

Form 1: Household List

Head of the House _____

Telephone Number (Optional) _____

Temporary HH number
sticker (by Local team)

Landmark if any _____

CLUSTER CODE: _____ HOUSEHOLD NUMBER (TBC by census team): _____ Date of Census: _____

Please participate the TB survey on
.....day.....month.....year,
at.....

| Serial (XX) | Name | Sex (M/F) | DOB YY-MM-DD | Age | Occupation code* | Education code** | Living Status*** | Duration Of staying | Eligibility (Yes/No) | Invitation Number | Consent (Yes/No) | Participation (QR Code) | Remark |
|---------------------------------|------|-----------|--------------|-----|------------------|------------------|------------------|---------------------|----------------------|-------------------|------------------|-------------------------|--------|
| 01 | | | | | | | | | | | | | |
| 02 | | | | | | | | | | | | | |
| 03 | | | | | | | | | | | | | |
| 04 | | | | | | | | | | | | | |
| 05 | | | | | | | | | | | | | |
| 06 | | | | | | | | | | | | | |
| 07 | | | | | | | | | | | | | |
| 08 | | | | | | | | | | | | | |
| 09 | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | |
| Filled by local health workers. | | | | | | | | | | | | | |

*Occupational Code: 1 – Self-employed, 2 – Government employee (not health sector), 3 – Health care worker, 4 – Non-government employee, 5 – Student, 6 – Housekeeper/homemaker, 7 – Farmers, 8 – Unemployed, 9 – Retired, 10 - Others

**Education Code: 1 – No formal education, 2 – Primary school, 3 – Secondary school, 4 – High school, 5- University Graduate, 6 – Post-graduate (Master/PhD), 7 – Others

***Living Status: 1: R: Resident (if a person has been living in the same household or if they have no other place of residence); 2: V: Visitor (if a person has other place of residence and comes to visit the household for a certain period of time)