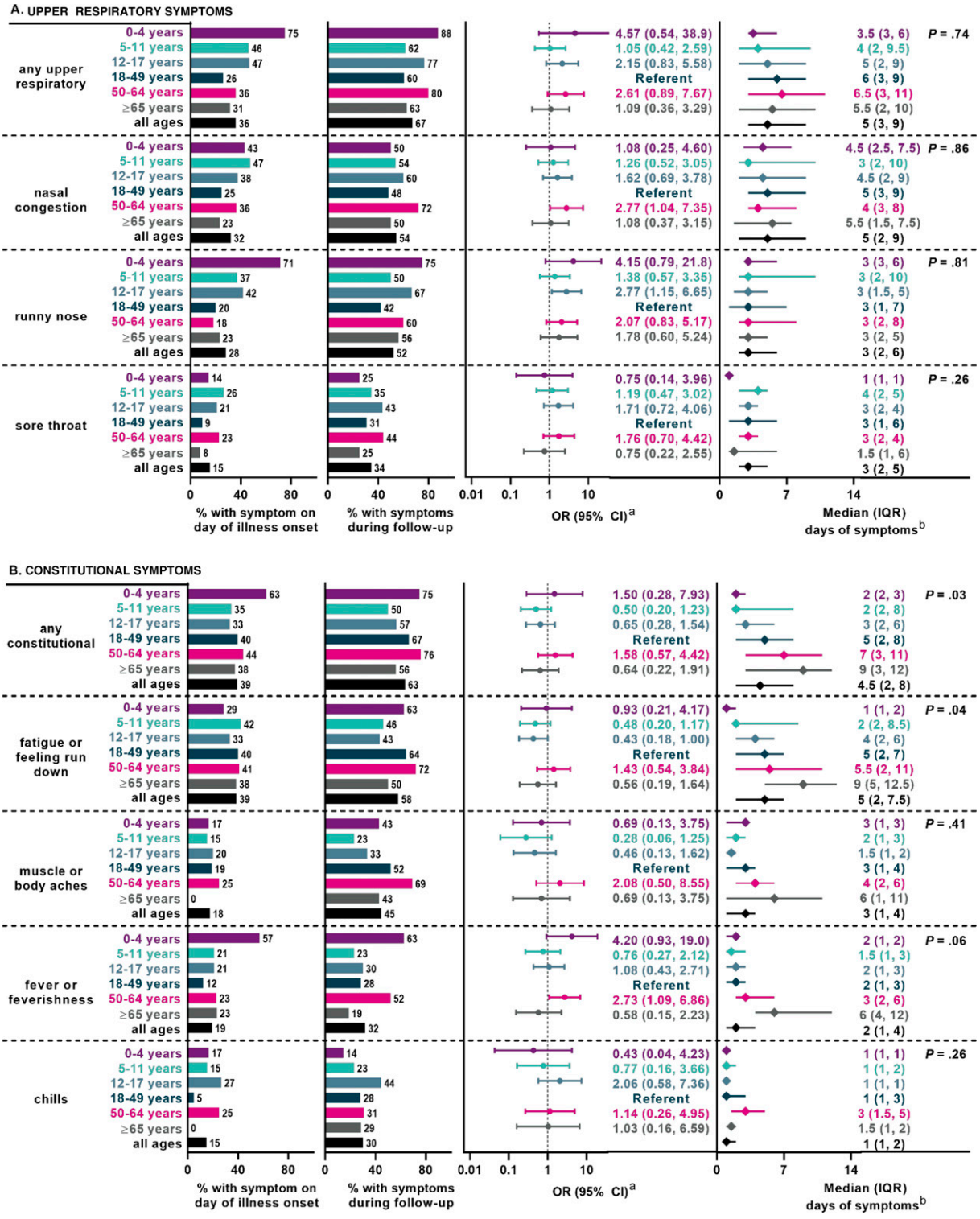
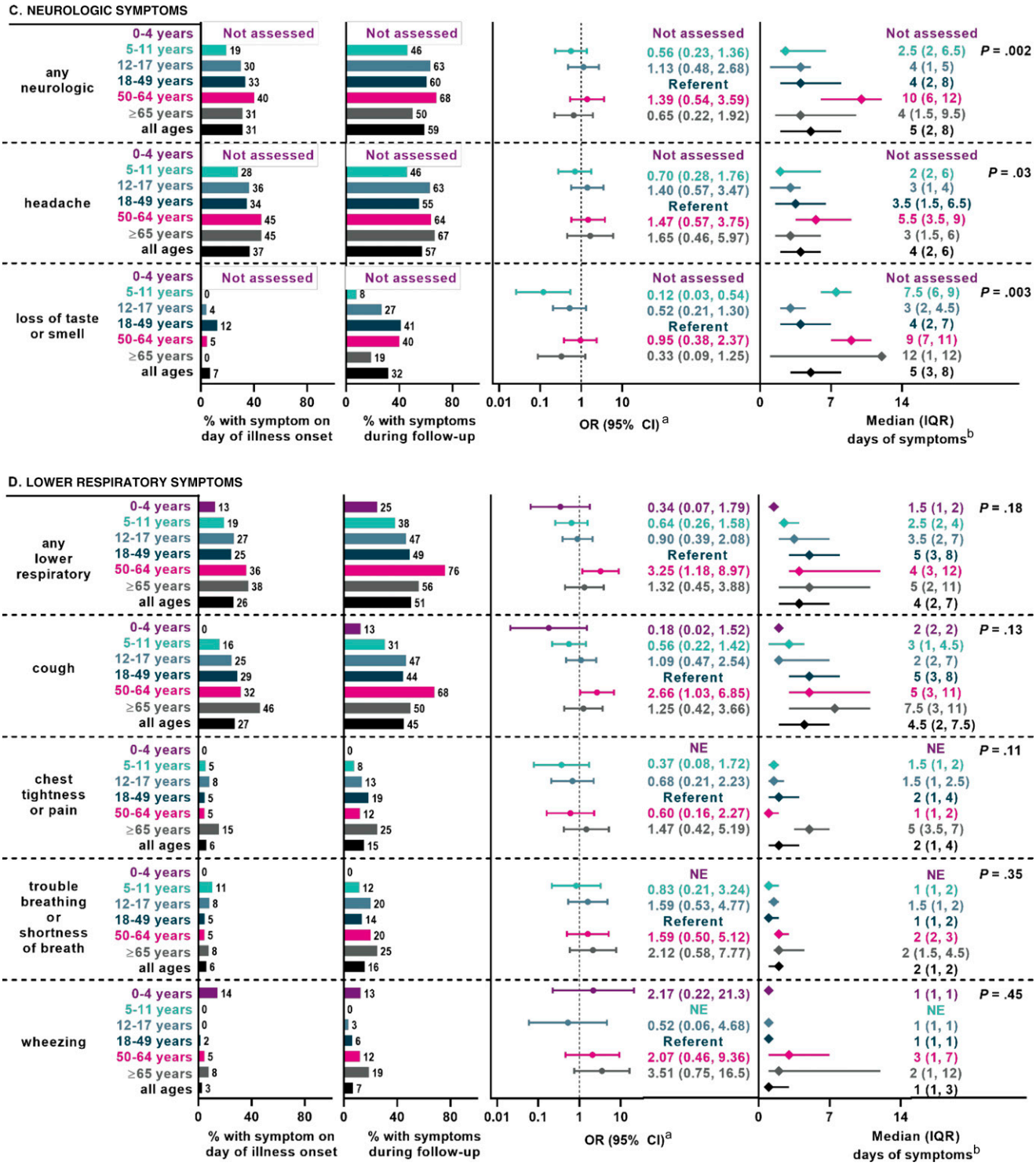
Supplemental Information

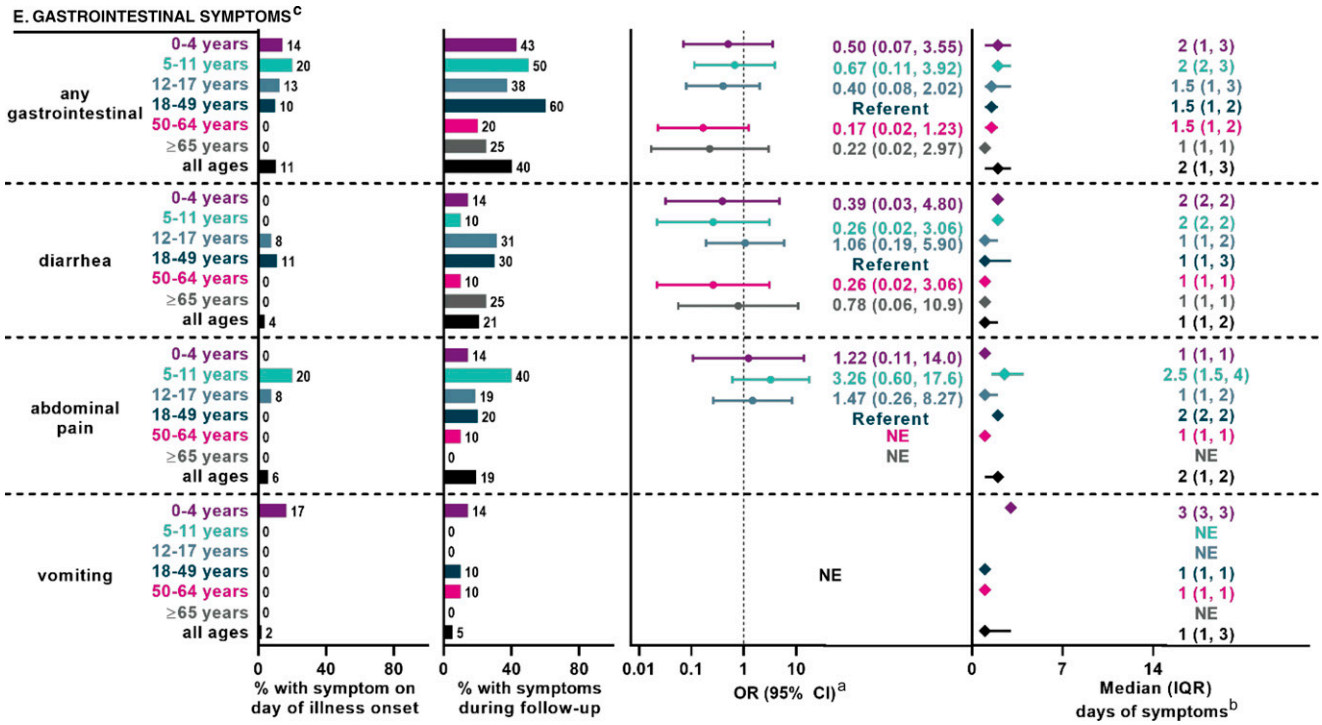


SUPPLEMENTAL FIGURE 5

Reported symptoms, timing, and duration of specific symptoms by age group among persons with SARS-CoV-2 infection in a prospective study of SARS-CoV-2 household transmission: Tennessee and Wisconsin, April 2020–April 2021. *P* value from Kruskal-Wallis Test comparing median days with symptoms across age groups. [a] Measure of association between age group and odds of symptom reported during follow-up. [b] Among contacts who reported the specific symptoms. [c] Gastrointestinal symptoms were assessed only for Wisconsin participants. NE, not estimated; OR, odds ratio.



SUPPLEMENTAL FIGURE 5
Continued.



SUPPLEMENTAL FIGURE 5
Continued.

Day 1 Survey

Today's Date _ _/_ _/_ _ _ _ (MM/DD/YYYY)

1. **What is [name]'s date of birth?**

   ____ /____ /_____ (MM/DD/YYYY)

2. **What is [name]'s sex?**
   - ☐ Male
   - ☐ Female

3. **Which of the following would you say is [name]'s race? (Select all that apply)**
   - ☐ White
   - ☐ Black or African American
   - ☐ Asian
   - ☐ Native Hawaiian or Other Pacific Islander
   - ☐ American Indian or Alaskan Native
   - ☐ Other
   - ☐ Prefer not to answer

4. **Is [name] of Hispanic, Latino or Spanish origin?**
   - ☐ Yes
   - ☐ No
   - ☐ Prefer not to answer

5. **[If 18 years old or older] Does [name] smoke cigarettes?**
   - ☐ Yes → **Does [name] smoke inside the home?** ☐ Yes ☐ No
   - ☐ No

6. **Does [name] have any of the following pre-existing medical conditions?**

	Yes	No
a. Asthma	☐	☐
b. Cancer	☐	☐
c. Other chronic lung disease	☐	☐
d. High blood pressure or hypertension	☐	☐
e. Cardiovascular or heart disease	☐	☐
f. Diabetes	☐	☐
g. Kidney disease	☐	☐
h. Liver disease	☐	☐
i. Immunocompromising condition	☐	☐
j. Any other pre-existing medical conditions	☐	☐
k. **[If female 18 years old or older]** Are you currently pregnant?	☐	☐

7. **Has [name] received at least one dose of COVID-19 vaccine?**
   - ☐ Yes
   - ☐ No
   - ☐ Don't know

8. **Does [name] attend daycare or school outside the home?**
   ☐ Yes
   ☐ No

9. **[If 18 years old or older] The next few questions are about regular face-to-face interactions with people who do not live in your home.**

	Yes	No
a. Does [name] work in a healthcare setting and have regular face-to-face contact with sick people?	☐	☐
b. Does [name] work in customer service where [name] has regular face-to-face contact with people?	☐	☐
c. Is [name] a schoolteacher?	☐	☐

10. **How many days did [name] sleep in the household between [onset -1] and today?**

    ____

11. **In the <u>past week</u>, did [name] have any of the following symptoms?**

	Yes	No
a. Fever or feverishness	☐	☐
b. Cough	☐	☐
c. Sore throat	☐	☐
d. Runny nose	☐	☐
e. Trouble breathing or shortness of breath	☐	☐
f. Nasal congestion	☐	☐
g. Chills	☐	☐
h. Fatigue or feeling run down	☐	☐
i. Wheezing	☐	☐
j. Abdominal pain	☐	☐
k. Diarrhea	☐	☐
l. Vomiting	☐	☐
m. Chest tightness or chest pain	☐	☐
n. Headache	☐	☐
o. Muscle or body aches	☐	☐
p. Loss of taste or smell	☐	☐

12. Did [name] have any of the following symptoms today?

	Yes	No
a. Fever or feverishness	☐	☐
b. Cough	☐	☐
c. Sore throat	☐	☐
d. Runny nose	☐	☐
e. Trouble breathing or shortness of breath	☐	☐
f. Nasal congestion	☐	☐
g. Chills	☐	☐
h. Fatigue or feeling run down	☐	☐
i. Wheezing	☐	☐
j. Abdominal pain	☐	☐
k. Diarrhea	☐	☐
l. Vomiting	☐	☐
m. Chest tightness or chest pain	☐	☐
n. Headache	☐	☐
o. Muscle or body aches	☐	☐
p. Loss of taste or smell	☐	☐

13. Did [name] take medicine for fever or pain, such as ibuprofen, aspirin or acetaminophen, today?

☐ Yes
☐ No

14. Did [name] sleep in the house last night?

☐ Yes
☐ No

This section asked of index patient only

The next set of questions are about time [name] spent with other household members from the **day before [name]'s illness began to today**.

15. Did [name] sleep in the same room as other household members on the night before each of the following days?

	Yes	No	Don't know
Day before illness began ([onset -1])	☐	☐	☐
Day illness began ([onset date])	☐	☐	☐
[onset + 1]	☐	☐	☐
[onset + 2]	☐	☐	☐
[onset + 3]	☐	☐	☐
[onset + 4]	☐	☐	☐
[onset + 5]	☐	☐	☐
[onset + 6]	☐	☐	☐

16. Did [name] use the same bathroom as other household members on the following days?

	Yes	No	Don't know
Day before illness began ([onset -1])	☐	☐	☐
Day illness began ([onset date])	☐	☐	☐
[onset + 1]	☐	☐	☐
[onset + 2]	☐	☐	☐
[onset + 3]	☐	☐	☐
[onset + 4]	☐	☐	☐
[onset + 5]	☐	☐	☐
[onset + 6]	☐	☐	☐

17. How many times did [name] eat with other household members on the following days?

	Not at all	Once	More than once	Don't know
Day before illness began ([onset -1])	☐	☐	☐	☐
Day illness began ([onset date])	☐	☐	☐	☐
[onset + 1]	☐	☐	☐	☐
[onset + 2]	☐	☐	☐	☐
[onset + 3]	☐	☐	☐	☐
[onset + 4]	☐	☐	☐	☐
[onset + 5]	☐	☐	☐	☐
[onset + 6]	☐	☐	☐	☐

18. How much total time did [name] spend in the same room with other household members on the following days?

	No time	Less than 15 minutes	15 to 59 minutes	1 to 4 hours	More than 4 hours	Don't know
Day before illness began ([onset - 1])	☐	☐	☐	☐	☐	☐
Day illness began ([onset date])	☐	☐	☐	☐	☐	☐
[onset + 1]	☐	☐	☐	☐	☐	☐
[onset + 2]	☐	☐	☐	☐	☐	☐
[onset + 3]	☐	☐	☐	☐	☐	☐
[onset + 4]	☐	☐	☐	☐	☐	☐
[onset + 5]	☐	☐	☐	☐	☐	☐
[onset + 6]	☐	☐	☐	☐	☐	☐

19. How often did [name] wear a face mask that covered [name]'s mouth and nose when [name] was in the same room with other household members on the following days?

	No interaction	Never	Sometimes	Always	Don't know
Day before illness began ([onset -1])	☐	☐	☐	☐	☐
Day illness began ([onset date])	☐	☐	☐	☐	☐
[onset + 1]	☐	☐	☐	☐	☐
[onset + 2]	☐	☐	☐	☐	☐
[onset + 3]	☐	☐	☐	☐	☐
[onset + 4]	☐	☐	☐	☐	☐
[onset + 5]	☐	☐	☐	☐	☐
[onset + 6]	☐	☐	☐	☐	☐

Remaining questions asked of asked of all participants

The next set of questions are about interactions [name] had with each household member the **day before [cnt1_name]'s illness began**.

20. How much total time did [name] spend in the same room with the following household members the day before [cnt1_name]'s illness began?

	No time	Less than 15 minutes	15 to 59 minutes	1 to 4 hours	More than 4 hours	Don't know
[cnt1_name]	☐	☐	☐	☐	☐	☐
[cnt2_name]	☐	☐	☐	☐	☐	☐
[cnt3_name]	☐	☐	☐	☐	☐	☐
[cnt4_name]	☐	☐	☐	☐	☐	☐
[cnt5_name]	☐	☐	☐	☐	☐	☐
[cnt6_name]	☐	☐	☐	☐	☐	☐
[cnt7_name]	☐	☐	☐	☐	☐	☐
[cnt8_name]	☐	☐	☐	☐	☐	☐
[cnt9_name]	☐	☐	☐	☐	☐	☐
[cnt10_name]	☐	☐	☐	☐	☐	☐

21. How often did [name] wear a face mask that covered [name]'s mouth and nose when [name] was in the same room with the following household members the day before [cnt1_name]'s illness began?

	No interaction	Never	Sometimes	Always	Don't know
[cnt1_name]	☐	☐	☐	☐	☐
[cnt2_name]	☐	☐	☐	☐	☐
[cnt3_name]	☐	☐	☐	☐	☐
[cnt4_name]	☐	☐	☐	☐	☐
[cnt5_name]	☐	☐	☐	☐	☐
[cnt6_name]	☐	☐	☐	☐	☐
[cnt7_name]	☐	☐	☐	☐	☐
[cnt8_name]	☐	☐	☐	☐	☐

	No interaction	Never	Sometimes	Always	Don't know
[cnt9_name]	☐	☐	☐	☐	☐
[cnt10_name]	☐	☐	☐	☐	☐

22. Did [name] have any physical contact (such as touching, hugging, or kissing) with the following household members the day before [cnt1_name]'s illness began?

	Yes	No	Don't know
[cnt1_name]	☐	☐	☐
[cnt2_name]	☐	☐	☐
[cnt3_name]	☐	☐	☐
[cnt4_name]	☐	☐	☐
[cnt5_name]	☐	☐	☐
[cnt6_name]	☐	☐	☐
[cnt7_name]	☐	☐	☐
[cnt8_name]	☐	☐	☐
[cnt9_name]	☐	☐	☐
[cnt10_name]	☐	☐	☐

23. Did [name] provide care (such as feeding or bathing) for the following household members the day before [cnt1_name]'s illness began?

	Yes	No	Don't know
[cnt1_name]	☐	☐	☐
[cnt2_name]	☐	☐	☐
[cnt3_name]	☐	☐	☐
[cnt4_name]	☐	☐	☐
[cnt5_name]	☐	☐	☐
[cnt6_name]	☐	☐	☐
[cnt7_name]	☐	☐	☐
[cnt8_name]	☐	☐	☐
[cnt9_name]	☐	☐	☐
[cnt10_name]	☐	☐	☐

24. Did [name] sleep in the same room with the following household members the night before [cnt1_name]'s illness began?

	Yes	No	Don't know
[cnt1_name]	☐	☐	☐
[cnt2_name]	☐	☐	☐
[cnt3_name]	☐	☐	☐
[cnt4_name]	☐	☐	☐
[cnt5_name]	☐	☐	☐
[cnt6_name]	☐	☐	☐
[cnt7_name]	☐	☐	☐
[cnt8_name]	☐	☐	☐
[cnt9_name]	☐	☐	☐
[cnt10_name]	☐	☐	☐

25. When [name] was in the same room as other household members on the day before [cnt1_name]'s illness began, what type of face mask did [name] typically wear? (Select all that apply)

☐ Cloth
☐ Surgical or medical
☐ N95
☐ Other, specify: _____
☐ Did not wear a face mask
☐ No interaction

The next set of questions are about interactions [name] had with each household member **yesterday**.

26. How much total time did [name] spend in the same room with the following household members yesterday?

	No time	Less than 15 minutes	15 to 59 minutes	1 to 4 hours	More than 4 hours	Don't know
[cnt1_name]	☐	☐	☐	☐	☐	☐
[cnt2_name]	☐	☐	☐	☐	☐	☐
[cnt3_name]	☐	☐	☐	☐	☐	☐
[cnt4_name]	☐	☐	☐	☐	☐	☐
[cnt5_name]	☐	☐	☐	☐	☐	☐
[cnt6_name]	☐	☐	☐	☐	☐	☐
[cnt7_name]	☐	☐	☐	☐	☐	☐
[cnt8_name]	☐	☐	☐	☐	☐	☐
[cnt9_name]	☐	☐	☐	☐	☐	☐
[cnt10_name]	☐	☐	☐	☐	☐	☐

27. How often did [name] wear a face mask that covered [name]'s mouth and nose when [name] was in the same room with the following household members yesterday?

	No interaction	Never	Sometimes	Always	Don't know
[cnt1_name]	☐	☐	☐	☐	☐
[cnt2_name]	☐	☐	☐	☐	☐
[cnt3_name]	☐	☐	☐	☐	☐
[cnt4_name]	☐	☐	☐	☐	☐
[cnt5_name]	☐	☐	☐	☐	☐
[cnt6_name]	☐	☐	☐	☐	☐
[cnt7_name]	☐	☐	☐	☐	☐
[cnt8_name]	☐	☐	☐	☐	☐
[cnt9_name]	☐	☐	☐	☐	☐
[cnt10_name]	☐	☐	☐	☐	☐

28. Did [name] have any physical contact (such as touching, hugging, or kissing) with the following household members yesterday?

	Yes	No	Don't know
[cnt1_name]	☐	☐	☐
[cnt2_name]	☐	☐	☐
[cnt3_name]	☐	☐	☐

	Yes	No	Don't know
[cnt4_name]	☐	☐	☐
[cnt5_name]	☐	☐	☐
[cnt6_name]	☐	☐	☐
[cnt7_name]	☐	☐	☐
[cnt8_name]	☐	☐	☐
[cnt9_name]	☐	☐	☐
[cnt10_name]	☐	☐	☐

29. Did [name] provide care (such as feeding or bathing) for the following household members yesterday?

	Yes	No	Don't know
[cnt1_name]	☐	☐	☐
[cnt2_name]	☐	☐	☐
[cnt3_name]	☐	☐	☐
[cnt4_name]	☐	☐	☐
[cnt5_name]	☐	☐	☐
[cnt6_name]	☐	☐	☐
[cnt7_name]	☐	☐	☐
[cnt8_name]	☐	☐	☐
[cnt9_name]	☐	☐	☐
[cnt10_name]	☐	☐	☐

30. Did [name] sleep in the same room with the following household members yesterday?

	Yes	No	Don't know
[cnt1_name]	☐	☐	☐
[cnt2_name]	☐	☐	☐
[cnt3_name]	☐	☐	☐
[cnt4_name]	☐	☐	☐
[cnt5_name]	☐	☐	☐
[cnt6_name]	☐	☐	☐
[cnt7_name]	☐	☐	☐
[cnt8_name]	☐	☐	☐
[cnt9_name]	☐	☐	☐
[cnt10_name]	☐	☐	☐

31. When [name] was in the same room as other household members yesterday, what type of face mask did [name] typically wear? (Select all that apply)

☐ Cloth
☐ Surgical or medical
☐ N95
☐ Other, specify: _____
☐ Did not wear a face mask
☐ No interaction

32. Did [name] collect a nose sample today?

☐ Yes ☐ No

Days 2-13 Survey

Today's Date _ _/_ _/_ _ _ _ (MM/DD/YYYY)

1. **Did you have any of the following symptoms today?**

a. Fever or feverishness	☐	☐
b. Cough	☐	☐
c. Sore throat	☐	☐
d. Runny nose	☐	☐
e. Trouble breathing or shortness of breath	☐	☐
f. Nasal congestion	☐	☐
g. Chills	☐	☐
h. Fatigue or feeling run down	☐	☐
i. Wheezing	☐	☐
j. Abdominal pain	☐	☐
k. Diarrhea	☐	☐
l. Vomiting	☐	☐
m. Chest tightness or chest pain	☐	☐
n. Headache	☐	☐
o. Muscle or body aches	☐	☐
p. Loss of taste or smell	☐	☐

2. **Did you take medicine for fever or pain, such as ibuprofen, aspirin or acetaminophen, today?**
   ☐ Yes ☐ No

3. **Did you sleep in the house last night?**
   ☐ Yes ☐ No

4. **Did you collect a nose sample today?**
   ☐ Yes ☐ No

The remaining questions asked of index patient only

5. **Did you sleep in the same room as other household members last night?**
   ☐ Yes ☐ No

6. **Did you use the same bathroom as other household members today?**
   ☐ Yes ☐ No

7. **How many times did you eat with other household members today?**
   ☐ Not at all
   ☐ Once
   ☐ More than once

8. **How much total time did you spend in the same room with other household members today?**
   ☐ No time
   ☐ Less than 15 minutes
   ☐ 15 to 59 minutes
   ☐ 1 to 4 hours

Household Transmission and Clinical Features of SARS-CoV-2 Infections by Age in 2 US Communities

   ☐ More than 4 hours

9. **When you were in the same room as other household members today, how often did you wear a mask that covered your mouth and nose?**
   ☐ No interaction
   ☐ Never
   ☐ Sometimes
   ☐ Always

Day 14 Survey

Today's Date _ _/_ _/_ _ _ _ **(MM/DD/YYYY)**

1. **Did [name] have any of the following symptoms today?**

	Yes	No
a. Fever or feverishness	☐	☐
b. Cough	☐	☐
c. Sore throat	☐	☐
d. Runny nose	☐	☐
e. Trouble breathing or shortness of breath	☐	☐
f. Nasal congestion	☐	☐
g. Chills	☐	☐
h. Fatigue or feeling run down	☐	☐
i. Wheezing	☐	☐
j. Abdominal pain	☐	☐
k. Diarrhea	☐	☐
l. Vomiting	☐	☐
m. Chest tightness or chest pain	☐	☐
n. Headache	☐	☐
o. Muscle or body aches	☐	☐
p. Loss of taste or smell	☐	☐

2. **Did [name] take medicine for fever or pain, such as ibuprofen, aspirin or acetaminophen, today?**
   - ☐ Yes
   - ☐ No

3. **Did [name] sleep in the house last night?**
   - ☐ Yes
   - ☐ No

This section asked of index patient only

4. **Did [name] sleep in the same room as other household members last night?**
   - ☐ Yes
   - ☐ No

5. **Did [name] use the same bathroom as other household members today?**
   - ☐ Yes
   - ☐ No

6. **How many times did [name] eat with other household members today?**
   - ☐ Not at all
   - ☐ Once
   - ☐ More than once

7. **How much total time did [name] spend in the same room with other household members today?**
   - ☐ No time

☐ Less than 15 minutes
☐ 15 to 59 minutes
☐ 1 to 4 hours
☐ More than 4 hours

8. **When [name] was in the same room as other household members today, how often did [name] wear a mask that covered [name]'s mouth and nose?**
☐ No interaction
☐ Never
☐ Sometimes
☐ Always

Remaining questions asked of asked of all participants

The next set of questions are about interactions [name] had with each household member **yesterday**.

9. **How much total time did [name] spend in the same room with the following household members yesterday?**

	No time	Less than 15 minutes	15 to 59 minutes	1 to 4 hours	More than 4 hours	Don't know
[cnt1_name]	☐	☐	☐	☐	☐	☐
[cnt2_name]	☐	☐	☐	☐	☐	☐
[cnt3_name]	☐	☐	☐	☐	☐	☐
[cnt4_name]	☐	☐	☐	☐	☐	☐
[cnt5_name]	☐	☐	☐	☐	☐	☐
[cnt6_name]	☐	☐	☐	☐	☐	☐
[cnt7_name]	☐	☐	☐	☐	☐	☐
[cnt8_name]	☐	☐	☐	☐	☐	☐
[cnt9_name]	☐	☐	☐	☐	☐	☐
[cnt10_name]	☐	☐	☐	☐	☐	☐

10. **How often did [name] wear a face mask that covered [name]'s mouth and nose when [name] was in the same room with the following household members yesterday?**

	No interaction	Never	Sometimes	Always	Don't know
[cnt1_name]	☐	☐	☐	☐	☐
[cnt2_name]	☐	☐	☐	☐	☐
[cnt3_name]	☐	☐	☐	☐	☐
[cnt4_name]	☐	☐	☐	☐	☐
[cnt5_name]	☐	☐	☐	☐	☐
[cnt6_name]	☐	☐	☐	☐	☐
[cnt7_name]	☐	☐	☐	☐	☐
[cnt8_name]	☐	☐	☐	☐	☐
[cnt9_name]	☐	☐	☐	☐	☐
[cnt10_name]	☐	☐	☐	☐	☐

11. Did [name] have any physical contact (such as touching, hugging, or kissing) with the following household members yesterday?

	Yes	No	Don't know
[cnt1_name]	☐	☐	☐
[cnt2_name]	☐	☐	☐
[cnt3_name]	☐	☐	☐
[cnt4_name]	☐	☐	☐
[cnt5_name]	☐	☐	☐
[cnt6_name]	☐	☐	☐
[cnt7_name]	☐	☐	☐
[cnt8_name]	☐	☐	☐
[cnt9_name]	☐	☐	☐
[cnt10_name]	☐	☐	☐

12. Did [name] provide care (such as feeding or bathing) for the following household members yesterday?

	Yes	No	Don't know
[cnt1_name]	☐	☐	☐
[cnt2_name]	☐	☐	☐
[cnt3_name]	☐	☐	☐
[cnt4_name]	☐	☐	☐
[cnt5_name]	☐	☐	☐
[cnt6_name]	☐	☐	☐
[cnt7_name]	☐	☐	☐
[cnt8_name]	☐	☐	☐
[cnt9_name]	☐	☐	☐
[cnt10_name]	☐	☐	☐

13. Did [name] sleep in the same room with the following household members yesterday?

	Yes	No	Don't know
[cnt1_name]	☐	☐	☐
[cnt2_name]	☐	☐	☐
[cnt3_name]	☐	☐	☐
[cnt4_name]	☐	☐	☐
[cnt5_name]	☐	☐	☐
[cnt6_name]	☐	☐	☐
[cnt7_name]	☐	☐	☐
[cnt8_name]	☐	☐	☐
[cnt9_name]	☐	☐	☐
[cnt10_name]	☐	☐	☐

14. When [name] was in the same room as other household members yesterday, what type of face mask did [name] typically wear? (Select all that apply)

☐ Cloth
☐ Surgical or medical
☐ N95

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☐ Other, specify: _____
☐ Did not wear a face mask
☐ No interaction

15. Did [name] seek medical care or get admitted to the hospital for their symptoms during the last two weeks? This should include telephone and virtual health encounters.

☐ Yes → **Where did [name] seek medical care or get hospitalized?** _____
☐ No

16. During the last two weeks was [name] tested for COVID-19?

☐ Yes → **Was the test result positive?** ☐ Yes ☐ No ☐ Don't know
☐ No

17. Did [name] collect a nose sample today?

☐ Yes
☐ No