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 p	rimary caretaker fo	r each pet/companion animal in the household.	
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 nation!			
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:			
a. Primary Caretaker of [PET NAME]:			
b. Animal Type: Dog D Cat D Other (please describe)			
a. Breed			
	c. Age of Pet (years/months):		
d. Sex of Pet: [] Male [] Female			
a. Has [PET NAME] been spayed/neutered: [] Yes [] No			
 Does [PET NAME] have any current health conditions? Yes I No a. If yes, please describe these health conditions or illnesses including when they started: 			
Condition	Date Started	Medications or supplement for the condition	
b. Please describe any other med	ications or supplem	hents that [PET NAME] takes.	
3. On a regular day before [COVID-19 CASE] began home isolation, how long per day and what types of interaction			
(e.g., walking, grooming, petting, cuddling) did [COVID-19 CASE] usually have with [PET NAME]?			
a. Duration of interaction with pet per day:			
 I hour I 1-3 hours I 4-6 hours I 7-9 hours I 10-12 hours I 12+ hours Types of interaction/contact with pet (mark all that apply): 			
Taking for walks		ISharing food	
Orooming Ocuddling		Letting the pet lick their face or hands	
IFeedingISleeping in the s		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:			
 I hour I 1-3 hours I 4-6 hours I 7-9 hours I 10-12 hours I 12+ hours Types of interaction/contact with pet (mark all that apply): 			
I Taking for walks I Petting	itii pet (mark an tha	Sharing food	
Grooming Cuddling		I 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)?			
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)."

a. If both, what percent of time is spent ind	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 ho	 ome isolation, where does [PET NAME] go outside of the home
(mark all that apply)?	
🛛 On leash walks at park	🛛 Dog park
I Free roaming in neighborhood/on property	🛛 Doggy Daycare
On leash walks in neighborhood/on property	I Service function (e.g. therapy dog)
🛛 Indoors only	🛛 Other (please describe):
7. Since [COVID-19 case] was diagnosed, has this p	et developed any new health condition (mark all that apply)?
🛛 Coughing	🛛 Runny nose
I Sneezing	
Difficulty breathing or shortness of breath	🛛 Diarrhea
🛛 Lethargy	Other (please describe):
	DC 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 ra	ats, mice, hamsters, gerbils, rabbits, or guinea pigs? 🛛 Yes 🖉 No
a. If Yes, please list the type of animal(s) ar	nd their name(s):
b. If No \rightarrow Thank you for your time and particular	rticipation.