

**Q1 Residence and Household:**

Next, we will ask you questions about your household and people that live in your household.

Please answer the following questions about **your primary residence (the place that you have lived most of the time) since March 1, 2020.**

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Q2 What is the ZIP code of your primary residence?

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Q3 Since March 1, 2020, how many different places have you stayed overnight for at least three nights?

▼ 1 (1) ... 10 or more (10)

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Q4 Which best describes your primary residence?

- A mobile or manufactured home (1)
  - A one-family house (2)
  - A two-family house/duplex (3)
  - An apartment building or condo (4)
  - A dormitory (5)
  - Assisted living facility (6)
  - Skilled nursing center (7)
  - Unhoused or homeless (8)
  - Other: *Please specify:* (9)
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Q5 How many separate rooms are there in your primary residence? *Do not include: bathrooms, laundry rooms, hallways, unfinished basements, and porches.*

▼ 0 (1) ... 20 or more (21)

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Q6 How many total people – adults and children – currently live in your household, not including yourself?

▼ 0 (21) ... 20 or more (20)

*Skip To: Q33 If How many total people – adults and children – currently live in your household, not including you... = 0*



Q7 How many individuals in each age group live with you? *Enter 0 if none in age group. Do not include yourself.*

Age 0-5 (1)	
Age 6-12 (2)	
Age 13-18 (3)	
Age 19-29 (4)	
Age 30-39 (5)	
Age 40-49 (6)	
Age 50-59 (7)	
Age 60-69 (8)	
Age 70-79 (9)	

80+ years old (10)	
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Q8 Since March 1, 2020, how many of your household members, not including yourself, have worked outside of the home for at least 10 hours per week?

▼ 0 (1) ... 20 or more (21)

Q9 Do you think **any of your household members** have had a COVID-19 infection?

Yes: *Please specify how many (enter a number):* (1)  
\_\_\_\_\_

No (2)

Q10 Have **any of your household members** been tested for COVID-19?

Yes: *Please specify how many (enter a number):* (1)  
\_\_\_\_\_

No (2)

*Display This Question:*  
*If Have any of your household members been tested for COVID-19? = Yes: <em>Please specify how many (enter a number):</em>*

Q11 Have **any of your household members** had a positive COVID-19 test result?

Yes: *Please specify how many (enter a number):* (1)

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No (2)

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*Display This Question:*

*If Do you think any of your household members have had a COVID-19 infection? = Yes: *Please specify how many (enter a number):**

*Or Have any of your household members had a positive COVID-19 test result? = Yes: *Please specify how many (enter a number):**

Q12 Have **any of your household members** been hospitalized for COVID-19?

Yes: *Please specify how many (enter a number):* (1)

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No (2)

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*Display This Question:*

*If Do you think any of your household members have had a COVID-19 infection? = Yes: *Please specify how many (enter a number):**

*Or Have any of your household members had a positive COVID-19 test result? = Yes: *Please specify how many (enter a number):**

*Or Have any of your household members been hospitalized for COVID-19? = Yes: *Please specify how many (enter a number):**

Q13 During their illness, did you provide any of the following care or supportive activities to sick household members? *Check all that apply.*

Assisting with physical functioning (e.g., dressing, eating, walking, taking medications, and other personal care activities) (1)

Assisting with supportive activities (e.g., preparing meals, grocery shopping, using the telephone, taking medications, and managing money) (2)

None of these (3)

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*Display This Question:*

*If Do you think any of your household members have had a COVID-19 infection? = Yes: *Please specify how many (enter a number):**

*Or Have any of your household members had a positive COVID-19 test result? = Yes: *Please specify how many (enter a number):**

*Or Have any of your household members been hospitalized for COVID-19? = Yes: *Please specify how many (enter a number):**

Q14 During their illness, how much time did you spend within 6 feet of this person per day? *If more than one person in your household was sick, answer this question about the person you spent the most time with while sick.*

Less than 10 minutes (1)

10 to 30 minutes (2)

30 to 60 minutes (3)

1 to 2 hours (4)

More than 2 hours (5)

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Q25 In the last three weeks, how many guests has your household typically received per week?

None (1)

Less than 1 per week (2)  1-2 per week (3)

3-4 per week (4)

5 or more per week (5)

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*\*Contains questions 19 – 33 from full questionnaire “Social Risk Factors for COVID-19 Exposure Questionnaire*