



Human Infection with 2019 Novel Coronavirus (nCoV) Household Questionnaire V1.4 rev 3/23/2020

(Household Transmission Investigation)

	vvi					
Household ID:WI						
HOLIS	EHOLD 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 o	case information (fill out ahead of time from PUI/CRF and verify at time of questionnaire administration)					
1.	Index patient's name: First: Last:					
	Phone number:					
	Address:					
0.	/ tudi 655.					
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)					

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

8. Date index patient received test result: ____/ (MM/DD/YYYY)

7. Date of specimen collection of index patient (first positive test): ___

Name (first last)	Study ID	Relationship to case	Age (yrs)	Sex	DOB	Phone number
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

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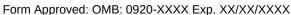


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State:	WI					
House	hold ID:WI					
HOI IS	EHOLD QUESTIONNAIRE					
	This questionnaire is to be administered to ea	ch housel	old at enrollment. If	nossible the head of household		
	I provide information for questionnaire.	cii iiousci	iola at emoliment. Il	possible, the nead of household		
	terview information					
	Date of Interview: MM / DD / YYYY					
2.	Name of Interviewer:					
3.	Name of household member providing inform	nation for	interview:			
	Head of household? ☐ Yes ☐ No If no, re					
4.	Location of the interview:					
	☐ At the household					
	Over the phone					
	☐ Other, specify:					
De	escribing the household					
	Location of the household:					
	County: Stat	e:	ZIP C	ode:		
6.	Confirm the number of household members Note to interviewer: Include resident family n					
7	What is the highest level of advection assembly	مطالعينا لممي	h d f + h - h h - l	J.2		
7.	What is the highest level of education complet Less than high school	ea by the	nead of the househor	u:		
	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					
8.	What is the occupation of the head of the hou	sehold?				
•			/!!!			
9.	Do you live in a single-family home or multi-un	_	· · · · · · · · · · · · · · · · · · ·			
	☐ Single-family home ☐ Multi-unit I	lousing	☐ Other (specify):_			
10	Do you own or rent your home?	wn	☐ Rent			
11	What is the approximate size of the residence	e:	square feet			
	. Number of floors in the residence:		•			
13	3. Number of bedrooms in the residence:		_			
14	. Number of bathrooms in the residence:		_			
15	What type of heating does this residence have	re?				

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State: _	WI						
Housel	nold ID:WI						
16.	. Since the index pat a. Has air condition □Yes □I b. Has the housel □Yes □	ient develope oning been us No nold opened s No form of venti	ed symptoms on [inssed? windows for ventilat	□ Don't know sert date of symptom ons ion?			
No	lex patient informat te to interviewer: if t tient is available for	the household		g the interview is not the	e index patient, ask if the index		
17.	Yes No	Never had s		COVID-19 illness?	,		
18.	18. Since you developed respiratory illness, have you ☐ Slept alone in a bed ☐ Slept alone in separate bedroom ☐ Used a private bathroom (not shared) ☐ Wore personal protective equipment ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐						
	. Which household r Name: . What tasks has this □Taking temperat	nember has b s primary care ure □Servin	oeen assisting you as etaker assisted you v g meals □Cleaning	s your primary caretaker □None □Unknow vith? bedroom □Cleaning bat	during your illness?		
	her: . Does the househol If yes, how many? _. Note to the intervie	d have pets? p ewer: only ind	ets clude mammalian pe	ts (no livestock).	If ill data of illuses succh		
-	Species (dog, cat) 1.	Age (yrs)	Indoor Pet? (y/n)	Signs of lilness: (y/h)	If ill, date of illness onset		
-	2.						
<u> </u>	3.						
<u> </u>	4.						
		1	1	1	1		

Notes:

Version 1.3 March 23, 2020 Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources,