COVID-19 Household Environment Scale (CHES)

Social Distancing is the practice of reducing physical contact with people outside of the home (e.g., in social, work, or school settings) to avoid transmission of COVID-19 (Coronavirus).

Personal Information
Age ______
Gender: Male ___ Female ___ Nonbinary ___
Country where you currently live __________________________ If you are currently living in the US, please provide your zip code: _____________
Years living in current country _____

What is the highest grade of school you’ve completed?
  o No formal education completed
  o 1st to 8th grade
  o 9th to 11th grade
  o GED (high school equivalent)
  o High school diploma
  o Some college/university
  o College/university degree

Household Information
Total number of people living in the home (including yourself)? _______
  Number who are not members of the family (e.g., friends, roommates, renters) _______
  Number of adults aged 65 or above _____
  Number of adults requiring caregiving due to health problems or disability (not due to COVID-19) ___
  Number of children: under age 5 ______ ages 5-11 _____ ages 12-18_____
  Number of children with a disability or special healthcare need ___________
Number of bedrooms in the home ___________
Do you or your family own the home? Yes___; No_____

COVID-19 information
Time practicing social distancing
  a. Less than one week
  b. One week to one month
  c. One to two months
  d. More than two months

Are you currently practicing social distancing? Yes____; No_____

Did anyone in your home have symptoms of COVID-19? Yes____; No_____
  If yes, did they get tested? Yes____; No_____
  If yes, was it a diagnosed case (a positive result)? Yes____; No_____
  If yes, did it require hospitalization? Yes____; No_____

Has anyone in your family (in or outside of your home) passed away from COVID-19 or related complications? Yes____; No_____
During the COVID-19 pandemic are/were you or anyone in the home working in healthcare with direct patient contact? Yes___; No___
During the pandemic, are/were you or anyone in the home working in a job that you considered to be high risk for contracting COVID-19?  
Yes____; No_____  
Of the adults in the home, how many are working from home? ____  
Of the adults in the home, how many stopped working as result of COVID-19? ____