

Dogs								
Other animals								

4a. How many other household members live in your household besides you? Please choose one of the following answers:
0; 1; 2; 3; 4; 5 (as dropdown menu)

a. Age of the household members (one choice per row)

	Under 18 years	18 – 30 years	31 – 40 years	41 – 60 years	Over 60 years
Participant					
Roommate 1					
Roommate 2					
Roommate 3					
Roommate 4					

b. Gender of household members (one choice per row)

	male	female	diverse	No answer
Participant				
Roommate 1				
Roommate 2				
Roommate 3				
Roommate 4				

c. Which household members take care of the pet? (one choice per row)

	Yes	No	No answer
Participant			
Roommate 1			

Roommate 2			
Roommate 3			
Roommate 4			

d. Are there any household members who are at risk*? (one choice per row)

	Yes	No	No answer
Participant			
Roommate 1			
Roommate 2			
Roommate 3			
Roommate 4			

*Risk patients are e.g. persons >65 years, pregnant women, immunocompromised persons, persons with diabetes, high blood pressure, cardiovascular diseases or cancer.

e. Which household member(s) has/have tested positive for COVID-19? Please indicate the date of the first positive COVID-19 test as a comment.

	Yes	Date of first positive COVID-19 test
Participant		
Roommate 1		
Roommate 2		
Roommate 3		
Roommate 4		

5a. Did you know that there are recommendations for owners of dogs and cats in connection with COVID-19 from the Federal Food Safety and Veterinary Office (FSVO)? Please choose one of the following answers:
Yes/No

B. General hygiene

6a. Hand washing behaviour BEFORE COVID-19 diagnosis: How many times a day do you wash your hands with soap?

	Never	1-2 times	3-4 times	5-6 times	7-12 times	more than 12 times	no answer
Participant							
Roommate 1							
Roommate 2							
Roommate 3							
Roommate 4							

7a. Has your hand hygiene changed since a household member got COVID-19?

	YES, I wash/disinfect my hands more often than before.	NO, unchanged.	No answer
Participant			
Roommate 1			
Roommate 2			
Roommate 3			
Roommate 4			

8a. Behaviour towards coughing/sneezing BEFORE COVID-19 diagnosis: do you wash your hands after coughing/sneezing?

	Coughing					Sneezing				
	always	often	rarely	never	No answer	always	often	rarely	never	No answer
Participant										
Room mate 1										
Room mate 2										
Room mate 3										
Room mate 4										

	Coughing					Sneezing				
	always	often	rarely	never	No answer	always	often	rarely	never	No answer
Participant										
Room mate 1										
Room mate 2										
Room mate 3										
Room mate 4										

9a. Behaviour towards coughing/sneezing BEFORE COVID-19 diagnosis: Do you cough/sneeze into a tissue?

10a. Has your behaviour towards coughing/sneezing changed during the COVID-19 illness?

C. Pet hygiene

11a. How often do you wash your pet(s) toys?

	daily	weekly	Every 2 weeks	monthly	Half-yearly	Less often	My pet(s) has/have no toys
before COVID-19							
during COVID-19							

12a. How often is your pet(s) bed washed?

	daily	weekly	Every 2 weeks	monthly	Half-yearly	Less often	My pet(s) has/have no bed
before COVID-19							
during COVID-19							

13a. How often is your pet(s) food bowl washed?

	I wash/disinfect my hands more often afterwards			I cough/sneeze more often into a handkerchief		
	YES	NO, my behaviour is unchanged.	no answer	YES	NO, my behaviour is unchanged.	no answer
Participant						
Room mate 1						
Room mate 2						
Room mate 3						
Room mate 4						

	daily	weekly	Every 2 weeks	monthly	Half-yearly	Less often	My pet(s) has/have no bowl
before COVID-19							
during COVID-19							

14a. What do you use to clean your pet(s) food bowl?

Please select the answers that apply (multiple answers possible):

<input type="checkbox"/>	with water
<input type="checkbox"/>	with soap and water
<input type="checkbox"/>	with a separate cloth
<input type="checkbox"/>	with the same cloth I use for my dishes
<input type="checkbox"/>	in the dishwasher
<input type="checkbox"/>	with a special detergent/disinfectant
<input type="checkbox"/>	my pet(s) does not have a food bowl

D. Interaction with the pet(s) - Types of contact between household members and the pet(s)

Please indicate how often which interaction takes place between which household member and the pet(s).

15a. Direct contact time with the pet(s) is usually:

	Over 8 hours a day	2-8 hours a day	1-2 hours a day	10 min to 1 hour a day	under 10 minutes a day	no answer
Participant						
Roommate 1						
Roommate 2						
Roommate 3						
Roommate 4						

16a. Did you change your behaviour towards the animal when a household member became ill with COVID-19?

	Yes, contact more intense than before	Yes, contact was limited	No, contact unchanged as before	I don't know
Participant				
Roommate 1				
Roommate 2				
Roommate 3				
Roommate 4				

17a. During/since the COVID-19 diagnosis, does another person in the household take more care of the pet? Please choose one of the following answers:

<input type="checkbox"/>	Participant
<input type="checkbox"/>	Yes, housemate 1
<input type="checkbox"/>	Yes, housemate 2
<input type="checkbox"/>	Yes, housemate 3
<input type="checkbox"/>	Yes, housemate 4
<input type="checkbox"/>	No, the care of the pet is distributed as before
<input type="checkbox"/>	A person not living in the household takes care of the pet
<input type="checkbox"/>	The pet was taken to an external institution (animal shelter/boarding kennel)
<input type="checkbox"/>	Other:

(Animal-specific part: The owner gets the species-specific section for each animal according to the indication above.)

E. Animal-specific questions for cat owners (Cat 1)

Please answer the questionnaire for one cat only, if you own more cats you will be redirected later.

18a. Indicate the assigned ID number and the name of the animal.

ID number: _____

Name: _____

19a. Please indicate the sex of your cat.

male; male neutered; female; unknown (as a dropdown menu)

20a. Please indicate the age of your cat.

1; 2; 3; 4; 5; 6; 7; 8; 9; 10 ; 11; 12; 13; 14; 15; 16; 17; 18; 19; 20, over 20; unknown

21a. Where is the main residence of your cat? Please choose one of the following answers:

<input type="checkbox"/>	My cat stays exclusively in the flat
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<input type="checkbox"/>	My cat lives exclusively in the flat and has access to the balcony/terrace.
<input type="checkbox"/>	My cat spends less than 2 hours per day* outside.
<input type="checkbox"/>	My cat spends 2-6 hours per day* outside.
<input type="checkbox"/>	My cat spends 12 hours per day* outside.
<input type="checkbox"/>	My cat only comes to feed and otherwise stays outside.

*Interpretation of a day of 24h

22a. Does your pet have any known pre-existing conditions*? And is it under any therapy for this? If yes, please enter them in the comment field. Please choose one of the following answers: number

<input type="checkbox"/>	No, my cat has no pre-existing conditions
<input type="checkbox"/>	Yes, my cat has the following pre-existing conditions. Please enter your comment here:
<input type="checkbox"/>	I do not know if my cat has any pre-existing conditions.

* e.g.: Diabetes, heart disease, respiratory disease, cat flu, cancer etc.

23a. Does your cat show one or more of the following symptoms since COVID-19 diagnosis in a household member? Please select the answers that apply:

<input type="checkbox"/>	sneezing
<input type="checkbox"/>	dry cough
<input type="checkbox"/>	cough with expectoration of mucus
<input type="checkbox"/>	rapid or labored breathing (respiratory rate over 40/min if countable)
<input type="checkbox"/>	Breathing sounds
<input type="checkbox"/>	Nasal discharge
<input type="checkbox"/>	Eye discharge
<input type="checkbox"/>	Salivation
<input type="checkbox"/>	Vomiting
<input type="checkbox"/>	Diarrhea
<input type="checkbox"/>	tiredness, listlessness
<input type="checkbox"/>	reduced appetite
<input type="checkbox"/>	I do not know
<input type="checkbox"/>	No, my animal has no symptoms

24a. Have you seen a veterinarian for these symptoms? If yes: What was the diagnosis and treatment?

<input type="checkbox"/>	No, I have not seen a veterinarian.
<input type="checkbox"/>	Yes, I have seen a veterinarian. The diagnosis and treatment were: Please enter your comment here:

washing, disinfecting)								
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F. Animal-specific questions for dog owners (Dog 2)

Please answer the questionnaire for one dog only, if you own more cats you will be redirected later.

18b. Indicate the assigned ID number and the name of the animal.

ID number: _____

Name: _____

19b. Please indicate the sex of your dog.

male; male neutered; female; unknown (as a dropdown menu)

20b. Please indicate the age of your dog.

1; 2; 3; 4; 5; 6; 7; 8; 9; 10 ; 11; 12; 13; 14; 15; 16; 17; 18; 19; 20, over 20; unknown

21b. How much time of the day does your dog spend outside?

<input type="checkbox"/>	My dog spends less than 1h per day* outside.
<input type="checkbox"/>	My dog spends less than 2 hours per day* outside.
<input type="checkbox"/>	My dog spends 2 -6 hours per day* outside.
<input type="checkbox"/>	My dog spends 12 hours per day* outside.
<input type="checkbox"/>	My dog spends the whole day outside.

*Interpretation of a day of 24h

22b. Does your pet have any known pre-existing conditions*? And is it under any therapy for this? If yes, please enter them in the comment field. Please choose one of the following answers:

<input type="checkbox"/>	No, my dog has no pre-existing conditions
<input type="checkbox"/>	Yes, my dog has the following pre-existing conditions. Please enter your comment here:
<input type="checkbox"/>	I do not know if my dog has any pre-existing conditions.

* e.g.: Diabetes, heart disease, respiratory disease, cat flu, cancer etc.

23b. Does your dog show one or more of the following symptoms since COVID-19 diagnosis in a household member? Please select the answers that apply:

<input type="checkbox"/>	sneezing
<input type="checkbox"/>	dry cough
<input type="checkbox"/>	cough with expectoration of mucus

	rapid or labored breathing (respiratory rate over 40/min if countable)
	Breathing sounds
	Nasal discharge
	Eye discharge
	Salivation
	Vomiting
	Diarrhea
	tiredness, listlessness
	reduced appetite
	I do not know
	No, my animal has no symptoms

24b. Have you seen a veterinarian for these symptoms? If yes: What was the diagnosis and treatment?

	No, I have not seen a veterinarian.
	Yes, I have seen a veterinarian. The diagnosis and treatment were: Please enter your comment here:

25b. How often do you have very close contact with your dog ?

	very often (several times a day)	often (daily)	rarely	never	no answer
Having hands licked off					
Having hands licked off					
Giving kisses					
Giving treats					

26b. How often do you have the following types of contact with your dog?

	Over 8 hours a day	2-8 hours a day	1-2 hours a day	10 min to 1 hour a day	under 10 minutes a day	never	no answer
sleeping in the same bed							
Lying together on the sofa							
Stroking/cuddling							
Walking							
Playing							
Staying in the same room							

27b. How often do you have indirect contact with your dog?

	Over 2x daily	1-2x daily	over 1x per week	1x per week	1x per month	rarely	never	no answer
Give food								
Clean up/remove feces								

G. Animal-specific questions owners of other pets (other pet 1)

Please answer the questionnaire for one other animal only, if you own more cats you will be redirected later.

18c. Indicate the assigned ID number and the name of the animal.

ID number: _____

Name: _____

19c. What species is your animal?

Rabbit; guinea pig; hamster; turtle; mouse; rat; bird; other (as a dropdown menu)

20c. Please indicate the sex of your animal.

male; male neutered; female; unknown (as a dropdown menu)

21c. Please indicate the age of your animal.

1; 2; 3; 4; 5; 6; 7; 8; 9; 10 ; 11; 12; 13; 14; 15; 16; 17; 18; 19; 20, over 20; unknown

22c. The animal lives with me in my flat/house?

If the animal does not live in the apartment/house with you, please state the animal's whereabouts in the comments field.

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No but:

23c. How much time of the day does your animals spend outside?

<input type="checkbox"/>	My pet never stays outside.
<input type="checkbox"/>	My pet spends less than 1h per day* outside.
<input type="checkbox"/>	My pet spends less than 2 hours per day* outside.

	My pet spends 2-6 hours per day* outside.
	My pet spends 12 hours per day* outside.
	My pet spends the whole day outside.

*Interpretation of a day of 24h

24c. Does your pet have any known pre-existing conditions*? And is it under any therapy for this? If yes, please enter them in the comment field. Please choose one of the following answers:

	No, my pet has no pre-existing conditions
	Yes, my pet has the following pre-existing conditions. Please enter your comment here:
	I do not know if my pet has any pre-existing conditions.

* e.g.: Diabetes, heart disease, respiratory disease, cat flu, cancer etc.

25c. Does your pet show one or more of the following symptoms since COVID-19 diagnosis in a household member? Please select the answers that apply:

	sneezing
	dry cough
	cough with expectoration of mucus
	rapid or labored breathing (respiratory rate over 40/min if countable)
	Breathing sounds
	Nasal discharge
	Eye discharge
	Salivation
	Vomiting
	Diarrhea
	tiredness, listlessness
	reduced appetite
	I do not know
	No, my animal has no symptoms

18c. Have you seen a veterinarian for these symptoms? If yes: What was the diagnosis and treatment?

	No, I have not seen a veterinarian.
	Yes, I have seen a veterinarian. The diagnosis and treatment were: Please enter your comment here:

19c. How often do you have very close contact with your pet ?

	very often	often (daily)	rarely	never	no answer
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