

BLANK CDD/ARI HOUSEHOLD SURVEY QUESTIONNAIRE

Note: This blank questionnaire may be used when an adapted or translated version of the questionnaire is needed, and it is more convenient to type or handwrite the questions rather than adapt the questionnaire on computer. The numbers, lines, and format are given, and the questions may be entered by hand.

Set Number: _____

CLUSTER NUMBER:

NAME OF COMMUNITY:

DATE: / /

SURVEYOR:

TOTAL

																			XXXXX	
																			XXXXX XXXXX	
G1																				
G2																				
	a.																			
	b.																			
	c.																			
	d.																			
	e.																			
	f.																			
	g.																			
	h.																			
	i.																			
	j.																			
k.																				
i																				

CLUSTER NUMBER:

NAME OF COMMUNITY:

Set Number: _____

DATE: / /

SURVEYOR:

										TOTAL
										XXXX
										XXXX XXXX
Y1										
Y2										
	a.									
	b.									
	*c.									
	*d.									
	*e.									
	*f.									
	g.									
	h.									
	i.									
	j.									
k.										
Y3										
Y4										
Y5										
i										

CLUSTER NUMBER:

NAME OF COMMUNITY:

Set Number: _____

DATE: / /

SURVEYOR:

TOTAL

																			XXXXXX	
																			XXXXXX XXXXXX	
P1																				
P2																				
	a.																			
	b.																			
	c.																			
	d.																			
	e.																			
	f.																			
	g.																			
	h.																			
	i.																			
	j.																			
k.																				
P3																			XXXXXX XXXXXX	
	a.																		XXXXX	
	b.																		XXXXX	
	c.																		XXXXX	
	d.																		XXXXX	
	e.																		XXXXX	
	f.																			
	g.																		XXXXX	
P4																				
P5																				

CLUSTER NUMBER:

NAME OF COMMUNITY:

DATE: / /

SURVEYOR:



TOTAL

											XXXXXX
											XXXXXX XXXXXX
P14											
a.											
b.											
c.											
d.											
e.											
f.											
g.											
h.											
i.											
j.											
k.											
l.											

CLUSTER NUMBER:

NAME OF COMMUNITY:

DATE: / /

SURVEYOR:



RHF

											TOTAL
											XXXXXXXX
P23											XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX
P24											XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX
P25											XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX
P26											XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX
P27											XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX
P28											
P29											
i											

YELLOW DRUG OPTION - ANA

CLUSTER NUMBER:

NAME OF COMMUNITY:

DATE: ■ ■

SURVEYOR:

										XXXX	
										XXXX	
Y6										Y:	
Y7										XXXX	
Y8										XXXX	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	XXXX
											XXXX
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	XXXX
											XXXX
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	XXXX
											XXXX
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	XXXX
											XXXX
Y9											
Y10											
Y11											
i											

AGE OPTION

CLUSTER NUMBER:

NAME OF COMMUNITY:

DATE: / /

SURVEYOR:

TOTAL

										XXXXXX
										XXXXXX XXXXXX
W13a										XXXXXX XXXXXX XXXXXX XXXXXX XXXXXX XXXXXX
W13b										XXXXXX XXXXXX XXXXXX XXXXXX XXXXXX XXXXXX XXXXXX
W18										XXXXXX XXXXXX XXXXXX
i										

MEASLES OPTION

CLUSTER NUMBER:

NAME OF COMMUNITY:

DATE: / /

SURVEYOR:

TOTAL

										XXXX
										XXXX XXXX
W19										XXXX XXXX XXXX XXXX
i										

GENDER OPTION

CLUSTER NUMBER:

NAME OF COMMUNITY:

DATE: / /

SURVEYOR:

										TOTAL
										XXXX
										XXXX XXXX
W20										XXXX XXXX XXXX XXXX
i										