



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

State: _____
Household ID: _____

HOUSEHOLD QUESTIONNAIRE COVER SHEET

- If there are multiple confirmed COVID-19 cases in the household at baseline, identify the case with the earliest symptom onset as the index patient.

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: _____
3. Address: _____
4. Index patient's study ID: _____
5. Index patient's date of birth: ____/____/____ (MM/DD/YYYY)
6. Date of symptom onset of the index patient: ____/____/____ (MM/DD/YYYY)
7. Date of specimen collection of index patient (first positive test): ____/____/____ (MM/DD/YYYY)
8. Date index patient received test result: ____/____/____ (MM/DD/YYYY)

Household member(s) (fill out ahead of time and verify/complete at time of questionnaire)

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.						



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HOUSEHOLD QUESTIONNAIRE

Note: This questionnaire is to be administered to each household at enrollment. If possible, the head of household should provide information for questionnaire.

Interview information

1. Date of Interview: MM / DD / YYYY
2. Name of Interviewer: _____
3. Name of household member providing information for interview: _____
Head of household? Yes No If no, relationship to head of household: _____
4. Location of the interview:
 At the household
 Over the phone
 Other, specify where: _____

Describing the household

5. Location of the household:
County: _____ State: _____ ZIP Code: _____
6. Confirm the number of household members from the cover sheet: _____ persons
Note to interviewer: Include resident family members, live-in staff, and long-term visitors.
7. What is the highest level of education completed by the head of the household?
 Less than high school
 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 household? _____
9. Do you live in a single-family home or multi-unit housing (like an apartment)?
 Single-family home Multi-unit housing Other (specify): _____
10. Do you own or rent your home? Own Rent
11. What is the approximate size of the residence: _____ square feet
12. Number of floors in the residence: _____
13. Number of bedrooms in the residence: _____
14. Number of bathrooms in the residence: _____
15. What type of heating does this residence have?
 Forced air Radiator Other, specify: _____ Don't know



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16. Since the index patient developed symptoms on *[insert date of symptom onset]*:
- a. Has air conditioning been used?
 Yes No
 - b. Has the household opened windows for ventilation?
 Yes No
 - c. Has any other form of ventilation (e.g. ceiling fans or portable fans) been used?
 Yes No

Index patient information

Note to interviewer: if the household member completing the interview is not the index patient, ask if the index patient is available for several questions.

17. Are you still experiencing symptoms related to your COVID-19 illness?

- Yes No Never had symptoms

If no, what date were you back to normal health? MM / DD / YYYY

18. Since you developed respiratory illness, have you done any of the following at home? (*select all that apply*)

- Slept alone in a bed If yes, dates: _____
- Slept alone in separate bedroom If yes, dates: _____
- Used a private bathroom (not shared) If yes, dates: _____
- Wore personal protective equipment If yes, dates: _____
 - Mask Gloves Other: _____
- Other: _____ If yes, dates: _____

19. Which household member has been assisting you as your primary caretaker during your illness?

Name: _____ None Unknown

20. What tasks has this primary caretaker assisted you with?

- Taking temperature Serving meals Cleaning bedroom Cleaning bathroom Help with toileting
 Other, specify _____

Other:

21. Does the household have pets? Yes No

If yes, how many? _____ pets

Note to the interviewer: only include mammalian pets (no livestock).

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: