# TEAM #:

DATE: / \_/

Household ID (e.g., SJ-1-A): - -

GPS Coordinates: . , . SANID of lab-positive case:

How many people live in this house? people

***List all members of household below put yourself first.***

Head of household contact number to facilitate return of test results:\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **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 |  |

**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 patio? □** Yes **□** No

Do you use citronela in your house or patio to keep mosquitoes away? □ Yes □ No

**Notes:**