

SOUTHERN ARIZONA HOUSEHOLD DENGUE INVESTIGATION

HOUSEHOLD ENROLLMENT FORM

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

Complete one form for each household.

1. Case-patient ID #: _____
2. Phone number (Número de Teléfono): _____
3. Household Latitude ____° ____' ____" N Longitude ____° ____' ____" W

List all individuals that sleep in the household, starting with the head of household. (*Mencione todas las personas que viven en este domicilio, comenzando con el jefe del hogar.*)

If there are not enough spaces, please write the additional information below this section.

			Specimen ID*
A.	_____	Age : ____ yrs <input type="checkbox"/> Male <input type="checkbox"/> Female	Specimen Label
B.	_____	Age : ____ yrs <input type="checkbox"/> Male <input type="checkbox"/> Female	Specimen Label
C.	_____	Age : ____ yrs <input type="checkbox"/> Male <input type="checkbox"/> Female	Specimen Label
D.	_____	Age : ____ yrs <input type="checkbox"/> Male <input type="checkbox"/> Female	Specimen Label
E.	_____	Age : ____ yrs <input type="checkbox"/> Male <input type="checkbox"/> Female	Specimen Label
F.	_____	Age : ____ yrs <input type="checkbox"/> Male <input type="checkbox"/> Female	Specimen Label
G.	_____	Age : ____ yrs <input type="checkbox"/> Male <input type="checkbox"/> Female	Specimen Label
H.	_____	Age : ____ yrs <input type="checkbox"/> Male <input type="checkbox"/> Female	Specimen Label
I.	_____	Age : ____ yrs <input type="checkbox"/> Male <input type="checkbox"/> Female	Specimen Label
J.	_____	Age : ____ yrs <input type="checkbox"/> Male <input type="checkbox"/> Female	Specimen Label
K.	_____	Age : ____ yrs <input type="checkbox"/> Male <input type="checkbox"/> Female	Specimen Label
L.	_____	Age : ____ yrs <input type="checkbox"/> Male <input type="checkbox"/> Female	Specimen Label

***Specimen ID is the case-patient ID# followed by a number (e.g., 4-1 for the first household member of case-patient ID # 4. The case-patient should be denoted with an individual ID of 0 (e.g., 4-0).**

Comments (Note each individual for whom a specimen was not collected, and reason[s] for non-participation, etc.):

4. Describe structure of the home (*Describe la estructura de la casa*): Mobile home/*Casa móvil* Single Family Dwelling/*domicilio de una sola familia* Duplex or Four-plex
 Apartment/*Apartamento* Multi-story Condominium/*Condominio de varios niveles*
 Temporary shelter/*Refugio temporero* Other: _____

5. Do you store water in open containers on your property? *Tiene usted agua almacenada en envases abiertos dentro de su propiedad?*: Yes No

5a. If yes, what is the source of that water? *Si tiene agua almacenada, cual es la fuente del agua?*

Piped/Public -*público* Well/*Pozo* Rain water/*agua de lluvia*

Don't know/*no se* Other: _____

6. Have you had any visitors that have traveled from out of the country, for example Mexico, in the last three months? *Ha tenido usted visitantes de otro país, por ejemplo de México?*

Yes No Unknown

If YES..... **6a. Where were they from? *De que país son?***

Country: _____

7. Has anyone in your household had a fever in the last three months? *Alguna persona en su casa ha tenido fiebre en los pasados tres meses?* Yes No

8. Does your home have screened windows? *Tiene su casa mosquiteros en las ventanas?*

Yes No

9. Do you usually leave your windows open? *Usted deja sus ventanas abiertas regularmente?*

Yes No

10. Does your home have air conditioning? *Tiene usted acondicionador de aire?* Yes No

11. In the past three months have you seen mosquitos in your home? *El los últimos tres meses ha visto mosquitos dentro de su casa?* Yes No Unknown

12. Has anyone sprayed to kill mosquitoes in your home in the past three months? *Han fumigado su casa contra mosquitos en los últimos tres meses?*

Yes No Unknown

13. Do you use other approaches to keep mosquitoes out of your house? *Usa usted otros métodos para eliminar mosquitos de su casa?*

Yes No Unknown

13a. If yes, specify: _____

NOTES: