

PRISM 2-COHORT STUDY

[illegible]

Date Screening Began |__|_|_|/|__|_|_|/|__|_|_|
 day *month* *year*

HOUSEHOLD SCREENING FORM		
1) Household log number __ __ __ (consecutive number from household log) <input type="checkbox"/> Enrolled PRISM I study <input type="checkbox"/> Not enrolled in PRISM I study	<i>As soon as any box in the "Exclude" column is ticked stop and proceed to the question #10. If not excluded, proceed to the next section</i>	
Selection criteria	Include	Exclude
2) Is the house occupied?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3) Is an adult occupant available to interview today? If not, may return up to 3 times Date of 1 st return visit __ __ / __ __ / __ __ day month year Date of 2 nd return visit __ __ / __ __ / __ __ day month year Date of 3 rd return visit __ __ / __ __ / __ __ day month year	<input type="checkbox"/> Yes	<input type="checkbox"/> No (after 3 return visits)
4) At least two household residents are under 10 years of age if enrolled in PRISM I study or at least two household residents aged 5 years or younger if not enrolled in PRISM I	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5) No more than 7 people currently resident in the household	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6) No plans for the household to move out of Nagongera sub-county in the next 2 years	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7) Willingness to participate in entomological surveillance studies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8) Agreement of all permanent household members to come to the study clinic for screening If yes, date of scheduled screening visit: __ __ / __ __ / __ __ day month year (put today's date if brought to clinic today)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9) Were at least two children under 10 years of age enrolled if part of PRISM I study or at least two children aged 5 years or younger enrolled if not part of PRISM I study	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10) Was the household enrolled in the study	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Complete household screening log Initials: _____		