

## **CHIKUNGUNYA INVESTIGATION — HOUSEHOLD INTERVIEW FORM**

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TEAM #: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ Household ID (e.g., SJ-1-A): \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

GPS Coordinates: \_\_\_\_\_°N \_\_\_\_\_°E

How many people live in this house? \_\_\_\_\_ people

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

	<b>Name</b> (First, Paternal, Maternal)	<b>Age</b>	<b>Gender</b>	<b>Participate?</b>	<b>Place sticker here</b>
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	

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

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## 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 yard?**     Yes     No

**Notes:**