**HOUSEHOLD QUESTIONNAIRE COVER SHEET**

* **If there are multiple confirmed COVID-19 cases in the household at baseline, identify the case with the earliest symptom onset as the index patient.**

**Index case information (fill out ahead of time from PUI/CRF and verify at time of questionnaire administration)**

1. Index patient’s name: First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Index patient’s study ID: \_\_\_\_\_\_\_\_\_\_\_
5. Index patient’s date of birth: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ (MM/DD/YYYY)
6. Date of symptom onset of the index patient: / / \_\_(MM/DD/YYYY)
7. Date of specimen collection of index patient (first positive test): \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ (MM/DD/YYYY)
8. Date index patient received test result: \_\_ /\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

**Household member(s) (fill out ahead of time and verify/complete at time of questionnaire)**

| **Name (first last)** | **Study ID** | **Relationship to case** | **Age (yrs)** | **Sex** | **DOB**  | **Phone number** |
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**HOUSEHOLD QUESTIONNAIRE**

**Note: This questionnaire is to be administered to each household at enrollment. If possible, the head of household should provide information for questionnaire.**

**Interview information**

1. Date of Interview: MM  **/** DD  **/** YYYY
2. Name of Interviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Name of household member providing information for interview: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Head of household? □ Yes □ No If no, relationship to head of household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Location of the interview:

□ At the household

□ Over the phone

□ Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Describing the household**

1. Location of the household:

County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Confirm the number of household members from the cover sheet: \_\_\_\_\_\_\_\_\_\_persons

*Note to interviewer: Include resident family members, live-in staff, and long-term visitors.*

1. What is the highest level of education completed by the head of the household?

 [ ]  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

1. What is the occupation of the head of the household? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Do you live in a single-family home or multi-unit housing (like an apartment)?

 □ Single-family home □ Multi-unit housing □ Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you own or rent your home? □ Own □ Rent
2. What is the approximate size of the residence: \_\_\_\_\_\_\_\_\_\_\_ square feet
3. Number of floors in the residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Number of bedrooms in the residence:
5. Number of bathrooms in the residence:
6. What type of heating does this residence have?

□ Forced air □ Radiator □Other, specify:\_\_\_\_\_\_\_\_\_ □ Don’t know

1. Since the index patient developed symptoms on [*insert date of symptom onset*]:
2. Has air conditioning been used?
□Yes □No
3. Has the household opened windows for ventilation?
□Yes □No
4. Has any other form of ventilation (e.g. ceiling fans or portable fans) been used?

□Yes □No

**Index patient information**

*Note to interviewer: if the household member completing the interview is not the index patient, ask if the index patient is available for several questions.*

1. Are you still experiencing symptoms related to your COVID-19 illness?

[ ]  Yes [ ]  No [ ]  Never had symptoms

If no, what date were you back to normal health? MM  **/** DD  **/** YYYY

1. Since you developed respiratory illness, have you done any of the following at home? (*select all that apply*)

□ Slept alone in a bed If yes, dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Slept alone in separate bedroom If yes, dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Used a private bathroom (not shared) If yes, dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Wore personal protective equipment If yes, dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 □Mask □Gloves □Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If yes, dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Which household member has been assisting you as your primary caretaker during your illness?

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □None □Unknown

1. What tasks has this primary caretaker assisted you with?

□Taking temperature □Serving meals □Cleaning bedroom □Cleaning bathroom □Help with toileting
□Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other:**

1. Does the household have pets? □Yes □No

If yes, how many? \_\_\_\_\_\_\_\_\_ pets

*Note to the interviewer: only include mammalian pets (no livestock).*

| **Species (dog, cat)**  | **Age (yrs)** | **Indoor Pet? (y/n)** | **Signs of illness? (y/n)** | **If ill, date of illness onset** |
| --- | --- | --- | --- | --- |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |

**Notes:**