

PRISM BORDER COHORT STUDY

Household ID | | | | | | | | |

Date Screening Began

__ _	/ _ _	/ _ _
day	month	year

HOUSEHOLD SCREENING FORM		
1) Household log number __ __ __ (consecutive number from household log)	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	
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 5 years of age.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5) No more than 7 permanent residents currently residing in the household.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6) No plans for the household to move out of our study catchment area 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) Was the household enrolled in the study	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Complete household screening log Initials: _____		