

Community Description Form

Today's Date: _____

1. Community Name:

2. Community Population:

3. Country Code: _____ *(2 letter International unique code of the country, used by financial institutions)*

4. Name of the major city, or name of the nearest major city this community is located:

5. Describe the location within the major city:

6. Distance and direction in relation to the major city:

ENVIRONMENT

E1. Typical Home Floor: Dirt Bamboo Cloth/Carpet
(Please select one) Cement Cardboard Leaves/Grass
(Put an "X" in the appropriate box) Wood Tile Other: _____

E2. Typical Home Wall: Wood Mud/Earth/Clay/Adobe Plastic
(Please select one) Tin Brick/Block/Cement Leaves/Grass
(Put an "X" in the appropriate box) Bamboo Cardboard
 Other: _____

E3. Typical Home Roof: Wood Cement Tin/Corrugated iron
(Please select one) Tile Cardboard Leaves/Grass/Thatch
(Put an "X" in the appropriate box) Bamboo Plastic Sheets
 Other: _____

E4. Climate: *(Please select one)* Humid Dry

E5. Terrain: Coastal Desert Plains/Flat Land
(Please select one) Mountainous Island Forested
(Put an "X" in the appropriate box) Hilly Jungle
 Other: _____

E6. Warmest month of the year: _____

E7. Average temperature: _____ Celsius/Fahrenheit *(please circle one, Celsius or Fahrenheit)*

E8. Coolest month of the year: _____

E9. Average temperature: _____ Celsius/Fahrenheit *(please circle one, Celsius or Fahrenheit)*

E10. Primary Diet: *(Please select one or more)*
(Put "X" in appropriate boxes)

<input type="checkbox"/> Maize	<input type="checkbox"/> Fish	<input type="checkbox"/> Plantain
<input type="checkbox"/> Beans	<input type="checkbox"/> Bread	<input type="checkbox"/> Rice
<input type="checkbox"/> Bananas	<input type="checkbox"/> Cassava	<input type="checkbox"/> Potato
<input type="checkbox"/> Chicken	<input type="checkbox"/> Beef	<input type="checkbox"/> Goat
<input type="checkbox"/> Guinea Pig	<input type="checkbox"/> Other: _____	

E11. Environment Comment:

The letters below represent the twelve months of the calendar year, starting with January. For each event listed at the left, please place an "X" in the box under any month that such an event occurs. (Mark as many boxes as appropriate for each event.)

	J	F	M	A	M	J	J	A	S	O	N	D
E12. Rainy Seasons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E13. Planting Seasons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E14. Harvest Seasons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E15. Times of Hunger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E16. Times of Most Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RELIGION

R1. Main Religion: Animist Catholic Hindu Muslim
 Buddhist Protestant Coptic Voodoo
 Other: _____

R2. Spiritual Needs:

HEALTH

H1. Distance to the nearest medical facility: _____ kilometers/miles *(please select one)*

H2. Time to get to the nearest medical facility: _____ days _____ hours _____ minutes

H3. Type of transportation to the nearest medical facility:

- Walk Motor Scooter Boat
 Bus Rickshaw Taxi
 Car Animal Cart Other: _____

H4. Common Health Problems:

EDUCATION

D1. Highest Education Available *(please select one)*

- None Primary School Secondary School
 Vocational Training University Other: _____

D2. Types of vocational training available:

D3. Percentage of children in the community who are not in school: _____ %

D4. Percentage of children in the community who have completed primary school: _____ %

D5. Percentage of children in the community who have completed secondary school: _____ %

D6. Educational Needs:

ECONOMIC

N1. Average family monthly income: local currency _____ US\$: _____

N2. Primary Occupation of adults in this community: *(Please select one)*

- Day Labor Animal Herding Street Vending
 Factory Work Plantation Work Subsistence Farming
 Domestic Services Fishing Petty/Market Trading
 Other: _____

N3. Unemployment Rate: _____ %

N4. Economic Needs:

N5. Social Needs:

CULTURE

C1. Traditions, Rituals and Customs:

C2. National and Religious Holidays:

C3. Primary ethnic group name and language of this community:
