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COVID-19 Serosurvey Questionnaire #1

Thank you again for agreeing to participate in this study. This questionnaire will provide us with important information that we will use to understand your blood antibody results. It should take no longer than 5-10 minutes to complete. Please answer to the best of your ability. The results of this questionnaire will remain confidential.

You must complete this questionnaire in order for antibody test results to be released to you.

General instructions

As you navigate, please use the "Next Page" and "Previous Page" buttons at the bottom of the page, rather than the "Back" and "Forward" buttons on your browser. If you need to change a response, you can use the "Reset" buttons to clear your answer for that question. If at any time you need to stop and would like to resume later, please use the "Save & Return Later" button at the bottom of the page. You will be asked to write down a unique code to re-access your survey. If you forget to do this, that is ok, it just means you will need to start the survey over. If you have personal or health-related questions

At any time, if you have any questions involving personal or medical information, please call either [REDACTED] information. Please do NOT send us any emails that involve private information.

The questions on this survey refer to [general_info_arm_2][participant_firstname] [general_info_arm_2][participant_lastname]. If you have more than one child or household member participating, only answer these questions as they specifically pertain to [general_info_arm_2][participant_firstname] [general_info_arm_2][participant_lastname].

Questionnaire #1 Date

Which school(s) does [general_info_arm_2][participant_firstname] work in? Please select all that apply.

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Approximately how many hours of the day does [general_info_arm_2][participant_firstname] have direct contact with students, no matter the distance?

If you work at the district office or have a position where it is not routine to have direct contact with the students, please select "0 Hours."

- 0 Hours
 - 1 Hour
 - 2 Hours
 - 3 Hours
 - 4 Hours
 - 5 Hours
 - 6 Hours
 - 7 Hours
 - 8 Hours
 - 9+ Hours
- ((Example: Teaching a classroom of students for 1 hour would equal 1 hour))

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Which grades does [general_info_arm_2][participant_firstname] work with? Only include those grades where direct contact is routine. Please select all that apply.

- pre-K
- K
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12

Has [general_info_arm_2][participant_firstname] ever had a positive test for COVID-19?

- Yes
- No

If so, when? (Provide your best estimate if exact date is unknown).

How many people live in [general_info_arm_2][participant_firstname]'s home (not including [general_info_arm_2][participant_firstname]) right now?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

How many people in [general_info_arm_2][participant_firstname]'s house are under 21 years old? (Not including [general_info_arm_2][participant_firstname])

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

Does [general_info_arm_2][participant_firstname] live with anyone at home under the age of 21 that attends school outside of the Colchester School District?

- Yes
- No

If yes, which school(s) do they attend?

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Has either of [general_info_arm_2][participant_firstname]'s parents ever had a positive test for COVID-19? If so, who?

- Yes, mother
 Yes, father
 Yes, both parents
 None
 Not applicable

Only count parents who were living in the house with [general_info_arm_2][participant_firstname] at the time they were diagnosed.

If you are a teacher or staff member, this question may not apply to you--if this is the case, please select "Not applicable."

When was the parent diagnosed? (Provide your best estimate if exact date is unknown).

If more than one parent was diagnosed, enter the MOST RECENT date.

Has any of [general_info_arm_2][participant_firstname]'s siblings ever had a positive test for COVID-19? If so, who?

- Yes, sister
 Yes, brother
 Yes, more than one sibling
 None
 Not applicable

Only count siblings who were living in the house with [general_info_arm_2][participant_firstname] at the time they were diagnosed.

If you are a teacher or staff member, this question may not apply to you--if this is the case, please select "Not applicable."

How many total siblings were diagnosed with COVID-19?

- 2
 3
 4
 5 or more

When was the sibling diagnosed? (Provide your best estimate if exact date is unknown).

If more than one sibling was diagnosed, enter the MOST RECENT date.

Has anybody else living with [general_info_arm_2][participant_firstname] ever had a positive test for COVID-19?

- Yes
 No

Who had a positive test for COVID-19 while living with [general_info_arm_2][participant_firstname]? You may check all that apply.

- Yes, grandmother
 Yes, grandfather
 Yes, child
 Yes, other housemate

Only count people who were living in the house with [general_info_arm_2][participant_firstname] at the time they were diagnosed.

For this question, the answer choice "Child" only applies to teachers and staff filling out their own survey, to indicate if they have ever had a child who had COVID-19 while living in the same house.

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When was the grandparent diagnosed? (Provide your best estimate if exact date is unknown).

If more than one grandparent was diagnosed, enter the MOST RECENT date.

How many children living in the house were diagnosed with COVID-19?

- 1
 2
 3
 4
 5 or more

When was your child diagnosed? (Provide your best estimate if exact date is unknown).

If more than one child was diagnosed, enter the MOST RECENT date.

How many other people living in the house were diagnosed with COVID-19?

- 1
 2
 3
 4
 5 or more

List their relationships to
[general_info_arm_2][participant_firstname]

When was the other housemate diagnosed? (Provide your best estimate if exact date is unknown).

If more than one other housemate was diagnosed, enter the MOST RECENT date.

Has [general_info_arm_2][participant_firstname] ever been told to quarantine by the health department because they were found to be a close contact of someone OUTSIDE THE HOUSEHOLD with COVID-19?

- Yes
 No

If so, when did the quarantine begin? (Provide your best estimate if exact date is unknown)

If this has happened more than once, please enter the MOST RECENT date.

Did [general_info_arm_2][participant_firstname] participate in any organized summer activities (such as camps or sports leagues), either as participant, coach, or teacher/counselor, or attend organized day care during the previous spring or summer?

- Yes
 No

In which organized summer activities did [general_info_arm_2][participant_firstname] participate? Check all that apply.

- Day camp (of any type)
 Sleep-away camp
 Sports league
 Daycare
 Other

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If other, please explain:

Since the beginning of school, has [general_info_arm_2][participant_firstname] been participating in any organized activities or been in group settings, either as participant, coach, or teacher/counselor?

Yes
 No

Since the beginning of school, in which organized activities or group settings has [general_info_arm_2][participant_firstname] been participating? Please check all that apply.

Sports team/league
 Other classes/lessons outside of school
 Group child care or learning groups
 Other

If other, please explain:

Since March 2020, has [general_info_arm_2][participant_firstname] traveled outside of Vermont?

Yes
 No

Do NOT include travel for essential purposes, such as for medical care or for visitation (for example, to see a parent with joint custody but who lives outside of Vermont).

If yes, where (city, state, country)?

If there has been more than one trip outside of Vermont, please enter information for the MOST RECENT trip.

If yes, when did [general_info_arm_2][participant_firstname] return from travel? (Provide your best estimate if exact date is unknown)

If there has been more than one trip outside of Vermont, please enter the MOST RECENT date.

Since March 2020, did [general_info_arm_2][participant_firstname] ever have any symptoms concerning COVID-19 but for which [general_info_arm_2][participant_firstname] could not get tested?

Yes
 No

If this has happened more than once, please answer the following questions for the MOST RECENT illness for which testing could not be performed.

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If so, which symptoms? (Please check all that apply)

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

If so, please indicate the approximate date when these symptoms began.

Is anyone in [general_info_arm_2][participant_firstname]'s household considered an essential worker?

- Yes
- No
- Not sure

If so, please list who (parent, grandparent, sibling, etc.) is an essential worker and their occupation.

If more than one, please list all essential workers.

On average, how frequently does everyone in the household wear masks or cloth facial coverings when in public?

- None of the time
- < 25% of the time
- 25-49% of the time
- 50-74% of the time
- 75% of the time or more

Is [general_info_arm_2][participant_firstname] Hispanic/Latino or not Hispanic/Latino?

- Hispanic/Latino
- Not Hispanic/Latino
- Prefer not to answer

What is [general_info_arm_2][participant_firstname]'s race? Select one or more.

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Prefer not to answer

To complete the survey, please click "Submit" below. Once you click "Submit," you cannot change any of your answers. You may go back now to review any of your answers if desired by clicking the "Previous Page" buttons.

After you submit, you will receive a separate email link that will allow you to access the antibody test results for [general_info_arm_2][participant_firstname].