

S1. File. Questionnaires

Baseline household questionnaire, only filled in by the head of the household

| NR. | BASELINE HOUSEHOLD QUESTIONNAIRE | ANSWER OPTION |
|-----|--|---|
| 1 | Number of people within the household? | Number |
| 2 | What is the type of the household? | couple/family/student accommodation/friends/other |
| 3 | Description of your household? | Open text field |
| 4 | How many bedrooms do you have within your house? | Number |
| 5 | Does everybody sleep in their own bed? | Yes / No |
| 6 | How many people within the household share a bed? | Number |
| 7 | Did the index case shared a bed with a household member in the past two weeks? | Yes / No |
| 8 | Number of toilets in the house? | 1/2/more than 2 |
| 9 | Presence of a sink within the toilet room? | Yes, all toilets/Yes, but not all toilets/No |
| 10 | Do you have pets? (more answers possible) | No/Dog/Cat/Rodents/Other |
| 11 | In the past 14 days, how often did you or someone in your household receive visitors in the home? | less than once a week/1-3 times a week/more than 3 times a week |
| 12 | Over the past week there have been enough supplies of the following materials in my home to prevent spread of coronavirus infection: | |
| | • Hand sanitizer (minimum 60% alcohol) | Strongly disagree- disagree-somewhat disagree –neither agree nor disagree – somewhat agree – agree – strongly agree |
| | • Soap | Strongly disagree- disagree-somewhat disagree –neither agree nor disagree – somewhat agree – agree – strongly agree |

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|----|---|--|
| | • Home disinfectant | Strongly disagree- disagree-somewhat disagree –neither agree nor disagree – somewhat agree – agree – strongly agree |
| | • Disposable towels | Strongly disagree- disagree-somewhat disagree –neither agree nor disagree – somewhat agree – agree – strongly agree |
| | • Medical or surgical masks | Strongly disagree- disagree-somewhat disagree –neither agree nor disagree – somewhat agree – agree – strongly agree |
| | • Disposable gloves | Strongly disagree- disagree-somewhat disagree –neither agree nor disagree – somewhat agree – agree – strongly agree |
| 13 | What extra protective measures have been taken to protect yourself and your housemates against transmission from your sick housemate (multiple answers possible)? | Sleeping in bed alone / no hugging, kissing or intercourse / use separate cutlery, cups, glasses / use separate meals / separate towels / extra cleaning of sanitary facilities and frequently used surfaces such as door handles / separate use of devices such as computer, mobile and lpad / use of your own toilet / use surgical mask by housemates / extra ventilation of the room where your sick housemate was / other / none of the above |

Baseline questionnaire, filled in by all adults (above 16 years) within the household

| NR. | BASELINE PARTICIPANT QUESTIONNAIRE ADULT | ANSWER OPTION |
|-----|--|--|
| 1 | What is your country of birth? | Open text field |
| 2 | Do you have payed work at this moment? | Yes / No |
| 3 | Do you work in (more answers possible)? | Patient care/ childcare / primary or secondary education / higher education / none of them |
| 4 | Are you a pupil/student? | Yes / No |
| 5 | In the past 2 weeks, did you left the home for work, traveling in public transport or socializing? | Yes / No |
| 6 | Have you been abroad in the past 2 weeks? | Yes / No |
| 7 | Which countries did you visit? | Open text field |
| 8 | What is the highest level of education that you have completed with a diploma? | For the Netherlands: VMBO, MAVO, LBO/HAVO/VWO/MBO, MTS/HBO, university)/no education completed For Belgium: lager onderwijs/beroepssecundair onderwijs (BSO)/technisch secundair onderwijs (TSO)/algemeen secundair onderwijs (ASO)/hoger onderwijs/no education completed |
| 9 | What is your height in meters? | Open text field |
| 10 | What is your weight in kilograms? | Open text field |
| 11 | When was the last time you had symptoms of your upper airways with a nose cold and cough, possibly accompanied by a fever? | At this moment / less than 2 weeks ago / between 2 and 4 weeks ago / more than 4 weeks ago |
| 12 | Do you have any of the following chronic conditions, diagnosed by a medical doctor (multiple answers possible)? | Heart disease / lung disease (e.g. asthma or COPD) / immune disorder / diabetes / rheumatism / none |

| | | |
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| 13 | Are you currently taking doctor-prescribed medications for your chronic condition? | Yes / No |
| 14 | Which medicines do you use for your chronic condition? | Open text field |
| 15 | Are you currently being treated for cancer? | Yes / No |
| 16 | Are you currently taking any medications prescribed by your doctor to treat your cancer? | Yes / No |
| 17 | What medications are you using to treat your cancer? | Open text field |
| 18 | Do you have direct care responsibilities for your housemate who has the coronavirus infection? | No / Yes / I am the ill housemate |
| | Please indicate the extent to which you agree with the following: | |
| 19 | I know where to find information about preventing the spread of infection in my home when living with a person who is ill with the new coronavirus | Strongly disagree / disagree / somewhat disagree / neither agree nor disagree / somewhat agree / agree / strongly agree |
| 20 | I have received enough advice about what to do to prevent the spread of infection while living with someone who is ill with the new coronavirus | Strongly disagree / disagree / somewhat disagree / neither agree nor disagree / somewhat agree / agree / strongly agree |
| 21 | I am confident I can protect myself from becoming infected with the new coronavirus | Strongly disagree / disagree / somewhat disagree / neither agree nor disagree / somewhat agree / agree / strongly agree |
| 22 | I believe that the following recommendations will prevent spread of infection in my household: | |
| | • Washing hands more often | Strongly disagree / disagree / somewhat disagree / neither agree nor disagree / somewhat agree / agree / strongly agree |
| | • Using soap when washing hands | Strongly disagree / disagree / somewhat disagree / neither agree |

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| | | nor disagree / somewhat agree / agree / strongly agree |
| | • Not sharing plates, cups and utensils | Strongly disagree / disagree / somewhat disagree / neither agree nor disagree / somewhat agree / agree / strongly agree |
| | • Wearing a mask in the home when in the same room as the person who is ill | Strongly disagree / disagree / somewhat disagree / neither agree nor disagree / somewhat agree / agree / strongly agree |
| | • Wearing a mask in the home when not in the same room as the person who is ill | Strongly disagree / disagree / somewhat disagree / neither agree nor disagree / somewhat agree / agree / strongly agree |
| | • Sleeping in a different bedroom to the person who is ill | Strongly disagree / disagree / somewhat disagree / neither agree nor disagree / somewhat agree / agree / strongly agree |

Baseline child (0-15 year) questionnaire, filled in by the head of the household

| NR. | BASELINE PARTICIPANT QUESTIONNAIRE CHILD | ANSWER OPTION |
|------------|--|---|
| 1 | In which country was your child born? | Open text field |
| 2 | Has your child been abroad in the past 2 weeks? | Yes / No |
| 3 | Which country-(ies) did your child visit? | Open text field |
| 4 | Has your child made use of (emergency) care at school / after-school care / child daycare in the past 2 weeks? | Yes / No |
| 5 | What is the height in meters of your child? | Open text field |
| 6 | What is the weight in kilograms of your child? | Open text field |
| 7 | When was the last time your child experienced symptoms of the upper airways with a nose cold and cough, possibly accompanied by a fever? | At this moment / less than 2 weeks ago / between 2 and 4 weeks ago / more than 4 weeks ago |
| 8 | Does your child have any of the following chronic conditions, diagnosed by a medical doctor (multiple answers possible)? | Heart disease / lung disease (e.g. asthma or COPD) / immune disorder / diabetes / rheumatism / none |
| 9 | Is your child currently taking any medications prescribed by the doctor for his / her chronic condition? | Yes / No |
| 10 | Which medicines does your child use for the chronic condition? | Open text field |
| 11 | Is your child currently being treated for cancer? | Yes / No |
| 12 | Is your child currently taking any medications prescribed by the doctor to treat the cancer? | Yes / No |
| 13 | What medications is your child taking to treat the cancer? | Open text field |

End of study questionnaire, filled in by the head of the household

| NR | STUDY END QUESTIONNAIRE ACCOUNT MEMBER | ANSWER OPTION |
|----|--|--|
| 1 | How many additional people in your household were diagnosed with a coronavirus infection during the study? | Number |
| | During the follow-up of the household study: | |
| 2 | I have felt cheerful and in good spirits | all of the time/most of the time/more than half of the time/less than half of the time/some of the time/at no time |
| 3 | I have felt calm and relaxed | all of the time/most of the time/more than half of the time/less than half of the time/some of the time/at no time |
| 4 | I have felt active and vigorous | all of the time/most of the time/more than half of the time/less than half of the time/some of the time/at no time |
| 5 | I woke up feeling fresh and rested | all of the time/most of the time/more than half of the time/less than half of the time/some of the time/at no time |
| 6 | My daily life has been filled with things that interest me | all of the time/most of the time/more than half of the time/less than half of the time/some of the time/at no time |
| 7 | Have you or anyone in your household encountered any technical difficulties using the App? | Yes/No |
| 8 | What problems have you and/or your housemates experienced? | Open text field |