

Form 8

To be filled by facilitator

1. Province	12. Sumatra Utara 33. Jawa Tengah 73. Sulawesi Selatan			
2. District	_____			
3. Subdistrict	_____			
4. Village	_____			
5. Hamlet/Neighborhood/RW/RT	1. Hamlet/Neighborhood/RW: _____ 3. RT: A.RT: _____ B.:RW _____ C.Hamlet: _____			
6. Enumeration Area				
7. Community Meeting:	1. Before House to House visit 2. After House to House visit			
8. Name/Code of Fasilitator	_____			
9. Name of Facilitator's assistant	_____			
10. Date the questionnaire filled	____/____/____ (Day / Month/Year)			

FACILITATOR'S NOTE: WRITE DOWN THE NAME OF RT/HAMLET/NEIGHBORHOOD/COMMUNITY ELITES WHO JOINED IN HOUSE TO HOUSE VISIT

No	Name (1)	HHID (2)	Position (3)	Position Code
1.		____		Kode Untuk Jabatan 01. Village officials 02. Head/member LKMD/LMD/BAPERDES/BPD,dll 03. RW Head 04. RT/Hamlet Head 05. Religious leader 06. Tribe leader 07. Headmaster/teacher 08. Civil Servant
2.		____		
3.		____		

				95. Other _____
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Form of HH That Cannot Be Ranked

Important: You must note down the reasons why the community cannot rank the HHs below.

Circle the appropriate answer (multiple choices) to fill up column (4), which are :

- A. No one knows the HH
- B. No one knows the socio-economic level of the HH
- C. The HH never attends meetings
- V. Others _____

No.	Name of HH Head (1)	HHID (3)	Reasons (4)			
1		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A	B	C	V. _____
2		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A	B	C	V. _____
3		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A	B	C	V. _____
4		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A	B	C	V. _____
5		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A	B	C	V. _____
6		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A	B	C	V. _____
7		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A	B	C	V. _____
8		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A	B	C	V. _____
9		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A	B	C	V. _____
10		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A	B	C	V. _____
11		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A	B	C	V. _____
12		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A	B	C	V. _____

No.	Name of HH Head (1)	HHID (3)	Reasons (4)			
13		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A	B	C	V. _____
14		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A	B	C	V. _____
15		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A	B	C	V. _____
16		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A	B	C	V. _____
17		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A	B	C	V. _____
18		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A	B	C	V. _____
19		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A	B	C	V. _____
20		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A	B	C	V. _____