



## Household Location Details

1. Village LCI/Cell.....Parish.....
2. Sub-county.....District.....
3. Names of your Immediate Neighbour:.....
4. Telephone Contact/s of your Immediate Neighbor .....
5. Residential status:.....[Rented, Owned, House keeper]
6. For how long have you been in that place?.....[Days, Weeks, Months, Years]

## Household Economic Status

1. What is the main source of Household's Income.....?
2. Does this HH benefit from any government or non-government economic development programs?.....Y/N
3. Other household sources of Income.....  
.....
4. Household main source of food..... [A- from the garden, B- From the market, C- Given in exchange for work, D - Donated]  
.....
5. Most Household Economic Burden: A – Food, B- Education C- Medical D – Social Interaction, E – Others, please specify.....
6. Do you have any member in this HH in any savings/social group/s:..... Y/N If yes Name at least two;...../.....
7. If Y, why do you save?.....  
.....  
how much do you save?.....and how often do you save?.....
8. Does any member in this HH have any Loans he/she is servicing?.....Y/N How much is that loan? (Principal).....Who is the creditor?.....  
.....  
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## Household Health Status

1. Do you have a Pit Latrine.....Y/N, Rubish pit.....Y/N, Tip tap.....Y/N?  
[Observe]
2. Do you sleep under a Mosquito Net..... Y/N? Do you boil drinking water?..... Y/N
3. Which is your nearest Hospital or Health Facility?.....
4. How many kilometers from this HH to the Hospital/Health Facility?.....
5. Do you know TB?.....Y/N, If yes How is it spread?.....  
.....
6. Do know HIV/AIDS..... Y/N, If yes How is it spread?.....  
.....
7. Do you have any patients of TB/HIV in your HH? .....Y/N, If Yes.....HIV/AIDS.....
8. Where do these patients get treatment.....  
.....
9. What other illnesses do you mostly associate with as a Household:.....  
.....
10. Are you, or do you have a pregnant woman in your Household? YES/NO (*If yes please provide a copy of her antenatal Medical Records*)
11. If yes, but no records, please advise and refer:  
  
Advice and referral given:.....  
.....  
.....
12. Is there a child in your household under the age of 15 Months? YES/NO (*If Yes, please provide copy of birth notification/certificate or immunization card*) If yes, but no records, please advise and refer  
Advice and referral given:.....  
.....

13. In this household, do we have?.....Y/N (circle)

- a) Orphans and Vulnerable Children
- b) Older Persons
- c) Persons with severe Disability

14. As a household, what services do you extend to these categories of people?

<b>Orphans and Vulnerable Children</b>	
<b>Older Persons</b>	
<b>Persons with severe Disability</b>	
<b>ORGANIZATION RECOMMENDATION</b>	
<b>Orphans and Vulnerable Children</b>	
<b>Older Persons</b>	
<b>Persons with severe Disability</b>	

**HOUSEHOLD MEMBERS [AT least 5 HH members- Consider age and vulnerability level]**

S/No	NAMES	SEX	AGE
1.			
2.			
3.			
4.			
5.			

**Respondent Signature/Thumb Print:.....Date.....**

**Respondent title.....[Father, Mother, Grandparent, etc.....]**

**Household Assessor's General Comment for Enrollment or Rejection of the HH**

<b>ENROLLMENT</b>	
<b>REJECTION</b>	

**NAME OF HOUSEHOLD ASSESSOR..... DATE.....**

**SIGNATURE.....TITLE.....**

**NB: Please remember to attach copies of the following documents as may be available;**

1. National Identity card photocopy