



Appendix II: School-based COVID-19 outbreak investigation – Complimentary case questionnaire

BACKGROUND

(For the interviewer)

OBJECTIVE

The overarching objective of outbreak investigations is to identify all cases and contacts associated with the outbreak to limit spread and suppress the outbreak. This is accomplished through investigation of outbreak cases and contact tracing. However, additional information gathered during can contribute to the emerging knowledge base related to transmission dynamics, risk factors for introduction and spread, and the effectiveness of the public health interventions and administrative adaptations that have been implemented in particular settings. As schools re-open, information gathered through thorough epidemiological investigations will contribute to our understanding of how COVID-19 may spread in schools, to mitigate COVID-19 infection risk.

This detailed questionnaire should be used in addition to usual case report forms collected on all COVID-19 cases, and may only be implemented at the discretion of the Public Health Authority based on the declaration of an outbreak in a school. It is not intended to be used for single or sentinel cases in a school. **Where additional information on specific topics is indicated based on the respondent's answers to this questionnaire, the interviewer will be directed to complete supplementary questionnaires. These additional modules can be found in Appendix II – Supplementary Questionnaires. It is advised that all questionnaires including all supplementary questionnaires are made readily available and prepared by the interviewer prior to the interview.**

This questionnaire is intended to elicit information about an outbreak case's activities in the 14 days prior to their onset of illness, or positive laboratory test, in order to gather information about potential sources of acquisition at the school. These questions will also help investigators identify contacts in the school or school community who should be assessed for exposure during the case's period of communicability. Depending on the age and developmental level of the case, a parent or guardian may be required to participate in the case interview. Where possible, memory aids such as calendars, class and transportation schedules, and school board policies should be used to assist the case in recalling the details of their movements/activities. Investigators should exercise discretion when interviewing cases that may have special needs or be unable to wear a mask or maintain physical distancing due to developmental, physical or psychological needs.

CONSENT TO PARTICIPATE

Consent to participate is obtained from interviewees, or proxies (e.g., parents being interviewed on behalf of (or with) their child). Older children and teens may give consent themselves or require parental consent; what is needed and at what age depends on the province or territory of residence. Language should be simplified to the appropriate level for cases and their proxies based on age, language abilities, and understanding.

SECTION 1: ADMINISTRATIVE INFORMATION

Date questionnaire completed:		(dd/mm/yyyy):	
P/T CASE IDENTIFIER (link to case report form)			
Interviewer's Name:		Position/Job Title:	
Email:		Phone number:	
Last Name of Case:		First Name of Case:	
Is respondent a proxy?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, explain reason for proxy:			

Proxy's relationship to case			
Last Name of respondent:		First Name of respondent:	
Email:		Phone number:	

INTRODUCTORY SCRIPT

(Interviewer will read to the case or proxy).

Today I will be asking you some questions about your time at work/school over the last few weeks. Public health will use this information to better understand when/where you might have been exposed to COVID-19 and whether there are more things that we can do to keep you and others safe while at work/school. We may ask you to identify other people by name. This is so that we can assess whether they may be at risk for COVID-19 and if they need to be interviewed too. The information you provide is voluntary, and will be kept confidential. Your input is valuable and appreciated. Thank you for taking the time to answer these questions.

The first section of the questionnaire focuses on your/the child's symptoms.

SECTION 2: CLINICAL INFORMATION

Much of the information collected in this section will have already been collected during the initial public health follow-up. Please consider pre-populating this section and using the case interview as verification.

1. Did you/the child develop symptoms of COVID-19? <i>Symptoms may include one or more of the following: cough, fever ($\geq 38^{\circ}\text{C}$), feverish/chills, sore throat, runny nose, shortness of breath/difficulty breathing, nausea/vomiting, headache, general weakness, pain (muscular, chest, abdominal, joint), irritability/confusion, diarrhea.</i>		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
2. When did symptom(s) first appear?	Date (DD/MM/YYYY):	<input type="checkbox"/> Asymptomatic		
3. When was the positive COVID-19 specimen collected?	Date (DD/MM/YYYY):			
4. Was a variant of concern identified?	<input type="checkbox"/> YES Specify name of VOC: _____	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN	
<i>Depending on your preferred interview technique, you might want to consider asking open-ended questions about possible COVID-19 exposures.</i>				
5. How do you think you were/the child was exposed to COVID-19? Do you know of anyone who has been recently diagnosed with COVID-19?				

Name of Case:		Outbreak ID :	
School:			

6. Do you/the child have any medical conditions? If yes, describe:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
7. Are you/the child immunocompromised?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
8. Were you/the child vaccinated against COVID-19?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
If yes: First dose product:			
First dose date (dd-mm-yyyy):			
Second dose product:			
Second dose date (dd-mm-yyyy):			
9. Have you had COVID-19 in the past?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
If yes: Symptom start date or positive specimen collection date (dd-mm-yyyy):			
Specify name of VOC, if applicable			
Best date* (check one) (*this date should be used throughout the questionnaire when specified [BEST DATE])	<input type="checkbox"/> Date of symptom onset OR <input type="checkbox"/> Date of positive specimen collection	<hr/> (dd/mm/yyyy)	
Incubation period	((14 days prior to [BEST DATE]) to [BEST DATE])	<hr/> (dd/mm/yyyy) to <hr/> (dd/mm/yyyy)	
Communicable period	(48 hours prior to [BEST DATE]) to 10 days after [BEST DATE])	<hr/> (dd/mm/yyyy) to <hr/> (dd/mm/yyyy)	

INTRODUCTORY SCRIPT FOR SECTION 3*(Interviewer will read to the case or proxy).*

The next set of questions focuses on your/the child's time at school before you/the child got sick.

Name of Case:		Outbreak ID :	
School:			

SECTION 3: SCHOOL AND ATTENDANCE INFORMATION

This information is collected to help the investigators understand the setting where the case may have acquired the disease and to enable linkage to other documentation about the school (i.e. school investigation questionnaire).

1. School Name / Identifier:							
2. Address: Number and Street							
City							
Province/Territory							
Postal Code							
3. Please indicate your attendance for each school day, in the 14 days prior to [BEST DATE].							
DATE (dd/mm/yyyy)	ATTENDED			DID NOT ATTEND	NOT REQUIRED	UNKNOWN	
	AM	PM	FULL DAY				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Did you attend the school between [BEST DATE] and 10 days after [BEST DATE]?				<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN	

Name of Case:		Outbreak ID :	
School:			

4a. IF YES: Which date(s) did you attend the school?		_____	to	_____
		dd/mm/yyyy		dd/mm/yyyy
5. Are you staff or a student?		<input type="checkbox"/> STUDENT <i>Proceed to SECTION 3A: STUDENT</i>		<input type="checkbox"/> STAFF <i>Proceed to SECTION 3B: STAFF</i>
SECTION 3A: STUDENT The following questions are for a student that is a case of COVID-19: <i>Whenever possible please consider gathering information from the school and school policy documents in advance of the interview, to help prompt the case/proxy during questioning.</i>				
6. Are you able to provide a class schedule?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
7. What grade/class are you in (e.g., grade 7, class 7B)?		Grade:	Class:	Room #:
8. Are you in the same classroom for all of your classes all day?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
9. If no, please list each of your classes and for each provide the teacher's name, where it is located, and if it is in the school building or a portable. Please include homeroom if applicable. Also, please include any special education sessions, ISD, guidance meetings, etc that you attended.				
Date(s) (dd/mm/yyyy) or day of week (if reoccurring)	Class / Session	Teacher	Room # or location	Building or portable
SECTION 3B: STAFF The following questions are for staff that is a case of COVID-19. All questions refer to the 14 days prior to [BEST DATE].				
10. What is your role at the school? Please check all that apply.				
<input type="checkbox"/> Educational Worker (teacher, substitute teacher, early childhood educator, educational assistant, child and youth worker)		<i>Proceed to SECTION 3C: EDUCATIONAL WORKER</i>		
Name of Case:		Outbreak ID :		
School:				

Role other than educational worker: (check all that apply)		Continue through this section (Question 11)		
<input type="checkbox"/> Administrator	<input type="checkbox"/> Office administration	<input type="checkbox"/> Custodial		
<input type="checkbox"/> Health	<input type="checkbox"/> Counselling	<input type="checkbox"/> Lunch supervisor		
<input type="checkbox"/> Food Service	<input type="checkbox"/> Care giver (before/after school)	<input type="checkbox"/> Bus driver		
<input type="checkbox"/> Other (specify):				
11. Do you work in more than one school/educational setting?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
11a. If yes, please list any additional schools and/or other work settings where you worked in the 14 days prior to [BEST DATE]. Please also include your role.				
School	Dates	Role		
12. Did you spend periods of time in shared spaces or rooms at this school with other staff or students in the 14 days prior to [BEST DATE]? This could be an office, gymnasium, cafeteria, library, hallway monitoring duty, etc.		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
12a. If yes, please list the name of the shared space, where it is located and specific dates.				
Name of shared space	Location	Building or portable	Dates	
SECTION 3C: EDUCATIONAL WORKER				
The following questions are for a staff member classified as an educational worker (i.e. teacher, early childhood educator, educational assistant, or child and youth worker) that is a case of COVID-19. All questions refer to the 14 days prior to [BEST DATE]. Students and other staff skip to SECTION 4: SCHOOL SHARED SPACE EXPOSURES.				
Depending on your preferred interview technique, you might want to consider asking some open-ended questions in addition to the questions below to gather information about the cases daily work schedule, their classes/groups and their movements during the day.				

Name of Case:		Outbreak ID :	
School:			

For example: In general, please describe a typical workday in the 14 days prior to [BEST DATE]. In your response, it would be helpful if you included information about how you got to school (mode of transportation) the time of day that you typically arrive at the school, where you go when you first arrive at the building and details about how your workday is scheduled/structured. Please also include information about classrooms and other locations within the facility in which you frequently spend time during the day (where you eat your lunch, where you spend preparation time and/or recess time, whether you spent time the gymnasium and/or library).

13. Do you work in more than one school?				<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
13a. Please list all other schools you work in:						
14. Are you able to share your teaching schedule?				<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
15. Please list the grades, class, the classroom, and whether it is inside the school building or a portable for each of your class. Please include homeroom if applicable.						
Grade	Class	Classroom or location	Building or portable			
16. When not in the classroom, did you spend periods of 15 minutes or more in shared spaces or rooms at this school with other staff or students in the 14 days prior to [BEST DATE]? This could be an office, gymnasium, cafeteria, library etc.				<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
16a. If yes, please list the name of the shared space, where it is located and specific dates.						
Name of shared space	Location	Building or portable	Dates (within the 14 days prior to onset/diagnosis)			

Name of Case:		Outbreak ID :	
School:			

INTRODUCTORY SCRIPT FOR SECTION 4*(Interviewer will read to the case or proxy).*

The next set of questions focuses on where you/your child went while you/your child were at work/school. Please note that more specific questions about masking and physical distancing practices will be asked at the end of the interview.

SECTION 4: SCHOOL SHARED SPACE EXPOSURES, PHYSICAL DISTANCING & MASKING*Applies to all cases. All questions refer to the 14 days prior to [BEST DATE].**Wherever possible please consider gathering information from the school related to masking policies in advance of the interview, to help prompt the case/proxy while questioning.*

17. Describe the mask wearing policy at your school. Do most of the students and staff follow the policy? Do YOU/THE CHILD follow the policy? If not, please describe.

(Prompts: Do people have to wear a mask all the time or only in certain areas? What type (e.g. non-medical masks)? Which areas? Do you always wear a mask except when you are eating and drinking? Do you wear a mask outdoors? Do you feel like most of the other students and staff wear masks in the common areas? Is there anywhere where students and staff never wear masks? In general, do you and others use masks correctly (i.e. nose and mouth covered)? What happens when someone forgets their mask or does not have one? Are there masks available at school for those who need them?)

18. Describe the physical distancing policy at your school. Do most of the students and staff follow the policy? Do YOU/THE CHILD follow the policy? If not, please describe.

(Prompts: Do people maintain physical distance of at least 2 metres all the time or only in certain areas? Which areas? Where do they not? Do you always wear a mask if you cannot physically distance? Do you physically distance outdoors? Do you feel like most of the other students and staff physically distance in the common areas? Is there anywhere where students and staff never physically distance?)

Name of Case:		Outbreak ID :	
School:			

SECTION 5: MEALS/CAFETERIA EXPOSURES*Applies to all. All questions refer to the 14 days prior to [BEST DATE].*

23. Did you bring your own lunch, use the school food services, eat off-site or go home to eat?			
<input type="checkbox"/> Brought Lunch	<input type="checkbox"/> Used in school food service	<input type="checkbox"/> Ate off site	
<input type="checkbox"/> Went home	<input type="checkbox"/> Other (specify):		
24. Did you use any communal food items such as salt/pepper shaker, ketchup, utensils etc.?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
25. Did you use any communal equipment (fridge, kettle, microwave, coffeepot, etc.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
26. On most days, where did you eat your meals?			
<input type="checkbox"/> In classroom	<input type="checkbox"/> In cafeteria / lunchroom	<input type="checkbox"/> Outside	
<input type="checkbox"/> Home	<input type="checkbox"/> Other (specify):		
27. On most days did you eat your meals physically distanced from others by at least 2 metres?			
<input type="checkbox"/> Always stay at least 2 metres apart	<input type="checkbox"/> Sometimes stay 2 meters apart	<input type="checkbox"/> Never stay 2 metres apart	
<input type="checkbox"/> Can't remember / Don't know			

INTRODUCTORY SCRIPT FOR SECTION 6*(Interviewer will read to the case or proxy).*

The next set of questions focuses on how you/the child got to work/school each day. Please note that more specific questions about masking and physical distancing practices will be asked at the end of the interview.

SECTION 6: TRANSPORTATION EXPOSURES*Applies to all cases. All questions refer to the 14 days prior to [BEST DATE]. Wherever possible please consider gathering information from the school related to transportation policies in advance of the interview, to help prompt the case/proxy while questioning.*

Depending on your preferred interview technique, you might want to consider asking some open-ended questions to gather information about the cases mode of transportation, routes, schedules as well as who they sat near/next too during their transportation. It is challenging to recall the movements and actions of others on any given day and therefore it might be useful to ask the case to describe a 'typical journey' to and from the educational facility.

- 28. Please describe in as much detail as possible, how you/ the child traveled to and from the school in the 14 days prior to [BEST DATE]. Please include information related to the mode of transportation, the schedule, the route and any transfers, as well as information about those sitting near you, and whether they and/or you/the child were wearing masks.**

Name of Case:		Outbreak ID :	
School:			

29. In the 14 days prior to [BEST DATE], how did you/the child get to school each day? Please select all that applies.		
TRANSPORTATION METHOD	DATES	COMPLETE THE FOLLOWING SUPPLEMENTARY QUESTIONNAIRES
<input type="checkbox"/> Walking / Biking		Skip to SECTION 7: EXTRACURRICULAR ACTIVITY EXPOSURES
<input type="checkbox"/> Private vehicle		Complete Transport Supplementary Questionnaire (Appendix II - 6A)
<input type="checkbox"/> School bus		Complete Transport Supplementary Questionnaire (Appendix II - 6B)
<input type="checkbox"/> Public transport		Complete Transport Supplementary Questionnaire (Appendix II - 6C)
<input type="checkbox"/> Other (specify):		

INTRODUCTORY SCRIPT FOR SECTION 7*(Interviewer will read to the case or proxy).*

The next set of questions focuses on your/ the child's extracurricular activities. Please note that more specific questions about masking and physical distancing practices will be asked at the end of the interview.

SECTION 7: EXTRACURRICULAR ACTIVITY EXPOSURES*Applies to all cases. All questions refer to the 14 days prior to [BEST DATE].*

30. Did you / the child participate in any extracurricular activities (e.g. before/after school care, band, sports, clubs, events, parties, playdates)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
If you answered yes to Q30, YOU MUST COMPLETE Appendix II- 7: Extracurricular Activities Exposure Supplementary Questionnaire			

INTRODUCTORY SCRIPT FOR SECTION 8*(Interviewer will read to the case or proxy).*

The next set of questions focuses on your time at home.

SECTION 8: AT HOME BEHAVIOURS AND EXPOSURES*Applies to all cases. All questions refer to the 14 days prior to [BEST DATE].*

31. Did you do a self-assessment prior to attending school each day?	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<input type="checkbox"/> Don't remember
32. What is your self-assessment process? Please describe.				

Name of Case:		Outbreak ID :	
School:			

33. In the 14 days prior to [BEST DATE] did any of the following apply to you?
<input type="checkbox"/> Returned from traveling and spent 14 days self-isolating at home
<input type="checkbox"/> Returned from traveling and did not spend 14 days self-isolating at home
<input type="checkbox"/> Identified by public health as a contact of a known COVID-19 case
<input type="checkbox"/> Had symptoms of COVID-19
<input type="checkbox"/> Had close, prolonged contact with a household member who was ill or had symptoms of COVID-19
<input type="checkbox"/> Had close, prolonged contact with a household member who was self isolating after travelling out of province: <input type="radio"/> For work <input type="radio"/> For another reason
<input type="checkbox"/> If someone in the household had travelled, did the individual: <input type="radio"/> Self isolate <input type="radio"/> Comply with all self-isolation requirements <input type="radio"/> Was exempt from self-isolation (describe):

INTRODUCTORY SCRIPT FOR SECTION 9 <i>(Interviewer will read to the case or proxy).</i>
Finally, we would like to ask you / the child about the masking and physical distance practices of you/the child and people around you / the child while you / the child were at work/school.

SECTION 9: MASKING AND PHYSICAL DISTANCING PRACTICES - SUMMARY <i>Applies to all cases. All questions refer to the 14 days prior to [BEST DATE].</i>					
34. How often did YOU / THE CHILD wear a mask?					
LOCATION	ALWAYS WORE MASK	SOMETIMES WORE MASK	NEVER WORE MASK	DO NOT REMEMBER/ UNKNOWN	NOT APPLICABLE
In private vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiting for school bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On the school bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiting for public transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On public transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School hallways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School washroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School cafeteria / lunchroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School playground / yard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During extracurricular activities/events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During before / after school care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Case:		Outbreak ID :	
School:			

35. How often did OTHERS AROUND YOU / THE CHILD wear a mask?					
LOCATION	ALWAYS WORE MASK	SOMETIMES WORE MASK	NEVER WORE MASK	DO NOT REMEMBER/ UNKNOWN	NOT APPLICABLE
In private vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiting for school bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On the school bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiting for public transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On public transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School hallways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School washroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School cafeteria / lunchroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School playground / yard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During extracurricular activities/events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During before / after school care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

36. In which classes and/or activities was it difficult to wear a mask consistently (i.e. lunchtime, snack time)?

CLASS	LOCATION	ACTIVITY

37. How often did YOU / THE CHILD maintain a physical distance of at least 2 metres from others?

LOCATION	ALWAYS DISTANCED	SOMETIMES DISTANCED	NEVER DISTANCED	DO NOT REMEMBER/ UNKNOWN	NOT APPLICABLE
In private vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiting for school bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On the school bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiting for public transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On public transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School hallways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School washroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School cafeteria / lunchroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Case:		Outbreak ID :	
School:			

School playground / yard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During extracurricular activities/events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During before / after school care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38. In which SITUATIONS did you find it difficult to maintain physical distance?

CLASS	LOCATION	ACTIVITY

39. Any further comments before we end the interview?

Name of Case:		Outbreak ID :	
School:			