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| **Household ID (assigned by Health Department)** | **Address** | **City** | **Zip Code** | **County** |
|  |  |  |  |  |
| **Structure accessible for survey?** 🞏 Yes 🞏 No |
| **Primary Household Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # in Household†: \_\_\_\_\_\_\_\_** |
| **Team # \_\_\_\_\_\_\_\_\_\_\_\_ Investigator Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Survey Conducted in:** 🞏 English 🞏 Spanish 🞏 Haitian Creole 🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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