

\_\_\_\_ (MM/DD/YYYY)



4. Index patient's study ID: \_\_\_\_

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

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

(Household Transmission Investigation)

Housel	hold ID:WI						
HOUS -	EHOLD QUESTIONNAIRE COVER SHEE If there are multiple confirmed COVID-: earliest symptom onset as the index pa	9 cases in the household at baseline, identify the case with the					
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:						
	Address:						

## 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)

5. Index patient's date of birth: \_\_\_\_/\_\_\_(MM/DD/YYYY)

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.						

Version 1.3 March 23, 2020 1



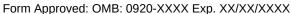


## Household Questionnaire V1.4 rev 3/23/2020

(Household Transmission Investigation)

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?				

Version 1.3 March 23, 2020





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

(Household Transmission Investigation)

State: _	WI						
Housel	nold ID:WI	<del></del>					
16.	. Since the index pat a. Has air condition	tient develope oning been us	ed symptoms on [ins	□ Don't know sert date of symptom ons	set]:		
	b. Has the housel  Yes  c. Has any other	Has the household opened windows for ventilation? □Yes □No Has any other form of ventilation (e.g. ceiling fans or portable fans) been used?					
No	lex patient informa	<mark>tion</mark> 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 yo □ Slept alone in a bed □ Slept alone in separate bedroom □ Used a private bathroom (not shared) □ Wore personal protective equipment □ Mask □ Gloves □ Other:		oom t shared) uipment	If yes, dates:  If yes, dates:			
			Julei				
	Name: . What tasks has this □Taking temperat	s primary care	etaker assisted you v	vith? bedroom □Cleaning bat			
	her: . Does the househol . If yes, how many?	d have pets? p	□Yes □No				
	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:

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,