

HOUSEHOLD REGISTER

Survey Number _____
Name of CHW member: _____
RC Present _____
Referral (give reason) _____
of People in the Household _____
Supervisor _____

Village _____ Circle: KKS or JONG or IMPERI or SHERBRO	Name of Person completing interview _____
Reporting Period (Date) _____	Head of Household _____
Nearest Health Centre: _____ Score: 1 (very poor) 2 3 4 5 (excellent)	
Is the respondent aware of any community case management programme active in the area? YES or NO. If yes, which of the following services do they provide (Circle all that apply):	
MALARIA DIARRHEA ACUTE RESPIRATORY INFECTIONS	
Please write the number of women in this household who have died within 40 days of giving birth in the last year: _____	

Adults & Children Above 5

GENERAL INFO: Adults							PREGNANCY													MALARIA		NUTRITION						DANGER SIGNS						FP									
Q1	Q2		Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11				Q12	Q13	Q14	Q15	Q16	Q17	Q18	Q19	Q20	Q21	Q22	Q23				Q24	Q25	Q26	Q27	Q28	Q28b	Q28c	Q28d	Q29	29a				
Household Members (HHH & Women of Childbearing Age)	Sex		Age (yrs)	Relationship to HHH	Disability?	Source of Income	Level of Education	Pregnant?	Health Card?	Delivery Month	ANC Visits				TT dose	Ferrous/Folic	IPT/SP	Dewormed?	Access to PMTCT	Received HIV info during ANC	Tested as part of ANC?	Received Results	Slept under ITN last night	Does net have holes?	# Meals Yesterday	Cereals & Starches	Protein	Legumes	Greens	Fruit	# Pregnancy Danger signs	# Neonatal Danger Signs	# Methods of MTC	# Post Partum Danger signs	# Pneumonia Danger signs	Cause of Polio	Cause Malaria	Cause of Measles	Family Planning?	FP Method			
	M	F									1	2	3	4																													

RESPONDENT ONLY

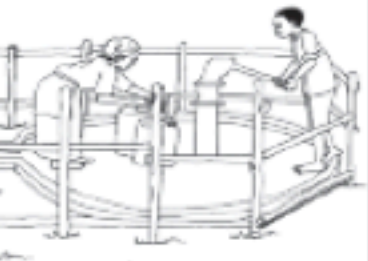






Survey Number _____

ICCM SICK PATIENT REGISTER FOR CHILDREN 5 YEARS AND BELOW											
GENERAL INFO			PROBLEM (past 2 weeks)				TREATMENT				
Q58	Q59		Q60	Q61	Q62	Q63	Q64	Q65	Q66	Q67	Q68
Patient Name	Sex		Age in months	Diarrhoea	Fast Breathing	Cough	Fever	Treated at HC within 24 hrs	ORS/ORT	Breastfeeding	Home Solution
	M	F									

HOUSEHOLD					
WATER AND SANITATION					
Q69	Q70	Q71	Q72	Q73	
Time Spent Fetching Water (MINS)	# Litres per Day	How is the HH waste disposed?	Water Treatment	Before Eating	After Changing Baby
				After Latrine	Before Food Prep
				Before Feeding Child	
5 CRITICAL TIMES					

HOUSEHOLD: Water, Food and Sanitation

Find out if the household has unlimited access to the following methods to prevent sickness. Tick the boxes for the things the family has:

<p>Q74 <input type="checkbox"/></p>  <p>Protected water source</p>	<p>Q75 <input type="checkbox"/></p>  <p>Safe drinking water</p>	<p>Q76 <input type="checkbox"/></p>  <p>Kitchen</p>	<p>Q77 <input type="checkbox"/></p>  <p>Drying rack for dishes</p>	<p>Q78 <input type="checkbox"/></p>  <p>Rubbish pit</p>	<p>Q79 <input type="checkbox"/></p>  <p>Latrine</p>	<p>Q80 <input type="checkbox"/></p>  <p>Hand-washing area with soap near latrine</p>
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Follow up on anything the family is missing.

LATRINE		
Q81	Q82	Q83
Is Latrine Clean?	Type of Latrine	Where defecate if no latrine?