



## Appendix II – School-based COVID-19 outbreak investigation – Complementary case questionnaire

### Supplementary questionnaires

#### Supplement to Section 4: School Cohort / Classroom Exposure

| SECTION 4: SCHOOL COHORT / CLASSROOM EXPOSURE  |  |  |                                  |
|--|--|--|----------------------------------|
| <i>Applies to all cases who are in a COHORT. All questions refer to the 14 days prior to [BEST DATE].<br/>Wherever possible please consider gathering information from the school related to COHORTING / GROUPING policies in advance of the interview, to help prompt the case/proxy while questioning.</i> |  |  |                                  |
| <b>1. Is there a name to identify your cohort? (append a list of members):</b>   |  |  |                                  |
| <b>2. Check the best description of your cohort:</b>   |  | <input type="checkbox"/> Always the same people in the cohort                  |                                  |
|  |  | <input type="checkbox"/> Sometimes the same people in the cohort               |                                  |
|  |  | <input type="checkbox"/> Never the same people in the cohort (always changing) |                                  |
|  |  | <input type="checkbox"/> Don't remember / Unknown                              |                                  |
| <b>3. Can you describe your cohort generally?</b> (i.e., number of people, does it include a mix of teachers/staff and students, are there class cohorts and then “study-cohorts” or “sub-cohorts” as well, etc.)  |  |  |                                  |
| <b>4. To the best of your knowledge, has any student or teacher/staff in your cohort had SYMPTOMS of COVID-19?</b>   |  |  |                                  |
| <b>STUDENT:</b>  | <input type="checkbox"/> YES             | <input type="checkbox"/> NO  | <input type="checkbox"/> UNKNOWN |
| <b>TEACHER:</b>  | <input type="checkbox"/> YES             | <input type="checkbox"/> NO  | <input type="checkbox"/> UNKNOWN |
| <b>STAFF:</b>  | <input type="checkbox"/> YES             | <input type="checkbox"/> NO  | <input type="checkbox"/> UNKNOWN |
| <b>If yes, please indicate the following:</b>  |  |  |                                  |
| <b>Name</b>  | <b>Role (i.e. Student/Teacher/Staff)</b> | <b>Classes shared</b>  |                                  |
|  |  |  |                                  |
|  |  |  |                                  |
|  |  |  |                                  |
|  |  |  |                                  |



|  |  |  |   |                                  |
|--|--|--|---|----------------------------------|
| <b>10. Within your cohort were there classes and/or activities during which it was difficult to MAINTAIN PHYSICAL DISTANCE OF AT LEAST 2 METRES?</b> | <input type="checkbox"/> NO DIFFICULTY | <input type="checkbox"/> SOMETIMES DIFFICULT | <input type="checkbox"/> ALWAYS DIFFICULT | <input type="checkbox"/> UNKNOWN |
| <b>11. In which SITUATIONS did you find it difficult to maintain physical distance?</b>  |  |  |   |                                  |
| <b>CLASS</b>   | <b>LOCATION</b>                        |  | <b>ACTIVITY</b>                           |                                  |
|  |  |  |   |                                  |
|  |  |  |   |                                  |
|  |  |  |   |                                  |
|  |  |  |   |                                  |
| <b>12. Are windows kept open?</b>  | <input type="checkbox"/> ALWAYS        | <input type="checkbox"/> SOMETIMES           | <input type="checkbox"/> NEVER            | <input type="checkbox"/> UNKNOWN |
| <b>13. Please provide any additional details and comments on cohort or classroom exposures:</b>  |  |  |   |                                  |

|               |  |               |  |
|---------------|--|---------------|--|
| Name of Case: |  | Outbreak ID : |  |
| School:       |  |               |  |