

**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.

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 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 _____

c. Age of Pet (years/months): _____ years or months (Circle one)

d. Sex of Pet: Male Female

a. Has [PET NAME] 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

b. Please describe any other medications or supplements 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:
 <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):

Taking for walks Petting Sharing food

Grooming Cuddling Letting the pet lick their face or hands

Feeding Sleeping 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):

Taking for walks Petting Sharing food

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?

<p>a. If both, what percent of time is spent indoors? _____%</p> <p>b. Is [PET NAME] allowed anywhere in the house or restricted to certain areas? _____</p> <p>c. If restricted, specify where: _____</p>								
<p>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)?</p> <table border="0"> <tr> <td><input type="checkbox"/> On leash walks at park</td> <td><input type="checkbox"/> Dog park</td> </tr> <tr> <td><input type="checkbox"/> Free roaming in neighborhood/on property</td> <td><input type="checkbox"/> Doggy Daycare</td> </tr> <tr> <td><input type="checkbox"/> On leash walks in neighborhood/on property</td> <td><input type="checkbox"/> Service function (e.g. therapy dog)</td> </tr> <tr> <td><input type="checkbox"/> Indoors only</td> <td><input type="checkbox"/> Other (please describe): _____</td> </tr> </table>	<input type="checkbox"/> On leash walks at park	<input type="checkbox"/> Dog park	<input type="checkbox"/> Free roaming in neighborhood/on property	<input type="checkbox"/> Doggy Daycare	<input type="checkbox"/> On leash walks in neighborhood/on property	<input type="checkbox"/> Service function (e.g. therapy dog)	<input type="checkbox"/> Indoors only	<input type="checkbox"/> Other (please describe): _____
<input type="checkbox"/> On leash walks at park	<input type="checkbox"/> Dog park							
<input type="checkbox"/> Free roaming in neighborhood/on property	<input type="checkbox"/> Doggy Daycare							
<input type="checkbox"/> On leash walks in neighborhood/on property	<input type="checkbox"/> Service function (e.g. therapy dog)							
<input type="checkbox"/> Indoors only	<input type="checkbox"/> Other (please describe): _____							
<p>7. Since [COVID-19 case] was diagnosed, has this pet developed any new health condition (mark all that apply)?</p> <table border="0"> <tr> <td><input type="checkbox"/> Coughing</td> <td><input type="checkbox"/> Runny nose</td> </tr> <tr> <td><input type="checkbox"/> Sneezing</td> <td><input type="checkbox"/> Vomiting</td> </tr> <tr> <td><input type="checkbox"/> Difficulty breathing or shortness of breath</td> <td><input type="checkbox"/> Diarrhea</td> </tr> <tr> <td><input type="checkbox"/> Lethargy</td> <td><input type="checkbox"/> Other (please describe): _____</td> </tr> </table>	<input type="checkbox"/> Coughing	<input type="checkbox"/> Runny nose	<input type="checkbox"/> Sneezing	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Difficulty breathing or shortness of breath	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Lethargy	<input type="checkbox"/> Other (please describe): _____
<input type="checkbox"/> Coughing	<input type="checkbox"/> Runny nose							
<input type="checkbox"/> Sneezing	<input type="checkbox"/> Vomiting							
<input type="checkbox"/> Difficulty breathing or shortness of breath	<input type="checkbox"/> Diarrhea							
<input type="checkbox"/> Lethargy	<input type="checkbox"/> Other (please describe): _____							
<p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>								
<p>9. Is there any additional information you think we should know about [PET NAME]?</p> <p>a. If Yes: _____</p>								
<p>10. Are there small pets in the household, such as rats, mice, hamsters, gerbils, rabbits, or guinea pigs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a. If Yes, please list the type of animal(s) and their name(s): _____</p> <p>b. If No → Thank you for your time and participation.</p>								