

# Homeless Shelter Worker Survey

Thank you for participating in this survey. By providing information on your experiences prior to being tested for COVID-19, you will help inform ways to protect staff and clients from Coronavirus Disease 2019 (COVID-19) at homeless shelters throughout the United States.

The results of this survey are confidential. Your name and affiliation will not be recorded. When survey results are reported they will be aggregated and presented at a county, state, or continuum of care level.

The survey will take less than 15 minutes. If you are not able to complete the survey at this time you can save it and return to it later.

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Today's date for calculations (hidden)

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What is the location of the shelter you work in most often (city, state)?

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What is the name of the shelter?

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What is your age (years)?

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What was your sex at birth?

- Male  
 Female

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Do you think of yourself as (select one):

- Male  
 Female  
 Transgender man/trans man/female-to-male (FTM)  
 Transgender woman/trans woman/male-to-female (MTF)  
 Genderqueer/gender nonconforming neither exclusively male nor female

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What is your race (select all that apply):

- White  
 Asian  
 Black  
 Native Hawaiian  
 Pacific Islander  
 American Indian/Alaskan Native  
 Other  
 Skip

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Describe "other":

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What is your ethnicity?

- Not Hispanic/Latino  
 Hispanic/Latino  
 Skip

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Do you currently smoke tobacco?

- No  
 Yes

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Are you a past smoker?

- No  
 Yes

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Do you currently vape/smoke electronic cigarettes?  No  
 Yes

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How many people live in your household, including yourself? \_\_\_\_\_

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Did you get the flu vaccine (flu shot) this year (i.e., between Oct 2019 to present)?  No  
 Yes

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Do you have any of the following underlying illnesses?  Chronic lung disease (asthma/emphysema/COPD)  
 Diabetes  
 Heart disease  
 Chronic kidney disease  
 Chronic liver disease  
 Neurologic/neurodevelopmental/intellectual disability  
 Other chronic diseases  
 None

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Describe "other": \_\_\_\_\_

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Do you have an immunosuppressive condition (i.e., a condition that weakens your immune system such as rheumatoid arthritis or HIV) ?  No  
 Yes

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Please specify: \_\_\_\_\_

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What is your height?  3  
 4  
Feet:  5  
 6  
 7  
 8

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inches:  0  
 1  
 2  
 3  
 4  
 5  
 6  
 7  
 8  
 9  
 10  
 11  
 12

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What is your weight (pounds)? \_\_\_\_\_

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**TESTING AND DIAGNOSIS**

Have you been tested for COVID-19?

- No  
 Yes

How many times were you tested? (Enter up to 10 tests)

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**Test 1**

Date of test (best guess)

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Date of test entered is in the future, please re-enter the date before continuing.

Where did you get access to testing?

- Workplace  
 Medical Provider  
 Other

Describe "other":

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Was it a blood test?

- No  
 Yes

In the month before testing or two months after testing, did you have any of the following symptoms?

- Cough (new onset or worsening of chronic cough)  
 Headache  
 Muscle pain  
 Fever/feverish  
 New loss of smell/taste  
 Chills  
 Difficulty breathing  
 Sore throat  
 Diarrhea (3 or more loose/looser than normal stools/24hr period)  
 Other  
 None

Describe "other":

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If yes, did you go to work while feeling these symptoms?

- No  
 Yes

Please specify why you went to work:

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Did you seek medical care for your symptoms?

- No  
 Yes

If yes, where?

- Primary care  
 Urgent care  
 Emergency department  
 Other

Describe "other":

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How many days did it take to get your results?

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Did you work while waiting for results?

- No  
 Yes

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Result of test

- Negative  
 Positive  
 Don't know

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### TESTING AND DIAGNOSIS: CONTINUED

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If tested positive, how were you told?

- My supervisor  
 I called  
 Health department  
 My doctor  
 Don't remember  
 Other

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Describe "other":

\_\_\_\_\_

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Where do you think you were infected?

- Home  
 Work  
 Community  
 I don't know  
 Skip

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If at work, what do you think were the activities that might have led you to become infected?

\_\_\_\_\_

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How do you think you were infected?

\_\_\_\_\_

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What did management tell you to do after you were diagnosed?

- Stay home and isolate  
 Continue to work  
 No instruction provided  
 Other

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Describe "other":

\_\_\_\_\_

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### WORK ENVIRONMENT: The questions in this section refer to the time period between February 2020 and now.

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What is your primary job title?

- Site manager  
 Floor monitor  
 Janitor  
 Cook  
 Lead staff  
 Case manager  
 Supervisor  
 Driver  
 Maintenance  
 Other

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Describe "other":

\_\_\_\_\_

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Please describe your main job duties (what you do on a typical day):

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On average, how many hours do you work in a week at this shelter?

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How long have you worked at this shelter?

Years:

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months:

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12

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Do you have paid sick leave at this job?

- No
- Yes

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Do you have another job besides this one?

- No
- Yes

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For your other job, what is your occupation (e.g., registered nurse, janitor, cashier, auto mechanic)?

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For your other job, what is the industry (e.g., nursing home, elementary school, restaurant)?

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If your other job is at a shelter, what is the shelter name?

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Did you wear a reusable face covering (for example, made of cloth) at work?

- All of the time
- Most of the time
- Sometimes
- Rarely/never

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Did you wear a disposable mask at work?

- All of the time
- Most of the time
- Sometimes
- Rarely/never

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Did you touch residents' belongings or shared items (e.g., mats, linens, laundry)?

- No
- Yes

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If yes, did you wear gloves while touching residents' belongings and shared items?

- No
- Yes

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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?

- No  
 Yes

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On average, how often were you in close contact (less than 6 feet for more than 15 minutes at a time) with residents?

- Never  
 Rarely  
 A few times a month  
 A few times a week  
 A few times a day

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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?

- All of the time  
 Most of the time  
 Sometimes  
 Rarely/never  
 Don't remember

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During those close contacts (less than 6 feet for more than 15 minutes at a time), how often did you wear a disposable mask?

- All of the time  
 Most of the time  
 Sometimes  
 Rarely/never  
 Don't remember

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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?

- All of the time  
 Most of the time  
 Sometimes  
 Rarely/never  
 Don't remember

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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?

- All of the time  
 Most of the time  
 Sometimes  
 Rarely/never  
 Don't remember

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On average, how often were you in direct physical contact (e.g., touching) with residents?

- Never  
 Rarely  
 A few times a month  
 A few times a week,  
 A few times a day

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During those direct physical contacts (e.g., touching), how often did you wear gloves?

- All of the time  
 Most of the time  
 Sometimes  
 Rarely/never  
 Don't remember

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How often were you in close contact (less than 6 feet for more than 15 minutes at a time) with your co-workers?

- Never  
 Rarely  
 A few times a month  
 A few times a week  
 A few times a day

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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?

- No  
 Yes

**COVID-19 EXPERIENCE: The questions in this section refer to the time period between February 2020 and now.**

Were you in close contact (less than 6 feet for more than 15 minutes at a time) with a person who had COVID-19?

- No  
 Yes  
 Don't know

Where were you in contact with a person with COVID-19 (select all that apply)?

- Home  
 Work  
 Community  
 I don't know

If at work, was that person a (select all that apply):

- Co-worker  
 Resident  
 Other

Describe "other":

\_\_\_\_\_

Did you wear a disposable mask when interacting with the person who had COVID-19?

- Never  
 Sometimes  
 Most times  
 Always  
 Don't remember

Did you use any other PPE (personal protective equipment) when interacting with the person who had COVID-19 (select all that apply)?

- Gloves  
 Gown  
 Respirator (N-95)  
 None  
 Other

Describe "other":

\_\_\_\_\_

Who informed you that you had been in direct contact with a person who had COVID-19? Type NA if you were not informed.

\_\_\_\_\_

When were you informed, in relation to your shift?

- Before shift  
 During shift  
 After shift

Have you felt worried about being infected with COVID-19 because of your job?

- No  
 Yes  
 Skip

What made you worried you might get infected?

\_\_\_\_\_

Did you think of quitting your job because you were worried?

- No  
 Yes  
 Skip

**HOME LIFE AND FAMILY SITUATION:**

Is your family supportive of your work?

- No  
 Yes  
 Unknown  
 Skip

Did your family/friends feel you were at increased risk of being infected with COVID-19 due to the nature of your work?

- No  
 Yes

Please explain.

\_\_\_\_\_

Did you feel they (your friends/family) were at increased risk of being infected with COVID-19 due to the nature of your work?

- No  
 Yes

Have you been isolating yourself from the rest of your family, whether or not you tested positive?

- No  
 Yes

Please explain.

\_\_\_\_\_

Did your hygiene routine at home change?

- No  
 Yes

Please explain.

\_\_\_\_\_

**INFECTION PREVENTION AND CONTROL:**

Do you have any formal health education (i.e., medical school, nursing school, medical assistant school, behavioral health)?

- No  
 Yes  
 Other

Describe "other":

\_\_\_\_\_

Did you perform cleaning activities in your normal job?

- No  
 Yes

Were you trained on how to clean an area after a resident diagnosed with COVID-19 leaves the shelter?

- No  
 Yes

What did your facility do in response to the COVID-19 outbreak (select all that apply)?

- Increased handwashing  
 Safe distancing (more than 6 ft)  
 Cloth face coverings for staff or clients  
 Provision of PPE (personal protective equipment, such as gloves, gowns, disposable mask) for staff  
 Nothing

If yes, when did they provide PPE?

\_\_\_\_\_

Was training provided on how to safely take on and off PPE?

- No  
 Yes



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What actions did your organization recommend you take if you had been exposed to a resident with known or suspected COVID-19 (select all that apply)?

- Stay home and isolate
- Keep working and monitor yourself
- Work from home
- Wear a mask while working
- Work only at one facility
- New position outside of that facility
- Nothing
- Don't know
- Skip

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Do you agree with how your organization responded to the outbreak?

- No
- Yes
- Don't know
- Skip

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If no, please explain.

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