

Variable	Question	Field Type	Values, Labels
record_id	Record ID	text	
shelter_network	Shelter Network	number	
d_cur_smoker	Do you currently smoke tobacco?	dropdown	0, No 1, Yes
d_past_smoker	Are you a past smoker?	dropdown	0, No 1, Yes
d_cur_vape	Do you currently vape/smoke electronic cigarettes?	dropdown	0, No 1, Yes
d_household_num	How many people live in your household, including yourself?	text	
d_flu_vax	Did you get the flu vaccine (flu shot) this year (i.e., between Oct 2019 to present)?	dropdown	0, No 1, Yes
d_underlying_ill__0	Do you have any of the following underlying illnesses? (choice=Chronic lung disease (asthma/emphysema/COPD))	checkbox	0, Unchecked 1, Checked
d_underlying_ill__1	Do you have any of the following underlying illnesses? (choice=Diabetes)	checkbox	0, Unchecked 1, Checked
d_underlying_ill__2	Do you have any of the following underlying illnesses? (choice=Heart disease)	checkbox	0, Unchecked 1, Checked
d_underlying_ill__3	Do you have any of the following underlying illnesses? (choice=Chronic kidney disease)	checkbox	0, Unchecked 1, Checked
d_underlying_ill__4	Do you have any of the following underlying illnesses? (choice=Chronic liver disease)	checkbox	0, Unchecked 1, Checked
d_underlying_ill__5	Do you have any of the following underlying illnesses? (choice=Neurologic/neurodevelopmental/intellectual disability)	checkbox	0, Unchecked 1, Checked
d_underlying_ill__6	Do you have any of the following underlying illnesses? (choice=Other chronic diseases)	checkbox	0, Unchecked 1, Checked
d_underlying_ill__7	Do you have any of the following underlying illnesses? (choice=None)	checkbox	0, Unchecked 1, Checked
d_underlying_ill__8	Do you have any of the following underlying illnesses? (choice=High Blood Pressure)	checkbox	0, Unchecked 1, Checked
d_immuno_cond	Do you have an immunosuppressive condition (i.e., a condition that weakens your immune system such as rheumatoid arthritis)?	dropdown	0, No 1, Yes
d_ht_ft	What is your height?Feet:	dropdown	
d_ht_in	inches:	dropdown	
d_wt	What is your weight (pounds)?	text	
test_tested	Have you been tested for COVID-19?	dropdown	0, No 1, Yes
test_times	How many times were you tested? (Enter up to 10 tests)	text	
test_1_loc	Where did you get access to testing?	dropdown	0, Workplace 1, Medical Provider 2, Other
test_1_type	Was it a blood test?	dropdown	0, No 1, Yes
test_1_symp__0	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Cough (new onset or worsening of chronic cough))	checkbox	0, Unchecked 1, Checked
test_1_symp__1	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Headache)	checkbox	0, Unchecked 1, Checked
test_1_symp__2	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Muscle pain)	checkbox	0, Unchecked 1, Checked
test_1_symp__3	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Fever/feverish)	checkbox	0, Unchecked 1, Checked
test_1_symp__4	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=New loss of smell/taste)	checkbox	0, Unchecked 1, Checked
test_1_symp__5	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Chills)	checkbox	0, Unchecked 1, Checked
test_1_symp__6	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Difficulty breathing)	checkbox	0, Unchecked 1, Checked
test_1_symp__7	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Sore throat)	checkbox	0, Unchecked 1, Checked
test_1_symp__8	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Diarrhea (3 or more loose/looser than normal stools/24hr period))	checkbox	0, Unchecked 1, Checked
test_1_symp__9	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Other)	checkbox	0, Unchecked 1, Checked
test_1_symp__10	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=None)	checkbox	0, Unchecked 1, Checked
test_1_symp_work	If yes, did you go to work while feeling these symptoms?	dropdown	0, No 1, Yes
test_1_symp_care	Did you seek medical care for your symptoms?	dropdown	0, No 1, Yes
test_1_days	How many days did it take to get your results?	text	
test_1_work	Did you work while waiting for results?	dropdown	0, No 1, Yes
test_1_result	Result of test	dropdown	0, Negative 1, Positive 2, Don't know
test_2_loc	Where did you get access to testing?	dropdown	0, Workplace 1, Medical Provider 2, Other
test_2_type	Was it a blood test?	dropdown	0, No 1, Yes
test_2_symp__0	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Cough (new onset or worsening of chronic cough))	checkbox	0, Unchecked 1, Checked
test_2_symp__1	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Headache)	checkbox	0, Unchecked 1, Checked
test_2_symp__2	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Muscle pain)	checkbox	0, Unchecked 1, Checked
test_2_symp__3	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Fever/feverish)	checkbox	0, Unchecked 1, Checked
test_2_symp__4	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=New loss of smell/taste)	checkbox	0, Unchecked 1, Checked
test_2_symp__5	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Chills)	checkbox	0, Unchecked 1, Checked
test_2_symp__6	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Difficulty breathing)	checkbox	0, Unchecked 1, Checked
test_2_symp__7	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Sore throat)	checkbox	0, Unchecked 1, Checked
test_2_symp__8	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Diarrhea (3 or more loose/looser than normal stools/24hr period))	checkbox	0, Unchecked 1, Checked
test_2_symp__9	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Other)	checkbox	0, Unchecked 1, Checked
test_2_symp__10	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=None)	checkbox	0, Unchecked 1, Checked
test_2_symp_work	If yes, did you go to work while feeling these symptoms?	dropdown	0, No 1, Yes
test_2_symp_spec	Please specify why you went to work:	text	
test_2_symp_care	Did you seek medical care for your symptoms?	dropdown	0, No 1, Yes
test_2_days	How many days did it take to get your results?	text	
test_2_work	Did you work while waiting for results?	dropdown	0, No 1, Yes
test_2_result	Result of test	dropdown	0, Negative 1, Positive 2, Don't know
test_3_loc	Where did you get access to testing?	dropdown	0, Workplace 1, Medical Provider 2, Other
test_3_type	Was it a blood test?	dropdown	0, No 1, Yes
test_3_symp__0	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Cough (new onset or worsening of chronic cough))	checkbox	0, Unchecked 1, Checked
test_3_symp__1	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Headache)	checkbox	0, Unchecked 1, Checked
test_3_symp__2	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Muscle pain)	checkbox	0, Unchecked 1, Checked
test_3_symp__3	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Fever/feverish)	checkbox	0, Unchecked 1, Checked
test_3_symp__4	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=New loss of smell/taste)	checkbox	0, Unchecked 1, Checked

test_9_symp_care	Did you seek medical care for your symptoms?	dropdown	0, No 1, Yes
test_9_days	How many days did it take to get your results?	text	
test_9_work	Did you work while waiting for results?	dropdown	0, No 1, Yes
test_9_result	Result of test	dropdown	0, Negative 1, Positive 2, Don't know
test_10_loc	Where did you get access to testing?	dropdown	0, Workplace 1, Medical Provider 2, Other
test_10_type	Was it a blood test?	dropdown	0, No 1, Yes
test_10_symp__0	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Cough (new onset or worsening of chronic cough))	checkbox	0, Unchecked 1, Checked
test_10_symp__1	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Headache)	checkbox	0, Unchecked 1, Checked
test_10_symp__2	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Muscle pain)	checkbox	0, Unchecked 1, Checked
test_10_symp__3	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Fever/feverish)	checkbox	0, Unchecked 1, Checked
test_10_symp__4	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=New loss of smell/taste)	checkbox	0, Unchecked 1, Checked
test_10_symp__5	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Chills)	checkbox	0, Unchecked 1, Checked
test_10_symp__6	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Difficulty breathing)	checkbox	0, Unchecked 1, Checked
test_10_symp__7	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Sore throat)	checkbox	0, Unchecked 1, Checked
test_10_symp__8	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Diarrhea (3 or more loose/looser than normal stools/24hr period))	checkbox	0, Unchecked 1, Checked
test_10_symp__9	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Other)	checkbox	0, Unchecked 1, Checked
test_10_symp__10	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=None)	checkbox	0, Unchecked 1, Checked
test_10_symp_work	If yes, did you go to work while feeling these symptoms?	dropdown	0, No 1, Yes
test_10_symp_care	Did you seek medical care for your symptoms?	dropdown	0, No 1, Yes
test_10_days	How many days did it take to get your results?	text	
test_10_work	Did you work while waiting for results?	dropdown	0, No 1, Yes
test_10_result	Result of test	dropdown	0, Negative 1, Positive 2, Don't know
test_pos	If tested positive, how were you told?	radio	0, My supervisor 1, I called 2, Health department 3, My doctor 4, Don't remember 5, Other
test_infect_loc	Where do you think you were infected?	radio	0, Home 1, Work 2, Community 3, I don't know 4, Skip 0, Stay home and isolate 1, Continue to work 2, No instruction provided 3, Other "Administrative" "Client engagement"
test_pos_instruc	What did management tell you to do after you were diagnosed?	radio	
job_cat	Job Category	string	
we_hours	On average, how many hours do you work in a week at this shelter?	text	
we_years	How long have you worked at this shelter? Years:	text	
we_months	months:	dropdown	
we_sick_leave	Do you have paid sick leave at this job?	dropdown	0, No 1, Yes
we_other_job	Do you have another job besides this one?	dropdown	0, No 1, Yes
we_clothcov	Did you wear a reusable face covering (for example, made of cloth) at work?	radio	0, All of the time 1, Most of the time 2, Sometimes 3, Rarely/never
we_mask	Did you wear a disposable mask at work?	radio	0, All of the time 1, Most of the time 2, Sometimes 3, Rarely/never
we_resitems	Did you touch residents' belongings or shared items (e.g., mats, linens, laundry)?	dropdown	0, No 1, Yes
we_resitems_gloves	If yes, did you wear gloves while touching residents' belongings and shared items?	dropdown	0, No 1, Yes
we_contactres	Did you have close contact (less than 6 feet for more than 15 minutes at a time) or direct physical contact (e.g., touching) with residents?	dropdown	0, No 1, Yes
we_ccres_avg	On average, how often were you in close contact (less than 6 feet for more than 15 minutes at a time) with residents?	radio	0, Never 1, Rarely 2, A few times a month 3, A few times a week 4, A few times a day
we_clothcov_ccres	During those close contacts (less than 6 feet for more than 15 minutes at a time), how often did you wear a reusable face covering?	radio	0, All of the time 1, Most of the time 2, Sometimes 3, Rarely/never 4, Don't remember
we_mask_ccres	During those close contacts (less than 6 feet for more than 15 minutes at a time), how often did you wear a disposable mask?	radio	0, All of the time 1, Most of the time 2, Sometimes 3, Rarely/never 4, Don't remember
we_clothcov_ccres2	During those close contacts (less than 6 feet for more than 15 minutes at a time), how often did the residents wear a reusable face covering?	radio	0, All of the time 1, Most of the time 2, Sometimes 3, Rarely/never 4, Don't remember
we_mask_ccres2	During those close contacts (less than 6 feet for more than 15 minutes at a time), how often did the residents wear a disposable mask?	radio	0, All of the time 1, Most of the time 2, Sometimes 3, Rarely/never 4, Don't remember
we_dirphys_res	On average, how often were you in direct physical contact (e.g., touching) with residents?	radio	0, Never 1, Rarely 2, A few times a month 3, A few times a week 4, A few times a day
we_dirphys_gloves	During those direct physical contacts (e.g., touching), how often did you wear gloves?	radio	0, All of the time 1, Most of the time 2, Sometimes 3, Rarely/never 4, Don't remember
we_ccco	How often were you in close contact (less than 6 feet for more than 15 minutes at a time) with your co-workers?	radio	0, Never 1, Rarely 2, A few times a month 3, A few times a week 4, A few times a day
we_clothcov_ccco	Did you wear facial coverings when in close contact (less than 6 feet for more than 15 minutes at a time) with your co-workers?	dropdown	0, No 1, Yes
c19_cc	Were you in close contact (less than 6 feet for more than 15 minutes at a time) with a person who had COVID-19?	dropdown	0, No 1, Yes 2, Don't know
c19_cc_exp__0	Where were you in contact with a person with COVID-19 (select all that apply)? (choice=Home)	checkbox	0, Unchecked 1, Checked
c19_cc_exp__1	Where were you in contact with a person with COVID-19 (select all that apply)? (choice=Work)	checkbox	0, Unchecked 1, Checked
c19_cc_exp__2	Where were you in contact with a person with COVID-19 (select all that apply)? (choice=Community)	checkbox	0, Unchecked 1, Checked
c19_cc_exp__3	Where were you in contact with a person with COVID-19 (select all that apply)? (choice=I don't know)	checkbox	0, Unchecked 1, Checked
c19_cc_mask	Did you wear a disposable mask when interacting with the person who had COVID-19?	radio	0, Never 1, Sometimes 2, Most times 3, Always 4, Don't remember
c19_cc_ppe__0	Did you use any other PPE (personal protective equipment) when interacting with the person who had COVID-19 (select all that apply)? (choice=Gloves)	checkbox	0, Unchecked 1, Checked
c19_cc_ppe__1	Did you use any other PPE (personal protective equipment) when interacting with the person who had COVID-19 (select all that apply)? (choice=Gown)	checkbox	0, Unchecked 1, Checked
c19_cc_ppe__2	Did you use any other PPE (personal protective equipment) when interacting with the person who had COVID-19 (select all that apply)? (choice=Respirator (N-95))	checkbox	0, Unchecked 1, Checked
c19_cc_ppe__3	Did you use any other PPE (personal protective equipment) when interacting with the person who had COVID-19 (select all that apply)? (choice=None)	checkbox	0, Unchecked 1, Checked
c19_cc_ppe__4	Did you use any other PPE (personal protective equipment) when interacting with the person who had COVID-19 (select all that apply)? (choice=Other)	checkbox	0, Unchecked 1, Checked
c19_cc_ppe_other	Describe "other":	text	
c19_infect	Have you felt worried about being infected with COVID-19 because of your job?	dropdown	0, No 1, Yes 2, Skip
c19_infect_quit	Did you think of quitting your job because you were worried?	dropdown	0, No 1, Yes 2, Skip
home_famsup	Is your family supportive of your work?	dropdown	0, No 1, Yes 2, Unknown 3, Skip
home_risk_you	Did your family/friends feel you were at increased risk of being infected with COVID-19 due to the nature of your work?	dropdown	0, No 1, Yes
home_risk_fam	Did you feel they (your friends/family) were at increased risk of being infected with COVID-19 due to the nature of your work?	dropdown	0, No 1, Yes

ipc_educ	Do you have any formal health education (i.e., medical school, nursing school, medical assistant school, behavioral	dropdown	0, No 1, Yes 2, Other
ipc_clean	Did you perform cleaning activities in your normal job?	dropdown	0, No 1, Yes
ipc_clean_c19	Were you trained on how to clean an area after a resident diagnosed with COVID-19 leaves the shelter?	dropdown	0, No 1, Yes
ipc_resp___0	What did your facility do in response to the COVID-19 outbreak (select all that apply)? (choice=Increased handwashing	checkbox	0, Unchecked 1, Checked
ipc_resp___1	What did your facility do in response to the COVID-19 outbreak (select all that apply)? (choice=Safe distancing (more than	checkbox	0, Unchecked 1, Checked
ipc_resp___2	What did your facility do in response to the COVID-19 outbreak (select all that apply)? (choice=Cloth face coverings for	checkbox	0, Unchecked 1, Checked
ipc_resp___3	What did your facility do in response to the COVID-19 outbreak (select all that apply)? (choice=Provision of PPE (personal	checkbox	0, Unchecked 1, Checked
ipc_resp___4	What did your facility do in response to the COVID-19 outbreak (select all that apply)? (choice=Nothing	checkbox	0, Unchecked 1, Checked
ipc_act_agree	Do you agree with how your organization responded to the outbreak?	dropdown	0, No 1, Yes 2, Don't know 3, Skip