

COVID-19
Questionnaire for confirmed health care worker COVID-19 cases

The questionnaire must be completed with the worker and not another person.

A. Introductory message and consent

Hi Mr. or Mrs. "Name of the person",

My name is "Name", (job title) at the research centre of the CHU de Québec. We are working with the *Institut national de santé publique du Québec*, which has obtained a mandate from the *ministère de la Santé et des Services sociaux* to conduct a survey on health care workers with COVID-19. Your contact information as well as the information related to COVID-19 were provided to us following the first survey you participated through the Public health of your region.

Our survey takes about 30 minutes to complete and aims to collect additional information in order to gain a better understanding of work activities that may be related to this infection.

Your participation in this research project is voluntary. You are free to refuse to participate and also free to withdraw at any moment.

The research staff member will collect in an electronic research file information about you that is necessary to meet the scientific objectives of this research project. The collected information will remain confidential and will be kept in digital format for 10 years on files that will be password-protected and to which only the researcher and his team will have access.

In agreeing to participate in this research project, you do not waive any of your rights or release from legal and professional liability the physician and the facility responsible for the research project.

Verbal consent:

Do you consent to participate in this survey?

No

If "NO" → Thank you for your time.

Yes

If you agree, we will send a link to your email address so you can complete the online questionnaire.

- Do you agree to complete this online questionnaire?

- No → No email address Prefers to answer the questionnaire by phone

Yes

If "Yes" → Thank you. I will now verify with you your contact information.

- Ask for the email address.
- Send the link to the electronic questionnaire by email.

If "No" →

If the interviewer is trained to do the phone questionnaire: Are you currently available to answer questions?

- No, make a phone appointment: Date _____ Time: _____
- Yes, fill out section B and go to question 1

If the interviewer is not trained to do the phone questionnaire: A nurse will call you back to fill out the phone questionnaire.

- Make a phone appointment: Date _____ Time: _____
- Or in which time period would you like us to call you back? _____ (morning, afternoon, evening)

B. Worker's identification

Unique identifier: _____

Name: _____ First name: _____

Place of residence: Municipality _____ Postal code _____

Health regions:

- RSS-01 : BAS-Saint-Laurent RSS-02 : Saguenay-Lac-Saint-Jean
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Phone number(s): _____

Preferred language: French English

Date of birth: _____ (yyyy/mm/dd) Age: _____ Gender: M F

Email address (es): _____

C. Information on the incident that led to the illness and the onset of symptoms

1. According to you, how did you get infected by COVID-19? Read carefully the options to choose the one that best describes your impression on how you became infected. You can choose “multiple” options when you are not sure or have several potential sources of infection.

- Work: infected by one or more patients
- Work: infected by another health care worker
- Work: unknown source of infection either by patients or by another health care worker
- Family or another person that lives in the same household as you
- Immediate or extended family member that does not live in the same household as you
- Social contact with friends, colleagues, acquaintance outside of work
- International travel
- Community: public transit, grocery store or other contact with strangers
- Multiple possible sources including work
- Multiple possible sources excluding work
- Unknown, I do not know how I became infected
- Other: specify _____

2. According to your file from the survey of the Public Health of your region, the **date of onset of your first symptoms** would be _____ (yyyy/mm/dd)

Would you like to confirm or correct the date indicated above or indicate the most accurate date if it is unknown in your file? (If you are not sure about the date, please indicate the approximate date)
_____ (yyyy/mm/dd) I have do not have any symptoms

3. According to your file from the survey of the Public Health of your region, the **date of sampling** would be _____ (yyyy/mm/dd)

Would you like to confirm or correct the date indicated above or indicate the most accurate date if it is unknown in your file? (If you are not sure about the date, please indicate the approximate date)
_____ (yyyy/mm/dd) I have not been tested

If Q2 = “I do not have any symptoms” and Q3 = “I have not been tested”—> stop the questionnaire
Message for the participant: “You are not eligible to continue the questionnaire because to be a case of COVID-19, you must have had symptoms and/or a positive test result. Thank you for your time.”

D. Transmission in the household

Now, we would like to know if the people living in the same household as you have had symptoms consistent with COVID-19 (fever or sensation of fever, generalized malaise or extreme fatigue, cough, breathing difficulty, sore throat, loss of smell, loss of taste, diarrhea).

4. Apart from you, how many adults (18 years and older) live with you? _____ If 0, go to question 5.

4A Besides you, how many adults have had COVID-19 symptoms? _____

5. How many children (under 18 years old) live with you (including children in shared custody)? _____
If 0, go to question 6.

If 0 in questions 4 and 5, go to question 7.

5A How many have had COVID-19 symptoms? _____

If 0 in questions 4A and 5A, go to question 7.

6. Of all the people, who was the first to be sick?

- Me
- Another adult
- A child
- More than one person at a time
- I do not know

E. Job description

7. What is your main job in the health care system, prioritizing the one that has contact with patients if you have multiple jobs? Pull-down menu

Note: If you would like to make any clarifications, you can write them at the end of the questionnaire in the comments section.

- Ambulance attendant/Paramedic
- Security guard
- Volunteer
- Hospital porter
- Cook or kitchen employee
- Dentist
- Special education teacher
- Administrative employee/Manager/Executive
- Building maintenance employee
- Housekeeping employee
- Laundry service employee Occupational therapist
- Student, intern or resident regardless of the field
- Dental hygienist
- Nurse
- Nursing assistant

- Respiratory therapist
- Psychosocial worker
- Physician
- Nutritionist
- Optometrist
- Pharmacist
- Physiotherapist
- Orderly
- Receptionist/Front Desk Clerk
- Midwife
- Laboratory technician
- Pharmacy technician
- Medical imaging technologist (radiology, nuclear medicine, etc.)
- Other: Specify: _____

Comments:

8. How many years of experience do you have in this type of work? _____ years <1 year

9. Do you work in (or are you attached to) a public or private facility or company, or both?

- Public Private Public and Private (more than one facility) I do not know

10. In what type of facility do you work in or are you attached to? By “facility”, we mean the physical location of your workplace (check all the choices that apply).

Note: If you would like to make any clarifications, you can write them at the end of the questionnaire in the comments section.

- Hospital/Hospital centre
- Rehabilitation centre
- CHSLD
- COVID sampling clinic
- Private medical clinic/Medicine group (FMG)
- Walk-in clinic
- Another type of clinic (dental, mental health, etc.)
- CLSC
- Convent or religious community
- Public Health branch
- Ambulance service company
- Laboratory
- Pharmacy

- Retirement home
- Residence or accommodation for people with special needs
- Intermediate resources and family-type resources (IR-FTR)
- Another facility: Specify: _____

Comments:

11. Since the start of 2020, do you usually work in more than one site? (For ambulance attendants/paramedics and home care, site(s) to which the worker is attached to).

- No Yes

12. What is the name of the site(s) where you work since the start of 2020?

Site 1: _____

Site 2: _____

Site 3: _____

Site 4: _____

Site 5: _____

13. What is the address of the site(s) where you work?

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Number _____ Street _____ Municipality _____ Postal code _____

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 Number_____ Street_____ Municipality_____ Postal code_____

Mention that: “All of the following questions will refer to the period from _____ (DSO -10 days of the case) to _____ (DSO - 3 days of the case), unless otherwise specified. If you did not have any symptoms, the date of symptom onset will be replaced by the sampling date of the test to estimate the period of exposure.”

14. Have you worked between the _____ (DSO - 10 days) and the _____ (DSO – 3 days)?
 No If “NO”, stop the questionnaire.
 Yes

15. Name or check the site(s) where you worked during the period from _____ to _____.

Site 1: _____
 Site 2: _____
 Site 3: _____
 Site 4: _____
 Site 5: _____

16. During the period from _____ to _____, was your work schedule daytime (8 a.m. to 4 p.m.), evening (4 p.m. to 12 a.m.) or night (12 a.m. to 8 a.m.)? Also specify if your work schedule was on rotation. (Note: If you do more than 8 hours per shift, check all the covered periods.)
 Day Evening Night Rotation

17. During the period of _____ to _____, check all the care settings or services in which you have worked:
Note: If you would like to make any clarifications, you can write them at the end of the questionnaire in the comments section.

Nursing unit or clinical departments:

- Operating block
- Outpatient clinic consultations
- Geriatrics (Specialized service or residence for the elderly)
- Nurse in a non-hospital facility
- Obstetrics/gynecology
- Pediatrics
- Psychiatry
- Home care
- Intensive care
- Surgical unit (regardless of speciality)
- Medical unit (regardless of speciality)
- Rehabilitation unit
- Emergency

Other services or sectors

- Administrative department
- Management department/Public Health
- Laboratory
- Pharmacy
- Kitchen/cafeteria/laundry/general maintenance area
- Housekeeping service
- Other: _____

Comments:

18. During the period mentioned (from _____ to _____), did you perform any unusual functions or tasks?

- No Yes If "NO", go to question 20.

19. Did you receive training before completing these unusual duties or tasks (at any moment before or during the mentioned period)?

- No Yes

F. Workplace exposure

Between the period from _____ (DSO - 10 days) to _____ (DSO - 3 days):

20. The COVID-19 infection is sometimes transmitted by other workers in workplaces.

During the period from _____ (DSO -10 days) to _____ (DSO -3 days), do you know if there were any cases of COVID-19 (even if they were undiagnosed at the time) among health care workers in your department, service or care unit?

No (no case) Yes, confirmed COVID-19 Yes, with symptoms but not confirmed I do not know

21. To evaluate your exposure at work, we would like to know if you have worked in proximity with patients regardless of their illness.

During the period from _____ to _____, did you have any **contact with patients** (either in consultation or hospitalized) or did you work in a **care unit** or in a **facility** with elderly people or people with special needs?

No Yes I do not know

If no: go to question 41 and after 57 (comments).

22. Patients suffering from COVID-19 can be confirmed with a positive or suspected test (having symptoms of COVID-19 or waiting for a test result).

During the period from _____ to _____, did you work in a care unit where there were confirmed or suspected **COVID-19 patients**?

No Yes I do not know

If "no" or "I do not know": go to question 28 and 28A (If 28 "yes": 28A) and after Q41 to Q57

If yes: 27A How many hours per week: _____ I do not know

27B Was the unit reserved for COVID-19 patients? No Yes

23. During the period from _____ to _____, did you work in an **intensive care unit**?

No Yes I do not know

If yes: 28A How many hours per week: _____ I do not know

28B Was the unit reserved for confirmed or suspected patients with COVID -19? No

Yes

24. During the period from _____ to _____, have you been within **2 metres of confirmed or suspected** patients with COVID -19?

No Yes I do not know

25. During the period from _____ to _____, have you given **direct patient care to confirmed or suspected** patients with COVID -19?

No Yes I do not know

We will now ask you if you have been present with a confirmed or suspected patient with COVID-19 during any of the following activities, known to generate aerosols.

26. During the period from _____ to _____, have been there for one or more of the following medical procedure(s) for a confirmed or suspected patient with COVID-19 (including patients that receive a positive result after the procedure) (check all the choices that apply)?

- Bronchoscopy. → If checked, complete question 32.
- Endotracheal intubation and extubation. → If checked, complete question 33.
- Cardiopulmonary resuscitation. → If checked, complete question 34.
- Manual ventilation before intubation. → If checked, complete question 35.
- Open-loop aspiration of tracheal secretions of an intubated or tracheotomized patient.
→ If checked, complete question 36.
- Sputum induction (infusion of physiological saline solution to induce sputum)
→ If checked, complete question 37.
- Nasopharyngeal aspiration for a child. → If checked, complete question 38.
- Autopsy. → If checked, complete question 39.
- Nasopharyngeal or oropharyngeal surgical procedures. → If checked, complete question 40.
- None of these surgeries. If checked, complete question 41.
- Do not know. If checked, complete question 41.

27. Bronchoscopy

Approximately how many surgeries: _____

What personal protective equipment did you wear during these procedures:

- Procedure mask
- N95 mask
- Gloves
- Eye protection/face shield
- Gown
- None
- Do not know

How often have you been able to wear this personal protective equipment?

- Always Most of the time Sometimes Never

28. Endotracheal intubation and extubation

Approximately how many surgeries: _____

What personal protective equipment did you wear during these procedures:

- Procedure mask
- N95 mask
- Gloves
- Eye protection/face shield
- Gown
- None
- Do not know

How often have you been able to wear this personal protective equipment?

- Always Most of the time Sometimes Never

29. Cardiopulmonary resuscitation

Approximately how many surgeries: _____

What personal protective equipment did you wear during these procedures:

- Procedure mask
- N95 mask
- Gloves
- Eye protection/face shield
- Gown
- None
- Do not know

How often have you been able to wear this personal protective equipment?

- Always
- Most of the time
- Sometimes
- Never

30. Manuel ventilation before intubation

Approximately how many surgeries: _____

What personal protective equipment did you wear during these procedures:

- Procedure mask
- N95 mask
- Gloves
- Eye protection/face shield
- Gown
- None
- Do not know

How often have you been able to wear this personal protective equipment?

- Always
- Most of the time
- Sometimes
- Never

31. Open-loop aspiration of tracheal secretions of an intubated or tracheotomized patient.

Approximately how many surgeries: _____

What personal protective equipment did you wear during these procedures:

- Procedure mask
- N95 mask
- Gloves
- Eye protection/face shield
- Gown
- None
- I do not know

How often have you been able to wear this personal protective equipment?

- Always
- Most of the time
- Sometimes
- Never

32. Sputum induction

Approximately how many surgeries: _____

What personal protective equipment did you wear during these procedures:

- Procedure mask
- N95 mask
- Gloves
- Eye protection/face shield
- Gown
- None
- Do not know

How often have you been able to wear this personal protective equipment?

- Always Most of the time Sometimes Never

33. Nasopharyngeal aspiration for a child

Approximately how many surgeries: _____

What personal protective equipment did you wear during these procedures:

- Procedure mask
- N95 mask
- Gloves
- Eye protection/face shield
- Gown
- None
- Do not know

How often have you been able to wear this personal protective equipment?

- Always Most of the time Sometimes Never

34. Autopsy

Approximately how many surgeries: _____

What personal protective equipment did you wear during these procedures:

- Procedure mask
- N95 mask
- Gloves
- Eye protection/face shield
- Gown
- None
- Do not know

How often have you been able to wear this personal protective equipment?

- Always Most of the time Sometimes Never

35. Nasopharyngeal or oropharyngeal surgical procedures

Approximately how many surgeries: _____

What personal protective equipment did you wear during these procedures:

- Procedure mask

- N95 mask
- Gloves
- Eye protection/face shield
- Gown
- None
- Do not know

How often have you been able to wear this personal protective equipment?

- Always Most of the time Sometimes Never

G. Preventive measures and personal protective equipment

36. Regarding the training on preventive measures related to the pandemic since February 2020 and until the time you became ill, what situation applies to you?

- I have not received any training on preventive measures against COVID-19.
- I only received written and/or published recommendations.
- I have received training on preventive measures against COVID-19: verbal explanations of recommendations, online or in-person training, simulation exercises, accompaniment by an experienced person, etc.

37. Have you had a fit-test for the N95 mask in the last 2 years?

- No Yes I do not know

38. Did you have a beard during the period from _____ to _____ (beard covering the cheeks)?

- No Yes I do not know Not applicable (woman)

39. During the period from _____ to _____, were you able to perform **hand hygiene** after **each patient encounter** as part of your work, whether or not you wore gloves during these encounters?

- Always Most of the time Sometimes Never Not applicable

If the answer is "Always" or "NA", go to question 46.

40. What is the **main reason** why you have not been able to always remove or discard personal protective equipment according to your facility's protocol?

- Forgetting

- Lack of time/In a hurry
- No sink/soap/alcohol gel available
- Other: _____

41. Due to the pandemic, new protective measures were implemented for workers in contact with all types of patients, including those without COVID-19 symptoms. Over the period from _____ to _____, during your interactions with patients **that were not suspected** of having COVID-19, did you wear a protection (mask, face shield, gloves...) that was not used before the pandemic?

- No
- Yes
- I do not know
- Not applicable

If "NO", "I do not know" or "NA", go to question 48

42. In these circumstances, what type of personal protective equipment did you wear (check all the choices that apply)?

- Procedure mask
- N95 mask
- Gloves
- Eye protection/face shield
- Gown
- None
- I do not know

43. Over the period from _____ to _____, **during encounter with confirmed or suspected patients** with COVID-19 (including patients with symptoms or waiting for a test result), were you able to use **personal protective equipment** according to your facility's protocol?

- Always
- Most of the time
- Sometimes
- Never
- Not applicable (if no contact with COVID-19 patients)

If the answer is "Always" or "NA", go to question 50.

44. What is the **main reason** why you have not been able to always use personal protective equipment according to your facility's protocol?

- Forgetting
- Lack of time/In a hurry
- Equipment failure
- Equipment shortage
- Difficult access to equipment (e.g. equipment was out of reach, etc.)
- Lack of knowledge regarding equipment
- Incorrect technique during the use
- Other: _____

45. Over the period from _____ to _____, **during your interactions with confirmed or suspected patients** with COVID-19 (including patients with symptoms or waiting for a test result), what personal protective equipment did you wear (check all the choices that apply)?
Do not consider here procedures generating aerosols on which you have already been questioned.

- Procedure mask
- N95 mask
- Gloves
- Eye protection/face shield
- Gown
- None
- I do not know
- Not applicable (if no contact with COVID-19 patients)

46. Over the period from _____ to _____, **during encounter with confirmed or suspected patients with COVID-19** (including patients with symptoms or waiting for a test result), were you able to **remove and discard personal protective equipment** according to your facility's protocol?

- Always Most of the time Sometimes Never
- Not applicable (if no contact with COVID-19 patients)
- No protocol or no known protocol

If the answer is "Always", "NA", or "No protocol" go to question 53.

47. What is the **main reason** why you have not been able to always remove or discard personal protective equipment according to your facility's protocol?

- Absence of garbage/recycling
- Difficult access to garbage/recycling (e.g. it was out of reach)
- Lack of knowledge regarding the removal of equipment
- Incorrect technique during the removal of equipment
- Lack of time/In a hurry
- Other: _____

48. Over the period from _____ to _____, during your interaction with **medical supplies** (including bedding) that have been in contact with **confirmed or suspected patients with COVID-19** (including patients with symptoms or waiting for a test result), what personal protective equipment you wore (check all the choices that apply):

- Procedure mask
- N95 mask
- Gloves
- Eye protection/face shield
- Gown
- None
- I do not know
- Not applicable (if no contact with COVID-19 patients)

H. Mask use (procedure or N95) in other workplace situations.

49. During the period from ____ to ____, when you were **within 2 metres of your colleagues or staff members**, did you wear a mask **at all times**, even during your breaks?
 Always Most of the time Sometimes Never Not applicable
50. During the period from ____ to ____, **over the course of your mealtimes**, did you stay **2 metres or more** away from the other workers?
 Always Most of the time Sometimes Never Not applicable
51. During the period from ____ to ____, did you wear **a mask around your neck** when you were **circulating** outside patients' or resident's rooms or when you **were eating or drinking**?
 Always Most of the time Sometimes Never Not applicable
52. During the period from ____ to ____, did you wear **a mask under your nose**?
 Always Most of the time Sometimes Never Not applicable
53. During the period from ____ to ____, did you perform hand hygiene after handling your mask (for example, after removing or repositioning it)?
 Always Most of the time Sometimes Never Not applicable

I. Unusual use of personal protective equipment with all types of patients (COVID or non-COVID)

54. Over the period from _____ to _____
- 59A Did you remove and later put back your procedure mask in the course of the same shift?
 No Yes I do not know Not applicable (I did not use a procedure mask)
- 59B Did you remove and later put back your N95 mask in the course of the same shift?
 No Yes I do not know Not applicable (I did not use a N95 mask)
- 59C Did you remove and later put back your gloves in the course of the same shift?
 No Yes I do not know Not applicable (I did not use gloves)
- 59D Did you remove and later put back your eye protection in the course of the same shift?
 No Yes I do not know Not applicable (I did not use any eye protection)
- 59E Did you remove and later put back your gown in the course of the same shift?
 No Yes I do not know Not applicable (I did not use a gown)
55. Over the period from _____ to _____
- 60A. Did you keep the same procedure mask during several contacts with multiple patients?
 No Yes, only when I was in the workspace with confirmed COVID-19 patients Yes, without specifying with which patients

I do not know Not applicable (I did not use a procedure mask)

60B. Did you keep the same N95 mask during several contacts with multiple patients?

No Yes, only when I was in the workspace with confirmed COVID-19 patients Yes, without specifying with which patients I do not know Not applicable (I did not use a N95 mask)

60C. Did you keep the same gloves during several contacts with multiple patients?

No Yes, only when I was in the workspace with confirmed COVID-19 patients Yes, without specifying with which patients I do not know Not applicable (I did not use gloves)

60D. Did you keep the same eye protection during several contacts with multiple patients?

No Yes, only when I was in the workspace with confirmed COVID-19 patients Yes, without specifying with which patients I do not know Not applicable (I did not use an eye protection)

60E. Did you keep the same gown during several contacts with multiple sick people?

No Yes, only when I was in the workspace with confirmed COVID-19 patients Yes, without specifying with which patients I do not know Not applicable (I did not use a gown)

56. Over the period from _____ to _____

61A. Did you use procedure masks that were not new, but had been cleaned and decontaminated?

No Yes I do not know Not applicable (I did not use a procedure mask)

61A. Did you use N95 masks that were not new, but had been cleaned and decontaminated?

No Yes I do not know Not applicable (I did not use a N95 mask)

61C. Did you use gloves that were not new, but had been cleaned and decontaminated?

No Yes I do not know Not applicable (I did not use gloves)

61D. Did you use eye protections or face shields that were not new, but had been cleaned and decontaminated?

No Yes I do not know Not applicable (I did not use any eye protection)

61E. Did you use gowns that were not new, but had been cleaned and decontaminated?

No Yes I do not know Not applicable (I did not use a gown)

J. Comments

57. Do you have a comment or anything else to add?
