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| CLUSTER CONTROL FORM *to be filled by team Lead* |
| CLUSTER (EA) NUMBER CLUSTER (EA) NAME: DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_ |
| **Team lead No: Enumerator ID:** |
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| **#** | **Place HH Barcode label here** | **Name of head of household** |  |  | **Field Notes *(Record additional respondent information)*** |
| Eligible PSC | Eligible SAC | Eligible WRA | Eligible Men | Food Sample collection | Call back needed?(Y/N) |
| # in HH | # complete | # in HH | # complete | # in HH | # complete | # in HH | # complete | Salt | Sugar | Oil |
| **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  | MRDR done? Y / N |
| **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **#** | **DHS****HH No*****(write in from coversheet)*** | **Place HH Barcode label here** |  |  | **Field Notes *(Record additional respondent information)*** |
| Eligible PSC | Eligible SAC | Eligible WRA | Eligible Men | Food Sample collection | Call back needed?(Y/N) |
| # in HH | # complete | # in HH | # complete | # in HH | # complete | # in HH | # complete | Salt | Sugar | Oil |
| **6** |  |  |  |  |  |  |  |  |  |  |  |  |  |  | MRDR done? Y / N |
| **7** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **#** | **DHS****HH No*****(write in from coversheet)*** | **Place HH Barcode label here** |  |  | **Field Notes *(Record additional respondent information)*** |
| Eligible PSC | Eligible SAC | Eligible WRA | Eligible Men | Food Sample collection | Call back needed?(Y/N) |
| # in HH | # complete | # in HH | # complete | # in HH | # complete | # in HH | # complete | Salt | Sugar | Oil |
| **12** |  |  |  |  |  |  |  |  |  |  |  |  |  |  | MRDR done? Y / N |
| **13** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **14** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **15** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **16** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **17** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **#** | **DHS****HH No*****(write in from coversheet)*** | **Place HH Barcode label here** |  |  | **Field Notes *(Record additional respondent information)*** |
| Eligible PSC | Eligible SAC | Eligible WRA | Eligible Men | Food Sample collection | Call back needed?(Y/N) |
| # in HH | # complete | # in HH | # complete | # in HH | # complete | # in HH | # complete | Salt | Sugar | Oil |
| **18** |  |  |  |  |  |  |  |  |  |  |  |  |  |  | MRDR done? Y / N |
| **19** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **20** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **21** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **22** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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