

Investigating and responding to COVID-19 cases in non-healthcare work settings

Considerations for state and local health departments

III. Sample Non-Healthcare Worker Interview Questions related to COVID-19 Exposure

This tool is intended to assist health departments in the assessment of non-healthcare worker exposures to COVID-19 for outbreak investigations or research studies.

Users are encouraged to select and customize the questions from this list that are most relevant to their needs, and to add questions as appropriate. These questions can be administered through personal interview (in-person or by telephone) or through a paper or online form.

Additional notes:

- » It is not intended that all the questions included in this document will be used in any single investigation. Questions should be customized or selected to fit the situation.
- » Although sections 4 and 5 are not specific to workplace exposures, they are included in case users would like examples of questions on these topics that may be useful in putting information collected on workplace exposures into the broader context of workers' non-occupational exposures and informational and practical needs.
- » Some of the occupational information included in Section 1 is also included in Appendix C—Data Elements for Case Investigation and Contact Tracing Forms within the document [Health Departments: Interim guidance on developing a COVID-19 case investigation & contact tracing plan](#), so it may already be part of contact tracing forms.
- » Some of the workplace exposure information included in Section 2 is also included in the [Interim Customizable Workplace Infection Control Assessment and Response tool \(WICAR\) — Coronavirus disease 2019 \(COVID-19\)](#). If that tool (or something similar) has been used to assess the workplace, these questions will not be needed in the worker interview component of the investigation.

Overview

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Section 2. Specific Workplace Exposures

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the number of qualifying considerations to prioritize worksite follow up.



**U.S. Department of
Health and Human Services**
Centers for Disease
Control and Prevention

Section 1. Occupational Information

NOTE TO INTERVIEWER: The questions in Sections 1–4 refer to the 14 days before the date of first symptom onset. If asymptomatic or if the date of first symptom onset is unknown, the questions can refer to 14 days before the interviewee’s first positive test sample was collected. To guide these questions, record the following dates:

Questions

- | | | |
|--|------------|-----------|
| 1. During the 14-day period, did you work outside of your home?
<i>(Note: If there is a single workplace involved, this question can be changed to ask if the person worked at a specific facility.)</i> | Yes | No |
|--|------------|-----------|

If yes, continue. If no, skip to the “Community exposures” section.

- 2.** If you were employed at any time during the 14-day period, when was the last day you worked outside your home?
(MM/DD/YYYY) _____

If you had multiple jobs, the next few questions refer to your main job outside your home. (Additional jobs are covered in question 20.)

- 3.** During the 14-day period, what kind of work did you do?

- 4.** During the 14-day period, what kind of business or industry did you work in?
(for example, elementary school, clothing manufacturing, restaurant)

- 5.** During the 14-day period, what was the name of your employer or business?

- 6.** During the 14-day period, which of the following best describes you?
(Note: If information about a specific workplace is known before the interviews, this question may be omitted, or answer choices can be adapted.)

I am a regular, permanent employee, paid by the company I work for (standard work arrangement)

I am paid by a temporary agency

I am paid by a contractor

I am a self-employed business owner

I work as an independent contractor, independent consultant, or freelance worker

I work in some other work arrangement, specify _____

7. During the 14-day period, approximately how many people worked at this location?

- | | |
|-----------------------|------------------------|
| 1 employee (just you) | 100-249 employees |
| 2-9 employees | 250-499 employees |
| 10-24 employees | 500-999 employees |
| 25-49 employees | 1000 employees or more |
| 50-99 employees | Don't know |

8. During the 14-day period, which shift did you work?

(Note: If information about a specific workplace is known before the interviews, this question may be omitted, or answer choices can be adapted. For example, shifts may be referred to as A, B, C, or shift 1, 2, 3.)

- Regular daytime schedule (e.g., first shift)
- Regular evening shift (e.g., second shift)
- Regular night shift (e.g., third or overnight shift)
- Rotating shift (e.g., works on different shifts on different days)
- Other, specify _____

9. During the 14-day period, how many shifts did you work? _____

10. During the 14-day period, how many hours did you work each shift? _____

11. During the 14-day period, what type of transportation did you use to get to work?

(select all that apply)

- Bus
- Rideshare (e.g., Uber/Lyft)/taxi
- Private car
- Train/subway
- Carpool/van
- Walk/bike
- Other, please specify _____
- Don't know

12. If you shared a ride either in a bus, train/subway, car, or other type vehicle, **Yes** **No**

12a. Were you able to physically distance yourself from others in the same vehicle by at least 6 feet? **Yes** **No**

12b. Did you wear a cloth face covering that covered your nose and mouth? **Yes** **No**

12c. Did everyone else in the vehicle wear a cloth face covering or face mask that covered their nose and mouth? **Yes** **No**

13. During the 14-day period, what was your job title?

(Note: this question can be a free text field, or a list can be customized depending on job titles at a specific facility; this question is more specific than question 3, which asks about type of work [i.e., occupation].) Obtain the most recent proportion of confirmed or probable cases for the local community of the worksite:

14. During the 14-day period, what department were you assigned to? (select all that apply)

(Note: If information about a specific workplace is known before the interviews, this question may be omitted, or answer choices can be customized depending on the facility.)

Reception area

Production area

Break area

15. During the 14-day period, what areas of the facility did you spend most of your time in? (select all that apply)

(Note: This list should be customized depending on the facility; the following are examples.)

Harvest (could also be referred to as hot)

Fabrication (could also be referred to as cold)

Administrative office

Other, specify _____

16. During the 14-day period, how often did you wear a cloth face covering or face mask (for example, a surgical mask) while at work for the purposes of source control (to contain your respiratory secretions) not as personal protective equipment?

Always

Sometimes

Rarely

Never

Don't know

17. During the 14-day period, how often was everyone else in the facility (e.g., co-workers, customers/clients, visitors) wearing a cloth face covering or face mask (for example, a surgical mask) while at work?

Always

Sometimes

Rarely

Never

Don't know

18. During the 14-day period, did you use any personal protective equipment (PPE)?

Yes

No

(Note: If information about a specific workplace is known before the interviews, the types of PPE included here can be adapted. Images of the PPE used at the workplace might be helpful.)

19. Why did you use PPE?

For protection from a pre-COVID-19 pandemic workplace chemical, particulate, or biological hazard

For protection from COVID-19

Did you use...?	If yes, how often did you use this type of PPE?
<p>Gloves: Yes No Don't know</p> <p>If yes, what kind? <i>(Note: If information about a specific workplace is known before the interviews, the types of PPE included here can be adapted.)</i></p> <p>Material (e.g., nitrile) _____</p> <p>Purpose (e.g., cut resistant) _____</p>	<p>Always Sometimes Rarely Never Don't know</p>
<p>Goggles/safety glasses: Yes No Don't know</p>	<p>Always Sometimes Rarely Never Don't know</p>
<p>Face shield: Yes No Don't know</p>	<p>Always Sometimes Rarely Never Don't know</p>
<p>Respirator : Yes No Don't know</p> <p>If yes, what kind? <i>(Note: an infographic with pictures of different types of respiratory protection can be found at https://www.cdc.gov/niosh/npptl/pdfs/RespProtectionTypes-508.pdf)</i></p> <p>Disposable Filtering Facepiece Respirator (e.g., N95, P100, etc.)</p> <p>Elastomeric Half Facepiece Respirator (reusable with changeable cartridges)</p> <p>Elastomeric Full Facepiece Respirator <i>(reusable with changeable cartridges)</i></p> <p>Powered-Air Purifying Respirator or PAPR</p> <p>If yes, did you receive training on how to use respirators properly? Yes No Don't know</p> <p>If you used a disposable respirator, were you required to re-use it? Yes No Don't know</p> <p>If a disposable respirator was re-used, was it decontaminated first? Yes, specify method _____</p> <p>No Don't know</p>	<p>Always Sometimes Rarely Never Don't know</p>

Did you use...?	If yes, how often did you use this type of PPE?
<p>Smock/Coveralls/Other type of body covering</p> <p>Yes No Don't know</p> <p>If yes, what type? (select all that apply)</p> <p>Tyvek or equivalent</p> <p>Cloth (washable)</p> <p>Disposable</p>	<p>Always</p> <p>Sometimes</p> <p>Rarely</p> <p>Never</p> <p>Don't know</p>
<p>Do you wear any other PPE while at work?</p> <p>Yes No Don't know</p> <p>If yes, please specify:</p>	<p>Always</p> <p>Sometimes</p> <p>Rarely</p> <p>Never</p> <p>Don't know</p>

20. Did any employees diagnosed with COVID-19 come to the worksite within 48 hours before their symptoms began?
Or, if the case didn't show any symptoms, 48 hours prior to receiving a positive test result?

Yes No Don't know

If yes,

20a. What kind of work did you do? Please list for all other jobs.
(for example, registered nurse, janitor, cashier, auto mechanic) Please list for all other jobs.

20b. *what kind of business or industry did you work in? Please list for all other jobs.*

(for example, hospital, elementary school, clothing manufacturing, restaurant)

Section 2: Facility Information

NOTE TO INTERVIEWER: For the following questions, [close contact](#) means being within 6 feet for a total of 15 minutes or more. Six feet (2 meters) is about the length of a twin or full-size mattress.

Questions

1. During the 14-day period, did you have [close contact](#) with a person or persons who were visibly ill (or had probable or confirmed COVID-19) at your workplace?

(Note: Consider adding definition/symptoms for 'visibly ill')

Yes No Don't know

If no, skip to the "Community exposures" section.

If yes,

- 1a. What was the first day you had [close contact](#) with a person who was visibly ill (or had probable or confirmed COVID-19)?

(MM/DD/YYYY) _____

- 1b. What was the last day you had [close contact](#) a person who was visibly ill (or had probable or confirmed COVID-19)?

(MM/DD/YYYY) _____

- 1c. Where in the workplace did you have [close contact](#) with a person or persons who were visibly ill (or had probable or confirmed COVID-19)? (select all that apply)

(Note: Answer choices can be customized depending on the facility.)

When entering or exiting your workplace

In a locker room or restroom

In the production area

In break areas or cafeteria

In an on-site occupational health clinic

Getting to or from work

In another location (specify): _____

When you had [close contact](#) with a person or persons who were visibly ill (or had probable or confirmed COVID-19) at the workplace, was that person's/those persons' nose and mouth covered with a cloth face covering or a face mask?

Always

Sometimes

Rarely

Never

Don't know

2. During the 14-day period, were any of the following done at your workplace?

(Notes: This list can be customized depending on work setting; These questions do not need to be included in worker interviews if a workplace assessment has been performed.)

Activities in the workplace during the 14-day period	Answer
All employees were screened before entering the workplace	Yes No Don't Know <i>If yes, was it for all or some of the 14 days?</i> All Some Don't Know
Work practices made it possible to remain 6 feet (2 meters) away from other people	Yes No Don't Know <i>If yes, was it for all or some of the 14 days?</i> All Some Don't Know
Barriers were in place between workstations	Yes No Don't Know <i>If yes, was it for all or some of the 14 days?</i> All Some Don't Know
Workers were using personal cooling fans	Yes No Don't Know <i>If yes, was it for all or some of the 14 days?</i> All Some Don't Know

It was possible to remain 6 feet (2 meters) away from other people in non-work areas, including:	Answer
Entrances and exits	Yes No Don't Know <i>If yes, was it for all or some of the 14 days?</i> All Some Don't Know
Clock in/out areas	Yes No Don't Know <i>If yes, was it for all or some of the 14 days?</i> All Some Don't Know
Uniform/equipment pickup areas	Yes No Don't Know <i>If yes, was it for all or some of the 14 days?</i> All Some Don't Know
Break areas	Yes No Don't Know <i>If yes, was it for all or some of the 14 days?</i> All Some Don't Know
Break areas	Yes No Don't Know <i>If yes, was it for all or some of the 14 days?</i> All Some Don't Know
Break areas	Yes No Don't Know <i>If yes, was it for all or some of the 14 days?</i> All Some Don't Know

It was possible to remain 6 feet (2 meters) away from other people in non-work areas, including:	Answer
Break areas	Yes No Don't Know <i>If yes, was it for all or some of the 14 days?</i> All Some Don't Know
Hand cleaning supplies (soap and clean water or alcohol-based hand sanitizer) were available in convenient locations	Yes No Don't Know <i>If yes, was it for all or some of the 14 days?</i> All Some Don't Know
Leave policies made it possible to stay home when ill	

3. Was training and communication provided at work on the following topics?

(Notes: This list can be customized depending on work setting; These questions do not need to be included in worker interviews if a workplace assessment has been performed.)

Was work training and communication provided on following topics?	Answer
Signs and symptoms of COVID-19	Yes No Don't Know
How COVID-19 is spread	Yes No Don't Know
What to do if you are sick before or at work	Yes No Don't Know
Hand hygiene	Yes No Don't Know
How to protect yourself from COVID-19 infection at work	Yes No Don't Know
How to protect yourself from COVID-19 infection outside of work	Yes No Don't Know
How to maintain social distancing (maintaining distance of at least 6 feet between co-workers, customers, etc.) at work	Yes No Don't Know
How to safely put on and take off personal protective equipment (PPE)	Yes No Don't Know
How to safely put on and take face coverings	Yes No Don't Know
Sick leave policy	Yes No Don't Know

Section 3: Alternative Format for PPE Questions

Was any personal protective equipment (PPE) or other type of personal barrier used for any work activities/tasks?

Yes No Unknown

PPE/Barrier Type	Task1 (T1):	Task1 (T2):	W Task1 (T3):	For each task, did the use of PPE/Barrier change due to COVID-19?
Disposable gloves	Used in task? <input type="radio"/> Yes <input type="radio"/> No	Used in task? <input type="radio"/> Yes <input type="radio"/> No	Used in task? <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> T1 <input type="radio"/> T2 <input type="radio"/> T3 No change, this was already routinely used and remained available <input type="radio"/> T1 <input type="radio"/> T2 <input type="radio"/> T3 Yes, this was added due to COVID-19 <input type="radio"/> T1 <input type="radio"/> T2 <input type="radio"/> T3 Yes, this was in routine use before, but availability decreased due to COVID-19
Surgical/face mask; describe:	Used in task? <input type="radio"/> Yes <input type="radio"/> No	Used in task? <input type="radio"/> Yes <input type="radio"/> No	Used in task? <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> T1 <input type="radio"/> T2 <input type="radio"/> T3 No change, this was already routinely used and remained available <input type="radio"/> T1 <input type="radio"/> T2 <input type="radio"/> T3 Yes, this was added due to COVID-19 <input type="radio"/> T1 <input type="radio"/> T2 <input type="radio"/> T3 Yes, this was in routine use before, but availability decreased due to COVID-19
Goggles/safety glasses; describe:	Used in task? <input type="radio"/> Yes <input type="radio"/> No	Used in task? <input type="radio"/> Yes <input type="radio"/> No	Used in task? <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> T1 <input type="radio"/> T2 <input type="radio"/> T3 No change, this was already routinely used and remained available <input type="radio"/> T1 <input type="radio"/> T2 <input type="radio"/> T3 Yes, this was added due to COVID-19 <input type="radio"/> T1 <input type="radio"/> T2 <input type="radio"/> T3 Yes, this was in routine use before, but availability decreased due to COVID-19
Face shield	Used in task? <input type="radio"/> Yes <input type="radio"/> No	Used in task? <input type="radio"/> Yes <input type="radio"/> No	Used in task? <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> T1 <input type="radio"/> T2 <input type="radio"/> T3 No change, this was already routinely used and remained available <input type="radio"/> T1 <input type="radio"/> T2 <input type="radio"/> T3 Yes, this was added due to COVID-19 <input type="radio"/> T1 <input type="radio"/> T2 <input type="radio"/> T3 Yes, this was in routine use before, but availability decreased due to COVID-19
Respirator* <input type="radio"/> disposable filtering face piece, e.g., N95; <input type="radio"/> elastomeric half face, <input type="radio"/> elastomeric full face, <input type="radio"/> PAPR Was this the same type (model/size) the worker was fit tested on? (does not apply to PAPR) <input type="radio"/> Yes <input type="radio"/> No	Used in task? <input type="radio"/> Yes <input type="radio"/> No	Used in task? <input type="radio"/> Yes <input type="radio"/> No	Used in task? <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> T1 <input type="radio"/> T2 <input type="radio"/> T3 No change, this was already routinely used and remained available <input type="radio"/> T1 <input type="radio"/> T2 <input type="radio"/> T3 Yes, this was added due to COVID-19 <input type="radio"/> T1 <input type="radio"/> T2 <input type="radio"/> T3 Yes, this was in routine use before, but availability decreased due to COVID-19
Gown / Coveralls Check if: <input type="radio"/> Cloth (washable) <input type="radio"/> Disposable)	Used in task? <input type="radio"/> Yes <input type="radio"/> No	Used in task? <input type="radio"/> Yes <input type="radio"/> No	Used in task? <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> T1 <input type="radio"/> T2 <input type="radio"/> T3 No change, this was already routinely used and remained available <input type="radio"/> T1 <input type="radio"/> T2 <input type="radio"/> T3 Yes, this was added due to COVID-19 <input type="radio"/> T1 <input type="radio"/> T2 <input type="radio"/> T3 Yes, this was in routine use before, but availability decreased due to COVID-19
Other, specify: _____ _____	Used in task? <input type="radio"/> Yes <input type="radio"/> No	Used in task? <input type="radio"/> Yes <input type="radio"/> No	Used in task? <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> T1 <input type="radio"/> T2 <input type="radio"/> T3 No change, this was already routinely used and remained available <input type="radio"/> T1 <input type="radio"/> T2 <input type="radio"/> T3 Yes, this was added due to COVID-19 <input type="radio"/> T1 <input type="radio"/> T2 <input type="radio"/> T3 Yes, this was in routine use before, but availability decreased due to COVID-19

*Illustrations of different types of respirators are available at <https://www.cdc.gov/niosh/npptl/pdfs/RespProtectionTypes-508.pdf>

Section 4: Community Exposures

NOTE TO INTERVIEWER: Questions from this section would only be used if this information is unavailable from a case report form or other available records.

For the following questions, [close contact](#) is being within 6 feet for a total of 15 minutes or more. Six feet (2 meters) is about the length of a twin or full-size mattress.

1. During the 14-day period, did you...

Exposure	Answer		
... attend a gathering of >50 people (e.g., religious event, wedding, party, dance, concert, banquet, festival, sports event, funeral, or other event)?	Yes	No	Don't Know
... attend a gathering of >10 but ≤50 people (e.g., religious event, wedding, party, funeral, or other event)?	Yes	No	Don't Know
... use public or shared transportation (bus, train, airplane, Uber/Lyft, taxi, carpooling) to get to and from places other than work?	Yes	No	Don't Know
... go to school or daycare in-person?	Yes	No	Don't Know
... have a household member who went to school or daycare in-person?	Yes	No	Don't Know
... have close contact with a sick person who had close contact with a COVID-19 patient (i.e., secondary contact with a person with confirmed COVID-19)?	Yes	No	Don't Know
... have close contact with a person who had traveled in the previous 2 weeks?	Yes	No	Don't Know

2. During the 14-day period, did you have [close contact](#) with a person or persons who were visibly ill (or had probable or confirmed COVID-19) outside of the workplace?

Yes No Don't know

If yes,

2a. When was the first day you had [close contact](#) with a person or persons who were visibly ill (or had probable or confirmed COVID-19)?

(MM/DD/YYYY) _____

2b. When was the last day you had [close contact](#) with a person or persons who were visibly ill (or had probable or confirmed COVID-19)?

(MM/DD/YYYY) _____

2c. How do you know this person(s)? (select all that apply)

Household member/intimate partner

Family (who does not live with you)

Friend (non-household member)

Co-worker

Contact only – no relationship

Other (specify): _____

2d. Where did you have [close contact](#) with this person(s)? (select all that apply)

Household

Daycare

School/University

Public Transportation/Rideshare/Carpooling

Hotel

Healthcare setting

Other (specify): _____

3. During the 14-day period, did you travel away from home (out of the county, state, or country)?

Yes—domestic travel

Where did you go? _____

How did you get there?

Airplane Train Bus Private car Taxi/Rideshare

Other, specify _____

Yes—international travel, specify destination(s): _____

Where did you go? _____

How did you get there?

Airplane Train Bus Private car Taxi/Rideshare

Other, specify _____

No Don't know

4. What was your living situation?

Lived in my own home/apartment in the same community as the facility in which I work

Lived in my own home/apartment in another community

Lived in temporary housing while I was working

Did not have any reliable housing during this time

Other (specify): _____

5. How many other people lived with you? _____

6. What type of housing (select one) did you live in?

Apartment Trailer House Hotel Other (please specify) _____

7. Was your housing provided by the employer?

Yes No

8. How many bedrooms were there in your home? _____

9. How many bathrooms were there in your home? _____

10. If other persons lived in the household, did they work outside of the home?

Yes No

11. If yes, where did they work (select all that apply)?

Same place as you

Long-term care facility

Hospital

Other healthcare setting (including home health care)

School

Day care

Corrections facility

Food processing facility

Other type of factory or warehouse

Farming

Retail (store)

Mobile job (e.g., driver, package deliverer)

Other (please specify _____)

Section 5: Ability to Quarantine and Risk to Other Household Members

1. What is the age of the eldest person in your household? _____ (years)
2. What is the age of the youngest person in your household? _____
3. Are there any people living in your household with any of the following health conditions? (check all that apply)
 - Diabetes
 - Obesity
 - Heart disease
 - Chronic respiratory disease (e.g., asthma, COPD, emphysema)
 - Cancer
 - Kidney disease
 - Pregnancy
 - Other chronic health condition _____
4. Are you able to maintain at least 6 feet of distance from other persons in the home?
 - Yes
 - No
5. If you were given the option of isolating yourself outside of the home to prevent transmission to other members of the household, would you take that option?
 - Yes
 - No

If no, why not? _____

What would make it possible to allow you to isolate in a location outside the home?

