



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

Supplementary Questionnaires

Supplement to Section 7: Extracurricular Activity Exposure

Please complete this if the case has indicated they take part in extracurricular and social activities. On-line activities are out of scope.

SECTION 7: EXTRACURRICULAR ACTIVITY EXPOSURES						
<i>Applies to all cases. All questions refer to the 14 days prior to [BEST DATE].</i>						
1. Please provide a list of <i>in-person</i> extracurricular activities using the chart below. Include before/after school care in this list.						
ACTIVITY (i.e. band, sports, chess club, etc.)	DATES	LOCATIONS	AFFILIATED with SCHOOL	SAME COHORT AS SCHOOL	DIFFERENT COHORT AS SCHOOL	OUTSIDE STUDENTS / STAFF
			<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"/>
2. Did the child attend <u>before/after school care</u>?			<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN	
3. If yes, please complete the following chart and questions. If no, skip to question Q6.						
BEFORE / AFTER SCHOOL CARE PROGRAM NAME	DATES	LOCATIONS	SAME COHORT AS SCHOOL	DIFFERENT COHORT AS SCHOOL	OUTSIDE STUDENTS / STAFF	
			<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. At before/after school care was there anyone with symptoms of COVID-19?			<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> N/A
If no, continue to Q6 If not applicable, continue on to Q5						
If yes, provide their name(s) and when you last saw them:						
NAME			DATE LAST SEEN			

5. At OUT OF SCHOOL care was there anyone with symptoms of COVID-19?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> N/A
If no, or not applicable, skip to Q6. If yes, provide their name(s) and when you last saw them:					
NAME			DATE LAST SEEN		
6. Outside of classes, shared spaces at school, meals, and extracurricular activities have you interacted SOCIALLY (i.e. a birthday party, informal get together, going to the mall, etc.)		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> N/A
If no, skip to question 9. 6a. If yes, provide their name(s) and when you last saw them, and complete Q7 & Q8					
ACTIVITY / EVENT	DATE	LOCATION	NAMES OF CONTACTS	SAME SCHOOL?	
				<input type="checkbox"/> YES	<input type="checkbox"/> NO
				<input type="checkbox"/> YES	<input type="checkbox"/> NO
				<input type="checkbox"/> YES	<input type="checkbox"/> NO
				<input type="checkbox"/> YES	<input type="checkbox"/> NO
				<input type="checkbox"/> YES	<input type="checkbox"/> NO
				<input type="checkbox"/> YES	<input type="checkbox"/> NO
				<input type="checkbox"/> YES	<input type="checkbox"/> NO
				<input type="checkbox"/> YES	<input type="checkbox"/> NO
6b. If you participated in any activities with people from same school, were they also in the same cohort?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> N/A
7. Was anyone from these activities diagnosed with COVID-19?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> N/A
NAME			DATE LAST SEEN		
8. Did anyone from these activities show symptoms of COVID-19?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> N/A
NAME			DATE LAST SEEN		

Name of case:		Outbreak ID:	
School:			

9. Please provide any additional detail on any extracurricular activities / social gatherings related to school.

(i.e. Did people wear masks? Did people practice physical distancing? Was there shared food? Was there shared toys / equipment?)

Name of case:		Outbreak ID:	
School:			