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

## Human Infection with SARS-CoV-2 Household Animal Questionnaire

This questionnaire is to be completed by primary caretaker **for each pet/companion animal** in the household.

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State/local ID: Household ID:					
Pet/Animal ID:  Date interview completed: / / (MM/DD/YYYY)					
Interviewer Name: State/Local Health Department					
Who is providing information for this form?					
□ Index COVID-19 patient					
Other, specify name:      Relationship to index patient:					
How many pets/companion animals belong to the household?  (Include service animals and any animals that					
How many pets/companion animals belong to the household? (Include service animals and any animals that primarily live outside if the household members consider them "pets" and interact with them regularly.)					
1. Pet Name: Pet ID (e.g. 01, 02, 03):					
	a. Primary Caretaker of [PET NAME]:				
	b. Animal Type:  Dog Cat Other (please describe)				
	a. Breed				
	-		years or months (Circle one)		
	d. Sex of Pet: 🛭 Male 🖟 Fei	nale			
	a. Has [PET NAM	E] been spayed/neutered:	🛮 Yes 🗓 No		
2. Does [PET NAME] have any current health conditions? [] Yes [] No					
	a. If yes, please describe these health conditions or illnesses including when they started:				
	Condition	Date Started	Medications or supplement for the condition		
	Condition	Bute started	Predications of Supplement for the condition		
	b. Please describe any ot	her medications or supple	ments that [PET NAME] takes.		
	•				
3 On	regular day before [COVII	0-19 CASEI hegan home is	olation, how long per day and what types of interaction		
	3. On a regular day <u>before</u> [COVID-19 CASE] began home isolation, how long per day and what types of interaction				
(e.g	(e.g., walking, grooming, petting, cuddling) did [COVID-19 CASE] usually have with [PET NAME]?				
	a. Duration of interaction with pet per day:				
	<1 hour     1-3 hours   4-6 hours   7-9 hours   10-12 hours   12+ hours				
	<ul><li>b. Types of interaction/co</li></ul>	ontact with pet (mark all t	nat apply):		
Taking for	walks		Sharing food		
<pre>Grooming</pre>	Cuddlin	g	Letting the pet lick their face or hands		
<pre>□Feeding</pre>	Sleeping	g in the same location	Other (please describe):		
4. On a regular day since [COVID-19 case] started home isolation, how long per day and what types of interaction has					
[COVID-19 CASE] had with [PET NAME]?					
a. Duration of interaction with pet per day:					
[<1 hour [] 1-3 hours [] 4-6 hours [] 7-9 hours [] 10-12 hours [] 12+ hours					
b. Types of interaction/contact with pet (mark all that apply):					
		ontact with pet (mark all ti			
🛚 Tak	ing for walks	etting	☐ Sharing food		
∏ Gro	oming [] C	uddling	Letting the pet lick their face or hands		
[] Grooming       [] Cuddling       [] Letting the pet lick their face or hands         [] Feeding       [] Sleeping in the same location       [] Other (please describe):					
c. Was [COVID-19 CASE] wearing any personal protective equipment (e.g. gloves or a cloth face covering)?					
Yes No					
a. If yes, please describe:					
5. Is your pet: [] Primarily indoors, [] outdoors or [] both?					

"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, gathering and maintaining the data 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 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 (0920-1011)."

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a. If both, what percent of time is spent inc	doors?%				
b. Is [PET NAME] allowed anywhere in the house or restricted to certain areas?					
c. If restricted, specify where:					
6. On a regular day since [COVID-19 case] started home isolation, where does [PET NAME] go outside of the home					
(mark all that apply)?					
🛮 On leash walks at park	Dog park				
Free roaming in neighborhood/on property	Doggy Daycare				
On leash walks in neighborhood/on property	Service function (e.g. therapy dog)				
Indoors only	Other (please describe):				
7. Since [COVID-19 case] was diagnosed, has this pet developed any new health condition (mark all that apply)?					
Coughing	Runny nose				
Sneezing	Vomiting				
Difficulty breathing or shortness of breath	Diarrhea				
Lethargy	Other (please describe):				
8. Have you/the patient heard or read about the CDC guidelines about a person who is sick restricting contact with					
pets in the house?   Yes  No					
9. Is there any additional information you think we should know about [PET NAME]?					
a. If Yes:					
10. Are there small pets in the household, such as rats, mice, hamsters, gerbils, rabbits, or guinea pigs? [] Yes [] No					
a. If Yes, please list the type of animal(s) and their name(s):					
b. If No $\rightarrow$ Thank you for your time and participation.					