REPUBLIC OF KENYA – MINISTRY OF HEALTH

MINISTRY OF HEALTH

Community Health Services
"Afya Yetu, Jukumu Letu"

TOOL M

HOUSEHOLD REGISTER
MOH 513

COUNTY:		**NAME OF KMCHUL:**	
SUB COUNTY:		**KMCHUL CODE:**	
WARD:		**LINK FACILITY:**	
LOCATION:		**NAME OF CHV:**	
SUB LOCATION:		**NAME OF VILLAGE:**	
START DATE:		**END DATE:**	

1. Household Number _____

Date of Data Collection (Record as DD:MM:YY e.g. 31/07/14)	Individual Code	Name of Household Member	Age in Completed Years /Months /Days	Sex (M/F)	Relationship to HHH 1=HHH, 2=Spouse, 3=Child, 4=Grandchild, 5=Brother/Sister, 6= Guardian 7= Others	Health Insurance Cover 1. UHC 2. NHIF 3. Other 4. Not Insured	Orphan (✓/X/ NA)	Birth Certificate Serial Number	In School (✓/X/ NA)	Pregnant (✓/X/ NA)	Mother and Child Health Booklet (✓/X/ NA)	Child 6-59 months with MUAC (Red) indicating severe malnutrition (✓/X/ N/A)	Child 6-59 months with MUAC (Yellow) indicating moderate malnutrition(✓/X/ N/A)	Vitamin A Given (✓/X/ NA)	Penta 3 Given (✓/X/ NA)	Fully Immunized under 1 Yr (✓/X/ NA)	Measles Rubella at 2 years (✓/X/ NA)	Place of Delivery for under 1 year; 1. Home 2. Facility	**Known Disability** 0=None, 1=Visual, 2=Hearing, 3=Speech, 4=Physical, 5=Other(Specify)	**Known chronic illness** 0=None, 1=Diabetes, 2=Cancer, 3=Mental Illness, 4=Hypertension, 5=Chronic Respiratory Diseases, 6=Other (Specify)	Comments
A	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**	**K**	**L**	**M**	**N**	**O**	**P**	**Q**	**R**	**S**	**T**	**U**	**V**

Health Demographic Page Summaries
Total households
Total number of households visited
Total population
Total women 15-49 years
Total pregnant women
Total children 0-28 days
Total children 29 days-11 months age

Indicator
Total children 12-59 months age
Total children 5-12 years age
Total adolescent and youth - Girls (13 - 24 years)
Total adolescent and youth - Boys (13 - 24 years)
Total females 25-59 years
Total males 25-59 years
Total elderly females (60+ years)
Total elderly females (60+ years)

HOUSEHOLD LEVEL INDICATORS	
Indicator	**Yes/No**
Households with functional latrine in use	
Household with hand washing facilities	
Household using treated water	
Household with refuse disposal facility	
Household energy source; 1. Charcoal, wood, Dung 2. Solar, Electricity, Gas 3. Other	

DEATHS

Date of Death	Individual Code	Name of Household member	Age	Sex	Comments e.g. neonates or dead before household registration
AD	B*	C*	D*	E*	AE

B*, C*, D* and E* contain data similar to be B, C, D and E respectively.