

### Appendix 3 (as supplied by the authors): Index Case and Co-primary Contact Questionnaire (Initial Visit)

Subject ID (study participant)	To be completed in advance of visit	Name of household contact	
Site ID (if multi-site)	To be completed in advance of visit	Name of index case	To be completed in advance of visit
Household study ID	To be completed in advance of visit	Name of interviewer	To be completed in advance of visit
If a proxy respondent, name and relationship to the participant (e.g., parent)		Date of interview	____/____/____ (yyyy/mmm/dd)
Email address of primary household contact		Phone number of primary household contact	(____) _____ - _____

#### Medical history for co-primary case only

*(recall that these may be epidemiologically-linked AND/OR laboratory confirmed)*

In the first set of questions, we would like to know more about your medical history and whether you have been sick recently. *(Do not ask these questions for the index case)*

1. Have you ever been diagnosed with pertussis/whooping cough? If yes, when?

Yes  No  Don't know

*If Yes, date of illness onset (yyyy/mmm):* \_\_\_\_\_

*If Yes, who made the diagnosis? (check all that apply)*

- Family physician/pediatrician
- Emergency room physician
- Public Health authorities
- Other \_\_\_\_\_

2. Have you ever had any symptoms of pertussis? (*check all that apply*)

- Cough
- Coughing fits
- Whooping cough
- Vomiting after coughing
- Fever
- Runny nose
- Nasal congestion

3. Have you been tested for pertussis in the last two months? This would involve a doctor or nurse taking a swab inside your nose.

- Yes  No

*If No, skip to question #4*

*If Yes,*

- a) What was the date of your test (yyyy/mmm): \_\_\_\_\_
- b) Place of testing: \_\_\_\_\_
- c) What was the result of the test?

- Positive  Negative  Inconclusive  Don't know

d) Can we follow-up with your physician?

- Yes  No Physician contact: \_\_\_\_\_

4. Have you recently taken antibiotics?

- Yes  No  Don't know

- If Yes,*
- a) Name of antibiotic: \_\_\_\_\_
  - b) Start date: (yyyy/mmm/dd): \_\_\_\_\_
  - c) End Date: (yyyy/mmm/dd): \_\_\_\_\_

## Vaccination history

We would like to find out more about what type of vaccines you have been administered and when you were vaccinated. Do you have any vaccination records that we can review?

*Note that pertussis vaccines have been given to children in Canada along with other vaccines (diphtheria, tetanus, polio) as three doses for babies, one toddler dose and one dose before starting elementary school for many decades. More recently, boosters have been offered for high school aged children aged 14-16 years, and more recently a booster has also been made available for adults and people who work with children.*

6. a) Please list all available pertussis specific vaccination history details below:

#	Vaccine type (ex. DTaP-IPV-Hib)	Vaccination date yyyy/mmm/dd (at least year)	Other information (vaccine given in another country, etc.)
1			
2			
3			
4			
5			
6			

b) Source of pertussis vaccination information (*check all that apply*)

- Self-reported
- Official vaccine record
- Combination
- Other types of vaccine record (Immunize CA or other)  
Specify: \_\_\_\_\_
- No record is available and vaccination history is unknown

*If vaccination history is available, skip to question #9.*

*In the case of no vaccine record:*

7. Do you permit the study team to contact the physician or public health unit to obtain your vaccination records?

*(If interviewee agrees, please ask them to sign a consent form to release this information to the study team).*

- Yes  No

8. Do you know the name of the physician or public health clinic that might have your vaccination record?

