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| STANDARD HOUSEHOLD MEMBER INTAKE/FOLLOW UP FORM |
| Intake Date | Click or tap to enter a date. |
| Household ID | Click or tap here to enter text. |
| First Name (Given Name) | Click or tap here to enter text. |
| Last Name (Family Name) | Click or tap here to enter text. |
| Middle Name | Click or tap here to enter text. |
| Gender |  |
| Date of Birth | Click or tap to enter a date. |
| Is the birthday an approximate date? |  |
| Relationship1 *(Please select one)* |
|  |[ ]  Head of household |
|  |[ ]  Spouse/partner |
|  |[ ]  Son/daughter |
|  |[ ]  Step child |
|  |[ ]  Adopted/fostered child |
|  |[ ]  Son-in-law/daughter-in-law |
|  |[ ]  Grandchild |
|  |[ ]  Parent |
|  |[ ]  Parent-in-law |
|  |[ ]  Grandparent |
|  |[ ]  Brother/sister |
|  |[ ]  Brother-in-law/sister-in-law |
|  |[ ]  Aunt/uncle |
|  |[ ]  Niece/nephew |
|  |[ ]  Cousin |
|  |[ ]  Servant |
|  |[ ]  Non-relative |
|  |[ ]  Other (specify): Click or tap here to enter text. |
| During the past week, did you do any of the following activities, even for only one hour?1 |
|  |[ ]  Run or do any kind of business, big or small, for himself/herself or with one or more partners? |
|  |[ ]  Do any work for a wage, salary, commission or any payment in kind? |
|  |[ ]  Do any work as a domestic worker for a wage, salary or any payment in kind? |
|  |[ ]  Help unpaid in a household business of any kind? |
|  |[ ]  Do any work on his/her own or household's plot, farm, food garden, or help in growing farm produce or in looking after animals for the household? |
|  |[ ]  Do any construction or major repair work on his/her own home, plot, or business or those of the household? |
|  |[ ]  Catch any fish, prawns, shells, wild animals, or other food for sale or household food? |
|  |[ ]  Fetch water or collect firewood for household use? |
|  |[ ]  Produce any other good for this household use? |
|  |[ ]  Did not engage in any of the above activities. |
| Even though you did not do any of these activities in the past week, do you have a job, business, or other economic or farming activity that you will definitely be returning to? |  |
| During the past week, for how many hours did you engage in this/these activities? | Click or tap here to enter text. |
| Were you exposed to any of the following at work?1 |
|  |[ ]  Dust/fumes |
|  |[ ]  Fire/gas/flames |
|  |[ ]  Loud noise or vibration |
|  |[ ]  Extreme cold or heat |
|  |[ ]  Dangerous tools (knives, etc.) |
|  |[ ]  Work underground |
|  |[ ]  Work at heights |
|  |[ ]  Work in water/lake/pond/river |
|  |[ ]  Workplace too dark or confined |
|  |[ ]  Insufficient ventilation |
|  |[ ]  Chemicals (pesticides, glues, etc.) |
|  |[ ]  Explosives |
| During the past week, did you do any of the tasks below for this household?1,2 |
|  |[ ]  Shopping for household |
|  |[ ]  Repairing any household equipment |
|  |[ ]  Cooking cleaning utensils/house |
|  |[ ]  Washing clothes |
|  |[ ]  Caring for children/old/sick |
| During each day of the past week, for how many hours did you engage in this/these activities? | Click or tap here to enter text. |
| Are you enrolled in school and/or college? |  |

Notes:

1. The values for these questions can be expanded and customized in the application by projects.
2. This category of work will not be used for determining child labor status, but we include it in the form in case projects are interested in tracking household work by beneficiaries. For more information, please see USDOL Guidance on Child Labor Definitions