

Questionnaire for healthcare workers with confirmed COVID-19 (Cases)
(questions related to the infection prevention and control measures)

SOCIO-DEMOGRAPHIC INFORMATION

- 1) Where do you live? Health region (1 to 18) [_]
- 2) Where do you live? Zip code [_]
- 3) Place of birth: Born abroad, Born in Canada
- 4) What is your mother tongue? French, English, Other
- 5) How old are you? [_]
- 6) What is your sex? M F
- 7) Which of the following categories best describes you? Native (First Nations, Inuit, Métis), White, Asian, Black, Arab, Hispanic, Other, specify [_] don't know, prefer not to answer

VACCINATION RECORD

- 8) Are you vaccinated against COVID-19? No Yes
1st dose -> date [_]
2nd dose ->date [_] I did not received a second dose

JOB DESCRIPTION

- 9) What is your primary job in the health care system?
 Security guard, Nursing Aide, Ambulance driver/paramedic, Volunteer, Stretcher Bearer, Cook or kitchen worker, Dentist, Special education teacher, Administrative/Managerial employee, Building maintenance employee, Housekeeping employee, Laundry service employee, Occupational Therapist, Student, intern or resident in any discipline, Dental hygienist, Nurse, Nursing Assistant, Respiratory therapist, Psychosocial worker, Physician, Nutritionist, Optometrist, Pharmacist, Physiotherapist, Patient healthcare assistant, Receptionist, Midwife, Laboratory technician, Pharmacy technician, Medical imaging technician (radiology, nuclear medicine, etc.) Other, specify: [_]
- 10) How many years of experience do you have in this type of job? [_] years, <1 year
- 11) In what kind of facility did you mostly work during the 14 days before the onset of your illness?
 Hospital / Acute-care hospital, Nursing home, Long-term care facility, Private seniors' homes, Rehabilitation center, Intermediate and family resources, Health center, Medical clinic / Family medicine group, Private clinics, Laboratory, Pharmacy, Non-traditional site for COVID-19, Domiciliary work, Administrative centers, Other type of facility
- 12) Is this a private or public facility? Public, Private, I do not know
- 13) During the 14 days before the onset of your illness, which was your work schedule? Day (8 to 16h), Evening (16 to 0h), Night (0 to 8h), Rotating, Other
- 14) During the 14 days before the onset of your illness, how many hours per week did you work in average? [_]
- 15) Did you have to do compulsory overtime? No Yes
- 16) During the 14 days before the onset of your illness, in which department, units or services did you work?
 Operating room, Outpatient clinics or consultations, Obstetrics / gynecology, Pediatrics, Medical department (any speciality), Surgical department (any speciality) Psychiatric department, Intensive care

unit, Emergency room, Rehabilitation Elderly services (in long-term care facilities, private seniors' homes...), Administrative department, Management / Public health department, Laboratory, Pharmacy, Housekeeping service, Other

HOUSEHOLD EXPOSURE

- 17) We would like to know if people living in your same household showed symptoms compatible with COVID-19 and/or they had a test confirming COVID-19 illness.
- 18) Other than you, how many adults live in your household? [_]
- 19) How many adults had symptoms compatible with COVID-19 or a test confirming COVID-19 illness? [_]
- 20) How many children live in your household? [_]
- 21) How many children had symptoms compatible with COVID-19 or a test confirming COVID-19 illness? [_]
- 22) Among all the sick persons, who was the first developing symptoms or having a test confirmation? Me, Other adult, A child, More than one person at the same time, I do not know

WORKPLACE EXPOSURE

- 23) During the 14 days before the onset of your illness, do you know if there were cases of COVID-19 (even if they had not been diagnosed yet at that time) among the healthcare workers of your department, service or healthcare unit? No (no cases), Yes, confirmed COVID-19, Yes, with symptoms but not confirmed, I do not know
- 24) During the 14 days before the onset of your illness, did you work with patients (or clients)? No, Yes, I do not know
- 25) During the 14 days before the onset of your illness, did you work in contact with COVID-19 patients or in a healthcare unit where there were patients with confirmed or suspected COVID-19? No, Yes, in a unit exclusive for COVID-19, Yes, in a non-exclusive unit for COVID-19, Yes, outside a healthcare unit (clinics, ...), Not applicable, I do not know
- 26) During the 14 days before the onset of your illness, did you provide care to a confirmed or suspected COVID-19 patient at less than two meters? No, Yes, I do not know

TRAINING

- 27) Did you receive a training on the infection prevention and control measures against COVID-19 since the starting of the pandemic? No, I did not receive any training, I only received written recommendations, I received a training (for example verbal explanation of the recommendations, online or in-person training, simulation exercises, coaching from an experienced person, ...)
- 28) Did you have practical training on the use of personal protective equipment, including the donning and doffing technique? No, Yes, I do not know

PERSONAL PROTECTIVE EQUIPMENT

- 29) During the 14 days before the onset of your illness, when caring or interacting with patients who were NOT suspected of having COVID-19, did you wear a personal protective equipment (PPE)? I was wearing a PPE, I did not wear a PPE, Not applicable, I do not know

- 30) What type of PPE did you wear (check all the choices that apply)? We call “medical masks” the procedural masks or the surgical masks. We do not consider the cloth masks as a PPE.
- Mask: Never, Sometimes, Most of the times, Always
 Medical mask: Never, Sometimes, Most of the times, Always
 N95 respirator: Never, Sometimes, Most of the times, Always
 Other type of mask (excluding cloth masks): Never, Sometimes, Most of the times, Always
 Gloves: Never, Sometimes, Most of the times, Always
 Eye protection: Never, Sometimes, Most of the times, Always
 Gown: Never, Sometimes, Most of the times, Always
- 31) During the 14 days before the onset of your illness, when caring or interacting with patients with suspected or confirmed COVID-19, did you wear a personal protective equipment (PPE)? I was wearing a PPE, I did not wear a PPE Not applicable, I do not know
- 32) What type of PPE did you wear (check all the choices that apply)? We call “medical masks” the procedural masks or the surgical masks. We do not consider the cloth masks as a PPE.
- Mask: Never, Sometimes, Most of the times, Always
 Medical mask: Never, Sometimes, Most of the times, Always
 N95 respirator: Never, Sometimes, Most of the times, Always
 Other type of mask (excluding cloth masks): Never, Sometimes, Most of the times, Always
 Gloves: Never, Sometimes, Most of the times, Always
 Eye protection: Never, Sometimes, Most of the times, Always
 Gown: Never, Sometimes, Most of the times, Always
- 33) What was the main raison not to wear the personal protective equipment according to the protocol of your facility?
- Oversight, Lack of time / emergencies, Equipment of bad quality, Difficult to access the equipment, Lack of knowledge, Bad technique when using the PPE, Patients were not suspected of having COVID-19 at the time of the contact, Other
- 34) During the 14 days before the onset of your illness, were you able to remove and dispose the personal protective equipment according to the protocol of your facility?
- Never, Sometimes, Most of the times, Always, Not applicable
- 35) What was the main raison not to correctly remove and dispose the personal protective equipment?
- Lack of rubbish / recycling bin / hand hygiene material, Difficult access to a rubbish / recycling bin / hand hygiene material, Lack of time, Lack of knowledge regarding the equipment doffing, Bad technique when taking off the PPE, Lack of protocol, Lack of protocol adapted to reuse of PPE, Other
- 36) During the 14 days before the onset of your illness, were you present at one or several of the following medical procedures, known to generate aerosols, on a patient with confirmed or suspected COVID-19?
- Bronchoscopy, Tracheal intubation or extubation, Cardiopulmonary resuscitation, Manual ventilation before intubation, Aspiration of tracheal secretions in open circuit on an intubated or tracheostomized patient, Sputum induction, Nasopharyngeal aspiration on a child, Autopsy, Surgical operation by nasopharyngeal route, None of these procedures, I do not know

- 37) During the 14 days before the onset of your illness, when caring or interacting with patients with suspected or confirmed COVID-19, did you wear a personal protective equipment (PPE)? I was wearing a PPE, I did not wear a PPE Not applicable, I do not know
- 38) What type of PPE did you wear during these procedures (check all the choices that apply)? We call “medical masks” the procedural masks or the surgical masks. We do not consider the cloth masks as a PPE.
- Mask: Never, Sometimes, Most of the times, Always
- Medical mask: Never, Sometimes, Most of the times, Always
- N95 respirator: Never, Sometimes, Most of the times, Always
- Other type of mask (excluding cloth masks): Never, Sometimes, Most of the times, Always
- Gloves: Never, Sometimes, Most of the times, Always
- Eye protection: Never, Sometimes, Most of the times, Always
- Gown: Never, Sometimes, Most of the times, Always

OTHER PROTECTIVE MEASURES

- 39) During the 14 days before the onset of your illness, were you able to wash your hands after any contact with patients?
- Never, Sometimes, Most of the times, Always, Not applicable
- 40) What was the main reason for not having washed your hands after any contact with patients?
- Oversight, Lack of time, No sink, soap, alcohol gel available, Lack of knowledge on the need of always washing hands, Other
- 41) During the 14 days before the onset of your illness, except the moments when you were eating or drinking, how often did you wear a mask in your workplace?
- Never, Sometimes, Most of the times, Always, Not applicable
- 42) During the 14 days before the onset of your illness, when you were not wearing a mask, how often were you at less than two meters of your colleagues or other staff members?
- Never, Sometimes, Most of the times, Always, Not applicable
- 43) In which situations were you less than two meters from other healthcare workers without wearing the medical mask?
- Outside of work, in private meetings, During commuting, in public transportation or sharing car, In the parking, In the changing rooms, During pauses and meals, During meetings, At the nurse station, In another situation, I do not know

Questionnaire for healthcare workers without COVID-19 (Controls)
(questions related to the infection prevention and control measures)

SOCIO-DEMOGRAPHIC INFORMATION

- 44) Where do you live? Health region (1 to 18) [_]
- 45) Where do you live? Zip code [_]
- 46) Place of birth: Born abroad, Born in Canada
- 47) What is your mother tongue? French, English, Other
- 48) How old are you? [_]
- 49) What is your sex? M F
- 50) Which of the following categories best describes you? Native (First Nations, Inuit, Métis), White, Asian, Black, Arab, Hispanic, Other, specify [_] don't know, prefer not to answer

VACCINATION RECORD

- 51) Are you vaccinated against COVID-19? No Yes
- 1st dose -> date [_]
- 2nd dose ->date [_] I did not received a second dose

JOB DESCRIPTION

- 52) What is your primary job in the health care system?
- Security guard, Nursing Aide, Ambulance driver/paramedic, Volunteer, Stretcher Bearer, Cook or kitchen worker, Dentist, Special education teacher, Administrative/Managerial employee, Building maintenance employee, Housekeeping employee, Laundry service employee, Occupational Therapist, Student, intern or resident in any discipline, Dental hygienist, Nurse, Nursing Assistant, Respiratory therapist, Psychosocial worker, Physician, Nutritionist, Optometrist, Pharmacist, Physiotherapist, Patient healthcare assistant, Receptionist, Midwife, Laboratory technician, Pharmacy technician, Medical imaging technician (radiology, nuclear medicine, etc.) Other, specify: [_]
- 53) How many years of experience do you have in this type of job? [_] years, <1 year
- 54) In what kind of facility did you mostly work during the 14 days before the onset of your illness?
- Hospital / Acute-care hospital, Nursing home, Long-term care facility, Private seniors' homes, Rehabilitation center, Intermediate and family resources, Health center, Medical clinic / Family medicine group, Private clinics, Laboratory, Pharmacy, Non-traditional site for COVID-19, Domiciliary work, Administrative centers, Other type of facility
- 55) Is this a private or public facility? Public, Private, I do not know
- 56) During the 14 days before your negative test (date), which was your work schedule? Day (8 to 16h), Evening (16 to 0h), Night (0 to 8h), Rotating, Other
- 57) During the 14 days before your negative test (date), how many hours per week did you work in average? [_]
- 58) Did you have to do compulsory overtime? No Yes
- 59) During the 14 days before your negative test (date), in which department, units or services did you work?

Operating room, Outpatient clinics or consultations, Obstetrics / gynecology, Pediatrics, Medical department (any speciality), Surgical department (any speciality) Psychiatric department, Intensive care unit, Emergency room, Rehabilitation Elderly services (in long-term care facilities, private seniors' homes...), Administrative department, Management / Public health department, Laboratory, Pharmacy, Housekeeping service, Other

HOUSEHOLD EXPOSURE

60) During the 14 days before your negative test (date), did any person living in the same household have symptoms compatible with COVID-19 and/or a test confirming COVID-19 illness? No, Yes, I do not know

WORKPLACE EXPOSURE

61) During the 14 days before your negative test (date), do you know if there were cases of COVID-19 (even if they had not been diagnosed yet at that time) among the healthcare workers of your department, service or healthcare unit? No (no cases), Yes, confirmed COVID-19, Yes, with symptoms but not confirmed, I do not know

62) During the 14 days before your negative test (date), did you work with patients (or clients)? No, Yes, I do not know

63) During the 14 days before your negative test (date), did you work in contact with COVID-19 patients or in a healthcare unit where there were patients with confirmed or suspected COVID-19? No, Yes, in a unit exclusive for COVID-19, Yes, in a non-exclusive unit for COVID-19, Yes, outside a healthcare unit (clinics, ...), Not applicable, I do not know

64) During the 14 days before your negative test (date), did you provide care to a confirmed or suspected COVID-19 patient at less than two meters? No, Yes, I do not know

TRAINING

65) Did you receive a training on the infection prevention and control measures against COVID-19 since the starting of the pandemic? No, I did not receive any training, I only received written recommendations, I received a training (for example verbal explanation of the recommendations, online or in-person training, simulation exercises, coaching from an experienced person, ...)

66) Did you have practical training on the use of personal protective equipment, including the donning and doffing technique? No, Yes, I do not know

PERSONAL PROTECTIVE EQUIPMENT

67) During the 14 days before your negative test (date), when caring or interacting with patients who were NOT suspected of having COVID-19, did you wear a personal protective equipment (PPE)? I was wearing a PPE, I did not wear a PPE, Not applicable, I do not know

68) What type of PPE did you wear (check all the choices that apply)? We call "medical masks" the procedural masks or the surgical masks. We do not consider the cloth masks as a PPE.

Mask: Never, Sometimes, Most of the times, Always

Medical mask: Never, Sometimes, Most of the times, Always

N95 respirator: Never, Sometimes, Most of the times, Always

Other type of mask (excluding cloth masks): Never, Sometimes, Most of the times, Always
Gloves: Never, Sometimes, Most of the times, Always
Eye protection: Never, Sometimes, Most of the times, Always
Gown: Never, Sometimes, Most of the times, Always

69) During the 14 days before your negative test (date), when caring or interacting with patients with suspected or confirmed COVID-19, did you wear a personal protective equipment (PPE)? I was wearing a PPE, I did not wear a PPE Not applicable, I do not know

70) What type of PPE did you wear (check all the choices that apply)? We call “medical masks” the procedural masks or the surgical masks. We do not consider the cloth masks as a PPE.

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Eye protection: Never, Sometimes, Most of the times, Always
Gown: Never, Sometimes, Most of the times, Always

71) What was the main reason not to wear the personal protective equipment according to the protocol of your facility?

Oversight, Lack of time / emergencies, Equipment of bad quality, Difficult to access the equipment, Lack of knowledge, Bad technique when using the PPE, Patients were not suspected of having COVID-19 at the time of the contact, Other

72) During the 14 days before your negative test (date), were you able to remove and dispose the personal protective equipment according to the protocol of your facility?

Never, Sometimes, Most of the times, Always, Not applicable

73) What was the main reason not to correctly remove and dispose the personal protective equipment?

Lack of rubbish / recycling bin / hand hygiene material, Difficult access to a rubbish / recycling bin / hand hygiene material, Lack of time, Lack of knowledge regarding the equipment doffing, Bad technique when taking off the PPE, Lack of protocol, Lack of protocol adapted to reuse of PPE, Other

74) During the 14 days before your negative test (date), were you present at one or several of the following medical procedures, known to generate aerosols, on a patient with confirmed or suspected COVID-19?

Bronchoscopy, Tracheal intubation or extubation, Cardiopulmonary resuscitation, Manual ventilation before intubation, Aspiration of tracheal secretions in open circuit on an intubated or tracheostomized patient, Sputum induction, Nasopharyngeal aspiration on a child, Autopsy, Surgical operation by nasopharyngeal route, None of these procedures, I do not know

75) During the 14 days before your negative test (date), when caring or interacting with patients with suspected or confirmed COVID-19, did you wear a personal protective equipment (PPE)? I was wearing a PPE, I did not wear a PPE Not applicable, I do not know

76) What type of PPE did you wear during these procedures (check all the choices that apply)? We call “medical masks” the procedural masks or the surgical masks. We do not consider the cloth masks as a PPE.

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Medical mask: Never, Sometimes, Most of the times, Always
N95 respirator: Never, Sometimes, Most of the times, Always
Other type of mask (excluding cloth masks): Never, Sometimes, Most of the times, Always
Gloves: Never, Sometimes, Most of the times, Always
Eye protection: Never, Sometimes, Most of the times, Always
Gown: Never, Sometimes, Most of the times, Always

OTHER PROTECTIVE MEASURES

- 77) During the 14 days before your negative test (date), were you able to wash your hands after any contact with patients?
 Never, Sometimes, Most of the times, Always, Not applicable
- 78) What was the main reason for not having washed your hands after any contact with patients?
 Oversight, Lack of time, No sink, soap, alcohol gel available, Lack of knowledge on the need of always washing hands, Other
- 79) During the 14 days before your negative test (date), except the moments when you were eating or drinking, how often did you wear a mask in your workplace?
 Never, Sometimes, Most of the times, Always, Not applicable
- 80) During the 14 days before your negative test (date), when you were not wearing a mask, how often were you at less than two meters of your colleagues or other staff members?
 Never, Sometimes, Most of the times, Always, Not applicable
- 81) In which situations were you less than two meters from other healthcare workers without wearing the medical mask?
 Outside of work, in private meetings, During commuting, in public transportation or sharing car, In the parking, In the changing rooms, During pauses and meals, During meetings, At the nurse station, In another situation, I do not know