

Form 3

To be filled by Facilitator's assistant

CHANGES IN HH LIST AS A RESULT OF CRARIFICATIONS

| | | | | | | |
|---|--|-----------------|----------------------|--------------------|--|--|
| 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. Total number of HH based on baseline survey | | | | | | |
| 8. Total number of HH after community meeting | | | | | | |
| 9. Name/Code of Fasilitator | | | | | | |
| 10. Name of Facilitator's assistant | | | | | | |
| 11. Date the questionnaire filled | <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> / <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> / <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> | | | (Day / Month/Year) | | |

Column (1), (2), (3), (4) and (5) are the result of listing survey (pre-printed)

Code for column 6: Clarification result

1. Found
2. Found, but the name of HH head is wrong/changing → column 8
3. HH head passed away without other HH member
4. Moved
5. HH not listed yet
6. Split from other HH which lives in this RT → column 9
7. Merged with other HH in this RT (2 HH or more become 1) → column 9
8. Other, mention _____

| No. | HHID (2) | Name of HH Head (3) | Name of Spouse (4) | Number of Family (5) | Clarification result (6) | Name of new HH head (7) | HHID of Main HH (8) |
|-----|--|------------------------|-----------------------|-------------------------------|---|-------------------------------|--|
| 1 | <div> <div></div> <div></div> <div></div> <div></div> </div> | | | | <div> <div>1 2 3 4</div> <div>5 6 7</div> <div>8</div> </div> | | <div> <div></div> <div></div> <div></div> <div></div> </div> |
| 2 | <div> <div></div> <div></div> <div></div> <div></div> </div> | | | | <div> <div>1 2 3 4</div> <div>5 6 7</div> <div>8</div> </div> | | <div> <div></div> <div></div> <div></div> <div></div> </div> |
| 3 | <div> <div></div> <div></div> <div></div> <div></div> </div> | | | | <div> <div>1 2 3 4</div> <div>5 6 7</div> <div>8</div> </div> | | <div> <div></div> <div></div> <div></div> <div></div> </div> |
| 4 | <div> <div></div> <div></div> <div></div> <div></div> </div> | | | | <div> <div>1 2 3 4</div> </div> | | <div> <div></div> <div></div> <div></div> <div></div> </div> |

| No. | HHID (2) | Name of HH Head (3) | Name of Spouse (4) | Number of Family (5) | Clarification result (6) | Name of new HH head (7) | HHID of Main HH (8) |
|-----|-------------|------------------------|-----------------------|-------------------------------|-----------------------------|-------------------------------|---------------------------|
| | | | | | 5 6 7 8 _____ | | |
| 5 | _____ | | | | 1 2 3 4 5 6 7 8 _____ | | _____ |
| 6 | _____ | | | | 1 2 3 4 5 6 7 8 _____ | | _____ |
| 7 | _____ | | | | 1 2 3 4 5 6 7 8 _____ | | _____ |
| 8 | _____ | | | | 1 2 3 4 5 6 7 8 _____ | | _____ |
| 9 | _____ | | | | 1 2 3 4 5 6 7 8 _____ | | _____ |
| 10 | _____ | | | | 1 2 3 4 5 6 7 8 _____ | | _____ |
| 11 | _____ | | | | 1 2 3 4 5 6 7 8 _____ | | _____ |
| 12 | _____ | | | | 1 2 3 4 5 6 7 8 _____ | | _____ |
| 13 | _____ | | | | 1 2 3 4 5 6 7 8 _____ | | _____ |

| No. | HHID (2) | Name of HH Head (3) | Name of Spouse (4) | Number of Family (5) | Clarification result (6) | Name of new HH head (7) | HHID of Main HH (8) |
|-----|----------------------|------------------------|-----------------------|-------------------------------|-----------------------------|-------------------------------|---------------------------|
| 14 | <input type="text"/> | | | | 1 2 3 4 5 6 7 8 _____ | | <input type="text"/> |
| 15 | <input type="text"/> | | | | 1 2 3 4 5 6 7 8 _____ | | <input type="text"/> |
| 16 | <input type="text"/> | | | | 1 2 3 4 5 6 7 8 _____ | | <input type="text"/> |
| 17 | <input type="text"/> | | | | 1 2 3 4 5 6 7 8 _____ | | <input type="text"/> |
| 18 | <input type="text"/> | | | | 1 2 3 4 5 6 7 8 _____ | | <input type="text"/> |
| 19 | <input type="text"/> | | | | 1 2 3 4 5 6 7 8 _____ | | <input type="text"/> |
| 20 | <input type="text"/> | | | | 1 2 3 4 5 6 7 8 _____ | | <input type="text"/> |