SOUTHERN ARIZONA HOUSEHOLD DENGUE INVESTIGATION

Date of visit (MM/DD/YYYY): \_\_\_\_/\_\_\_/\_2014\_

Team number: \_\_\_\_\_\_\_\_\_\_\_

**IMMATURE MOSQUITO SURVEY FORM**

*Complete one form for each household.*

**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** |  |  |  |
| **21** |  |  |  |  |
| **22** |  |  |  |  |
| **23** |  |  |  |  |