

## Additional daily questions for healthcare workers, who currently treats patients shown on repeat use.

**Q (select one):** In the last day, have you interacted with any patients in person?

1. No
2. Yes

*If yes,*

**Q (select one):** In the last day, did you treat patients in person with documented or presumed COVID-19 infection? Please check all that apply.

1. Yes, documented COVID-19 cases only
2. Yes, suspected COVID-19 cases only
3. Yes, both documented and suspected COVID-19 cases
4. Not that I know of

**Q (select one):** In the last day, did you use personal protective equipment (PPE) at work? \*Depending on your specific work requirements, PPE might include gloves, masks, face shields, etc.

1. Always
2. Sometimes
3. Never

*If "Always" show:*

**Q (select one):** Choose one of the options:

1. I had all the PPE I need for work
2. I had to reuse PPE because of a shortage

*If "Sometimes" show:*

**Q (select one):** Choose one of the options:

1. I haven't always needed to use PPE all the time, but had enough when I did
2. I would have used PPE all the time, but I haven't had enough
3. I've had to reuse PPE because of a shortage

*If "Never" show:*

**Q (select one):** Choose one of the options:

1. I haven't needed PPE
2. I needed PPE, but it was not available

## Additional question about participation in future research studies

**Q. (select one):** Are you interested in being contacted to learn about additional studies related to COVID-19 or use of this app?

1. Yes
2. No