

Household Line Listing Measles

Public reporting burden of this collection of information is estimated to average 55 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011)

Measles Case ID # _____ Case-Patient's Name _____

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	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 1 st 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___	___/___/___ ___/___/___ ___/___/___	___ by history ___ from record	Yes No

HH No.	First Name Last Name	Sex	Date of Birth	Age	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 1 st case?
						No		3__	__/__/__		
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

Measles Case ID # _____ Case-Patient's Name _____