**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: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

1. 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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
2. Did any household pets become sick during the follow-up period?  Yes  No  Not applicable

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

1. 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?** |
| --- | --- | --- | --- | --- |
|  |  |  Yes   No |  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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  Yes   No |  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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  Yes   No |  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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  Yes   No |  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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  Yes   No |  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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \*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
  + 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