

## Supplemental Information

### BASELINE BLOOD DRAW SURVEY QUESTIONS

#### Recent Symptoms and Diagnoses

1. Which symptoms have you experienced in the last two weeks, including today?
  - a. If selected – How severe are your symptoms? Select the level of discomfort you felt at the worst point so far.
  - b. What day did your symptoms start?
    - i. If yes are your symptoms ongoing? If no – What day did your symptoms end?
    - c. How long did it take you to go from feeling not sick to feeling the most sick you have felt?
2. Have you been utilizing the hospitals Self-Monitoring for COVID-19 Symptoms Log?
  - i. Did you measure a temperature >greater than 100.0F?
    - ii. If yes – What was your temperature?
3. Have you been diagnosed with COVID-19? If yes – Date of COVID-19 diagnosis

#### Demographics

1. What is your sex?
2. Are you Hispanic or Latino?
3. How would you describe your race? Select all that apply.
4. What is the highest level of education you have completed?
5. What type of health insurance do you have? Select all that apply.

#### Hospital Role

1. What is your role in healthcare?
2. In what area of the hospital do you usually work?
3. How many shifts do you typically work at the hospital each week?
4. Are you considered “essential personnel” for Seattle Children’s?

#### Personal Health

1. Are you currently pregnant?
2. Do you typically suffer from seasonal allergies?
3. Have you ever been told by a healthcare provider that you have one of the following medical conditions? Select all that apply.
4. Have you received this season’s influenza (flu) vaccine (since July 1, 2019)?
  - a. If yes – What month did you get the flu shot this season (since July 1, 2019)?
  - b. Where did you receive the flu shot this season (since July 1, 2019)?
5. Did you receive the flu shot last season (July 1, 2018–July 1, 2019)?

#### Home and Living Situation

1. Where do you live?
2. Home address (city, state, zip code, county):
3. Including yourself, how many people share your kitchen or living space?

4. Including yourself, how many people are in the room you sleep in?
5. What age groups of children stay in your living space? Select all that apply.
  - a. If selected – Do these children currently leave home to attend daycare or a child care center? Please do not include virtual or online school attendance.
    - i. If yes – Approximately how many hours per week do these children attend daycare or childcare?
6. Has someone you live with been diagnosed with COVID-19 by a medical professional?
7. Do you use any of the following products (either indoors or outdoors)? Select all that apply: tobacco products, electronic cigarettes/vapor pens.
8. Does anyone in your shared living space use any of the following products (either indoors or outdoors)? Select all that apply: tobacco products, electronic cigarettes/vapor pens.

#### Recent Travel

1. In the past 7 days, have you visited a country other than the US?
2. In the past 7 days, have you visited a state other than Washington?
  - a. If yes – What was the purpose of your recent travel?