|  |  |
| --- | --- |
| Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Technician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

***AEDES AEGYPTI* INFESTATION QUESTIONNAIRE**

**RESIDENT SURVEY**

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you been bitten by mosquitoes during the day around your home? Yes No

If yes, for how long have you noticed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In 2013, have you traveled to AZ, southeastern US, or internationally? Yes No

If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you bring back any plants, pots or other containers that can hold water? Yes No

1. Have you acquired any potted plants, pots, or bird baths in the last 3 months? Yes No

What plant(s), pots, etc.? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What store(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have other containers that hold water recently been brought onto your property? Yes No

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**PROPERTY ASSESSMENT**

Types of containers/breeding sources on property:

□ large containers □ small/medium containers □ bird baths

□ potted plant saucers □ tires □ other \_\_\_\_\_\_\_\_\_\_\_\_\_

Were possible breeding sources treated? Yes No Product? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provided resident with educational materials? Yes No