



FINAL SUMMARY SHEET

Fill one for each Locality in your EA OR one for each EA in a larger locality

PLEASE PRINT CAREFULLY AND AVOID CONTACT WITH THE EDGES AS SHOWN:

1	2	3	4	5	6	7	8	9	0	A	B	C	D
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SECTION A: LOCALITY INFORMATION

A1 REGION NAME

A2 DISTRICT NAME

A3 DISTRICT TYPE

A4 SUB-DISTRICT

A5 LOCALITY NAME(TOWN/VILLAGE)

A6 ENUMERATION AREA CODE

A7 EA TYPE

A8 LOCALITY CODE

A9 TOTAL NUMBER OF LOCALITIES WITHIN EA

REGION	DISTRICT	DISTRICT TYPE	SUB-DISTRICT	EA NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>




SECTION B: LOCALITY FACILITIES

	TELECOMMUNICATION FACILITIES			HEALTH FACILITIES				EDUCATIONAL FACILITIES		
	a) POST OFFICE	b) INTERNET CAFE	c) TELEPHONE	d) HOSPITAL	e) CLINIC	f) MATERNITY HOME	g) TRADITIONAL HEALER	h) PRIMARY	i) JHS	j) SHS
<b>B1</b> Are there any of the following facilities in this locality?  IF YES, GO TO NEXT FACILITY  IF NO, ASK FOR DISTANCE (B2)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
<b>B2</b> What is the distance in kilometers to the nearest facility	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

B3 TOILET FACILITY

Is there a public toilet facility in this locality? Yes  No

SECTION C: ENUMERATION RESULTS

<b>C1</b> Total number of RESIDENTIAL HOUSES / COMPOUNDS	<input type="text"/>	<b>C3</b> Total number of persons in HOUSEHOLDS	<input type="text"/>	<input type="text"/>	<input type="text"/>	MALE	<input type="text"/>	<input type="text"/>	FEMALE	<input type="text"/>	<input type="text"/>
<b>C2</b> Total number of HOUSEHOLDS	<input type="text"/>	<b>C4</b> Total number of persons in GROUP QUARTERS (including floating population)	<input type="text"/>	<input type="text"/>	<input type="text"/>	MALE	<input type="text"/>	<input type="text"/>	FEMALE	<input type="text"/>	<input type="text"/>