

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 number/email to facilitate return of test results: _____

	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? < \$25,000 \$26,000–\$50,000 \$51,000–\$75,000 > \$76,000
 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:

Increased Decreased Not changed Do not know No trap in yard

Notes: