

Cohort Weekly Illness Report

Resize font:

Please complete the survey below.

Thank you!

US Department of Health and Human Services (HHS) OMB Control# 0920-XXXX
 Centers for Disease Control and Prevention (CDC) Expiration Date XX/XX/XXXX

Household changes

1) In the last week have there been any changes in who lives in your household? Yes No

reset

Public reporting burden of this collection of information is estimated to average 3 minutes per response, including the time for reviewing instructions and completing and reviewing the collection of information. An agency may not conduct or sponsor this survey, and a person is not required to respond to a collection of information, unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-XXXX.

Household Illness

4) Has anyone in the household had any of the following symptoms in the last week: Fever, sore throat, cough, runny nose, congestion, headache, muscle or joint pain, nausea, diarrhea, or vomiting? Yes No Don't know

reset

	Head of Household	HH Member 1	HH Member 2	HH Member 3	HH Member 4	HH Member 5	HH Member 6	HH Member 7	HH Member 8	HH Member 9	HH Member 10
5) Fever	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6) Sore Throat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7) Cough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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7)	Cough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
8)	Runny Nose or Congestion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
9)	Headache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
10)	Muscle or Joint Pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
11)	Nausea or Diarrhea or Vomiting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
12)	If a thermometer was used for Head of Household, what was their temperature?	<input type="text"/>										
13)	If a thermometer was used for HH Member 1, what was their temperature?	<input type="text"/>										
14)	If a thermometer was used for HH Member 2, what was their temperature?	<input type="text"/>										
15)	If a thermometer was used for HH Member 3, what was their temperature?	<input type="text"/>										
16)	If a thermometer was used for HH Member 4, what was their temperature?	<input type="text"/>										
17)	If a thermometer was used for HH Member 5, what was their temperature?	<input type="text"/>										
18)	If a thermometer was used for HH Member 6, what was their temperature?	<input type="text"/>										
19)	If a thermometer was used for HH Member 7 what was their temperature?	<input type="text"/>										
20)	If a thermometer was used for HH Member 8, what was their temperature?	<input type="text"/>										

21) If a thermometer was used for HH Member 9, what was their temperature?

22) If a thermometer was used for HH Member 10, what was their temperature?

On which days did the member(s) of your household have these symptoms in the last week?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
23) Head of Household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24) HH Member 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25) HH Member 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26) HH Member 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27) HH Member 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28) HH Member 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29) HH Member 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30) HH Member 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31) HH Member 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32) HH Member 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33) HH Member 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Grandparents of Children in Household

34) Did any of the grandparents who live outside of your household have flu-like illness in the last week including fever, cough, or sore throat? Yes No Don't know

[reset](#)

35) Which grandparents had flu-like illness in the past week? (A fever PLUS sore throat or cough) GP 1 GP 2

Grandparents of Children in Household

34) Did any of the grandparents who live outside of your household have flu-like illness in the last week including fever, cough, or sore throat?

Yes
 No
 Don't know

reset

35) Which grandparents had flu-like illness in the past week? (A fever PLUS sore throat or cough)

GP 1
 GP 2
 GP 3
 GP 4
 GP 5
 GP 6

36) Which of these grandparents saw the children in your household in the past week?

GP 1
 GP 2
 GP 3
 GP 4
 GP 5
 GP 6

Flu Vaccine

37) Did anyone in your household get the flu vaccine this past week? (Flu shot or flu mist)

Yes
 No
 Don't know

reset

38) Which member(s) of your household got the flu vaccine this week?

Head of Household
 HH Member 1
 HH Member 2
 HH Member 3
 HH Member 4
 HH Member 5

- HH Member 8
- HH Member 9
- HH Member 10

THE FOLLOWING QUESTIONS WILL ONLY BE ASKED THE WEEK FOLLOWING THE SCHOOLS' HOLIDAY BREAK IN JANUARY.

39) Did any of the children in the household stay overnight in another home during the holiday break? Yes No Don't know reset

40) Which children in your household stayed overnight in another home during the holiday break?

- HH Member 1
- HH Member 2
- HH Member 3
- HH Member 4
- HH Member 5
- HH Member 6
- HH Member 7
- HH Member 8
- HH Member 9
- HH Member 10

41) Did anyone visit your household and stay overnight during the holiday break? Yes No Don't know reset

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