

Household form

HOUSE ____ (1-10 for each response. Index house is #1)

Date * <small>(dd/mm/yy)</small>		Index Case Name <small>(Surname, Firstname)</small>	Responding Health Facility
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House Details									
Household Head <small>(Surname, Firstname)</small>		GPS co-ordinates <small>(Left-hand corner from doorway of structure)</small>	- . - - - - / - . - - - - <small>Latitude Longitude</small>	Previous IRS <small>(circle one)</small>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td align="center">Y</td></tr> <tr><td align="center">N</td></tr> <tr><td align="center">Unsure</td></tr> </table>	Y	N	Unsure	Previous IRS date <small>(# months ago)</small>
Y									
N									
Unsure									

Household Member Details																				
Surname	Firstname	Date of Birth *	RDT Result <small>(+ / -)</small>	Symptoms (tick all that apply)							Travel History in last 1 month ONLY		Previous malaria in last 1 month ONLY		Treatment today					
				Fever	Headache	Cough	Diarrhoea	Vomiting	Problems breathing	Chest Pain	Other	Travel Length (days)	Place(s) visited outside of Lusaka	Diagnosis (RDT / Microscopy / Clinical)	Treatment taken	Pregnant?	Co-artem (pack size)			
															6	12	18	24		

*please list all dates as Day/Month/Year e.g. 20/02/11 unless otherwise indicated

Interventions		
Number of nets distributed to household		Other recommendations