

1 REGION:

2 District:

3 MDA Zone:

4 Name of Locality/community:

5 NAME OF SELECTED FBO MEMBER: _____

6 IS HEAD OF HOUSEHOLD SAME AS THE SELECTED FBO MEMBER: YES ☐ NO ☐

7 IF NO, NAME OF HOUSEHOLD HEAD: _____

8 LOCATION OF HOUSEHOLD: _____

9 LOCATION OF FBO REGULAR MEETING PLACE: _____

10 MAIN LANGUAGE SPOKEN AT HOME

ENGLISH	01	FRENCH	02	<input type="checkbox"/>
ASANTE	11	GUAN	41	
FANTI	12	BUJ	51	
AKUPEM	13	MAMPUS	52	
SEW	14	FRAFRA/GRUN	53	
BRONG	15	KASSENE	54	
NZEVA	16	DAGBANI	55	
GA	21	VALI/DAGARI	56	
DANGME	22	SISSALA	57	
EWE	31	OTHER (SPECIFY)	96	

11 MAIN LANGUAGE USED BY RESPONDENT: ☐ (USE LANGUAGE CODES ABOVE)

VERIFICATION OF QUESTIONNAIRE - BY INTERVIEWER

INTERVIEWER:

 DATE:

 DAY MONTH YEAR

REMARKS: _____

ALL SECTIONS COMPLETED: YES ☐ NO ☐

HOUSEHOLD REPLACED?: YES ☐ NO ☐

REASON FOR REPLACEMENT:

DWELLING NOT FOUND	1	<input type="checkbox"/>
OCCUPANT NOT AT HOME	2	
REFUSAL	3	
RESIGNED FROM FBO	4	
OTHER (SPECIFY)	5	

REPLACED: _____ WITH _____
 FBO MEMBER IC FBO MEMBER IC

VERIFICATION OF QUESTIONNAIRE - BY SUPERVISOR

SUPERVISOR:

 DATE:

 DAY MONTH YEAR

REMARKS: _____

IS QUESTIONNAIRE FULLY COMPLETED: YES ☐ NO ☐