

Conducted with the support of the National Vector Borne Diseases Control Program (NVBDCP) and The World Bank  
**IMPLEMENTING FIRM: PRELUDE NOVEL VENTURES PRIVATE LIMITED**

Starting Time:

Hour	Minute

End Time:

Hour	Minute

Starting Date:

DAY	MONTH	YEAR

End Date

DAY	MONTH	YEAR

**HOUSELISTING QUESTIONNAIRE**

**Village Level Malaria Service Provider (ASHA/Other Service Provider)**

STATE NAME \_\_\_\_\_

DISTRICT NAME \_\_\_\_\_

BLOCK NAME \_\_\_\_\_

PHC/CHC \_\_\_\_\_

HEALTH SUB-CENTRE \_\_\_\_\_

PANCHAYAT NAME \_\_\_\_\_

VILLAGE NAME \_\_\_\_\_

VILLAGE TYPE **A Type Intervention Village - 1** **Internal Control Village - 3**

**B Type Intervention Village- 2** **External Control Village - 4**

**Total Household in the Village**

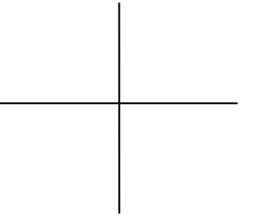
**Result of Households listed**

Completed  Partly Completed  Refused  Absent

<b>HOUSELISTERS NAME</b>	<b>CODE</b>	<b>DATE OF FIRST INTERVIEW</b>
		DAY MONTH YEAR
<b>SUPERVISOR NAME</b>	TEAM ROLE ID	DAY MONTH YEAR
<b>DATA ENTRY OPERATOR</b>	TEAM ROLE ID	DAY MONTH YEAR
<b>DATA ENTRY SUPERVISOR</b>	TEAM ROLE ID	DAY MONTH YEAR



# Village Social Map



**LEGEND**