10. Has anyone in your household (or, the place you are residing) been tested for COVID-19?

- Yes
- No
- Unsure

**If yes:**

- When was/were the tests conducted? __________
- What was the result of that (those) test(s)?
  - Positive
  - Negative
  - Unsure

*Repeat questions a and b for up to four COVID-19 tests.*

**If any of the tests were positive:**

Did you change your behavior at home?

- Yes
- No

<table>
<thead>
<tr>
<th>Did you wear a mask at home?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the infected person(s) wear a mask at home?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Did the infected person(s) stay away from you?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

11. What actions have you taken to reduce your risk of exposure to COVID-19?

- Yes | No

- a. Washing hands and/or using sanitizer frequently
- b. Staying at least 6 feet away from others
- c. Avoiding large gatherings
- d. Not going out to restaurants or bars
- e. Cancelled planned travel
- f. Wearing a face mask
- g. Not shaking hands or touching people
- h. Staying home when I am sick
- i. Not going to work
- j. Wiping down surfaces with disinfectant
- k. Following government guidelines or rules to stay at home and limiting contacts with other people
- l. Placed under full quarantine by local authorities

or

- Not applicable