Form Approved
OMB Control No. 0920-XXXX
Exp. Date: XX/XX/XXXX

ZIKA INVESTIGATION — HOUSEHOLD INTERVIEW FORM

TEAM #:	DATE:/	Household ID (e.g., S-1-A):				
GPS Coordinates (decimals):		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 numl	per/email to facilitate return of test result	s:				

	Name (First, Paternal, Maternal)	Age	Gender	Present?	If yes, agreed to participate?	Place sticker here
1			M/F	Yes / No	Yes / No	
2			M / F	Yes / No	Yes / No	
3			M / F	Yes / No	Yes / No	
4			M/F	Yes / No	Yes / No	
5			M/F	Yes / No	Yes / No	
6			M/F	Yes / No	Yes / No	
7			M/F	Yes / No	Yes / No	
8			M/F	Yes / No	Yes / No	

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Household Characteristics

Housing type (check only one): □ One story house □ Two story house □ Apartment/condo building □Other
Has anyone in your household been acutely ill in the past 3 months? ☐ Yes ☐ No ☐ Don't recall
How many of your windows and doors have intact screens? □ All □ Some □ None □ Don't know
Do you use air conditioning in your home? □Yes, in all rooms □Yes, but only in the bedroom at night □ Other □ 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 to keep mosquitos away? ☐ Yes ☐ No
Do you use citronela in your house or patio to keep mosquitoes away? ☐ Yes ☐ No
What is your approximate annual household income? \square < \$25,000 \square \$26,000—\$50,000 \square \$51,000—\$75,000 \square > \$76,000 \square Decline to answer
Do you have one or more AGO mosquito traps in your home or yard? ☐ Yes ☐ No ☐ Don't know
If so, compared to before the trap was present, would you say that the number of mosquitos in your home has: \Box Increased \Box Decreased \Box Not changed \Box Do not know \Box No trap in yard
Notes:

Public reporting burden of this collection of information is estimated to average XX 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-XXXX