

SOUTHERN ARIZONA HOUSEHOLD DENGUE INVESTIGATION

IMMATURE MOSQUITO SURVEY FORM

Complete one form for each household.

Date of visit (MM/DD/YYYY): ____ / ____ / 2014
Team number: _____

Case Patient ID Number ID #: _____ - _____

Container ID	Type of Container	Number of containers (indoors)		
		Dry	Wet - water present	
			Larvae/pupae absent	Larvae/pupae present
1	Bucket			
2	Tire			
3	Water Drum			
4	Plastic container			
5	Aluminum can			
6	Styrofoam			
7	Jar			
8	Flower vase			
9	Septic tank			
10	Animal watering pan			
11	Potted plant			
12	Bird Bath/Fountains			
13	Other artificial container: _____			
14	Tree: _____			
15	Toys			
16	Pools			
17	Sewers			
18	Bamboo			
19	Other - natural container (specify)			
20	Tarps			
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Public reporting burden of this collection of information is estimated to average 15 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)

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