



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 _____



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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 <input type="checkbox"/> No	<input type="checkbox"/> Primary case <input type="checkbox"/> Secondary case if secondary, suspected outside infection? <input type="checkbox"/> Yes <input type="checkbox"/> No, explain: _____ - _____ - _____	Withdrawal? <input type="checkbox"/> Yes <input type="checkbox"/> No If withdraw, date of withdrawal: ____/____/____ Reasons: <input type="checkbox"/> hospitalized, alive <input type="checkbox"/> deceased <input type="checkbox"/> moved <input type="checkbox"/> declined <input type="checkbox"/> other _____



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



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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 if secondary, suspected outside infection? <input type="checkbox"/> Yes <input type="checkbox"/> No, explain: _____ - _____ - _____ <input type="checkbox"/> N/A	If withdraw, date of withdrawal: ____/____/_____ Reasons: <input type="checkbox"/> hospitalized, alive <input type="checkbox"/> deceased <input type="checkbox"/> moved <input type="checkbox"/> declined <input type="checkbox"/> other _____
5.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Primary case <input type="checkbox"/> Secondary case if secondary, suspected outside infection? <input type="checkbox"/> Yes <input type="checkbox"/> No, explain: _____ - _____ - _____ <input type="checkbox"/> N/A	Withdrawal? <input type="checkbox"/> Yes <input type="checkbox"/> No If withdraw, date of withdrawal: ____/____/_____ Reasons: <input type="checkbox"/> hospitalized, alive <input type="checkbox"/> deceased <input type="checkbox"/> moved <input type="checkbox"/> declined <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



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- 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