Lower SARS-CoV-2 household transmission in children and adolescents compared to adults

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Supplementary Material

Supplementary Methods:

Questionnaire for participants of the Family-CoViDD19-Study (English translation)

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Questionnaire

Study-ID (*filled in by study team***):**		
age:	**gender:** ☐ m ☐ f ☐ d	**number of household members:**
height: _____ cm	**weight: _____kg**	**age of household members:**
For professionals - Profession:		
For students - Type of school:		
For kids that attend kindergarden – Did the kid regularly attend kindergarden during winter (20/21) (exceptional care during lockdown)? ☐ Yes ☐ No		
Do you have comorbidities? ☐ Yes, the following: ☐ No	**Do you take regular medication?** ☐ Yes, the following: ☐ No	
Have you been tested for SARS-CoV-2? ☐ Yes: ☐ PCR ☐ Antigen-Rapid-Test When and where? _____ Reason for testing: _____ Result: ☐ positive ☐ negative ☐ No		
Have you been at work/ at school/ in kindergarden 48h before beginning of symptoms/ before SARS-CoV-2 testing? ☐ Yes ☐ No		

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Have you been sick since October 2020?

☐ No

☐ Yes, with COVID-19 (positive test) or during quarantine (positive test of household member)

☐ I was the first one with symptoms

☐ I had the following symptoms:

- ☐ cough
- ☐ rhinitis
- ☐ sore throat
- ☐ fever
- ☐ headache
- ☐ nausea /vomitting
- ☐ dyspnea
- ☐ muscle / limb pain
- ☐ diarrhea
- ☐ smell / taste disorders
- ☐ fatigue
- ☐ other:

☐ Yes, at another time point than COVID-19 / quarantine (month/year):

☐ I was the first one with symptoms

☐ I had the following symptoms:

- ☐ cough
- ☐ rhinitis
- ☐ sore throat
- ☐ fever
- ☐ headache
- ☐ nausea /vomitting
- ☐ dyspnea
- ☐ muscle / limb pain
- ☐ diarrhea
- ☐ smell / taste disorders
- ☐ fatigue
- ☐ other:

Did you see a doctor within 14 days after SARS-CoV-2 test: ☐ Yes: ☐ in clinic ☐ in hospital ☐ No

Duration of quarantine:

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Which hygiene measures have been implemented in the household during quarantine?

Complete separation (e.g. index person moved out)	☐ Yes	☐ No
Temporally seperated use of rooms	☐ Yes	☐ No
Physical distance	☐ Yes	☐ No
Hand hygiene	☐ Yes	☐ No
More frequent airing	☐ Yes	☐ No
Face mask at home	☐ Yes	☐ No

Other measures:

Have you been in quarantine again?

☐ Yes: ☐ once again ☐ several time ☐ No

Is your health currently impaired? Do you have any symptoms?

☐ Yes, the following:

☐ No

What is your current (personal) level of sickness?

(on a scale from 0-10, 0 = health not impaired, 10 = maximum impaired)

0 1 2 3 4 5 6 7 8 9 10

Not impaired Maximum impaired

Have you done a SARS-CoV-2 serology test?

☐ Yes, Reason for testing: ☐ No

Date:

Result: ☐ positive ☐ negative

Have you been vaccinated for SARS-CoV-2?

☐ Yes: How many injections? When? Which vaccine?

☐ No