

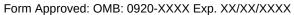


on Investigation)

	(Household Transmissio
State:WI	
Household ID: WI-	

HOUSEHOLD CLOSE-OUT FORM

11003	ENOLD CLOSE-OUT FORM
Please	fill out this form when scheduling the final household visit.
1.	Date of questionnaire:/
2.	Date of final household visit (i.e., last serum collection):/
3.	Is there extended symptom monitoring for confirmed cases beyond the final household visit? Yes No
	If yes, please provide approximate end date of symptom monitoring for this household:/
4.	Have you changed anything in your household behaviors to prevent spread in the family? Check all that are mentioned and DO NOT read the choices. Only include
	behaviors/interventions since time of enrollment:
	☐ III person/people (or persons diagnosed with COVID-19) wore a mask in the home
	☐ My family is wearing masks, regardless of symptoms
	☐ III person/people (or persons diagnosed with COVID-19) slept in a different room
	☐ III person/people (or persons diagnosed with COVID-19) used a separate bathroom
	☐ III person/people (or persons diagnosed with COVID-19) eat separately
	☐ III person/people (or persons diagnosed with COVID-19) moved out of the house
	Used bleach wipes on high touch surfaces
	Used Lysol/cleaning spray on high touch surfaces
	Used Lysol/cleaning spray frequently in the bathroom
	Used Lysol/cleaning spray on high touch surfaces
	My family is washing hands frequently.
	My family stopped sharing plates/utensils/cups/food.
	My family increased the use of fans/open windows to increase air flow.
	My family stopped sharing common items like towels.
	My family is wearing gloves in the home.
	Other: specify
	•



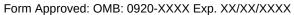


(Household Transmission Investigation)

lauca	WI				
iouse	hold ID:WI				
	If a family member ment	tions wearing mask	cs, ask questions 5-6:		
5.	What type of masks wer	e worn (check all ti	hat apply):		
	☐ Cloth ☐ Medical/Surgical ☐ N-95 ☐ Other, non-traditional	mask (e.g., scarves	s, other barriers, etc.): specify		
6.	If there is more than 1 ill	l person (or person	s diagnosed with COVID-19) in the h	nousehold, did all ill people wear a m	nask? Yes No Not applicable
7.	•	_	g the follow-up period? [] Yes [] N	= ''	
7. 8.	If yes, describe symptom	s and duration:	, , – –	= ''	
8.	If yes, describe symptom	s and duration:		= ''	
	If yes, describe symptom Please provide details fo	ns and duration: or each household r Hospitalized due	member in the table below: If confirmed by PCR, provide preliminary determination of		

FINAL April 6, 2020

2

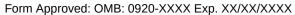






(Household Transmission Investigation)

Name	Study ID	Hospitalized due to COVID-19	If confirmed by PCR, provide preliminary determination of primary vs. secondary cases*	Withdrawal?
2.		∏Yes		Withdrawal? ∏Yes ∏No
		□ No	☐ Secondary case if secondary, suspected outside infection? ☐ Yes ☐ No, explain: ———————————————————————————————————	If withdraw, date of withdrawal:// Reasons: [hospitalized, alive [deceased [moved [declined [other
3.		☐ Yes	☐ Primary case ☐ Secondary case ☐ if secondary, suspected outside ☐ infection? ☐ Yes ☐ No, explain: ☐ ☐ N/A	Withdrawal? Yes No If withdraw, date of withdrawal:// Reasons: hospitalized, alive deceased moved declined other
4.		☐ Yes	☐ Primary case	Withdrawal? 🛮 Yes 🔻 No







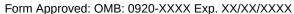
(Household Transmission Investigation)

State:	WI_	
Househo	ld ID:	WI-

Name Study ID	Hospitalized due to COVID-19	If confirmed by PCR, provide preliminary determination of primary vs. secondary cases*	Withdrawal?
	□ No	Secondary case if secondary, suspected outside infection? [Yes [No, explain:	If withdraw, date of withdrawal:// Reasons: hospitalized, alive deceased moved declined other
i.	☐ Yes		Withdrawal? Yes No
	□ No	if secondary, suspected outside infection? Yes No, explain:	If withdraw, date of withdrawal:// Reasons: hospitalized, alive deceased moved declined other
		□ N/A	line, an interim visit, or day 14)

Notes for field investigators:

Primary case/s





(Household Transmission Investigation)

State: _	WI	
Househ	old ID:	WI-

- o Primary case is the confirmed COVID-19 case with the earliest symptom onset in the household. Oftentimes, this will be the index patient.
- o If there are multiple household cases who have the earliest symptom onset (within a day; or, not within a day but they have a known common exposure), we will consider them as co-primary cases who introduced the virus into the household. Please check them as primary cases in the table.
- Secondary cases
 - 0 Ideally, we'd like to identify secondary cases as household members who are subsequently infected by the primary case/s.
 - However, in practice, we may not be able to differentiate secondary vs. tertiary (or further generations of) transmission, or infections due to exposure outside of the household
 - Thus, for now, we plan to **consider all subsequent infections in the household as secondary cases**, and estimate the overall risk of infection (i.e., % household members subsequently infected) as a proxy for household secondary attack rate
 - This approach assumes that all subsequent infections in the household are due to exposures to the primary case/s
 - As the above assumption may be violated, please mark household cases with suspected/known infection due to outside sources as; as a sensitivity analysis, we will consider excluding them when estimating the secondary attack rate

FINAL April 6, 2020