

SAMPLE NEEDS ASSESSMENT

FORM 1-A: (HOUSEHOLD)

NUMBER:/1-A

(LOGO)

DATE: _____

DISTRICT/ISLAND: _____

ASSESSOR: _____

ASSESSMENT DATE: _____

No.	Village/ Settlement	Family Name	Household Population (#)									Vulnerability criteria (#)							For observation ONLY (Y/N)		
			Total in household	FEMALE			MALE			Disabled or serious illness	Single mother household	Elderly (over 55yrs)	Adult (18 to 55yrs)	Children (5 to 18yrs)	Children under 5yrs	Babies (Under 2yrs)	Pregnant Women (include age)	House significantly damaged or destroyed	Water & sanitation facility damaged	No cooking capacity	
				Under 5 yrs	6 - 12 yrs	12 - 18yrs	Over 18 yrs	Under 5 yrs	6 - 12 yrs												12 - 18yrs
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10.																					
11.																					
12.																					
13.																					
D = (E + F + G+ H + I + J + K + L)																					

A B C D E F G H I J K L M N O P Q R S T U V W