

Household/Workplace Visit Log

Team #: _____

Date and time of visits (if needed, visits 2 and 3 will be conducted on two separate days and/or at two different times)

Investigator name: _____

Household/Location ID and Address	Visit 1-Date & Time	Visit 2-Date & Time	Visit 3-Date & Time	Status
1				<input type="checkbox"/> Participant <input type="checkbox"/> Declined <input type="checkbox"/> Not available <input type="checkbox"/> Unoccupied
2				<input type="checkbox"/> Participant <input type="checkbox"/> Declined <input type="checkbox"/> Not available <input type="checkbox"/> Unoccupied
3				<input type="checkbox"/> Participant <input type="checkbox"/> Declined <input type="checkbox"/> Not available <input type="checkbox"/> Unoccupied
4				<input type="checkbox"/> Participant <input type="checkbox"/> Declined <input type="checkbox"/> Not available <input type="checkbox"/> Unoccupied
5				<input type="checkbox"/> Participant <input type="checkbox"/> Declined <input type="checkbox"/> Not available <input type="checkbox"/> Unoccupied
6				<input type="checkbox"/> Participant <input type="checkbox"/> Declined <input type="checkbox"/> Not available <input type="checkbox"/> Unoccupied
7				<input type="checkbox"/> Participant <input type="checkbox"/> Declined <input type="checkbox"/> Not available <input type="checkbox"/> Unoccupied
8				<input type="checkbox"/> Participant <input type="checkbox"/> Declined <input type="checkbox"/> Not available <input type="checkbox"/> Unoccupied