

OM - Home visit form

10/2008

Date of Survey: ____/____/____ Credit officer's Name: _____ Branch: _____ Form nb.: _____

Household profile

First Name: _____ Middle Name: _____ Last Name: _____ LPF Code: ____ / ____

 Nationality: Ghanaian - Nigerian - Togolese - Beninois(e) - Burkinabe - Ivorian - Liberian - Other: _____ Religion Christian - Muslim - African Traditional

 Area: _____ Since (year): _____ Loan cycle: _____ Male: Female:

SN	Relation	Name	Date of Birth	Occupation or Education Level	Monthly Income (GH¢)
1	Self	Partner's name as above			
2					
3					
4					
5					
6					
7					
8					
9					
10					

11 Other resources (from any other family member, from rent, debt, retirement pension, etc.) Type: _____

12 Type: _____

Total debts: GH¢
Total Monthly Income: GH¢
Monthly PCI: GH¢

Economic Situation

 Did you have a permanent, uninterrupted business over the past 12 months? Yes (1) - No (0)

 How many sources of income do you have? one (1) - two (2.5) - three (4) - none (0)

 Monthly savings of the household: less than GH¢ 5 (0) - between GH¢ 5 and GH¢ 20 (1)

 between GH¢ 20 and GH¢ 50 (2) - between GH¢ 50 and GH¢ 100 (3) - more than GH¢ 100 (4)

Education

 No children are in school (0) - Only some children go to school (2) - All children are in school (4)

 A newspaper is read by a household member at least once a week: Yes (2) - No (0)

 What is the highest level of education in the household: No education (0) - Elementary (1) - Secondary School (2) - Tertiary (4)

Housing & Shelter

 What type of house do you live in? Improvised (Kiosk/wooden structure, container/metal structure, workshop, shop) (0) - Compound house (0.5) - Self-contained (3)

What is the number of rooms used by the family? 1 - 2 - 3 - 4 - 5 or more

5 persons or more per room (0) 4 persons per room (0.5) 2-3 persons per room (2) 1 person per room (3)

What facilities/services are available in/near the house? Pipe-borne water - Electricity - Toilet - Waste collection - Ventilation (fan, etc.) - Mosquito netting on doors and windows (0.5 point each)

What type of floor does the room(s) have? Bare ground (0) Cement screeding (0.5)- Terrazzo or floor tiles (1)

Assets ownership

What assets or items does your household own? TV / Sound system (0.5) - Mobile (0.5)- bicycle (0.5) - Refrigerator (0.5) - Gas cooker (0.5) - motorbike (1) - car (3) - house (3.5)

Food & nutrition

Which of the following is true about meals in the household?

One meal assured a day (0.5) - Two meals assured a day (1) - Three meals assured a day (2)

What are the most frequent types of food consumed in the household?

Cereals/roots/tubers Daily (2) - Once a week (0.5) - Once a month or occasionally (0)

Meat/fish/beans Daily (2) - Once a week (0.5) - Once a month or occasionally (0)

Milk - Daily (2) - Once a week (0.5) - Once a month or occasionally (0)

Fresh fruits/vegetables - Daily (2) - Once a week (0.5) - Once a month or occasionally (0)

Health & Hygiene

Is household covered by health insurance? All are covered (2) - Some are covered (1) - None is covered (0)

Are the children immunized against the six childhood killer diseases? All (2) - Some (1) - None (0)

What are the common/recurrent sicknesses in the household?

Malaria/typhoid - Diarrhoea/stomach ache/abdominal pain - Chicken pox/skin disease - Injury

More than two (0) - One or two (0.5) - None (1)

Do you know about family planning? Yes (1)- No (0)

Do you use family planning? Regularly (1) - Occasionally (0.5) - Never (0)

Where do you seek treatment when sick?

No treatment (0) - Herbal medicine sources (0) - Drug store (0.5) - Hospital/clinic (1)

What is your source of drinking water? Well - Borehole/Pipe-borne water (0.5) - Purified water (1)

Do you use any of the following? None - Mosquito coil - Mosquito spray - Insect repellent lotion - Bed net

One or more (1) - None (0)

How do you dispose of your household rubbish? Throw into gutter (0) - Burry (0) - Burn (0) - Take to public collection point or Collected from home by waste collection service (1)

Poverty level calculation

Economic Situation:		Assets ownership:	
Education:		Food & nutrition:	
Housing & Shelter:		Health & Hygiene:	
			Total:
<input type="checkbox"/> L1 (0-10) - <input type="checkbox"/> L2 (11-20) - <input type="checkbox"/> L3 (21-30) - <input type="checkbox"/> L4 (31-40) - <input type="checkbox"/> L5 (41-50) - <input type="checkbox"/> L6 (51-60)			

Validation & Encoding

BM signature:	CO signature:
Encoding date:	Encoder's signature: