

KAGERA HEALTH AND DEVELOPMENT SURVEY 2004

DIRECT OBSERVATION FORM

Supervisor: _____ Code: _____

Location: _____ Cluster: _____

Interviewer Name	Code	Household ID Number (6 digit)			Result		COMMENTS
		Cluster No (2 digit)	Old HH No (2 digit)	Temp. HH No. (2 digit)	Satisfactory	Unsatisfactory	