



# Human Infection with 2019 Novel Coronavirus (nCoV) Household Close-Out Form V1.1 4/6/2020 (Household Transmission Investigation)

State: \_\_\_WI\_\_\_\_\_

Household ID: \_\_WI-\_\_\_\_\_

## **HOUSEHOLD 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:*
  - Ill person/people (or persons diagnosed with COVID-19) wore a mask in the home
  - My family is wearing masks, regardless of symptoms
  - Ill person/people (or persons diagnosed with COVID-19) slept in a different room
  - Ill person/people (or persons diagnosed with COVID-19) used a separate bathroom
  - Ill person/people (or persons diagnosed with COVID-19) eat separately
  - Ill 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 \_\_\_\_\_



## Human Infection with 2019 Novel Coronavirus (nCoV) Household Close-Out Form V1.1 4/6/2020 (Household Transmission Investigation)

State: WI  
Household ID: WI-

*If a family member mentions wearing masks, ask questions 5-6:*

5. What type of masks were worn (*check all that apply*):

- Cloth
- Medical/Surgical
- N-95
- Other, non-traditional mask (e.g., scarves, other barriers, etc.): specify \_\_\_\_\_

6. If there is more than 1 ill person (or persons diagnosed with COVID-19) in the household, did all ill people wear a mask?  Yes  No  Not applicable

7. Did any household pets become sick during the follow-up period?  Yes  No  Not applicable

*If yes, describe symptoms and duration:* \_\_\_\_\_

8. Please provide details for each household member in the table below:

| Name | Study ID | Hospitalized due to COVID-19                                    | If confirmed by PCR, provide preliminary determination of primary vs. secondary cases*   | Withdrawal?   |
|------|----------|---|--|---|
| 1.   |          | <input type="checkbox"/> Yes<br><br><input type="checkbox"/> No | <input type="checkbox"/> Primary case<br><input type="checkbox"/> Secondary case<br>if secondary, suspected outside infection? <input type="checkbox"/> Yes <input type="checkbox"/> No, explain:<br>_____<br>-<br>_____<br>-<br>_____ | Withdrawal? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>If withdraw, date of withdrawal:<br>____/____/____<br>Reasons: <input type="checkbox"/> hospitalized, alive<br><input type="checkbox"/> deceased <input type="checkbox"/> moved <input type="checkbox"/> declined<br><input type="checkbox"/> other _____ |



## Human Infection with 2019 Novel Coronavirus (nCoV) Household Close-Out Form V1.1 4/6/2020 (Household Transmission Investigation)

State: WI

Household ID: WI-

| Name | Study ID | Hospitalized due to COVID-19                                    | If confirmed by PCR, provide preliminary determination of primary vs. secondary cases*  | Withdrawal?  |
|------|----------|---|---|--|
|      |          |   | -<br><input type="checkbox"/> N/A   |  |
| 2.   |          | <input type="checkbox"/> Yes<br><br><input type="checkbox"/> No | <input type="checkbox"/> Primary case<br><input type="checkbox"/> Secondary case<br>if secondary, suspected outside infection? <input type="checkbox"/> Yes <input type="checkbox"/> No, explain:<br>_____<br>-<br>_____<br>-<br>_____<br>-<br><input type="checkbox"/> N/A | Withdrawal? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>If withdraw, date of withdrawal:<br>____/____/_____<br>Reasons: <input type="checkbox"/> hospitalized, alive<br><input type="checkbox"/> deceased <input type="checkbox"/> moved <input type="checkbox"/> declined<br><input type="checkbox"/> other _____ |
| 3.   |          | <input type="checkbox"/> Yes<br><br><input type="checkbox"/> No | <input type="checkbox"/> Primary case<br><input type="checkbox"/> Secondary case<br>if secondary, suspected outside infection? <input type="checkbox"/> Yes <input type="checkbox"/> No, explain:<br>_____<br>-<br>_____<br>-<br>_____<br>-<br><input type="checkbox"/> N/A | Withdrawal? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>If withdraw, date of withdrawal:<br>____/____/_____<br>Reasons: <input type="checkbox"/> hospitalized, alive<br><input type="checkbox"/> deceased <input type="checkbox"/> moved <input type="checkbox"/> declined<br><input type="checkbox"/> other _____ |
| 4.   |          | <input type="checkbox"/> Yes                                    | <input type="checkbox"/> Primary case   | Withdrawal? <input type="checkbox"/> Yes <input type="checkbox"/> No   |



## Human Infection with 2019 Novel Coronavirus (nCoV) Household Close-Out Form V1.1 4/6/2020 (Household Transmission Investigation)

State:     WI    

Household ID:   WI-          

| Name  | Study ID | Hospitalized due to COVID-19                                    | If confirmed by PCR, provide preliminary determination of primary vs. secondary cases*  | Withdrawal?  |
|---|----------|---|---|--|
|   |          | <input type="checkbox"/> No                                     | <input type="checkbox"/> Secondary case<br>if secondary, suspected outside infection? <input type="checkbox"/> Yes <input type="checkbox"/> No, explain:<br>_____<br>-<br>_____<br>-<br>_____<br>-<br><input type="checkbox"/> N/A  | If withdraw, date of withdrawal:<br>____/____/_____<br>Reasons: <input type="checkbox"/> hospitalized, alive<br><input type="checkbox"/> deceased <input type="checkbox"/> moved <input type="checkbox"/> declined<br><input type="checkbox"/> other _____   |
| 5.  |          | <input type="checkbox"/> Yes<br><br><input type="checkbox"/> No | <input type="checkbox"/> Primary case<br><input type="checkbox"/> Secondary case<br>if secondary, suspected outside infection? <input type="checkbox"/> Yes <input type="checkbox"/> No, explain:<br>_____<br>-<br>_____<br>-<br>_____<br>-<br><input type="checkbox"/> N/A | Withdrawal? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>If withdraw, date of withdrawal:<br>____/____/_____<br>Reasons: <input type="checkbox"/> hospitalized, alive<br><input type="checkbox"/> deceased <input type="checkbox"/> moved <input type="checkbox"/> declined<br><input type="checkbox"/> other _____ |
| *The determination can be made at the time the patient is confirmed to be positive (i.e., at baseline, an interim visit, or day 14) |          |   |   |  |

**Notes for field investigators:**

- Primary case/s



## Human Infection with 2019 Novel Coronavirus (nCoV) Household Close-Out Form V1.1 4/6/2020 (Household Transmission Investigation)

State: \_\_\_\_WI\_\_\_\_\_

Household ID: \_\_WI-\_\_\_\_\_

- Primary case is the confirmed COVID-19 case with the earliest symptom onset in the household. Oftentimes, this will be the index patient.
- 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
  - 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