

CHIKUNGUNYA INVESTIGATION — HOUSEHOLD INTERVIEW FORM

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TEAM #: _____ DATE: ____/____/____ Household ID (e.g., SJ-1-A): _____-_____-_____

GPS Coordinates: _____°N _____°E

How many people live in this house? _____ people

List all members of household below put yourself first.

	Name (First, Paternal, Maternal)	Age	Gender	Participate?	Place sticker here
1			M / F	Yes / No	
2			M / F	Yes / No	
3			M / F	Yes / No	
4			M / F	Yes / No	
5			M / F	Yes / No	
6			M / F	Yes / No	
7			M / F	Yes / No	
8			M / F	Yes / No	

Head of household contact number to facilitate return of test results: _____

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Household Characteristics

Housing type (check only one): One story house Two story house Apartment/condo building

Public housing Temporary shelter

Has anyone in your immediate household traveled outside of Puerto Rico in the past 3 months? Yes No

Has anyone in your household been sick in the past 3 months? Yes No

Does your home have screened windows and doors? All rooms Some rooms No

Do you regularly use air conditioning in your home? Yes, in all rooms Yes, but only in some rooms No

Do you regularly leave your doors or windows open? Daytime only Night-time only Always Never

Do you use mosquito coils in your house or yard? Yes No

Notes: