

Municipality/City:

Barangay: _____ Province: _____

HH No.	No. of family living in the house	Number of HH members	NHTS Household	Indigenous Group	Number of Family Members by Age Classification / Health Risk Group																Name of Father (F _a) and Mother (M _o); Caregiver (C _a)	Occupation	Educational Attainment	Couple Practicing Family Planning	Fill in:			Check If										
			1-NHTS 4Ps 2-NHTS Non-4Ps 3-Non-NHTS	1-IP 2-Non-IP	Newborn (0-28 days)		Infant (29 days-11 months)		Under-five (1-4 years old)		Children 5-9 y.o.		Adolescence (10-19 y. o.)		Pregnant	Adolescent Pregnant	Post-Partum (PP)	15-49 y. o. not pregnant & non PP	Adult 20-59 y. o.						Senior Citizens		Person With Disability		Toilet Type (1, 2, 3, 4)	Water Source (1, 2)	Food Production Activity (VG/PL/FP)	HH using Iodized Salt	HH using Iron-Fortified Rice					
					M	F	M	F	M	F	M	F	M	F				M	F	F					M	F	M	F										
C1	C2	C3	C4	C5	C6	C7	C8	C9	C10	C11	C12	C13	C14	C15	C16	C17	C18	C19	C20	C21	C22	C23	C24	C25	C26	C27	C28	C29	C30	C31	C32	C33	C34					
																								(F _a)			<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No							
																								(M _o)														
																									(C _a)													
																									(F _a)			<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No						
																									(M _o)													
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																									(F _a)			<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No						
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																									(F _a)			<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No						
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