**Appendix 1. Survey Questions**

1. Have you experienced any symptoms of COVID-19 (fever, dry cough, shortness of breath, loss of your sense of smell or taste) since January 20, 2020 (the date of the first confirmed case of 2019-nCoV infection in the United States)?
2. Yes
3. No
4. Don’t know or unsure

**[If b or c, skip to question 4]**

2. Which of the following symptoms did you experience? (Please check all that apply).

* Fever 100.4° F [38.0° C] or greater
* Shortness of breath
* Cough
* Chills
* Muscle pain
* Headache
* Sore throat
* New loss of taste or smell

1. About when did you begin to experience these symptoms?
   1. Within the past 14 days
   2. Between 14 and 21 days ago
   3. More than 21 days ago
   4. Don’t know or unsure

**[If a or b then prompt them for the approximate date of onset and flag as ineligible for antibody test. Must wait 3 weeks from symptom onset to become eligible]**

1. A picture containing person, indoor, wall

   Description automatically generatedDid you receive a diagnostic (PCR) test for the COVID-19 virus? (This would have been a nasopharyngeal swab, as in the photo):
2. Yes
3. No

**[If b then skip to 7]**

1. Approximately when did you have the PCR test?
   1. Within the past 14 days
   2. Between 14 and 21 days ago
   3. More than 21 days ago
   4. Don’t know or unsure
2. If yes, what was the result of the PCR test?
3. Positive (infected with COVID-19)
4. Negative (NOT infected with COVID-19)
5. Inconclusive (the result could not be determined)
6. Have not yet received the result

**[If answer to question 5 is A and answer to question 6 is A, prompt them for the date of PCR testing and flag as ineligible for antibody test. Must wait 2 weeks from date of positive PCR test to become eligible.]**

1. Have you come into contact with anyone who has tested positive for COVID-19?
   1. Yes
   2. No
   3. Unsure

8. When did you come into contact with someone who tested positive for COVID-19?

* 1. Within the past 4 weeks
  2. More than 4 weeks ago

1. If you answered ‘yes’ to question 7, has anyone who lives in your household tested positive for COVID-19?
   1. Yes
   2. No
   3. Unsure

**[If answer to question 8 is A, prompt them for the approximate date of contact with a known case and flag as ineligible for antibody test. Must wait 3 weeks from date of contact with known case to become eligible.]**

1. Did you previously receive a serology test for the COVID-19 virus? (This would have been a finger stick or blood draw)
2. Yes
3. No

**[If answer to Q9 is B, skip to Q13]**

1. What was the result of your most recent serology test?
2. Positive (SARS-CoV-2 antibodies detected)
3. Negative (no SARS-CoV-2 antibodies detected)
4. Inconclusive (the result could not be determined)
5. Have not yet received the result

12. What is the approximate date of your most recent serology test?

1. In which zip code is your primary residence?
2. How many people, including yourself, live or stay in your primary residence? (*Here, you'll count everyone living and sleeping in your home most of the time, including young children, roommates, and friends and family members who are living with you, even temporarily.)*
3. Which of the following best describes your employment at Sun River since January 20, 2020 (the date of the first confirmed case of 2019-nCoV infection in the United States)?
   1. Reduced weekly hours
   2. Increased weekly hours
   3. No change in weekly hours
   4. Temporary furlough/layoff

16. If you have been working since the beginning of the U.S. COVID-19 epidemic, where have you been working?

* 1. On-site only
  2. Remote / from home only
  3. A combination of on-site and remote

17. Thinking about your activities during your Governor’s shelter-in-place order...about how often did you leave the house each week for reasons unrelated to work?  These would include activities like shopping for groceries, picking up take-out meals, exercising outdoors, etc.

* 1. Not at all
  2. 1 time per week
  3. 2-3 times per week
  4. 4 or more times per week

1. Evidence on COVID-19 suggests there may be differences in disease severity by sex. What sex were you assigned at birth on your original birth certificate? Please check one:
2. Male
3. Female
4. Decline to answer
5. What is your current gender identity? Please check one:
6. Male
7. Female
8. Transgender male / trans man / female-to-male (FTM)
9. Transgender female / trans woman / male-to-female (MTF)
10. Genderqueer / non-binary / neither exclusively male nor female
11. Additional gender category (or other), please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
12. Decline to answer
13. How old are you (in years)?
14. What is your race/ethnicity? Please check all that apply.

* Black or African American
* Hispanic or Latino
* White
* Asian
* Pacific Islander
* Native Hawaiian
* American Indian or Alaska Native
* Other race or ethnicity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Which of the following best describes your job or position at Sun River?
2. Physician
3. Medical resident
4. Registered nurse (RN)
5. Licensed practical nurse (LPN)
6. Nurse practitioner (NP)
7. Physician assistant
8. Midwife
9. Podiatrist
10. Physical therapist
11. Occupational therapist
12. Social worker
13. Audiologist
14. Optometrist
15. Chiropractor
16. Medical assistant
17. Nutritionist
18. Pharmacist
19. Pharmaceutical technician
20. Lab technician
21. Imaging technician
22. Paramedic
23. Dentist
24. Dental hygienist
25. Dental assistant
26. Concierge
27. Patient representative or navigator
28. Care manager
29. Outreach worker
30. Business development
31. Security staff
32. Custodial / sanitation staff
33. Kitchen staff
34. Administrative support (IT, finance, HR, billing, communications, facilities, training, quality)
35. Management (Medical director, administrator, legal, finance, procurement, marketing, HR)
36. Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_