or difficulty breathing |
| | 13 | | returnwork_sxremain__13 | Sinus or nasal congestion |
| | 11 | | returnwork_sxremain__11 | Sore throat |
| | | Custom alignment: LV | | |

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|-----|---|---|--|---|---|-----------------------------|---|--------------|--|---|---|---|---|--------------|--|---|--------------|--|---|--------------|--------------------------------|---|--------------|--|
| 201 | <div>hholdprec</div> <div>Show the field ONLY if: [baseline_arm_1][stopwork] = "1"</div> | <div>While you were at home away from work, did you take any new precautions to protect your household members [select all that apply]? <i>ef3440</i></div> | <div>checkbox, Required</div> <table><tr><td>1</td><td>hholdprec__1</td><td>I moved out of my residence</td></tr><tr><td>2</td><td>hholdprec__2</td><td>I stayed in my residence, but I was completely isolated from my family (stayed in another part of the home during day time and sleeping)</td></tr><tr><td>3</td><td>hholdprec__3</td><td>I stayed in my residence and used a separate bathroom</td></tr><tr><td>4</td><td>hholdprec__4</td><td>I stayed in my residence and ate my meals separately</td></tr><tr><td>5</td><td>hholdprec__5</td><td>I stayed in my residence and routinely wore a mask</td></tr><tr><td>6</td><td>hholdprec__6</td><td>None of these, or I live alone</td></tr><tr><td>7</td><td>hholdprec__7</td><td>Other, please specify {hholdprec_spec}</td></tr></table> <div>Custom alignment: LV Field Annotation: @NONEOFTHEABOVE = "6"</div> | 1 | hholdprec__1 | I moved out of my residence | 2 | hholdprec__2 | I stayed in my residence, but I was completely isolated from my family (stayed in another part of the home during day time and sleeping) | 3 | hholdprec__3 | I stayed in my residence and used a separate bathroom | 4 | hholdprec__4 | I stayed in my residence and ate my meals separately | 5 | hholdprec__5 | I stayed in my residence and routinely wore a mask | 6 | hholdprec__6 | None of these, or I live alone | 7 | hholdprec__7 | Other, please specify {hholdprec_spec} |
| 1 | hholdprec__1 | I moved out of my residence | | | | | | | | | | | | | | | | | | | | | | |
| 2 | hholdprec__2 | I stayed in my residence, but I was completely isolated from my family (stayed in another part of the home during day time and sleeping) | | | | | | | | | | | | | | | | | | | | | | |
| 3 | hholdprec__3 | I stayed in my residence and used a separate bathroom | | | | | | | | | | | | | | | | | | | | | | |
| 4 | hholdprec__4 | I stayed in my residence and ate my meals separately | | | | | | | | | | | | | | | | | | | | | | |
| 5 | hholdprec__5 | I stayed in my residence and routinely wore a mask | | | | | | | | | | | | | | | | | | | | | | |
| 6 | hholdprec__6 | None of these, or I live alone | | | | | | | | | | | | | | | | | | | | | | |
| 7 | hholdprec__7 | Other, please specify {hholdprec_spec} | | | | | | | | | | | | | | | | | | | | | | |
| 202 | <div>hholdprec_spec</div> <div>Show the field ONLY if: [baseline_arm_1][hholdprec (7)] = "1"</div> | <div>What? <i>ef2754</i></div> | <div>text</div> | | | | | | | | | | | | | | | | | | | | | |
| 203 | <div>returnwork_negtest</div> <div>Show the field ONLY if: [baseline_arm_1][returnwork] = "1"</div> | <div>Before you went back to work, were you required to have negative COVID-19 testing? <i>ef2884</i></div> | <div>radio, Required</div> <table><tr><td>1</td><td>Yes - I was required to have one negative nasal, nasopharyngeal, or oral (nose, throat, or saliva) test</td></tr><tr><td>2</td><td>Yes - I was required to have two or more negative nasal, nasopharyngeal, or oral (nose, throat, or saliva) test</td></tr><tr><td>3</td><td>No - I was able to return to work after a certain time from my COVID-19 test or symptoms had passed</td></tr><tr><td>4</td><td>No - I was able to return to work as soon as my symptoms resolved</td></tr></table> <div>Custom alignment: LV</div> | 1 | Yes - I was required to have one negative nasal, nasopharyngeal, or oral (nose, throat, or saliva) test | 2 | Yes - I was required to have two or more negative nasal, nasopharyngeal, or oral (nose, throat, or saliva) test | 3 | No - I was able to return to work after a certain time from my COVID-19 test or symptoms had passed | 4 | No - I was able to return to work as soon as my symptoms resolved | | | | | | | | | | | | | |
| 1 | Yes - I was required to have one negative nasal, nasopharyngeal, or oral (nose, throat, or saliva) test | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Yes - I was required to have two or more negative nasal, nasopharyngeal, or oral (nose, throat, or saliva) test | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | No - I was able to return to work after a certain time from my COVID-19 test or symptoms had passed | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | No - I was able to return to work as soon as my symptoms resolved | | | | | | | | | | | | | | | | | | | | | | | |
| 204 | <div>missedworkn</div> <div>Show the field ONLY if: [baseline_arm_1][returnwork] = "1"</div> | <div>Approximately how many previously scheduled work days did you miss for this episode of illness. For instance, if you were off work for 7 calendar days but were only scheduled to work 3 of those days, please answer "3". <i>ef1321</i></div> | <div>text, Required</div> <div>Custom alignment: LV</div> | | | | | | | | | | | | | | | | | | | | | |







| | | | | | | | | | | | | | | | | | | |
|-----|---|---|---|---|-----------------------|--|------------------|-----------------------|---|---|-----------------------|---|---|-----------------------|--|---|-----------------------|---|
| 205 | <div>returnwork_addprec</div> <div>Show the field ONLY if: [baseline_arm_1][returnwork] = "1"</div> | <div>Did you take any additional precautions when you returned to work (that you would not have used previously)? [select all that apply] If your precautions did not change, please answer NO.</div> <div>ef3980</div> | <div>checkbox, Required</div> <table><tr><td>1</td><td>returnwork_addprec__1</td><td>Yes - I wore more personal protective equipment, or the same PPE more often, when I returned to work</td></tr><tr><td>2</td><td>returnwork_addprec__2</td><td>Yes - I did not work in shared workspaces</td></tr><tr><td>3</td><td>returnwork_addprec__3</td><td>Yes - I worked a different schedule when I returned to work</td></tr><tr><td>4</td><td>returnwork_addprec__4</td><td>Yes - I took care of different types of patients when I returned to work</td></tr><tr><td>5</td><td>returnwork_addprec__5</td><td>No - I used the same procedures and precautions as before</td></tr></table> <div>Custom alignment: LV</div> <div>Field Annotation: @NONEOFTHEABOVE = "5"</div> | 1 | returnwork_addprec__1 | Yes - I wore more personal protective equipment, or the same PPE more often, when I returned to work | 2 | returnwork_addprec__2 | Yes - I did not work in shared workspaces | 3 | returnwork_addprec__3 | Yes - I worked a different schedule when I returned to work | 4 | returnwork_addprec__4 | Yes - I took care of different types of patients when I returned to work | 5 | returnwork_addprec__5 | No - I used the same procedures and precautions as before |
| 1 | returnwork_addprec__1 | Yes - I wore more personal protective equipment, or the same PPE more often, when I returned to work | | | | | | | | | | | | | | | | |
| 2 | returnwork_addprec__2 | Yes - I did not work in shared workspaces | | | | | | | | | | | | | | | | |
| 3 | returnwork_addprec__3 | Yes - I worked a different schedule when I returned to work | | | | | | | | | | | | | | | | |
| 4 | returnwork_addprec__4 | Yes - I took care of different types of patients when I returned to work | | | | | | | | | | | | | | | | |
| 5 | returnwork_addprec__5 | No - I used the same procedures and precautions as before | | | | | | | | | | | | | | | | |
| 206 | <div>universal_ofTEN</div> <div>Show the field ONLY if: [baseline_arm_1][returnwork] = "1"</div> | <div>How often did you practice universal masking at work (e.g., wearing a mask for your entire shift in the hospital [excluding eating and drinking]) after recovering from your recent illness?</div> <div>ef1320</div> | <div>radio, Required</div> <table><tr><td>1</td><td>All the time</td></tr><tr><td>2</td><td>Most of the time</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Rarely or never</td></tr></table> <div>Custom alignment: LV</div> | 1 | All the time | 2 | Most of the time | 3 | Sometimes | 4 | Rarely or never | | | | | | | |
| 1 | All the time | | | | | | | | | | | | | | | | | |
| 2 | Most of the time | | | | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | | | | |
| 4 | Rarely or never | | | | | | | | | | | | | | | | | |

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|-----|--|---|---|
| 207 | med_cond | Section Header: <i>Your Medical History</i> Have you been diagnosed with any the following chronic medical conditions by a healthcare provider? [select all that apply] <i>ef2279_eip37</i> | checkbox, Required |
| | | | 1 med_cond__1 Asthma |
| | | | 2 med_cond__2 Allergic rhinitis |
| | | | 3 med_cond__3 COPD/Emphysema |
| | | | 4 med_cond__4 Other chronic lung disease |
| | | | 5 med_cond__5 Hypertension (high blood pressure) |
| | | | 6 med_cond__6 Coronary artery disease |
| | | | 7 med_cond__7 Other heart condition (e.g., valve abnormality, history of non-coronary heart surgery, pacemaker) |
| | | | 8 med_cond__8 Stroke |
| | | | 9 med_cond__9 Diabetes mellitus, type I |
| | | | 10 med_cond__10 Diabetes mellitus, type II |
| | | | 27 med_cond__27 Diabetes mellitus, unspecified type |
| | | | 11 med_cond__11 Chronic kidney disease |
| | | | 12 med_cond__12 Dialysis |
| | | | 13 med_cond__13 Solid organ transplant (kidney, liver, lungs, heart) |
| | | | 14 med_cond__14 Hematopoietic stem cell transplant |
| | | | 15 med_cond__15 Autoimmune or rheumatologic disease |
| | | | 26 med_cond__26 Other immunosuppressing condition |
| | | | 16 med_cond__16 Active cancer |
| | | | 17 med_cond__17 Deep vein thrombosis or pulmonary embolism |
| | | | 18 med_cond__18 Chronic liver disease |
| | | | 19 med_cond__19 Depression or other mood disorder |
| | | | 20 med_cond__20 Anxiety/obsessive-compulsive/trauma or stressor related disorder |
| | | | 21 med_cond__21 Other mental health condition |
| | | | 22 med_cond__22 Movement or motor disorders |
| | | | 31 med_cond__31 Alcohol use disorder |
| | | | 29 med_cond__29 Sleep disorder |
| | | | 30 med_cond__30 Cognitive/neurodevelopmental disorder |
| | | | 23 med_cond__23 Other medical conditions, please specify {condoth_desc} |
| | | | 24 med_cond__24 None of these |
| | | | 25 med_cond__25 Prefer not to answer |
| | | | Custom alignment: LV Field Annotation: @NONEOFTHEABOVE = "24" |
| 208 | condoth_desc | Please specify your other medical condition(s). <i>ef2873</i> | text |
| | Show the field ONLY if: [baseline_arm_1][med_cond (23)] = "1" | | |

| | | | | | | | | | | | |
|-----|---|---|---|---|--------------|---|--|---|---|---|----------------------|
| 209 | recent_a1c Show the field ONLY if: [baseline_arm_1][med_cond (9)] = "1" or [baseline_arm_1] [med_cond(10)] = "1" or [base line_arm_1][med_cond(27)] = "1" | Do you know what your most recent hemoglobin A1C was? <i>ef3607</i> | yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV | 1 | Yes | 0 | No | | | | |
| 1 | Yes | | | | | | | | | | |
| 0 | No | | | | | | | | | | |
| 210 | a1c Show the field ONLY if: [baseline_arm_1][recent_a1c] = "1" | What was it (estimate is okay)? <i>ef1387</i> | text, Required Custom alignment: LV | | | | | | | | |
| 211 | immeds | Do you currently take any immune suppressing medications (for autoimmune disease, rheumatoid arthritis, organ transplant, or otherwise) or chemotherapy? <i>ef2789_eip38</i> | radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Prefer not to answer</td></tr></table> Custom alignment: LV | 1 | Yes | 0 | No | 2 | Prefer not to answer | | |
| 1 | Yes | | | | | | | | | | |
| 0 | No | | | | | | | | | | |
| 2 | Prefer not to answer | | | | | | | | | | |
| 212 | smoke | Which best characterizes your smoking status (includes tobacco, e-cigarettes, vaping, or marijuana)? <i>ef3689_eip40/41</i> | radio, Required <table><tr><td>0</td><td>Never smoked</td></tr><tr><td>1</td><td>Current smoker (defined as any use within the last 30 days)</td></tr><tr><td>2</td><td>Former smoker (defined as a previous user with no use within the last 30 days)</td></tr><tr><td>3</td><td>Prefer not to answer</td></tr></table> Custom alignment: LV | 0 | Never smoked | 1 | Current smoker (defined as any use within the last 30 days) | 2 | Former smoker (defined as a previous user with no use within the last 30 days) | 3 | Prefer not to answer |
| 0 | Never smoked | | | | | | | | | | |
| 1 | Current smoker (defined as any use within the last 30 days) | | | | | | | | | | |
| 2 | Former smoker (defined as a previous user with no use within the last 30 days) | | | | | | | | | | |
| 3 | Prefer not to answer | | | | | | | | | | |
| 213 | smoke_yrs Show the field ONLY if: [baseline_arm_1][smoke] = "1" | How many years have you been smoking/vaping (approximately)? Please round to the nearest year, and if started smoking/vaping less than 1 year ago, please enter 1 year. <i>ef1698_eip41</i> | text, Required Custom alignment: LV | | | | | | | | |
| 214 | frsmoke_yrs Show the field ONLY if: [baseline_arm_1][smoke] = "2" | How many total years did you smoke/vape before you quit (approximately)? Please round to the nearest year, and if you have smoked/vaped for less than 1 year, please enter 1 year. <i>ef1094_eip41a</i> | text, Required Custom alignment: LV | | | | | | | | |
| 215 | frsmoke_qt Show the field ONLY if: [baseline_arm_1][smoke] = "2" | How many years ago did you quit (approximately)? Please round to the nearest year, and if you quit less than 1 year ago, please enter 1 year. <i>ef2193_eip41b</i> | text, Required Custom alignment: LV | | | | | | | | |
| 216 | preg | Are you currently pregnant? <i>ef3375_eip37</i> | radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Prefer not to answer</td></tr></table> Custom alignment: LV | 1 | Yes | 0 | No | 2 | Prefer not to answer | | |
| 1 | Yes | | | | | | | | | | |
| 0 | No | | | | | | | | | | |
| 2 | Prefer not to answer | | | | | | | | | | |
| 217 | preg_wk Show the field ONLY if: [baseline_arm_1][preg] = "1" | How many weeks of pregnancy were you at the time of your COVID-19 test on [screening_arm_1][covdt]? Please round to the nearest week. <i>ef4539_eip37</i> | text (integer, Min: 0, Max: 45), Required Custom alignment: LV | | | | | | | | |
| 218 | height | What is your height (inches)? 4ft 10in = 58 inches 5ft 0in = 60 inches 5ft 2in = 62 inches 5ft 4in = 64 inches 5ft 6in = 66 inches 5ft 8in = 68 inches 5ft 10in = 70 inches 6ft 0in = 72 inches 6ft 2in = 74 inches <i>ef2619_eip33</i> | text (integer, Min: 54, Max: 80), Required | | | | | | | | |
| 219 | weight | What is your weight (pounds)? <i>ef3210_eip34</i> | text (integer, Min: 80, Max: 400), Required | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | |
|-----|--|--|--|---|-----------------------|----------------------------------|------------------------|---------|----------------------------|---|--|---------------------------|--------------------------------------|---------|---|---|----------------------|-------|---------------------------------|
| 220 | sex | <p>Section Header: <i>Demographics</i></p> <p>What sex were you assigned at birth, on your original birth certificate? <i>ef2435_eip36</i></p> | <p>radio</p> <table border="1"> <tr><td>1</td><td>Male</td></tr> <tr><td>2</td><td>Female</td></tr> <tr><td>3</td><td>Refused</td></tr> <tr><td>4</td><td>I don't know</td></tr> </table> <p>Custom alignment: LV</p> | 1 | Male | 2 | Female | 3 | Refused | 4 | I don't know | | | | | | | | |
| 1 | Male | | | | | | | | | | | | | | | | | | |
| 2 | Female | | | | | | | | | | | | | | | | | | |
| 3 | Refused | | | | | | | | | | | | | | | | | | |
| 4 | I don't know | | | | | | | | | | | | | | | | | | |
| 221 | sex_describe | <p>How do you currently describe yourself? <i>ef4403_eip31a</i></p> | <p>radio</p> <table border="1"> <tr><td>1</td><td>Male</td></tr> <tr><td>2</td><td>Female</td></tr> <tr><td>3</td><td>Transgender</td></tr> <tr><td>4</td><td>None of these</td></tr> </table> <p>Custom alignment: LV</p> | 1 | Male | 2 | Female | 3 | Transgender | 4 | None of these | | | | | | | | |
| 1 | Male | | | | | | | | | | | | | | | | | | |
| 2 | Female | | | | | | | | | | | | | | | | | | |
| 3 | Transgender | | | | | | | | | | | | | | | | | | |
| 4 | None of these | | | | | | | | | | | | | | | | | | |
| 222 | ethnicity | <p>How do you define your ethnicity? <i>ef4387_eip35</i></p> | <p>radio</p> <table border="1"> <tr><td>1</td><td>Hispanic or Latino</td></tr> <tr><td>0</td><td>Not Hispanic or Latino</td></tr> </table> <p>Custom alignment: LV</p> | 1 | Hispanic or Latino | 0 | Not Hispanic or Latino | | | | | | | | | | | | |
| 1 | Hispanic or Latino | | | | | | | | | | | | | | | | | | |
| 0 | Not Hispanic or Latino | | | | | | | | | | | | | | | | | | |
| 223 | race | <p>How do you define your race [select all that apply]? <i>ef4637_eip36</i></p> | <p>checkbox</p> <table border="1"> <tr><td>1</td><td>race__1</td><td>American Indian or Alaska Native</td></tr> <tr><td>2</td><td>race__2</td><td>Asian</td></tr> <tr><td>3</td><td>race__3</td><td>Black or African American</td></tr> <tr><td>4</td><td>race__4</td><td>Native Hawaiian or other Pacific Islander</td></tr> <tr><td>5</td><td>race__5</td><td>White</td></tr> </table> <p>Custom alignment: LV</p> | 1 | race__1 | American Indian or Alaska Native | 2 | race__2 | Asian | 3 | race__3 | Black or African American | 4 | race__4 | Native Hawaiian or other Pacific Islander | 5 | race__5 | White | |
| 1 | race__1 | American Indian or Alaska Native | | | | | | | | | | | | | | | | | |
| 2 | race__2 | Asian | | | | | | | | | | | | | | | | | |
| 3 | race__3 | Black or African American | | | | | | | | | | | | | | | | | |
| 4 | race__4 | Native Hawaiian or other Pacific Islander | | | | | | | | | | | | | | | | | |
| 5 | race__5 | White | | | | | | | | | | | | | | | | | |
| 224 | education | <p>What is your highest level of education completed? <i>ef2601_eip42</i></p> | <p>radio</p> <table border="1"> <tr><td>1</td><td>Less than high school</td></tr> <tr><td>2</td><td>Some high school</td></tr> <tr><td>3</td><td>High school diploma or GED</td></tr> <tr><td>4</td><td>Some college, without a college degree</td></tr> <tr><td>5</td><td>Technical degree or Associate degree</td></tr> <tr><td>6</td><td>Bachelor's degree</td></tr> <tr><td>7</td><td>Master's degree</td></tr> <tr><td>8</td><td>Doctoral or professional degree</td></tr> </table> <p>Custom alignment: LV</p> | 1 | Less than high school | 2 | Some high school | 3 | High school diploma or GED | 4 | Some college, without a college degree | 5 | Technical degree or Associate degree | 6 | Bachelor's degree | 7 | Master's degree | 8 | Doctoral or professional degree |
| 1 | Less than high school | | | | | | | | | | | | | | | | | | |
| 2 | Some high school | | | | | | | | | | | | | | | | | | |
| 3 | High school diploma or GED | | | | | | | | | | | | | | | | | | |
| 4 | Some college, without a college degree | | | | | | | | | | | | | | | | | | |
| 5 | Technical degree or Associate degree | | | | | | | | | | | | | | | | | | |
| 6 | Bachelor's degree | | | | | | | | | | | | | | | | | | |
| 7 | Master's degree | | | | | | | | | | | | | | | | | | |
| 8 | Doctoral or professional degree | | | | | | | | | | | | | | | | | | |
| 225 | income | <p>What is your yearly household income? <i>e1221_eip43</i></p> | <p>radio</p> <table border="1"> <tr><td>1</td><td>Less than \$25,000</td></tr> <tr><td>2</td><td>\$25,000 to \$49,999</td></tr> <tr><td>3</td><td>\$50,000 to \$74,999</td></tr> <tr><td>4</td><td>\$75,000 to \$99,999</td></tr> <tr><td>5</td><td>\$100,000 to \$199,999</td></tr> <tr><td>6</td><td>\$200,000 or more</td></tr> <tr><td>7</td><td>Prefer not to answer</td></tr> </table> <p>Custom alignment: LV</p> | 1 | Less than \$25,000 | 2 | \$25,000 to \$49,999 | 3 | \$50,000 to \$74,999 | 4 | \$75,000 to \$99,999 | 5 | \$100,000 to \$199,999 | 6 | \$200,000 or more | 7 | Prefer not to answer | | |
| 1 | Less than \$25,000 | | | | | | | | | | | | | | | | | | |
| 2 | \$25,000 to \$49,999 | | | | | | | | | | | | | | | | | | |
| 3 | \$50,000 to \$74,999 | | | | | | | | | | | | | | | | | | |
| 4 | \$75,000 to \$99,999 | | | | | | | | | | | | | | | | | | |
| 5 | \$100,000 to \$199,999 | | | | | | | | | | | | | | | | | | |
| 6 | \$200,000 or more | | | | | | | | | | | | | | | | | | |
| 7 | Prefer not to answer | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | |
|-----|--|---|---|---|-------------------|---|--|---|----------|---|--------------------------------------|---|-----------------------|---|--------------------------------------|---|--------------------------------|
| 226 | insur_provider | What is your primary health insurance type? <i>ef3868_eip44/45</i> | radio <table><tr><td>1</td><td>Private insurance</td></tr><tr><td>2</td><td>Military</td></tr><tr><td>3</td><td>Medicare</td></tr><tr><td>4</td><td>Medicaid or state assistance program</td></tr><tr><td>5</td><td>Indian Health Service</td></tr><tr><td>6</td><td>Other, please specify {ins_provspec}</td></tr><tr><td>0</td><td>I do not have health insurance</td></tr></table> Custom alignment: LV | 1 | Private insurance | 2 | Military | 3 | Medicare | 4 | Medicaid or state assistance program | 5 | Indian Health Service | 6 | Other, please specify {ins_provspec} | 0 | I do not have health insurance |
| 1 | Private insurance | | | | | | | | | | | | | | | | |
| 2 | Military | | | | | | | | | | | | | | | | |
| 3 | Medicare | | | | | | | | | | | | | | | | |
| 4 | Medicaid or state assistance program | | | | | | | | | | | | | | | | |
| 5 | Indian Health Service | | | | | | | | | | | | | | | | |
| 6 | Other, please specify {ins_provspec} | | | | | | | | | | | | | | | | |
| 0 | I do not have health insurance | | | | | | | | | | | | | | | | |
| 227 | ins_provspec Show the field ONLY if: [baseline_arm_1][insur_provider] ="6" | Please specify <i>ef2796</i> | text | | | | | | | | | | | | | | |
| 228 | insur_covtype Show the field ONLY if: [baseline_arm_1][insur_provider] <> "0" | What type of coverage does your primary health insurance provide? <i>ef3579</i> | radio <table><tr><td>1</td><td>Full coverage</td></tr><tr><td>2</td><td>Partial coverage (e.g., emergencies only, hospitalizations only)</td></tr><tr><td>3</td><td>Unknown</td></tr></table> Custom alignment: LV | 1 | Full coverage | 2 | Partial coverage (e.g., emergencies only, hospitalizations only) | 3 | Unknown | | | | | | | | |
| 1 | Full coverage | | | | | | | | | | | | | | | | |
| 2 | Partial coverage (e.g., emergencies only, hospitalizations only) | | | | | | | | | | | | | | | | |
| 3 | Unknown | | | | | | | | | | | | | | | | |
| 229 | remindermesg Show the field ONLY if: [baseline_arm_1][totalcovidtests] > "0" or [baseline_arm_1][cov19vacc] = "1" or [baseline_arm_1][flu] = "1" | REMINDER: If you have COVID-19 test records to upload now, please use the 'Testing Verification Form'. For tests, we need an official document showing: Your name Date of test Type of test (PCR, antigen, antibody) Result If you have vaccine records to upload now, please use the 'Vaccine Verification Form'. For vaccines, we need an official document showing: Your name Date administered Vaccine type (COVID, influenza) Manufacturer (and lot number, if available) If you need to upload records at a later time, you will receive an e-mail with a link where you can provide verification at a later date.Files can be uploaded as a photograph or pdf. | descriptive | | | | | | | | | | | | | | |
| 230 | baseline_enrollment_survey_complete | Section Header: <i>Form Status</i> Complete? | dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table> | 0 | Incomplete | 1 | Unverified | 2 | Complete | | | | | | | | |
| 0 | Incomplete | | | | | | | | | | | | | | | | |
| 1 | Unverified | | | | | | | | | | | | | | | | |
| 2 | Complete | | | | | | | | | | | | | | | | |

| |
|---|
| Instrument: Follow-up Final Survey Participant (followup_final_survey_participant)  Enabled as survey ▼ Expand |
| Instrument: Healthcare Utilization/Verification (healthcare_utilizationverification)  Enabled as survey ▼ Expand |
| Instrument: Medical Record Requests (medical_record_requests)  Enabled as survey ▼ Expand |
| Instrument: Monthly Check-in For Clinical Trial Participants (monthly_checkin_for_clinical_trial_participants)  Enabled as survey ▼ Expand |
| Instrument: Testing Verification Form (testing_verification_form)  Enabled as survey ▼ Expand |
| Instrument: Vaccine Verification Form (vaccine_verification_form)  Enabled as survey ▼ Expand |
| Instrument: Verbal consent and LAR Documentation (verbal_consent_and_lar_documentation) ▼ Expand |
| Instrument: Medical Record Release Form (medical_record_release_form) ▼ Expand |
| Instrument: Project Completion Tracking (project_completion_tracking) ▼ Expand |
| Instrument: Compensation (compensation) ▼ Expand |
| Instrument: Facility Form Weekly (facility_form_weekly) ▼ Expand |

