## HOUSEHOLD PROFILING FORM

NA. minimality / City / Districty	Internioused by	Date of Visit (mm/dd/yyyy)		
Municipality/City/District:	Interviewed by:	First Quarter:		
	Davierred by	Second Quarter:		
Province:	Reviewed by:	Third Quarter:		
		Fourth Quarter:		

Househo	old Information		7	Name of Resp	pondent		Ethnicity(Please Tick)			Socioeconomic Status(Please Tick)				Environmental Health Data											
Sitio/Purok: Last Name:				○ IP Household If IP Household, indicate Tribe:			○ NHTS Non-4Ps ○ Non-NHTS				Type of Water Soul	select from the following:  LEVEL I - Point Source					Type of Toilet Facility:								
Barangay: First Name:											LEVEL I - Point Sou						select from the following:  A - Poor/flush type connected to septic tank  B - Pour/flush toilet connected to septic tank AND to sewerage system  F - Open pit latrine								
Household (HH) Number: Middle Name:							If NHTS, please indicate the NHTS No.:				LEVEL III - Individua Others - For doubt	C - Ve	B - Pour/flush toilet connected to septic tank AND to sewerage system F - Open pit latrine C - Ventilated Pit (VIP) latrine G - Without Toilet D - Water-sealed toilet												
Relationship to HH Head:				○ Non-IP Household											*write the type of toilet facility in the box provided										
Name of Household Members of members Sex Date of Birth to HH Head			Civil Status Philhealth ID Membership Number Type			Philhealth Category  Medical History	Last Menstrual Period (LMP)  Wom	Women	of Reproductive A	Age (WRA)	Classi	fication b	on by Age/Health Risk Group				Educational Attainment	Religion	Remarks						
(Please provide the names of the members of the				Spouse Son	<b>M</b> - Male <b>F</b> -	birthday in this state date format: ale mm/dd/yyyy	M - Married S - Single W - Widow/er SP - Separated C - Cohabitation		<b>D</b> - Dependent	Economy Private FEG - Formal Economy Government IE - Informal Economy	HPN - Hypertension DB - Diabetes TB - Tuberculosis S - Surgery		Using any FP method?	Method Used	FP Status	<b>SC</b> - Senior Citizen		AP - Adolescent Pregnant PP - Postpartum			nant	<b>HS</b> - HS Student <b>HU</b> - HS Undergrad	Roman Catholic, Christian, INC, Catholic, Islam, Baptist, Born Again, Christian, Buddhism, Church of God,	Write additional notes such as occupation, nutritional status, or any other detail related to each member of the	
household starting from the household head followed by the spouse, son/daughter (eldes youngest), and other members)				Female	<b>N</b> - No								following: COC, POP, Injectables, IUD, Condom,	Acceptor <b>CU</b> - Current User	Age <b>S</b> - School Ag <b>A</b> - Adolescer	A - Women with Rep. I - Infant U - Under 5 y.o School Age (0-5 y.o) PWD - Person with Adolescent (10-19 y.o)				disablity H					
Last Name	First Name	Middle	dle Name							N - NHTS SC - Senior Citizen IP - Indigenous People U - Unknown				Withdrawal, Others	CM - Changing Method CC - Changing Clinic DO - Dropout R - Restarter	1st Quarter	2nd Quar	ter 3rd	r 3rd Quarter 4th Quarter			V - Vocational Course CS - College Student CU - College Undergrad CG - College Graduate PG - Postgraduate	Protestant, Seventh Day Adventist, LDS- Mormons Evangelical, Pentecostal, Unknown, Other	household	
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