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_ill0	Do you have any of the following underlying illnesses? (choice=Chronic lung disease (asthma/emphysema/COPD))	checkbox	0, Unchecked 1, Checked
d_underlying_ill1	Do you have any of the following underlying illnesses? (choice=Diabetes) Do you have any of the following underlying illnesses? (choice=Heart disease)	checkbox checkbox	0, Unchecked 1, Checked 0, Unchecked 1, Checked
d_underlying_ill2 d_underlying_ill3	Do you have any of the following underlying illnesses? (choice=Chronic kidney disease)	checkbox	0, Unchecked 1, Checked
d_underlying_ill4	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_ill6	Do you have any of the following underlying illnesses? (choice=Other chronic diseases)	checkbox	0, Unchecked 1, Checked
d_underlying_ill7	Do you have any of the following underlying illnesses? (choice=None)	checkbox	0, Unchecked 1, Checked
d_underlying_ill8	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	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	O No la Ver
test_tested	Have you been tested for COVID-19?	dropdown	0, No 1, Yes
test_times test_1_loc	How many times were you tested? (Enter up to 10 tests) Where did you get access to testing?	text dropdown	0, Workplace 1, Medical Provider 2, Other
test_1_type	Was it a blood test?	dropdown	0, No 1, Yes
tcst_1_type	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Cough	агораомп	0, 110 1, 103
test 1 symp 0	(new onset or worsening of chronic cough))	checkbox	0, Unchecked 1, Checked
test_1_symp1	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_symp2	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_3/p1	In the month before testing or two months after testing, did you have any of the following symptoms?	uncanbox	o, onenedica (1) checked
test_1_symp3	(choice=Fever/feverish) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=New loss	checkbox	0, Unchecked 1, Checked
test_1_symp4	of smell/taste)	checkbox	0, Unchecked 1, Checked
tt 1 5	1- 4b	ala a alub a	O Hashadiadia Chadiad
test_1_symp5	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Chills) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Difficulty	checkbox	0, Unchecked 1, Checked
test_1_symp6	breathing) In the month before testing or two months after testing, did you have apply of the following symptoms? (sheisen-Sere	checkbox	0, Unchecked 1, Checked
test_1_symp7	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_symp8	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
		checkbox	0, Unchecked 1, Checked
test_1_symp9	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Other)		
test_1_symp10	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? Did you seek medical care for your symptoms?	dropdown	0, No 1, Yes
test_1_symp_care test_1_days	How many days did it take to get your results?	dropdown text	0, No 1, Yes
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
	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Cough		
test_2_symp0	(new onset or worsening of chronic cough))	checkbox	0, Unchecked 1, Checked
test_2_symp1	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_symp2	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
	In the month before testing or two months after testing, did you have any of the following symptoms?		
test_2_symp3	(choice=Fever/feverish) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=New loss	checkbox	0, Unchecked 1, Checked
test_2_symp4	of smell/taste)	checkbox	0, Unchecked 1, Checked
test_2_symp5	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
tost 2 symp 6	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Difficulty	checkbox	0, Unchecked 1, Checked
test_2_symp6	breathing) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Sore		
test_2_symp7	throat) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Diarrhea	checkbox	0, Unchecked 1, Checked
test_2_symp8	(3 or more loose/looser than normal stools/24hr period))	checkbox	0, Unchecked 1, Checked
test_2_symp9	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_symp10	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	7, 1,7
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? In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Cough	dropdown	0, No 1, Yes
test_3_symp0	(new onset or worsening of chronic cough))	checkbox	0, Unchecked 1, Checked
test_3_symp1	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_symp2	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_symp3	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
	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=New loss		
test_3_symp4	of smell/taste)	checkbox	0, Unchecked 1, Checked

test_3_symp5	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Chills) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Difficulty	checkbox	0, Unchecked 1, Checked
test_3_symp6	breathing)	checkbox	0, Unchecked 1, Checked
test_3_symp7	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_3_symp8	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_3_symp9	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_3_symp10	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_3_symp_work	If yes, did you go to work while feeling these symptoms?	dropdown	0, No 1, Yes
test_3_symp_care	Did you seek medical care for your symptoms?	dropdown	0, No 1, Yes
test_3_days	How many days did it take to get your results?	text	
test_3_work	Did you work while waiting for results?	dropdown	0, No 1, Yes
test_3_result	Result of test	dropdown	0, Negative 1, Positive 2, Don't know
test_4_loc	Where did you get access to testing?	dropdown	0, Workplace 1, Medical Provider 2, Other
test_4_type	Was it a blood test?	dropdown	0, No 1, Yes
test_4_symp0	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_4_symp1	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_4_symp2	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_4_symp3	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_4_symp4	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_4_symp5	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_4_symp6	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_4_symp7	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_4_symp8	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_4_symp9	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_4_symp10	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_4_symp_work	If yes, did you go to work while feeling these symptoms?	dropdown	0, No 1, Yes
test_4_symp_care	Did you seek medical care for your symptoms?	dropdown	0, No 1, Yes
test_4_days	How many days did it take to get your results?	text	
test 4 work	Did you work while waiting for results?	dropdown	0, No 1, Yes
test_4_result	Result of test	dropdown	0, Negative 1, Positive 2, Don't know
test_5_loc	Where did you get access to testing?	dropdown	0, Workplace 1, Medical Provider 2, Other
test_5_type	Was it a blood test?	dropdown	0, No 1, Yes
test_5_symp0	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_5_symp0 test_5_symp1	(new onset or worsening of chronic cough))		
test_5_symp1		e)checkbox	0, Unchecked 1, Checked
test_5_symp1 test_5_symp2	(new onset or worsening of chronic cough)) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Headache In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Muscle pain) In the month before testing or two months after testing, did you have any of the following symptoms?	e)checkbox checkbox	0, Unchecked 1, Checked 0, Unchecked 1, Checked
test_5_symp1 test_5_symp2 test_5_symp3	(new onset or worsening of chronic cough)) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Headache In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Muscle pain) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Fever/feverish) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=New loss	c)checkbox checkbox checkbox	0, Unchecked 1, Checked
test_5_symp1 test_5_symp2 test_5_symp3 test_5_symp4	(new onset or worsening of chronic cough)) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Headache In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Muscle pain) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Fever/feverish) 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 checkbox checkbox checkbox	0, Unchecked 1, Checked 0, Unchecked 1, Checked 0, Unchecked 1, Checked 0, Unchecked 1, Checked
test_5_symp1 test_5_symp2 test_5_symp3 test_5_symp4 test_5_symp5	(new onset or worsening of chronic cough)) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Headache In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Muscle pain) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Fever/feverish) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=New loss of smell/taste) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Chills) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Chills) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Difficulty	checkbox checkbox checkbox checkbox checkbox	0, Unchecked 1, Checked
test_5_symp1 test_5_symp2 test_5_symp3 test_5_symp4	(new onset or worsening of chronic cough)) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Headache In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Muscle pain) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Fever/feverish) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=New loss of smell/taste) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Chills) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Chills) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Difficulty breathing)	checkbox checkbox checkbox checkbox	0, Unchecked 1, Checked 0, Unchecked 1, Checked 0, Unchecked 1, Checked 0, Unchecked 1, Checked
test_5_symp1 test_5_symp2 test_5_symp3 test_5_symp4 test_5_symp5	(new onset or worsening of chronic cough)) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Headache In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Muscle pain) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Fever/feverish) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=New loss of smell/taste) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Chills) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Difficulty breathing) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Sore throat)	checkbox checkbox checkbox checkbox checkbox	0, Unchecked 1, Checked
test_5_symp1 test_5_symp2 test_5_symp3 test_5_symp4 test_5_symp5 test_5_symp6	(new onset or worsening of chronic cough)) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Headache In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Muscle pain) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Fever/feverish) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=New loss of smell/taste) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Chills) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Difficulty breathing) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Difficulty breathing) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Sore	checkbox checkbox checkbox checkbox checkbox checkbox	0, Unchecked 1, Checked
test_5_symp1 test_5_symp2 test_5_symp3 test_5_symp4 test_5_symp5 test_5_symp6 test_5_symp7	(new onset or worsening of chronic cough)) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Headache In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Muscle pain) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Fever/feverish) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=New loss of smell/taste) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Chills) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Difficulty breathing) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Sore throat) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Sore throat)	checkbox checkbox checkbox checkbox checkbox checkbox checkbox	0, Unchecked 1, Checked
test_5_symp1 test_5_symp2 test_5_symp3 test_5_symp5 test_5_symp6 test_5_symp7 test_5_symp8 test_5_symp9	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Headache In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Muscle pain) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Fever/feverish) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=New loss of smell/taste) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Chills) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Difficulty breathing) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Sore throat) 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_5_symp1 test_5_symp2 test_5_symp3 test_5_symp4 test_5_symp5 test_5_symp6 test_5_symp7 test_5_symp8 test_5_symp9 test_5_symp10	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Headache In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Muscle pain) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Fever/feverish) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=New loss of smell/taste) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Chills) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Difficulty breathing) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Sore throat) 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)) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Other) 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_5_symp1 test_5_symp2 test_5_symp3 test_5_symp4 test_5_symp5 test_5_symp6 test_5_symp7 test_5_symp8 test_5_symp9 test_5_symp10 test_5_sympwork	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Headache In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Muscle pain) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Fever/feverish) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=New loss of smell/taste) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Chills) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Difficulty breathing) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Sore throat) 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_5_symp1 test_5_symp2 test_5_symp3 test_5_symp5 test_5_symp6 test_5_symp7 test_5_symp8 test_5_symp9 test_5_symp10 test_5_sympwork test_5_symp_work test_5_symp_care	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Headache In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Muscle pain) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Fever/feverish) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=New loss of smell/taste) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Chills) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Difficulty breathing) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Sore throat) 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)) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Other) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Other) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Other) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Other) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Other) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Other) 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_5_symp1 test_5_symp2 test_5_symp3 test_5_symp4 test_5_symp6 test_5_symp7 test_5_symp7 test_5_symp9 test_5_symp10 test_5_symp10 test_5_symp10 test_5_sympare test_5_sympare test_5_sympare	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Headache In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Muscle pain) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Fever/feverish) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=New loss of smell/taste) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Chills) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Difficulty breathing) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Sore throat) 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)) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Diarrhea (1 or more loose/looser than normal stools/24hr period)) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Other) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Other) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=None) If yes, did you go to work while feeling these symptoms? How many days did it take to get your results?	checkbox dropdown dropdown text	0, Unchecked 1, Checked 0, No 1, Yes 0, No 1, Yes
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test_5_symp1 test_5_symp2 test_5_symp3 test_5_symp4 test_5_symp6 test_5_symp6 test_5_symp7 test_5_symp8 test_5_symp10 test_5_symp10 test_5_symp10 test_5_symp10 test_5_symp10 test_5_symp10 test_5_symp10 test_5_symp10 test_5_symp10 test_6_symp1 test_6_loc test_6_type test_6_symp0 test_6_symp1 test_6_symp1 test_6_symp	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Headache In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Muscle pain) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Fever/feverish) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=New loss of smell/taste) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Chills) in the month before testing or two months after testing, did you have any of the following symptoms? (choice=Difficulty breathing) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Difficulty breathing) 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)) 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)) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Other) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Other) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=None) if yes, did you get access to testing? Was it a blood test? 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)) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Headache in the month before testing or two months after testing, did you have any of the following symptoms? (choice=Headache in th	checkbox dropdown dropdown dropdown dropdown dropdown checkbox checkbox checkbox checkbox checkbox checkbox checkbox	0, Unchecked 1, Checked 0, No 1, Yes 0, No 1, Yes 0, No 1, Yes 0, Negative 1, Positive 2, Don't know 0, Workplace 1, Medical Provider 2, Other 0, No 1, Yes 0, Unchecked 1, Checked 0, Unchecked 1, Checked 0, Unchecked 1, Checked 0, Unchecked 1, Checked
test_5_symp1 test_5_symp2 test_5_symp3 test_5_symp4 test_5_symp6 test_5_symp6 test_5_symp7 test_5_symp9 test_5_symp10 test_5_symp10 test_5_sympcare test_5_sympcare test_5_days test_5_work test_5_loor test_6_loor test_6_type test_6_symp0 test_6_symp0 test_6_symp0 test_6_symp1 test_6_symp2 test_6_symp2 test_6_symp3 test_6_symp3	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Headache In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Muscle pain) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Fever/feverish) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=New loss of smell/taste) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Chills) in the month before testing or two months after testing, did you have any of the following symptoms? (choice=Difficulty breathing) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Sore throat) 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)) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Other) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Other) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=None) If yes, did you go to work while feeling these symptoms? Did you seek medical care for your symptoms? Now many days did it take to get your results? Did you work while waiting for results? Result of test Where did you get access to testing? Was it a blood test? 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)) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Headache in the month before testing or two months after testing, did you have any of the following symptoms?	checkbox	0, Unchecked 1, Checked 0, No 1, Yes 0, No 1, Yes 0, No 1, Yes 0, Negative 1, Positive 2, Don't know 0, Workplace 1, Medical Provider 2, Other 0, No 1, Yes 0, Unchecked 1, Checked
test_5_symp1 test_5_symp2 test_5_symp3 test_5_symp6 test_5_symp6 test_5_symp7 test_5_symp9 test_5_symp10 test_5_sympore test_5_sympare test_5_days test_5_result test_6_loc test_6_type test_6_symp0 test_6_symp0 test_6_symp1 test_6_symp2 test_6_symp2 test_6_symp3 test_6_symp3 test_6_symp3	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Headache in the month before testing or two months after testing, did you have any of the following symptoms? (choice=Muscle pain) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Fever/feverish) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=New loss of smell/taste) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Chills) in the month before testing or two months after testing, did you have any of the following symptoms? (choice=Difficulty breathing) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Sore throat) 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)) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Other) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Other) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=None) If yes, did you go to work while feeling these symptoms? Did you seek medical care for your symptoms? How many days did it take to get your results? Did you work while waiting for results? Result of test Where did you get access to testing? Was it a blood test? 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)) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Headache in the month before testing or two months after testing, did you have any of the following symptoms?	checkbox dropdown dropdown dropdown dropdown dropdown checkbox	0, Unchecked 1, Checked 0, No 1, Yes 0, No 1, Yes 0, No 1, Yes 0, Negative 1, Positive 2, Don't know 0, Workplace 1, Medical Provider 2, Other 0, No 1, Yes 0, Unchecked 1, Checked

	In the month before testing or two months ofter testing, did you have any of the following symptoms? (chaica-Distribus		
test_6_symp8	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_6_symp9	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_6_symp10	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_6_symp_work	If yes, did you go to work while feeling these symptoms?	dropdown	0, No 1, Yes
test_6_symp_care	Did you seek medical care for your symptoms?	dropdown	0, No 1, Yes
test_6_days	How many days did it take to get your results?	text	
test_6_work	Did you work while waiting for results?	dropdown	0, No 1, Yes
test_6_result test_7_loc	Result of test Where did you get access to testing?	dropdown dropdown	0, Negative 1, Positive 2, Don't know 0, Workplace 1, Medical Provider 2, Other
test_7_toc test_7_type	Was it a blood test?	dropdown	0, No 1, Yes
	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Cough		5,, 12,
test_7_symp0	(new onset or worsening of chronic cough))	checkbox	0, Unchecked 1, Checked
test_7_symp1	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Headache In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Muscle	e) checkbox	0, Unchecked 1, Checked
test_7_symp2	pain) In the month before testing or two months after testing, did you have any of the following symptoms?	checkbox	0, Unchecked 1, Checked
test_7_symp3	(choice=Fever/feverish) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=New loss	checkbox	0, Unchecked 1, Checked
test_7_symp4	of smell/taste)	checkbox	0, Unchecked 1, Checked
test_7_symp5	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Chills) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Difficulty	checkbox	0, Unchecked 1, Checked
test_7_symp6	breathing) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Sore	checkbox	0, Unchecked 1, Checked
test_7_symp7	throat) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Diarrhea	checkbox	0, Unchecked 1, Checked
test_7_symp8	(3 or more loose/looser than normal stools/24hr period))	checkbox	0, Unchecked 1, Checked
test_7_symp9	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_7_symp10	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_7_symp_work	If yes, did you go to work while feeling these symptoms?	dropdown	0, No 1, Yes
test_7_symp_care	Did you seek medical care for your symptoms?	dropdown	0, No 1, Yes
test_7_days test 7 work	How many days did it take to get your results? Did you work while waiting for results?	text	0 N-11 V
test_7_work test_7_result	Result of test	dropdown dropdown	0, No 1, Yes 0, Negative 1, Positive 2, Don't know
test_8_loc	Where did you get access to testing?	dropdown	0, Workplace 1, Medical Provider 2, Other
test_8_type	Was it a blood test?	dropdown	0, No 1, Yes
test_8_symp0	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_8_symp1	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Headach		0, Unchecked 1, Checked
	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Muscle		
test_8_symp2	pain) In the month before testing or two months after testing, did you have any of the following symptoms?	checkbox	0, Unchecked 1, Checked
test_8_symp3	(choice=Fever/feverish) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=New loss	checkbox	0, Unchecked 1, Checked
test_8_symp4	of smell/taste)	checkbox	0, Unchecked 1, Checked
test_8_symp5	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Chills) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Difficulty	checkbox	0, Unchecked 1, Checked
test_8_symp6	breathing) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Sore	checkbox	0, Unchecked 1, Checked
test_8_symp7	throat) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Diarrhea	checkbox	0, Unchecked 1, Checked
test_8_symp8	(3 or more loose/looser than normal stools/24hr period))	checkbox	0, Unchecked 1, Checked
test_8_symp9	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_8_symp10	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_8_symp_work	If yes, did you go to work while feeling these symptoms?	dropdown	0, No 1, Yes
test_8_symp_care	Did you seek medical care for your symptoms?	dropdown	0, No 1, Yes
test_8_days	How many days did it take to get your results?	text	
test_8_work	Did you work while waiting for results? Result of test	dropdown	0, No 1, Yes
test_8_result test_9_loc	Where did you get access to testing?	dropdown dropdown	0, Negative 1, Positive 2, Don't know 0, Workplace 1, Medical Provider 2, Other
test_9_type	Was it a blood test?	dropdown	0, No 1, Yes
test_9_symp0	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_9_symp1	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Headache		0, Unchecked 1, Checked
test_9_symp2	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_9_symp3	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_9_symp4	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
	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_9_symp5	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Difficulty		
test_9_symp6	breathing) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Sore	checkbox	0, Unchecked 1, Checked
test_9_symp7	throat) In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Diarrhea	checkbox	0, Unchecked 1, Checked
test_9_symp8	(3 or more loose/looser than normal stools/24hr period))	checkbox	0, Unchecked 1, Checked
test_9_symp9	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_9_symp10 test_9_symp_work	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=None) If yes, did you go to work while feeling these symptoms?	checkbox dropdown	0, Unchecked 1, Checked 0, No 1, Yes

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? In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Cough	dropdown	0, No 1, Yes
test 10 symp 0	(new onset or worsening of chronic cough))	checkbox	0, Unchecked 1, Checked
test_10_symp0	(new onset of worsening of chronic cough))	CHECKBOX	o, oncheckeu i , checkeu
test_10_symp1	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Headache	hcheckhox	0, Unchecked 1, Checked
test_10_symp1	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Muscle	Jeneerbox	o, onenecked 1, enceked
test_10_symp2	pain)	checkbox	0, Unchecked 1, Checked
test_10_5/p2	In the month before testing or two months after testing, did you have any of the following symptoms?	CITCORDOX	o, onencence [1, encored
test_10_symp3	(choice=Fever/feverish)	checkbox	0, Unchecked 1, Checked
	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=New loss		,, , , , , , , , , , , , , , , , , , , ,
test_10_symp4	of smell/taste)	checkbox	0, Unchecked 1, Checked
test_10_symp5	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
	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Difficulty		
test_10_symp6	breathing)	checkbox	0, Unchecked 1, Checked
	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Sore		
test_10_symp7	throat)	checkbox	0, Unchecked 1, Checked
	In the month before testing or two months after testing, did you have any of the following symptoms? (choice=Diarrhea		
test_10_symp8	(3 or more loose/looser than normal stools/24hr period))	checkbox	0, Unchecked 1, Checked
test_10_symp9	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
1 10		de esta e	0.11-1-1-114-61-1-1
test_10_symp10	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
			O Marriagnia and A colleged 2 Hoolth deposits and 2 Mar.
tost nos	If tested positive, however you told?	radio	0, My supervisor 1, I called 2, Health department 3, My doctor 4, Don't remember 5, Other
test_pos	If tested positive, how were you told?	radio	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
test_iniect_loc	where do you think you were injected:	Taulo	0, Stay home and isolate 1, Continue to work 2, No
test_pos_instruc	What did management tell you to do after you were diagnosed?	radio	instruction provided 3, Other
	Job Category		"Administrative" "Client engagement"
job_cat	On average, how many hours do you work in a week at this shelter?	string text	Administrative Chefit engagement
we_hours			
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
	Did you was a soughly fee a soughly (fee yoursels and of slath) at your		0, All of the time 1, Most of the time 2, Sometimes 3,
we_clothcov	Did you wear a reusable face covering (for example, made of cloth) at work?	radio	Rarely/never
			0, All of the time 1, Most of the time 2, Sometimes 3,
we_mask	Did you wear a disposable mask at work?	radio	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
	Did you have close contact (less than 6 feet for more than 15 minutes at a time) or direct physical contact (e.g., touching)		
we_contactres	with residents?	dropdown	0, No 1, Yes
			0, Never 1, Rarely 2, A few times a month 3, A few
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	times a week 4, A few times a day
	During those close contacts (less than 6 feet for more than 15 minutes at a time), how often did you wear a reusable face		0, All of the time 1, Most of the time 2, Sometimes 3,
we_clothcov_ccres	covering?	radio	Rarely/never 4, Don't remember
	During those close contacts (less than 6 feet for more than 15 minutes at a time), how often did you wear a disposable		0, All of the time 1, Most of the time 2, Sometimes 3,
we_mask_ccres	mask?	radio	Rarely/never 4, Don't remember
	During those close contacts (less than 6 feet for more than 15 minutes at a time), how often did the residents wear a		0, All of the time 1, Most of the time 2, Sometimes 3,
we_clothcov_ccres2	reusable face covering?	radio	Rarely/never 4, Don't remember
	During those close contacts (less than 6 feet for more than 15 minutes at a time), how often did the residents wear a		0, All of the time 1, Most of the time 2, Sometimes 3,
we_mask_ccres2	disposable mask?	radio	Rarely/never 4, Don't remember
			0, Never 1, Rarely 2, A few times a month 3, A few
we_dirphys_res	On average, how often were you in direct physical contact (e.g., touching) with residents?	radio	times a week, 4, A few times a day
disability alarma	During the and disease above in a contract (and a contract of the contract of		0, All of the time 1, Most of the time 2, Sometimes 3,
we_dirphys_gloves	During those direct physical contacts (e.g., touching), how often did you wear gloves?	radio	Rarely/never 4, Don't remember
			0, Never 1, Rarely 2, A few times a month 3, A few
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	times a week 4, A few times a day
	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?		
we_clothcov_ccco	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
c19_cc	Where were you in contact with a person with COVID-19 (select all that apply)? (choice=Home)	dropdown	0, No 1, Yes 2, Don't know
c19_cc_exp0		checkbox	0, Unchecked 1, Checked
c19_cc_exp1	Where were you in contact with a person with COVID-19 (select all that apply)? (choice=Work)	checkbox	0, Unchecked 1, Checked
c19_cc_exp2	Where were you in contact with a person with COVID-19 (select all that apply)? (choice=Community)	checkbox	0, Unchecked 1, Checked
c19_cc_exp3	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
	Did you use any other PPE (personal protective equipment) when interacting with the person who had COVID-19 (select		
c19_cc_ppe0	all that apply)? (choice=Gloves)	checkbox	0, Unchecked 1, Checked
-10 1	Did you use any other PPE (personal protective equipment) when interacting with the person who had COVID-19 (select	ala a alula acc	O Hashadiad II Chadiad
c19_cc_ppe1	all that apply)? (choice=Gown)	checkbox	0, Unchecked 1, Checked
-10 3	Did you use any other PPE (personal protective equipment) when interacting with the person who had COVID-19 (select	ala a alula acc	O Hashadiad I Chadiad
c19_cc_ppe2	all that apply)? (choice=Respirator (N-95))	checkbox	0, Unchecked 1, Checked
c19 cc ppg 2	Did you use any other PPE (personal protective equipment) when interacting with the person who had COVID-19 (select	checkhov	0 Unchecked 1 Checked
c19_cc_ppe3	all that apply)? (choice=None) Did you use any other PPE (personal protective equipment) when interacting with the person who had COVID-19 (select	checkbox	0, Unchecked 1, Checked
-10 4	ord you use any other end (personal protective equipment) when interacting with the person who had COVID-19 (select		A Harbardada Chadada
c19_cc_ppe4	all that apply)? (choice=Other)	checkbox	0, Unchecked 1, Checked
c19_cc_ppe_other	all that apply)? (choice=Other) Describe "other":	text	
c19_cc_ppe_other c19_infect	all that apply)? (choice=Other) Describe "other": Have you felt worried about being infected with COVID-19 because of your job?	text dropdown	0, No 1, Yes 2, Skip
c19_cc_ppe_other c19_infect c19_infect_quit	all that apply)? (choice=Other) Describe "other": Have you felt worried about being infected with COVID-19 because of your job? Did you think of quitting your job because you were worried?	text dropdown dropdown	0, No 1, Yes 2, Skip 0, No 1, Yes 2, Skip
c19_cc_ppe_other c19_infect c19_infect_quit home_famsup	all that apply)? (choice=Other) Describe "other": Have you felt worried about being infected with COVID-19 because of your job? Did you think of quitting your job because you were worried? Is your family supportive of your work?	text dropdown dropdown dropdown	0, No 1, Yes 2, Skip 0, No 1, Yes 2, Skip 0, No 1, Yes 2, Unknown 3, Skip
c19_cc_ppe_other c19_infect c19_infect_quit home_famsup home_risk_you	all that apply)? (choice=Other) Describe "other": Have you felt worried about being infected with COVID-19 because of your job? Did you think of quitting your job because you were worried? Is your family supportive of your work? Did your family/friends feel you were at increased risk of being infected with COVID-19 due to the nature of your work?	text dropdown dropdown dropdown dropdown	0, No 1, Yes 2, Skip 0, No 1, Yes 2, Skip 0, No 1, Yes 2, Unknown 3, Skip 0, No 1, Yes
c19_cc_ppe_other c19_infect c19_infect_quit home_famsup	all that apply)? (choice=Other) Describe "other": Have you felt worried about being infected with COVID-19 because of your job? Did you think of quitting your job because you were worried? Is your family supportive of your work?	text dropdown dropdown dropdown	0, No 1, Yes 2, Skip 0, No 1, Yes 2, Skip 0, No 1, Yes 2, Unknown 3, Skip

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_resp0	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_resp1	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_resp2	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
	What did your facility do in response to the COVID-19 outbreak (select all that apply)? (choice=Provision of PPE (personal		
ipc_resp3	protective equipment, such as gloves, gowns, disposable mask) for staff)	checkbox	0, Unchecked 1, Checked
ipc_resp4	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