

Household Health History

These questions ask about the health history of others, rather than yourself.

1. In the past 12 months, have you visited someone staying in a healthcare facility (e.g., hospital, nursing home, inpatient rehabilitation facility)?

Yes

No → Go to question 4

HMH010 FMT_YES_NO.

Don't know → Go to question 4

2. In the past 12 months, did you provide help in caring for the person(s) while they were staying in the healthcare facility? *By help in caring, we mean having physical or hands-on contact with the person.*

Yes

No

Don't know

HMH020 FMT_YES_NO.

3. In the past 12 months, about how many total days did you make a visit to someone who was staying in a healthcare facility (e.g., hospital, nursing home, inpatient rehabilitation facility)?

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total number of days

HMH030 FMT_NUMERIC.

4. Has anyone in your household had an infection with a drug-resistant germ?

Yes

No

Don't know

HMH040 FMT_YES_NO.

5. Has anyone in your household had an infection from a hospital or healthcare setting?

Yes → Specify the infection(s) that they had below.

HMH050 FMT_YES_NO.

HMH055 \$FMT_CHAR.

No

Don't know

6. Have you ever visited a person who was placed in isolation while in a hospital, nursing home, or inpatient rehabilitation facility? *That is, you were required to wear at least a pair of gloves and a gown before seeing them.*

Yes

No

Don't know

HMH060 FMT_YES_NO.

