

Los Angeles County Mosquito Survey

Date of Visit (mm/dd/yy): _____
Collection ID: _____ **Occupant:** _____
Address: _____
Telephone: _____

Collector: _____ Surveyor: _____
 Collection time (e.g. 3:30 pm): _____

Human behavior:

Does anyone at the home get bit by mosquitoes? Yes No Don't know
 How long have residents lived in this home? _____ How many people live at this residence? _____

Number of people typically at home:

Weekdays (Mon-Fri or other work days): _____ Weekends (Sat-Sun or other non-work days): _____
 Day (8am-5pm): _____ Night (5pm-8am): _____ Day (8am-5pm): _____ Night (5pm-8am): _____

How many hours does each person spent **outdoors** at home? (Person-hours, cumulative for all household members):

(For each person, add up the no. of hours each person spends outdoors at home to calculate person-hours)

Weekday Daytime (8am-5pm):	Weekday Nighttime (5pm-8am):	Weekend daytime (8am-5pm):	Weekend Nighttime (5pm-8am):

Weekdays (Mon-Fri or other work days): _____ Weekends (Sat-Sun or other non-work days): _____

Total Day person-hours: _____ Total Day person-hours: _____

Total Night person-hours: _____ Total Night person-hours: _____

How many people in the household are home-bound or retired? (Spend most time at home) _____

Household behaviors:

No. of bedrooms: _____ No. of all rooms (including bedrooms): _____ No. of windows (that open): _____

No. of windows with intact screens: _____

No. of exterior doors: _____ Do these doors have intact screens on them? Yes No

No. of windows open during: Day: _____ Evening: _____ Non-work day: Day: _____ Evening: _____

Time frame windows are open (e.g. 8-10am): Day: _____ Evening: _____ Non-work day: Day: _____ Evening: _____

No. of doors open during (with or without screens): Day: _____ Evening: _____ Non-work day: Day: _____ Evening: _____

Time frame doors are open (e.g. 8-10am): Day: _____ Evening: _____ Non-work day: Day: _____ Evening: _____

Air-conditioning: None Central Window unit(s) Other: _____

If air-conditioning present, total number of hours air-conditioning is on: _____

Weekdays (Mon-Fri or other work days): _____ Weekends (Sat-Sun or other non-work days): _____
 Day (8am-5pm): _____ Night (5pm-8am): _____ Day (8am-5pm): _____ Night (5pm-8am): _____

Do you store water? (Not water bottles) Yes No If Yes: Indoors Outdoors Is it: Covered Uncovered

Do you have gutters? Yes No If Yes, do you clean your gutters (or have someone else do it)? Yes No

How many times per year? _____

Does someone come to your house to do professional yard maintenance? Yes No If Yes, how many times per month? _____

Is there a sprinkler system present? Yes No If Yes, how many times per week is it on? _____

Do you perform any mosquito control in your house at your own expense? Yes No

If Yes, date of last application: _____

Type of control: _____

Do household members ever wear repellent? All of them do Some of them do None of them do

Animals on the property: No animals present

	How many?	Hours spent indoors	Hours spent outdoors
Dogs			
Cats			
Chickens			
Other: _____			
Other: _____			

Outside house characteristics:

No. of potted plants outside house (in yard): 0 1-5 6-10 11-15 16-20 20+

No. of containers in yard that do or have the potential to collect water (i.e. fountains, toys, trash, laundry buckets etc.): 0 1-5 6-10 11-15 16-20 20+

How many of these containers are exposed to rain (uncovered and not under shelters)? _____ (Estimate)

How many containers have standing water in them? _____

Are there bushes/shrubs in the yard? Yes No

Are there trees in the yard? Yes No

Is there grass in the yard? Yes No

Is there a pool at the house? Yes No If Yes, is it full? Yes No

If full, is it clean? Clean Mostly clean Not clean

Lawn drains present? Yes No If Yes: Covered Uncovered

House drainpipe present? Yes No If Yes, is it: Covered Uncovered

Inside house characteristics:

No. of potted plants inside house: 0 1-5 6-10 11-15 16-20 20+

No. of containers inside house that store water (i.e. dog bowls, fountains, toys etc.):

0 1-5 6-10 11-15 16-20 20+

Mosquito Collection (adults):

Estimated area of the house (ft²): _____ Estimated area of the yard (front and back, ft²): _____

Collection duration (in minutes) for adults: Inside: _____ Outside: _____

Did you identify mosquito larvae or pupae in water sources around the house or yard? Yes No

How many containers had larvae or pupae in them? Inside: _____ Outside: _____

No. of adult *Ae. aegypti* found in lawn drain: _____

Notes/Issues that arose during survey:

For after the survey:

Were there any *Ae. aegypti* collected at the house? If yes, how many were collected:

Inside? Males _____ Females _____ Outside? Males _____ Females _____

How many of these were blood-engorged? Inside _____ Outside _____