

IV. COVID – Work Impacts

1. What was your employment status at the time that you developed COVID illness? (check one) [employ]

- 1 Employed part-time
- 2 Employed full-time
- 3 On leave
- 4 Unemployed
- 5 None apply

If 1 or 2 or 3, then:

1.1 Did you take time off of work as a result of your COVID illness? (check one) [employ_time_off]

- 1 Yes
- 0 No

If yes, then:

1.1.1 How many days taken off work? (number) [employ_time_off_days]

If 1, then:

1.1.2 Did you lose income when you were not able to work? (check one) [employ_income_loss]

- 1 Yes
- 0 No
- 999 Unsure