KHDS-2 Household Tracking Form

Enumerator Code: [ ]

Date of completion: [ ] [ ] [ ]

Name of respondent:______________________________

Contact details:______________________________

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Is respondent a Previous Household Member? Yes......1 (>Roster) No.......2 [ ]

Relative/Friend..1 Teacher...........4
Neighbour........2 Community Leader...5
Employer.........3 Other(Specify:__)..6 [ ]

PRE-FILLED INFORMATION FROM PREVIOUS HOUSEHOLD ROSTER							7 Where does [….] currently reside? SAME VILLAGE......1 (>9) NEARBY VILLAGE....2 (>9) KAGERA............3 TANZANIA..........4 NEIGHBOURING COUNTRY.........5 ANOTHER COUNTRY.........6 DIED..............7 (NEXT PERSON) DON'T KNOW........8 (NEXT PERSON) **CHOOSE LOWEST APPROPRIATE NUMBER**		8 IF RESPONSE TO QUESTION 7 IS: ….3 THEN SPECIFY DISTRICT ….4 THEN SPECIFY REGION …5 or 6 THEN SPECIFY COUNTRY	9 Are they residing with any other previous HH members? [READ NAMES ON ROSTER] YES...1 NO....2 DK....3	10 NEW TEMPORARY HH No. GIVE ALL HHs THAT SPLIT OFF FROM THE ORIGINAL HH A NEW UNIQUE No. START WITH 01 AND COUNT UPWARDS	11 FILL IN AN INDIVIDUAL TRACKING FORM? YES.....1 NO......2
1 Old six-digit ID NO.			2 Name	3 Sex	4 Current age	5 Previous relation to head						
CN	HH	IND					NAME	CODE				