

Household form

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

Date *		Index Case Name		Responding Health Facility	
(dd/mm/yy)		(Surname, Firstname)			

House Details							
Household Head <small>(Surname, Firstname)</small>		GPS co-ordinates <small>(Left-hand corner from doorway of structure)</small>	- . - - - / . - - - Latitude Longitude	Previous IRS <small>(circle one)</small>	<div>Y</div> <div>N</div> <div>Unsure</div>	Previous IRS date <small>(# months ago)</small>	

[illegible]

*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	