**Household Line Listing**

**Measles**

List Dates of HH Visits \_\_ \_/\_\_ \_/\_\_ \_ \_\_ \_/\_\_ \_/\_\_ \_ \_\_ \_/\_\_ \_/\_\_ \_ Household Location: Municipality \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Village \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Rooms in the House \_\_\_\_ Number of Persons Living in the House \_\_\_\_\_

| **HH No.** | **First Name****Last Name** | **Sex** | **Date of Birth** | **Age****(y, m)** | **Mother’s First Name (If age 39 or less)** | **Fever and rash in the last 2 months (May/June)?** | **Had measles before this year?** | **MMR****Doses** | **MMR****Dates** | **Doses obtained****(check one)** | Lived/slept at least one night in the HH from 3 days prior and 3 days after rash onset of 1st case? |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |  |  | \_\_ /\_ \_\_/\_ \_\_ |  |  | YesDate of onset\_\_ \_/\_\_ \_/\_\_ \_No | YesNo | 0\_\_\_1\_\_\_2\_\_\_3\_\_\_ | \_\_ \_/\_ \_\_/\_ \_\_\_\_ \_/\_ \_\_/\_ \_\_\_\_ \_/\_ \_\_/\_ \_\_ | \_\_ by history\_\_ from record | YesNo |
| 2 |  |  | \_\_ /\_ \_\_/\_ \_\_ |  |  | YesDate of onset\_\_ \_/\_\_ \_/\_\_ \_No | YesNo | 0\_\_\_1\_\_\_2\_\_\_3\_\_\_ | \_\_ \_/\_ \_\_/\_ \_\_\_\_ \_/\_ \_\_/\_ \_\_\_\_ \_/\_ \_\_/\_ \_\_ | \_ by history\_ from record | YesNo |
| 3 |  |  | \_\_ /\_ \_\_/\_ \_\_ |  |  | YesDate of onset\_\_ \_/\_\_ \_/\_\_ \_No | YesNo | 0\_\_\_1\_\_\_2\_\_\_3\_\_\_ | \_\_ \_/\_ \_\_/\_ \_\_\_\_ \_/\_ \_\_/\_ \_\_\_\_ \_/\_ \_\_/\_ \_\_ | \_ by history\_ from record | YesNo |
| 4 |  |  | \_\_ /\_ \_\_/\_ \_\_ |  |  | YesDate of onset\_\_ \_/\_\_ \_/\_\_ \_No | YesNo | 0\_\_\_1\_\_\_2\_\_\_3\_\_\_ | \_\_ \_/\_ \_\_/\_ \_\_\_\_ \_/\_ \_\_/\_ \_\_\_\_ \_/\_ \_\_/\_ \_\_ | \_ by history\_ from record | YesNo |
| 5 |  |  | \_\_ /\_ \_\_/\_ \_\_ |  |  | YesDate of onset\_\_ \_/\_\_ \_/\_\_ \_No | YesNo | 0\_\_\_1\_\_\_2\_\_\_3\_\_\_ | \_\_ \_/\_ \_\_/\_ \_\_\_\_ \_/\_ \_\_/\_ \_\_\_\_ \_/\_ \_\_/\_ \_\_ | \_ by history\_ from record | YesNo |
| 6 |  |  | \_\_ /\_ \_\_/\_ \_\_ |  |  | YesDate of onset\_\_ \_/\_\_ \_/\_\_ \_No | YesNo | 0\_\_\_1\_\_\_2\_\_\_3\_\_\_ | \_\_ \_/\_ \_\_/\_ \_\_\_\_ \_/\_ \_\_/\_ \_\_\_\_ \_/\_ \_\_/\_ \_\_ | \_ by history\_ from record | YesNo |
| 7 |  |  | \_\_ /\_ \_\_/\_ \_\_ |  |  | YesDate of onset\_\_ \_/\_\_ \_/\_\_ \_No | YesNo | 0\_\_\_1\_\_\_2\_\_\_3\_\_\_ | \_\_ \_/\_ \_\_/\_ \_\_\_\_ \_/\_ \_\_/\_ \_\_\_\_ \_/\_ \_\_/\_ \_\_ | \_ by history\_ from record | YesNo |
| 8 |  |  | \_\_ /\_ \_\_/\_ \_\_ |  |  | YesDate of onset\_\_ \_/\_\_ \_/\_\_ \_No | YesNo | 0\_\_\_1\_\_\_2\_\_\_3\_\_\_ | \_\_ \_/\_ \_\_/\_ \_\_\_\_ \_/\_ \_\_/\_ \_\_\_\_ \_/\_ \_\_/\_ \_\_ | \_ by history\_ from record | YesNo |
| 9 |  |  | \_\_ /\_ \_\_/\_ \_\_ |  |  | YesDate of onset\_\_ \_/\_\_ \_/\_\_ \_No | YesNo | 0\_\_\_1\_\_\_2\_\_\_3\_\_\_ | \_\_ \_/\_ \_\_/\_ \_\_\_\_ \_/\_ \_\_/\_ \_\_\_\_ \_/\_ \_\_/\_ \_\_ | \_ by history\_ from record | YesNo |
| 10 |  |  | \_\_ /\_ \_\_/\_ \_\_ |  |  | YesDate of onset\_\_ \_/\_\_ \_/\_\_ \_No | YesNo | 0\_\_\_1\_\_\_2\_\_\_3\_\_\_ | \_\_ \_/\_ \_\_/\_ \_\_\_\_ \_/\_ \_\_/\_ \_\_\_\_ \_/\_ \_\_/\_ \_\_ | \_\_ by history\_\_ from record | YesNo |
| 11 |  |  | \_\_ /\_ \_\_/\_ \_\_ |  |  | YesDate of onset\_\_ \_/\_\_ \_/\_\_ \_No | YesNo | 0\_\_\_1\_\_\_2\_\_\_3\_\_\_ | \_\_ \_/\_ \_\_/\_ \_\_\_\_ \_/\_ \_\_/\_ \_\_\_\_ \_/\_ \_\_/\_ \_\_ | \_ by history\_ from record | YesNo |
| 12 |  |  | \_\_ /\_ \_\_/\_ \_\_ |  |  | YesDate of onset\_\_ \_/\_\_ \_/\_\_ \_No | YesNo | 0\_\_\_1\_\_\_2\_\_\_3\_\_\_ | \_\_ \_/\_ \_\_/\_ \_\_\_\_ \_/\_ \_\_/\_ \_\_\_\_ \_/\_ \_\_/\_ \_\_ | \_ by history\_ from record | YesNo |
| 13 |  |  | \_\_ /\_ \_\_/\_ \_\_ |  |  | YesDate of onset\_\_ \_/\_\_ \_/\_\_ \_No | YesNo | 0\_\_\_1\_\_\_2\_\_\_3\_\_\_ | \_\_ \_/\_ \_\_/\_ \_\_\_\_ \_/\_ \_\_/\_ \_\_\_\_ \_/\_ \_\_/\_ \_\_ | \_ by history\_ from record | YesNo |
| 14 |  |  | \_\_ /\_ \_\_/\_ \_\_ |  |  | YesDate of onset\_\_ \_/\_\_ \_/\_\_ \_No | YesNo | 0\_\_\_1\_\_\_2\_\_\_3\_\_\_ | \_\_ \_/\_ \_\_/\_ \_\_\_\_ \_/\_ \_\_/\_ \_\_\_\_ \_/\_ \_\_/\_ \_\_ | \_ by history\_ from record | YesNo |
| 15 |  |  | \_\_ /\_ \_\_/\_ \_\_ |  |  | YesDate of onset\_\_ \_/\_\_ \_/\_\_ \_No | YesNo | 0\_\_\_1\_\_\_2\_\_\_3\_\_\_ | \_\_ \_/\_ \_\_/\_ \_\_\_\_ \_/\_ \_\_/\_ \_\_\_\_ \_/\_ \_\_/\_ \_\_ | \_ by history\_ from record | YesNo |
| 16 |  |  | \_\_ /\_ \_\_/\_ \_\_ |  |  | YesDate of onset\_\_ \_/\_\_ \_/\_\_ \_No | YesNo | 0\_\_\_1\_\_\_2\_\_\_3\_\_\_ | \_\_ \_/\_ \_\_/\_ \_\_\_\_ \_/\_ \_\_/\_ \_\_\_\_ \_/\_ \_\_/\_ \_\_ | \_ by history\_ from record | YesNo |
| 17 |  |  | \_\_ /\_ \_\_/\_ \_\_ |  |  | YesDate of onset\_\_ \_/\_\_ \_/\_\_ \_No | YesNo | 0\_\_\_1\_\_\_2\_\_\_3\_\_\_ | \_\_ \_/\_ \_\_/\_ \_\_\_\_ \_/\_ \_\_/\_ \_\_\_\_ \_/\_ \_\_/\_ \_\_ | \_ by history\_ from record | YesNo |
| 18 |  |  | \_\_ /\_ \_\_/\_ \_\_ |  |  | YesDate of onset\_\_ \_/\_\_ \_/\_\_ \_No | YesNo | 0\_\_\_1\_\_\_2\_\_\_3\_\_\_ | \_\_ \_/\_ \_\_/\_ \_\_\_\_ \_/\_ \_\_/\_ \_\_\_\_ \_/\_ \_\_/\_ \_\_ | \_ by history\_ from record | YesNo |