

HOUSEHOLD IDENTIFICATION

Island _____

Village _____

Dwelling Number = =====>

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Household Number =====>

Household Head Name _____

INTERVIEWER TO COMPLETE

☐

Full response

☐

Partial response

	Yes	No
Household schedule	<input type="checkbox"/>	<input type="checkbox"/>
Dairy 1	<input type="checkbox"/>	<input type="checkbox"/>
Dairy 2	<input type="checkbox"/>	<input type="checkbox"/>
	Expected	Completed
Individual Schedule	<input type="checkbox"/>	<input type="checkbox"/>

☐

Non response

Out of scope

☐

Vacant

☐

Refused

☐

Non Contact

☐

Other reason (describe)

☐

SUPERVISOR CHECKED

☐

Household Schedule

☐

Individual schedules

Date
 ____/____/____
 d d m m y y

☐

Dairy 1

☐

Dairy 2

Signed