**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 |  |  | \_\_ /\_ \_\_/\_ \_\_ |  |  | Yes  Date of onset  \_\_ \_/\_\_ \_/\_\_ \_  No | Yes  No | 0\_\_\_  1\_\_\_  2\_\_\_  3\_\_\_ | \_\_ \_/\_ \_\_/\_ \_\_  \_\_ \_/\_ \_\_/\_ \_\_  \_\_ \_/\_ \_\_/\_ \_\_ | \_\_ by history  \_\_ from record | Yes  No |
| 2 |  |  | \_\_ /\_ \_\_/\_ \_\_ |  |  | Yes  Date of onset  \_\_ \_/\_\_ \_/\_\_ \_  No | Yes  No | 0\_\_\_  1\_\_\_  2\_\_\_  3\_\_\_ | \_\_ \_/\_ \_\_/\_ \_\_  \_\_ \_/\_ \_\_/\_ \_\_  \_\_ \_/\_ \_\_/\_ \_\_ | \_ by history  \_ from record | Yes  No |
| 3 |  |  | \_\_ /\_ \_\_/\_ \_\_ |  |  | Yes  Date of onset  \_\_ \_/\_\_ \_/\_\_ \_  No | Yes  No | 0\_\_\_  1\_\_\_  2\_\_\_  3\_\_\_ | \_\_ \_/\_ \_\_/\_ \_\_  \_\_ \_/\_ \_\_/\_ \_\_  \_\_ \_/\_ \_\_/\_ \_\_ | \_ by history  \_ from record | Yes  No |
| 4 |  |  | \_\_ /\_ \_\_/\_ \_\_ |  |  | Yes  Date of onset  \_\_ \_/\_\_ \_/\_\_ \_  No | Yes  No | 0\_\_\_  1\_\_\_  2\_\_\_  3\_\_\_ | \_\_ \_/\_ \_\_/\_ \_\_  \_\_ \_/\_ \_\_/\_ \_\_  \_\_ \_/\_ \_\_/\_ \_\_ | \_ by history  \_ from record | Yes  No |
| 5 |  |  | \_\_ /\_ \_\_/\_ \_\_ |  |  | Yes  Date of onset  \_\_ \_/\_\_ \_/\_\_ \_  No | Yes  No | 0\_\_\_  1\_\_\_  2\_\_\_  3\_\_\_ | \_\_ \_/\_ \_\_/\_ \_\_  \_\_ \_/\_ \_\_/\_ \_\_  \_\_ \_/\_ \_\_/\_ \_\_ | \_ by history  \_ from record | Yes  No |
| 6 |  |  | \_\_ /\_ \_\_/\_ \_\_ |  |  | Yes  Date of onset  \_\_ \_/\_\_ \_/\_\_ \_  No | Yes  No | 0\_\_\_  1\_\_\_  2\_\_\_  3\_\_\_ | \_\_ \_/\_ \_\_/\_ \_\_  \_\_ \_/\_ \_\_/\_ \_\_  \_\_ \_/\_ \_\_/\_ \_\_ | \_ by history  \_ from record | Yes  No |
| 7 |  |  | \_\_ /\_ \_\_/\_ \_\_ |  |  | Yes  Date of onset  \_\_ \_/\_\_ \_/\_\_ \_  No | Yes  No | 0\_\_\_  1\_\_\_  2\_\_\_  3\_\_\_ | \_\_ \_/\_ \_\_/\_ \_\_  \_\_ \_/\_ \_\_/\_ \_\_  \_\_ \_/\_ \_\_/\_ \_\_ | \_ by history  \_ from record | Yes  No |
| 8 |  |  | \_\_ /\_ \_\_/\_ \_\_ |  |  | Yes  Date of onset  \_\_ \_/\_\_ \_/\_\_ \_  No | Yes  No | 0\_\_\_  1\_\_\_  2\_\_\_  3\_\_\_ | \_\_ \_/\_ \_\_/\_ \_\_  \_\_ \_/\_ \_\_/\_ \_\_  \_\_ \_/\_ \_\_/\_ \_\_ | \_ by history  \_ from record | Yes  No |
| 9 |  |  | \_\_ /\_ \_\_/\_ \_\_ |  |  | Yes  Date of onset  \_\_ \_/\_\_ \_/\_\_ \_  No | Yes  No | 0\_\_\_  1\_\_\_  2\_\_\_  3\_\_\_ | \_\_ \_/\_ \_\_/\_ \_\_  \_\_ \_/\_ \_\_/\_ \_\_  \_\_ \_/\_ \_\_/\_ \_\_ | \_ by history  \_ from record | Yes  No |
| 10 |  |  | \_\_ /\_ \_\_/\_ \_\_ |  |  | Yes  Date of onset  \_\_ \_/\_\_ \_/\_\_ \_  No | Yes  No | 0\_\_\_  1\_\_\_  2\_\_\_  3\_\_\_ | \_\_ \_/\_ \_\_/\_ \_\_  \_\_ \_/\_ \_\_/\_ \_\_  \_\_ \_/\_ \_\_/\_ \_\_ | \_\_ by history  \_\_ from record | Yes  No |
| 11 |  |  | \_\_ /\_ \_\_/\_ \_\_ |  |  | Yes  Date of onset  \_\_ \_/\_\_ \_/\_\_ \_  No | Yes  No | 0\_\_\_  1\_\_\_  2\_\_\_  3\_\_\_ | \_\_ \_/\_ \_\_/\_ \_\_  \_\_ \_/\_ \_\_/\_ \_\_  \_\_ \_/\_ \_\_/\_ \_\_ | \_ by history  \_ from record | Yes  No |
| 12 |  |  | \_\_ /\_ \_\_/\_ \_\_ |  |  | Yes  Date of onset  \_\_ \_/\_\_ \_/\_\_ \_  No | Yes  No | 0\_\_\_  1\_\_\_  2\_\_\_  3\_\_\_ | \_\_ \_/\_ \_\_/\_ \_\_  \_\_ \_/\_ \_\_/\_ \_\_  \_\_ \_/\_ \_\_/\_ \_\_ | \_ by history  \_ from record | Yes  No |
| 13 |  |  | \_\_ /\_ \_\_/\_ \_\_ |  |  | Yes  Date of onset  \_\_ \_/\_\_ \_/\_\_ \_  No | Yes  No | 0\_\_\_  1\_\_\_  2\_\_\_  3\_\_\_ | \_\_ \_/\_ \_\_/\_ \_\_  \_\_ \_/\_ \_\_/\_ \_\_  \_\_ \_/\_ \_\_/\_ \_\_ | \_ by history  \_ from record | Yes  No |
| 14 |  |  | \_\_ /\_ \_\_/\_ \_\_ |  |  | Yes  Date of onset  \_\_ \_/\_\_ \_/\_\_ \_  No | Yes  No | 0\_\_\_  1\_\_\_  2\_\_\_  3\_\_\_ | \_\_ \_/\_ \_\_/\_ \_\_  \_\_ \_/\_ \_\_/\_ \_\_  \_\_ \_/\_ \_\_/\_ \_\_ | \_ by history  \_ from record | Yes  No |
| 15 |  |  | \_\_ /\_ \_\_/\_ \_\_ |  |  | Yes  Date of onset  \_\_ \_/\_\_ \_/\_\_ \_  No | Yes  No | 0\_\_\_  1\_\_\_  2\_\_\_  3\_\_\_ | \_\_ \_/\_ \_\_/\_ \_\_  \_\_ \_/\_ \_\_/\_ \_\_  \_\_ \_/\_ \_\_/\_ \_\_ | \_ by history  \_ from record | Yes  No |
| 16 |  |  | \_\_ /\_ \_\_/\_ \_\_ |  |  | Yes  Date of onset  \_\_ \_/\_\_ \_/\_\_ \_  No | Yes  No | 0\_\_\_  1\_\_\_  2\_\_\_  3\_\_\_ | \_\_ \_/\_ \_\_/\_ \_\_  \_\_ \_/\_ \_\_/\_ \_\_  \_\_ \_/\_ \_\_/\_ \_\_ | \_ by history  \_ from record | Yes  No |
| 17 |  |  | \_\_ /\_ \_\_/\_ \_\_ |  |  | Yes  Date of onset  \_\_ \_/\_\_ \_/\_\_ \_  No | Yes  No | 0\_\_\_  1\_\_\_  2\_\_\_  3\_\_\_ | \_\_ \_/\_ \_\_/\_ \_\_  \_\_ \_/\_ \_\_/\_ \_\_  \_\_ \_/\_ \_\_/\_ \_\_ | \_ by history  \_ from record | Yes  No |
| 18 |  |  | \_\_ /\_ \_\_/\_ \_\_ |  |  | Yes  Date of onset  \_\_ \_/\_\_ \_/\_\_ \_  No | Yes  No | 0\_\_\_  1\_\_\_  2\_\_\_  3\_\_\_ | \_\_ \_/\_ \_\_/\_ \_\_  \_\_ \_/\_ \_\_/\_ \_\_  \_\_ \_/\_ \_\_/\_ \_\_ | \_ by history  \_ from record | Yes  No |