

Form Approved
OMB No. 0920-XXXX
Exp. Date: xx/xx/2020

COVID-19 Community Seroepidemiological Investigation

Household Questionnaire

Please complete the following questions for each household

Team # _____ Cluster ID # _____ Census Block ID #: _____ Household ID # _____

Date (1st visit) ____/____/____ Date (2nd visit) ____/____/____
(mm/dd/yyyy) (mm/dd/yyyy)

Household characteristics

1. Street address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Latitude: _____ Longitude: _____

2. Type of dwelling

Single family (1 housing unit in building; including townhouses)

Multi-family (2-10 housing units in building)

Apartment/condo building (>10 housing units in building)

Other (specify _____)

3. What is the primary language spoken in the household?

English Spanish Other _____

4. How many people live in this household? _____ people

A household member is defined as an individual who spends an average of ≥ 2 nights per week in the home.

CDC estimates the average public reporting burden for this collection of information as 15 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a current 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 Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-xxxx).

Household members

5. Please answer the following questions for each member of the household

Person#	Individual ID# (CSID)	Age*	Age unit (circle)	Sex (circle)	Race † (1-5, 9)	Ethnicity † (1, 2, 9)	Present Visit 1 (circle)	Present Visit 2 If No at visit 1 (circle)	Interviewed (circle)	Blood collected (circle)	Had symptoms † since Jan 2020 ?	Tested for flu? § (circle)	Tested for COVID-19? § (circle)
01			Y M	M F Other			Y N	Y N	Y N	Y N	Y N Unk	NT NR Pos Neg	NT NR Pos Neg
02			Y M	M F Other			Y N	Y N	Y N	Y N	Y N Unk	NT NR Pos Neg	NT NR Pos Neg
03			Y M	M F Other			Y N	Y N	Y N	Y N	Y N Unk	NT NR Pos Neg	NT NR Pos Neg
04			Y M	M F Other			Y N	Y N	Y N	Y N	Y N Unk	NT NR Pos Neg	NT NR Pos Neg
05			Y M	M F Other			Y N	Y N	Y N	Y N	Y N Unk	NT NR Pos Neg	NT NR Pos Neg
06			Y M	M F Other			Y N	Y N	Y N	Y N	Y N Unk	NT NR Pos Neg	NT NR Pos Neg
07			Y M	M F Other			Y N	Y N	Y N	Y N	Y N Unk	NT NR Pos Neg	NT NR Pos Neg
08			Y M	M F Other			Y N	Y N	Y N	Y N	Y N Unk	NT NR Pos Neg	NT NR Pos Neg
09			Y M	M F Other			Y N	Y N	Y N	Y N	Y N Unk	NT NR Pos Neg	NT NR Pos Neg
10			Y M	M F Other			Y N	Y N	Y N	Y N	Y N Unk	NT NR Pos Neg	NT NR Pos Neg

* If newborn aged <1 month, age is 0 and unit is "M."

† **Race codes**

- 1 White
- 2 Black
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native
- 9 Unknown/Other

Ethnicity codes

- 1 Hispanic
- 2 Non-Hispanic
- 9 Unknown/Other

‡ Symptoms include **fever, cough, or difficulty breathing.**

§ **Covid-19 test codes**

- NT Not tested
- NR Tested, no result
- Pos Tested positive
- Neg Tested negative

6. Have you had any visitors spend one or more nights in your home since January 2020?

- Yes No Don't know or can't remember

Visitors

If **YES**, visited from:

Visited from (specify state/country)	Arrived (mm/dd/yyyy)	Departed (mm/dd/yyyy)
<input type="checkbox"/> Don't know or remember	____/____/____ <input type="checkbox"/> Don't know or remember	____/____/____ <input type="checkbox"/> Don't know or remember
<input type="checkbox"/> Don't know or remember	____/____/____ <input type="checkbox"/> Don't know or remember	____/____/____ <input type="checkbox"/> Don't know or remember
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