

MEMORY AID

*****(Please print this and use as memory aid, if needed)**

Study Title: Comprehensively Profiling Social Mixing Patterns in Workplace Settings to Model Pandemic COVID-19 and Influenza Transmission and Control

Introduction

This memory aid is to help you keep record of **every** person that you have **contact with** over **two consecutive typical work days**. Each day covers a 24-hour period. Please print for use to keep track of your contacts throughout the day. You will complete an online survey at the end of the second day.

- If you contact the same person more than once during the day, only record them once, but enter the total combined time you spent with that person.
- After you finish recording your contacts in the diary, please double check the diary entries to make sure you have not left out any people with whom you had a contact.
- The order in which you write down your contacts is not important.
- You may use a chronological order, starting with the first person you had a contact with during each of the days, and then adding everyone else as you went through your daily activities. The more you can tell us, the better we may understand how infections can be spread.

Date of contacts (mm/dd/yyyy): DAY 1 _____

Date of contacts (mm/dd/yyyy): DAY 2 _____

For this research, a contact can be defined as:

- **Non-physical contact/conversation only:** a two-way conversation with three or more words exchanged in the physical presence of another person.
- **Physical contact:** touching someone (skin-to-skin contact) or the clothes they are wearing, (for example a handshake, fist bump, elbow bump, foot bump, hug, kiss, etc.).
- **Direct proximity:** No conversation and no physical contact but within 6 feet of another person for more than 20 seconds (for example, sitting next to someone on transport or standing in line)

Please record every person that you have contact with according to this definition, during the entire day. If you have contact with the same person multiple times in one day, (e.g.; first encounter: 5 mins; second encounter:30 mins), only record them once, but enter the total combined time you spent with that person (e.g.; 35 mins in total).

After you have finished recording the diary, we suggest that you double check the diary entries to make sure you haven't missed any contacts or people.

MEMORY AID

CONTACTS

Please enter information about your contacts in the table below:

#	Unique Identifier	Est. Age (Yrs.)	Gender	Relationship to Contact	Contact Type	Describe Physical Contact (e.g. hug, kiss, fist bump)	Location of Contact	Time Spent with Contact	Was the contact properly wearing a mask?
			<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not Listed <input type="checkbox"/> I don't know	<input type="checkbox"/> Household member <input type="checkbox"/> Friend/ Acquaintance <input type="checkbox"/> Colleague <input type="checkbox"/> Never met before	<input type="checkbox"/> Conversation <input type="checkbox"/> Physical Contact <input type="checkbox"/> No conversation or physical contact			<input type="checkbox"/> >5 minutes <input type="checkbox"/> 5 to 15 minutes <input type="checkbox"/> 15 min to 1 hour <input type="checkbox"/> 1 to 4 hours <input type="checkbox"/> >4 hours	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> I don't recall
			<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not Listed <input type="checkbox"/> I don't know	<input type="checkbox"/> Household member <input type="checkbox"/> Friend/ Acquaintance <input type="checkbox"/> Colleague <input type="checkbox"/> Never met before	<input type="checkbox"/> Conversation <input type="checkbox"/> Physical Contact <input type="checkbox"/> No conversation or physical contact			<input type="checkbox"/> >5 minutes <input type="checkbox"/> 5 to 15 minutes <input type="checkbox"/> 15 min to 1 hour <input type="checkbox"/> 1 to 4 hours <input type="checkbox"/> >4 hours	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> I don't recall
			<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not Listed <input type="checkbox"/> I don't know	<input type="checkbox"/> Household member <input type="checkbox"/> Friend/ Acquaintance <input type="checkbox"/> Colleague <input type="checkbox"/> Never met before	<input type="checkbox"/> Conversation <input type="checkbox"/> Physical Contact <input type="checkbox"/> No conversation or physical contact			<input type="checkbox"/> >5 minutes <input type="checkbox"/> 5 to 15 minutes <input type="checkbox"/> 15 min to 1 hour <input type="checkbox"/> 1 to 4 hours <input type="checkbox"/> >4 hours	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> I don't recall
			<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not Listed <input type="checkbox"/> I don't know	<input type="checkbox"/> Household member <input type="checkbox"/> Friend/ Acquaintance <input type="checkbox"/> Colleague <input type="checkbox"/> Never met before	<input type="checkbox"/> Conversation <input type="checkbox"/> Physical Contact <input type="checkbox"/> No conversation or physical contact			<input type="checkbox"/> >5 minutes <input type="checkbox"/> 5 to 15 minutes <input type="checkbox"/> 15 min to 1 hour <input type="checkbox"/> 1 to 4 hours <input type="checkbox"/> >4 hours	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> I don't recall
			<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not Listed <input type="checkbox"/> I don't know	<input type="checkbox"/> Household member <input type="checkbox"/> Friend/ Acquaintance <input type="checkbox"/> Colleague <input type="checkbox"/> Never met before	<input type="checkbox"/> Conversation <input type="checkbox"/> Physical Contact <input type="checkbox"/> No conversation or physical contact			<input type="checkbox"/> >5 minutes <input type="checkbox"/> 5 to 15 minutes <input type="checkbox"/> 15 min to 1 hour <input type="checkbox"/> 1 to 4 hours <input type="checkbox"/> >4 hours	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> I don't recall

MEMORY AID

			<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not Listed <input type="checkbox"/> I don't know	<input type="checkbox"/> Household member <input type="checkbox"/> Friend/ Acquaintance <input type="checkbox"/> Colleague <input type="checkbox"/> Never met before	<input type="checkbox"/> Conversation <input type="checkbox"/> Physical Contact <input type="checkbox"/> No conversation or physical contact			<input type="checkbox"/> >5 minutes <input type="checkbox"/> 5 to 15 minutes <input type="checkbox"/> 15 min to 1 hour <input type="checkbox"/> 1 to 4 hours <input type="checkbox"/> >4 hours	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> I don't recall
			<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not Listed <input type="checkbox"/> I don't know	<input type="checkbox"/> Household member <input type="checkbox"/> Friend/ Acquaintance <input type="checkbox"/> Colleague <input type="checkbox"/> Never met before	<input type="checkbox"/> Conversation <input type="checkbox"/> Physical Contact <input type="checkbox"/> No conversation or physical contact			<input type="checkbox"/> >5 minutes <input type="checkbox"/> 5 to 15 minutes <input type="checkbox"/> 15 min to 1 hour <input type="checkbox"/> 1 to 4 hours <input type="checkbox"/> >4 hours	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> I don't recall
			<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not Listed <input type="checkbox"/> I don't know	<input type="checkbox"/> Household member <input type="checkbox"/> Friend/ Acquaintance <input type="checkbox"/> Colleague <input type="checkbox"/> Never met before	<input type="checkbox"/> Conversation <input type="checkbox"/> Physical Contact <input type="checkbox"/> No conversation or physical contact			<input type="checkbox"/> >5 minutes <input type="checkbox"/> 5 to 15 minutes <input type="checkbox"/> 15 min to 1 hour <input type="checkbox"/> 1 to 4 hours <input type="checkbox"/> >4 hours	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> I don't recall
			<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not Listed <input type="checkbox"/> I don't know	<input type="checkbox"/> Household member <input type="checkbox"/> Friend/ Acquaintance <input type="checkbox"/> Colleague <input type="checkbox"/> Never met before	<input type="checkbox"/> Conversation <input type="checkbox"/> Physical Contact <input type="checkbox"/> No conversation or physical contact			<input type="checkbox"/> >5 minutes <input type="checkbox"/> 5 to 15 minutes <input type="checkbox"/> 15 min to 1 hour <input type="checkbox"/> 1 to 4 hours <input type="checkbox"/> >4 hours	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> I don't recall
			<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not Listed <input type="checkbox"/> I don't know	<input type="checkbox"/> Household member <input type="checkbox"/> Friend/ Acquaintance <input type="checkbox"/> Colleague <input type="checkbox"/> Never met before	<input type="checkbox"/> Conversation <input type="checkbox"/> Physical Contact <input type="checkbox"/> No conversation or physical contact			<input type="checkbox"/> >5 minutes <input type="checkbox"/> 5 to 15 minutes <input type="checkbox"/> 15 min to 1 hour <input type="checkbox"/> 1 to 4 hours <input type="checkbox"/> >4 hours	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> I don't recall
			<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not Listed <input type="checkbox"/> I don't know	<input type="checkbox"/> Household member <input type="checkbox"/> Friend/ Acquaintance <input type="checkbox"/> Colleague <input type="checkbox"/> Never met before	<input type="checkbox"/> Conversation <input type="checkbox"/> Physical Contact <input type="checkbox"/> No conversation or physical contact			<input type="checkbox"/> >5 minutes <input type="checkbox"/> 5 to 15 minutes <input type="checkbox"/> 15 min to 1 hour <input type="checkbox"/> 1 to 4 hours <input type="checkbox"/> >4 hours	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> I don't recall

MEMORY AID

			<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not Listed <input type="checkbox"/> I don't know	<input type="checkbox"/> Household member <input type="checkbox"/> Friend/ Acquaintance <input type="checkbox"/> Colleague <input type="checkbox"/> Never met before	<input type="checkbox"/> Conversation <input type="checkbox"/> Physical Contact <input type="checkbox"/> No conversation or physical contact			<input type="checkbox"/> >5 minutes <input type="checkbox"/> 5 to 15 minutes <input type="checkbox"/> 15 min to 1 hour <input type="checkbox"/> 1 to 4 hours <input type="checkbox"/> >4 hours	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> I don't recall
			<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not Listed <input type="checkbox"/> I don't know	<input type="checkbox"/> Household member <input type="checkbox"/> Friend/ Acquaintance <input type="checkbox"/> Colleague <input type="checkbox"/> Never met before	<input type="checkbox"/> Conversation <input type="checkbox"/> Physical Contact <input type="checkbox"/> No conversation or physical contact			<input type="checkbox"/> >5 minutes <input type="checkbox"/> 5 to 15 minutes <input type="checkbox"/> 15 min to 1 hour <input type="checkbox"/> 1 to 4 hours <input type="checkbox"/> >4 hours	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> I don't recall
			<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not Listed <input type="checkbox"/> I don't know	<input type="checkbox"/> Household member <input type="checkbox"/> Friend/ Acquaintance <input type="checkbox"/> Colleague <input type="checkbox"/> Never met before	<input type="checkbox"/> Conversation <input type="checkbox"/> Physical Contact <input type="checkbox"/> No conversation or physical contact			<input type="checkbox"/> >5 minutes <input type="checkbox"/> 5 to 15 minutes <input type="checkbox"/> 15 min to 1 hour <input type="checkbox"/> 1 to 4 hours <input type="checkbox"/> >4 hours	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> I don't recall
			<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not Listed <input type="checkbox"/> I don't know	<input type="checkbox"/> Household member <input type="checkbox"/> Friend/ Acquaintance <input type="checkbox"/> Colleague <input type="checkbox"/> Never met before	<input type="checkbox"/> Conversation <input type="checkbox"/> Physical Contact <input type="checkbox"/> No conversation or physical contact			<input type="checkbox"/> >5 minutes <input type="checkbox"/> 5 to 15 minutes <input type="checkbox"/> 15 min to 1 hour <input type="checkbox"/> 1 to 4 hours <input type="checkbox"/> >4 hours	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> I don't recall
			<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not Listed <input type="checkbox"/> I don't know	<input type="checkbox"/> Household member <input type="checkbox"/> Friend/ Acquaintance <input type="checkbox"/> Colleague <input type="checkbox"/> Never met before	<input type="checkbox"/> Conversation <input type="checkbox"/> Physical Contact <input type="checkbox"/> No conversation or physical contact			<input type="checkbox"/> >5 minutes <input type="checkbox"/> 5 to 15 minutes <input type="checkbox"/> 15 min to 1 hour <input type="checkbox"/> 1 to 4 hours <input type="checkbox"/> >4 hours	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> I don't recall
			<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not Listed <input type="checkbox"/> I don't know	<input type="checkbox"/> Household member <input type="checkbox"/> Friend/ Acquaintance <input type="checkbox"/> Colleague <input type="checkbox"/> Never met before	<input type="checkbox"/> Conversation <input type="checkbox"/> Physical Contact <input type="checkbox"/> No conversation or physical contact			<input type="checkbox"/> >5 minutes <input type="checkbox"/> 5 to 15 minutes <input type="checkbox"/> 15 min to 1 hour <input type="checkbox"/> 1 to 4 hours <input type="checkbox"/> >4 hours	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> I don't recall

You may print more copies, if needed.