

## Human Infection with 2019 Novel Coronavirus (nCoV) Household Contact Questionnaire V1.5 rev 3/24/2020

Form Approved: OMB: 0920-XXXX Exp. XX/XX/XXXX

(Household Transmission Investigation)

WI	
hold ID: WI	
ID: WI	
nestionnaire is to be administered to each household member (excluding the index patient). <u>ew Information</u> te of Interview:/ (MM/DD/YYYY)	
me of Interviewer:	
rson completing the interview: Self Parent/guardian: Other:	<del></del>
nold Member Information	
usehold member's name: First: Last:	
te of birth:/(MM/DD/YYYY) e: years months days	
nnicity: Hispanic/Latino Non-Hispanic/Latino Not Specified ce: Black Asian Am Indian/Alaska Nat Nat Hawaiian/Other PI Other, specify:	Unknown
A: Male Female  nat is your relationship to [insert name of index patient]?  Spouse Child Parent Grandparent Sibling Employee Other	
Less than high school High school diploma/GED Some college credit, no degree Technical degree/Associate's degree Bachelor's degree (i.e., B.A., B.S.) Master's degree (i.e., MBA) Doctorate or professional degree	
nat is your occupation?	
ve you been tested for coronavirus? Yes No  If yes, please complete the following information:  a. Date of specimen collection (MM/DD/YYYY)  b. Result of test: Positive Negative Pending Don't know/other	
c. Date of test result (MM/DD/YYYY)	
d. Were you experiencing symptoms when you were tested? Yes No i. Describe:	
e. Date of symptom onset:(MM/DD/YYYY)	
Notes:	



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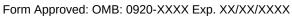
(Household Transmission Investigation)

State: WI	
Household ID: WI-	
Study ID: WI-	

#### **Past Medical History**

14. Please provide pre-existing medical conditions (complete regardless of age):

14. Please provide pre-existing medical co	naitions	(comp	iete regardiess	s or age).
Asthma/reactive airway disease	Yes	No	Unknown	
Emphysema/COPD	Yes	No	Unknown	
Active tuberculosis	Yes	No	Unknown	If YES, on treatment: Yes No Unknown
Any other chronic lung diseases	Yes	□No	Unknown	If YES, specify:
Diabetes Mellitus	Yes	□No	Unknown	
Hypertension (high blood pressure)	Yes	No	Unknown	
Coronary artery disease/heart attack	Yes	No	Unknown	
Congestive heart failure	Yes	No	Unknown	
Stroke	Yes	No	Unknown	
Congenital heart disease	Yes	No	Unknown	
Any other heart diseases	Yes	No	Unknown	If YES, specify:
Any kidney disorders? If YES, answer the	Yes	No	Unknown	
following:				
End-stage renal disease/dialysis	Yes	No	Unknown	
Renal insufficiency	Yes	No	Unknown	
Other kidney diseases	Yes	□No	Unknown	If YES, specify:
Any liver disorders? If YES, answer the	Yes	□No	Unknown	
following:				
Alcoholic liver disease	Yes	No	Unknown	
Cirrhosis/End stage liver disease	Yes	No	Unknown	
Chronic hepatitis B	Yes	No	Unknown	
Chronic hepatitis C	Yes	No	Unknown	
Non-alcoholic fatty liver disease	Yes	No	Unknown	
(NAFLD)/NASH				
Other chronic liver diseases	Yes	□No	Unknown	If YES, specify:
HIV infection. If YES, answer the	Yes	□No	Unknown	
following:				
AIDS or CD4 count currently <200	Yes	No	Unknown	
Ever receive a transplant? If YES, answer	Yes	No	Unknown	
the following:				
Solid organ transplant				If YES, date:
Stem cell transplant (e.g., bone	Yes	No	Unknown	If YES, date:
marrow transplant)				
Cancer: current/in treatment or	Yes	□No	Unknown	If YES, specify:
diagnosed in last 12 months				
Immunosuppressive therapy/medications	Yes	□No	Unknown	If YES, specify:
				For what condition:
Other immunosuppressive conditions	Yes	No	Unknown	If YES, specify:
Any other chronic diseases	Yes	No	Unknown	If YES, specify:

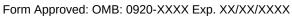




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Developmental or neurologic disorder. If	Yes	No	Unknown	If YES, specify:	
YES, answer the following:					
Chromosomal or genetic abnormality	Yes	No	Unknown	If YES, specify:	
Cerebral palsy	Yes	No	Unknown		
Epilepsy	Yes	No	Unknown		
Any other development or neurologic				If YES, specify:	
Disorder					
Any other medical conditions as a child	Yes	No	Unknown	If YES, specify:	
Were you born premature?	Yes	No	Unknown	If yes, gestation at birth:	wks
promote year permitted or				/ 55, 85550.5. 0.0 2 0	
45 [166 1.] 4	2				
15. [If female] Are you currently pregnant			Ye		
16. [If female] Are you postpartum (≤6 we	eeks pos	tpartur			
17. [If female] Are you breastfeeding?			Ye		
18. [If child <3 years] Is your child being but	eastfed	?	Ye	s No Unknown N/A	
Smoking/Vaping					
19. Do you currently smoke tobacco on a	daily bas	sis, less	than daily, or	not at all?	
Daily Less than daily No	ot at all	Unk	nown		
20. [If not a daily smoker] In the past, have	e you sn	noked t	obacco on a da	aily basis, less than daily, or not	at all?
Daily Less than daily No	ot at all	Unk	nown		
21. Do you currently vape or use electronic				ess than daily, or not at all?	
Daily Less than daily No				,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Bany Less than daily 14	or ar an <sub>l</sub>				
Symptoms Prior to Index Case's Onset					
Note to interviewer: record symptom onse	t date o	f the ind	dex natient fro	m household auestionnaire cove	er sheet Ask the
interviewee to get a calendar or personal of					or sheet. Ask the
interviewee to get a calendar or personare	лыгу	-/	/ (141141/12)	5/1111/	
22. Did you experience any symptoms of a	recnira	tory illr	ness in the 2 w	eeks prior to linsert name of in	dev natient]
	псэрпа	tory iiii	iess iii tile Z W	eeks prior to imsert name of me	dex patient]
becoming ill?					
Yes No Unknown					
Functions Outside of the Household					
Exposures Outside of the Household					
Note to interviewer: remind the interviewe				ry for the following questions.	
Date of index patient symptom onset:			-		
14 days prior to index patient's symptom of	nset:	/	./ (MM/D	D/YYYY)	
			_		
23. <b>Since</b> [14 days <b>PRIOR</b> to the index pati	ent's syı	mptom	onset]		
Exposure			Answer		
have you traveled (internationally or wi	thin the	U.S., o	r   💹 Yes: ۱	with index patient 🔲 Yes: w/	o index patient
on a cruise)?			No [	Unknown	
attend a mass gathering (e.g., religious	event, v	vedding	yes: v	with index patient Yes: w/	o index patient
<u> </u>			. ,		•





State: WI

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Household ID: WI Study ID: WI			
party, dance, concert, banquet, festival, sports event, or other events)?	No Unknown		
have close contact (e.g. caring for, speaking with,	Yes: with index patient Yes: w/o index patient		
touching, physically within 6 feet) with any suspected or	No Unknown		
known COVID-19 case outside of the household?			
work in a healthcare setting?	Yes No Unknown		
-	If yes, what types of healthcare settings:		
	☐ Hospital		
	☐ Outpatient Clinic		
	☐ Emergency Dept		
	☐ Dental Clinic		
	☐ Dialysis Center		
	☐ Long-term care facility		
	☐ Other, specify:		
	What type of job do you have at the healthcare setting?  ☐ Admin staff		
	□ Nurse/Nurse tech		
	☐ Doctor☐ EMS		
	☐ Other, specify:		
visit a healthcare setting (e.g. visit someone or have an	Yes No Unknown		
appointment at a hospital, ED, outpatient clinic, dental	Tes   No   Olikilowii		
clinic, long-term care facility)?			
attend/work at a daycare?	Yes No Unknown		
matteria, work at a dayour of	Tes Title Control		
attend/work at a school?	Yes No Unknown		
Symptoms After the Index Case's Onset  Note to interviewer: record symptom onset date of the index parts to get a calendar or personal diary/ (MM/DD/	•		
Note to interviewer: record symptom onset date of the index p	YYYY)		
Note to interviewer: record symptom onset date of the index pet a calendar or personal diary//(MM/DD/	YYYY)  me Symptom Present?		
Note to interviewer: record symptom onset date of the index pet a calendar or personal diary/ (MM/DD/24. Since//, when [the index case] first beca	YYYY)  me Symptom Present?		
Note to interviewer: record symptom onset date of the index personal diary/ (MM/DD/24. Since//, when [the index case] first becasymptomatic, have you experienced any of the following.	YYYY)  me Symptom Present?		
Note to interviewer: record symptom onset date of the index per to get a calendar or personal diary/ (MM/DD/24. Since/, when [the index case] first becasymptomatic, have you experienced any of the following symptoms?	ryyyy)  Ime Symptom Present?  Ing		
Note to interviewer: record symptom onset date of the index per a calendar or personal diary/(MM/DD/24. Since/, when [the index case] first becasymptomatic, have you experienced any of the following symptoms?  Fever >100.4F (38C) <sup>c</sup>	YYYYY)  Imme Symptom Present?  Ing Yes No Unk		
Note to interviewer: record symptom onset date of the index place to get a calendar or personal diary/ (MM/DD/24. Since/, when [the index case] first becausymptomatic, have you experienced any of the following symptoms?  Fever >100.4F (38C) <sup>c</sup> Subjective fever (felt feverish)	YYYYY)  Inme Symptom Present?  Yes No Unk Yes No Unk		



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24. Since/, when [the index case] first becausymptomatic, have you experienced any of the following symptoms?	
Sore throat	Yes No Unk
Cough (new onset or worsening of chronic cough)	Yes No Unk
Shortness of breath (dyspnea)	Yes No Unk
Nausea/Vomiting	Yes No Unk
Headache	Yes No Unk
Abdominal pain	Yes No Unk
Diarrhea (≥3 loose/looser than normal stools/24hr period)	Yes No Unk
Other, specify:	
(Note: Flag any symptomatic household members for work Yes No Unknown  Exposures to the Index Patient  Note to interviewer: record symptom onset date of the index pation get a calendar or personal diary/ (MM/DD/27).  Since [index case]'s symptoms started on [date of symptoms	patient from household questionnaire. Ask the interviewee (YYYY)
Exposure	Answer
spend more than 10 minutes within 6 feet of the index patient?	Yes No Unknown
have face to face contact with the index patient (i.e., within about 2 feet)?	Yes No Unknown
spend any time within 6 feet of the index patient while he/she was coughing or sneezing?	Yes No Unknown
shake hands with the index patient?	Yes No Unknown
hug the index patient?	Yes No Unknown
kiss the index patient?	Yes No Unknown
take an object handed from or handled by the index	Yes No Unknown

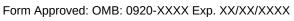
Version 1.4 March 24, 2020

...sleep in the same bedroom as the index patient?

Yes

No

Unknown





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Exposure		Answer			
sleep in the same bed as the index patient?	Yes	No	Unknown		
share a bathroom with the index patient?	Yes	No [	Unknown		
prepare food with the index patient?	Yes	No	Unknown		
share meals with the index patient?	Yes	No [	Unknown		
eat from the same plate as the index patient?	Yes	No	Unknown		
share a utensil with the index patient?	Yes	No	Unknown		
share a drinking cup/glass with the index patient?	Yes	No [	Unknown		
travel in the same vehicle (car, bus, airplane), sitting within 6 feet of the index patient?	Yes	No [	Unknown		

30. How many days have you spent in the household since [date of symptom onset of index patient]? \_\_\_\_\_\_

31. How many nights have you spent in the household since [date of symptom onset of index patient]? \_\_\_\_\_\_