Cluster No ____   Region ____   District ____   Sector ____   Census Area ____   Interviewer   _____

Name of the city/village _____   Supervisor   _____

N	Address (indicating the location in the village)	Name of the household head	Number of household members of the following age group									Test on salt iodisation*	Interview outcome		Remark
			<1 years	1 year old	2 year olds	3-4 year olds	5 year olds	6-11 year olds	12-14 year olds	15-16 year olds	15-49 old women		First visit	Second visit	
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11*																
12																
13																
16																
17																
18																
19																
20																
21																
22																
23																
24																
25*																

Interviewer: *in the households number 11 and 25 ask the household that you would like to check whether the salt used in the household is iodised and would like to see a sample of the salt used to cook the main meal eaten my members of the household last night. Once you have examined the salt enter the code for the test outcome in the appropriate cell.*

Codes: 1=not iodised (no colour)   2=less than 15 PPM (week colour)   3=15 PPM or more (strong colour)   4=No salt at home   5=Salt not tested

N	Address (indicating the location in the village)	Name of the household head	Number of household members of the following age group	Test	Interview outcome	Rem

			<1 years	1 year old	2 year olds	3-4 year olds	5 year olds	6-11 year olds	12-14 year olds	15-16 year olds	15-49 old women		First visit	Second visit	
26															
27															
28															
29															
30															
31															
32															
33															
34															
35															
36															
37															
38															
39															
40															
41															
42															

Interviewer:

After the completion of the interview under the column 'interview outcome' enter the following codes:

1=interview completed

2=not at home

Under the column 'remark' enter the following codes:

1=house is not inhibited in the last 12 months

2=not at home

HOUSEHOLD MODULE

We are representatives of the Ministry of Health and work on child and mother well-being issues. We would like to get certain information from mother or caretaker of children in this household on health and education related issues. Received information will remain strictly confidential.

All numeric data, e.g. day, month, number of rooms, should be written in Arabic numbers.

HOUSEHOLD INFORMATION PANEL		A
A1. Cluster number:	A2. Household number:	A3. Interviewer number:

A4. Name of the head of household: _____	A5. Date of interview: ____ ____ ____ **Day Month Year**

A6. Region:	A7. Area: Urban 1 Rural 2
Tbilisi 1 Kakheti 2 Mtskheta-Mtianeti, Shida Kartli 3 Kvemo Kartli, Samtskhe-Javakheti 4 Racha-Lechkhumi, Imereti 5 Guria, Samegrelo 6 Ajara 7	A8: Number of rooms in dwelling: ____

A9. Main source of heating in the dwelling: (circle only one response)	Electric heater 1 Gas heater 2 Oil heater 3 Wood heater 4 Do not have any 5 Other 6

A10. Average weekly menu of the household		Everyday	Often	Seldom	Never
10a	Meat	10a 1	2	3	4
10b	Cheese	10b 1	2	3	4
10c	Butter	10c 1	2	3	4
10d	Other dairy product	10d 1	2	3	4
10e	Fruit	10e 1	2	3	4
10f	Vegetable	10f 1	2	3	4

A11. Is the Interview complete?	Yes 1 No 2

A12. If interview not completed, why not?	Refusal 1 Not at home 2 HH not found 3 Other 4

Interviewer/Supervisor notes: (Use this space to record any notes about the survey of this household, such as information on call-back times, etc.)

Circle the number for only one answer in the space at the right, If a respondent gives more than one answer, circle the most usual source/facility.

B1. What is the main source of drinking water for members of your household?	Piped -in dwelling	1
	-into yard/plot	2
	Public tap	3
	Piped well water	4
	Tubewell/borehole with pump	5
	Protected dug well or protected spring	6
	Unprotected dug well or spring	7
	River or stream	8
	Rainwater collection	9
	Tanker-truck, vendor	10
	Pond	11
	Other (specify)	88
	No answer/don't know	99
B2. How long does it take to get there, get water, and come back?	_____ (number of minutes)	
	Water on promises	888
	Don't know	999
B3. What kind of toilet facility does your household use?	Flush to sewage system or septic tank	1
	Pour flush latrine (water seal type)	2
	Improved pit latrine	3
	Traditional pit latrine	4
	No facilities	5⇒next module
	Other (please specify) _____	8
B4. Is this facility located in your dwelling, yard or compound?	In dwelling/yard	1
	Outside the dwelling/yard	2
	Don't know	9

Cluster no. ____   *Household no. ____*

First, please tell me the name of each person who usually lives here (use country's definition of household members first, then list children. Add a continutation sheet if there is not enough room on this page. Then ask: are there any others who live here, even if they are not at home now? (these may include children in school or at work). If yes, complete listing. Tehn, ask and record answers to questions as described in the Instructions to Interviewers. Tick here if you use a continuation sheet.

C3. Line No	C4. Name	C5. Gender 1-male 2-female	C6. Year of birth (999-don't know))	C7. Can he/she read a letter or newspaper 1-easily 2-with difficulty 3-not at all 9-do not know	C8. Circle line number if women is age 15-49	C9. Marital status 1-married/in union 2-widowed 3-divorced 4-separated 5-never married	C10. Circle line number of each child under 5 years of age and insert line no. of mother/ caretaker	C11. Circle line number of each child of 5-14 years age and insert line no. of mother/ caretaker	C12. Is this child's natural mother alive? 1 Yes 2 No 3 DK	C13. (if alive) Does natural mother live in this household 1 Yes 2 No	C14. Is the child's natural father alive? 1 Yes 2 No 3 DK	C15. (if alive) Does natural father live in this household 1 Yes **2 No**
01		1 2		1 2 3 9	01	1 2 3 4 5	01	01	1 2 9	1 2	1 2 9	1 2
02		1 2		1 2 3 9	02	1 2 3 4 5	02	02	1 2 9	1 2	1 2 9	1 2
03		1 2		1 2 3 9	03	1 2 3 4 5	03	03	1 2 9	1 2	1 2 9	1 2
04		1 2		1 2 3 9	04	1 2 3 4 5	04	04	1 2 9	1 2	1 2 9	1 2
05		1 2		1 2 3 9	05	1 2 3 4 5	05	05	1 2 9	1 2	1 2 9	1 2
06		1 2		1 2 3 9	06	1 2 3 4 5	06	06	1 2 9	1 2	1 2 9	1 2
07		1 2		1 2 3 9	07	1 2 3 4 5	07	07	1 2 9	1 2	1 2 9	1 2
08		1 2		1 2 3 9	08	1 2 3 4 5	08	08	1 2 9	1 2	1 2 9	1 2
09		1 2		1 2 3 9	09	1 2 3 4 5	09	09	1 2 9	1 2	1 2 9	1 2
10		1 2		1 2 3 9	10	1 2 3 4 5	10	10	1 2 9	1 2	1 2 9	1 2

D1. Cluster no. ____   **D2. Household no. ____**

To be administered to caretakers of all children 2 through 5 years old, living in the household. Circle response in corresponding box. If the child has any symptoms, that is any response is circled, then insert the line number and name of a child .

	Child's name	Child's name	Child's name
	Line no.	Line no.	Line no.
D3. Compared with other children, do or did [name] have any serious delay in sitting, standing, or walking?	Yes	Yes	Yes
D4. Compared with other children, do [name] have difficulty seeing, either in the daytime or at night?	Yes	Yes	Yes
D4a) Squint	0	0	0
D4b) Hardly sees	1	1	1
No sight in one eye	2	2	2
Blind	3	3	3
D5. Do [name] have difficulty hearing?	Yes	Yes	Yes
D5a) uses hearing aid	0	0	0
D5b) hears with difficulty	1	1	1
completely deaf	2	2	2
D6. When you tell the child to do something, does he/she seem to understand what you are saying?	No	No	No
D7. Do the child have difficulty in walking or moving his /her arms or weakness and/or stiffness in the arms or legs?	Yes	Yes	Yes
D8. Does the child sometimes have fits, become rigid, or lose consciousness?	Yes	Yes	Yes
D9. Does the child learn to do things like other children his/her age?	No	No	No
D10. Does the child speak at all (can he/she make him or herself understood in words; can say recognizable words?	No	No	No
D11. a) (For 3-5 year olds): Does the child have speech that is in any way different from normal (not clear enough to be understood by people other that the immediate family)?	Yes	Yes	Yes
b) (For 2-year-olds): Can child name at least one object?	No	No	No
D12. Compared with other child of the same age, does the child appear in any way mentally backward, dull or slow?	Yes	Yes	Yes

Cluster no. _____   Household no. ____

To be administered to each woman from 15 through 49 who has ever been married or had a partner. The dates should be written in Arabic.

E3. Line no. (from household list)	
E4. Name	
E5. Date of birth	____ ____ Month Year
E6. What was the date of your first marriage	____ ____ Month Year
E7. Are you pregnant now?	Yes 1 No 2 Don't know 3
E8. Have you ever given birth?	Yes 1 No 2
E9. What was the date of your first delivery	____ ____ Month Year
E10. What was the date of you last delivery	____ ____ ____ Day Month Year

If the respondent had last delivery within the last year go on to Maternal and Newborn Health module

Cluster no. _____   Household no. ____   Women line no. ____

This module is to be administered to all women with a live birth in the year preceding interview date.

F4. When you were pregnant with your last child, did you have difficulty with your vision during the daylight?	Yes	1
	No	2
	Don't know	9

F5. During the pregnancy, do you suffer from night blindness?	Yes	1
	No	2
	Don't know	9

F6. In the first two month after your last birth, did you receive a Vitamin A dose?	Yes	1
	No	2
	Don't know	9

F7. Did you see anyone for antenatal care for his pregnancy? If yes, whom did you see? *(circle all answers given)*	Health professional:		Yes	No
	Doctor		1	2
	Nurse/midwife		1	2
	Auxiliary midwife		1	2
	Other person:			
	Traditional birth attendant		1	2
	Relative/friend		1	2
	Other		1	2
	No one		1	2

F8. Who assisted with the delivery of your last child? *(circle all answers given)*	Health professional:		Yes	No
	Doctor		1	2
	Nurse/midwife		1	2
	Auxiliary midwife		1	2
	Other person:			
	Traditional birth attendant		1	2
	Relative/friend		1	2
	Other		1	2
	No one		1	2

	I		II	
F9. When your last child was born was he/she very large, larger than average, average, smaller than average, or very small?	Very large	1	Very large	1
	Larger than average2		Larger than average2	
	Average	3	Average	3
	Smaller than average	4	Smaller than average	4
	Very small	5	Very small	5
	Don't know	6	Don't know	6
F10. Was the child measured at birth?	Yes	1	Yes	1
	No	2 ⇒ Q.12	No	2 ⇒ Q.12
	Don't know	3 ⇒ Q.12	Don't know	3 ⇒ Q.12
F11. How long was the child?	According to card_____(cm)		According to card_____(cm)	
	Based on answer_____ (cm)		Based on answer_____ (cm)	
	Don't know	9999	Don't know	9999
F12. Was the child weighed at birth?	Yes	1	Yes	1
	No	2 ⇒ Q.12	No	2 ⇒ Q.12
	Don't know	3 ⇒ Q.12	Don't know	3 ⇒ Q.12
F13. How much did the child weigh?	Based on card_____(grams)		Based on card_____(grams)	
	Based on answer_____ (gr)		Based on answer_____ (gr)	
	Don't know	9999	Don't know	9999

EDUCATION MODULE

<div align="right">**G**</div>

G1 Cluster No _____   G2 Household No _____

To be administered to the caretakers of all 5-16 year-old children. See HHlist form and copu the line No to G3 and the name of a child to G4.

G3. Line No	G4. Name of the child	G5. Has the child ever attended pre-school institution? 1 Yes 2 No	G6. *(for 5-6 year olds only)* If yes: has the child attended pre-school institution this year*? 1 Yes, state-owned 2 Yes, private 3 No 9 Don't know	G7. Has the child ever attended school? 1 Yes 2 No ⇓ Go to next child	G8. Has he/she attended school this year? 1 Yes, state-owned 2 Yes, private 3 No ⇒Go to Q.10 9 Don't know ⇒ Q.10	G9. Which grade has he/she attended this year? 99 Don't know	G10. Did he/she attended school last year? 1 Yes, state-owned 2 Yes, private 3 No ⇓ Go to next child 9 Don't know ⇓ next child	G11. Which grade did he/she attended last year? 99 Don't know
		1 2	1 2 3 9	1 2 ⇓	1 2 3 9 ⇒10 ⇒10	_____ (grade)	1 2 3 9 ⇓ ⇓	_____ (grade)
		1 2	1 2 3 9	2 2 ⇓	1 2 3 9 ⇒10 ⇒10	_____ (grade)	1 2 3 9 ⇓ ⇓	_____ (grade)
		1 2	1 2 3 9	3 2 ⇓	1 2 3 9 ⇒10 ⇒10	_____ (grade)	1 2 3 9 ⇓ ⇓	_____ (grade)
		1 2	1 2 3 9	4 2 ⇓	1 2 3 9 ⇒10 ⇒10	_____ (grade)	1 2 3 9 ⇓ ⇓	_____ (grade)
		1 2	1 2 3 9	5 2 ⇓	1 2 3 9 ⇒10 ⇒10	_____ (grade)	1 2 3 9 ⇓ ⇓	_____ (grade)
		1 2	1 2 3 9	6 2 ⇓	1 2 3 9 ⇒10 ⇒10	_____ (grade)	1 2 3 9 ⇓ ⇓	_____ (grade)
		1 2	1 2 3 9	7 2 ⇓	1 2 3 9 ⇒10 ⇒10	_____ (grade)	1 2 3 9 ⇓ ⇓	_____ (grade)
		1 2	1 2 3 9	8 2 ⇓	1 2 3 9 ⇒10 ⇒10	_____ (grade)	1 2 3 9 ⇓ ⇓	_____ (grade)
		1 2	1 2 3 9	9 2 ⇓	1 2 3 9 ⇒10 ⇒10	_____ (grade)	1 2 3 9 ⇓ ⇓	_____ (grade)
		1 2	1 2 3 9	10 2 ⇓	1 2 3 9 ⇒10 ⇒10	_____ (grade)	1 2 3 9 ⇓ ⇓	_____ (grade)

* 'This year' means 1998-1999 schooling year.

CHILD LABOR MODULE
H

H1 Cluster No _____   H2 Household No _____

To be administered to the caretakers of all 5-14 year-old children. See HH list form and copy the line No to G3 and the name of a child to G4.

Interviewer: *Now I would like to ask about any work children in this household may do.*

H3. Line No	H4. Name	H5. Did the child do any king of work for pay during the past week? (cash or in kind) 1 Yes⇒Q.7 2 No	H6. *If yes*: Since last day of the week about how many hours did he/she work for pay? No. hours or 99 Don't know	H7. Does the child regularly help with households chores/house keeping at home? 1 Yes ⇒Q. 9 2 No	H8. *If yes*: About how many hours, since this time yesterday? No. hours or 99 Don't know	H9. Is the child regularly engaged in any other unpaid family work (on the farm or in business)? 1 Yes ⇒Go to next child 2 No	H10. *If yes*: Since last day of the week, about how may hours did he/she work? No. hours or 99 Don't know
		1 2	_____ (No of hours)	1 2	_____ (No of hours)	1 2	_____ (No of hours)
		1 2	_____ (No of hours)	1 2	_____ (No of hours)	1 2	_____ (No of hours)
		1 2	_____ (No of hours)	1 2	_____ (No of hours)	1 2	_____ (No of hours)
		1 2	_____ (No of hours)	1 2	_____ (No of hours)	1 2	_____ (No of hours)
		1 2	_____ (No of hours)	1 2	_____ (No of hours)	1 2	_____ (No of hours)
		1 2	_____ (No of hours)	1 2	_____ (No of hours)	1 2	_____ (No of hours)
		1 2	_____ (No of hours)	1 2	_____ (No of hours)	1 2	_____ (No of hours)
		1 2	_____ (No of hours)	1 2	_____ (No of hours)	1 2	_____ (No of hours)
		1 2	_____ (No of hours)	1 2	_____ (No of hours)	1 2	_____ (No of hours)

IMMUNIZATION MODULE		**I**

I1. CLUSTER NO. __ __ __ **I2. HOUSEHOLD NO.** __ __ **I3. CARETAKER LINE NO.** __ __ **I4. CHILD LINE NO.** __ __

If an immunization card is available, copy the dates for each type of immunization below. If the child received any vaccinations not recorded on the card, or if no card is available, use probing questions to find out if the child received each vaccination, and if so, how many doses she/he received. Record the caretaker's response for each vaccine dose in the space provided.

I5. Could you tell me why your children need to be immunised?	Protects from disease Incorrect answer 2 Do not know	1 9
I6. Do you get any information about immunisation?	Yes No	1 2⇨Q8
I7. If yes: where do you get the information from?	TV, radio, newspaper Posters Heard from others Health workers Other (specify)_____5	1 2 3 4
I8. Has your child been immunised?	Yes (fully) Yes (partially) Yes (but don't know fully or part.) No Do not know	1⇨Q10 2 3⇨Q10 4 5⇨Q10
I9. If "No" or partially – what is the main reason for this? (if the child is not immunised finish this module and go to next module)	_____ _____	
I10. Do you have vaccination record card at home for the child?	Yes No Do not know	1 2⇨Q11b 9⇨Q11b
Copy the dates of all vaccinations from the card	Date of immunization (day/ month /year)	
	a. card at home	b. card/record at policlinic
I11. BCG		
I12. DPT1		
I13. DPT2		
I14. DPT3		
I15. DPT4		
I16. OPV1		
I17. OPV2		
I18. OPV3		
I19. OPV4		
I20. MEASLES		
Continue on next page		

I21. Check left shoulder (most common site) for BCG scar	Present…………………………1 Absent…………………………2 Unable to examine/can't tell….9
I22. Has the child ever been given a BCG vaccination against tuberculosis – that is an injection in the left shoulder that caused a scar?	Yes……………………………..1 No……………………………….2 Don't know……………………9
I23. Has the child ever been given "vaccination injections" – that is an injection in the thigh or buttocks- to prevent him/her from getting tetanus, whooping cough, diphtheria? If yes how many times?	Yes……………………………..1 No……………………………….2 Don't know……………………9 Number of times: __
I24. Has the child ever been given "vaccination drops" – to protect him/her from getting Polio? If yes how many times?	Yes……………………………..1 No……………………………….2 Don't know……………………9 Number of times: __
I25. Has the child ever been given "vaccination injections" – that is an injection in the thigh or buttocks- to prevent him/her from getting measles?	Yes……………………………..1 No……………………………….2 Don't know……………………9

BIRTH REGISTRATION AND EARLY LEARNING	J

Cluster no. ____ **Household no.** ____ **Caretaker line no.** ____ **Child line no.** _____

A separate form should be filled in for each child under 5 years listed in the Household Module – check Q10 on HH listing. Fill in the line number of each child, the line number of the child's mother or caretaker and the cluster and household numbers in the space at the top of each page.

J5. Child's name	
J6. Child's age: J6a years J6b months	_____ (Years) _____ (Months)
J7. What is the child's birth date?	____ ____ ____ **Day** **Month** **Year**
J8. Do you have child's birth certificate?	Yes, seen 1 ⇨ go to question 12 Yes, not seen 2 No 3 Don't know 9
J9. If no birth certificate is shown ask: Has child's been registered?	Yes 1 ⇨ go to question 12 No 2 Don't know 3 ⇨ go to question 12
J10. Why is the child's birth not registered?	Costs too much 1 Must travel too far 2 Did not know it should be registered 3 Late, and did not want to pay fine 4 Does not know where to register 5 Other 6 Don't know 9
J11. Do you know where to register your child's birth?	Yes 1 No 2 Don't know 9
J12. If the child is over 3 years, ask: Does the child attend any organised learning or early childhood education programme?	State owned 1 Privately owned 2 No 3 Don't know 9

BREASTFEEDING MODULE	K

Cluster no. _____   **Household no.** _____   **Caretaker line no.** _____   **Child line no.** _____

K1. Has the child ever been breastfed?	Yes	1
	No	2⇨ go to Q.4
	Don't know	9⇨ go to Q.4
K2. Is he/she still breastfeeding?	Yes	1
	No	2
	Don't know	9

K3. Since this time yesterday, did he/she receive any of the following?		Yes	No	DK
K3a. Vitamin, mineral supplements or medicine				
K3b. Plain water	K3a	1	2	9
	K3b	1	2	9
K3c. Sweetened, flavored water or fruit juice or tea or infusion	K3c	1	2	9
K3d. Oral rehydration solution (ORS)	K3d	1	2	9
K3e. Tinned, powdered or fresh milk or infant formula	K3e	1	2	9
K3f. Any other liquids (specify)_____	K3f	1	2	9
K3g. Solid or semi-solid (mushy) food	K3g	1	2	9

K4. Since this time yesterday, has the child been given anything to drink from a bottle with a nipple or teat?	Yes	1
	No	2
	Don't know	9

CARE OF ILLNESS MODULE	L

L1. Has the child had diarrhea in the last	Yes	1⇨ go to Q.3		
L1a. 2 weeks since [*indicate the exact day of the week*], *(diarrhea is determined as perceived by mother, or as three or more loose or watery stool/day or blood in stool.)*	No	2		
	Don't know	9		
L1b. 1 month since [*indicate the exact day of the month*]	Yes	1⇨ go to Q.3		
	No	2		
	Don't know	9		
L2. In the last two weeks, has the child had any other illness or health problem?	Yes	1⇨ go to Q.4		
	No	2⇨ go to Q.11		
	Don't know	9⇨ go to Q.11		
L3. During the last episode of diarrhoea, did the child drink any of the following?		Yes	No	DK
L3a. breast milk	L3a	1	2	9
L3b. gruel or soup	L3b	1	2	9
L3c. other home fluids (e.g. tea, yougurt, etc.)	L3c	1	2	9
L3d. ORS packet solution	L3d	1	2	9
L3e. other milk or infant formula	L3e	1	2	9
L3f. water with feeding during some part of the day	L3f	1	2	9
L3g. water alone	L3g	1	2	9
L3h. other liquides (specify)	L3h	1	2	9
L3i. nothing (circle 1 in Q.4 and go on to Q.6)				
L4. During the child's illness, did he/she drink much less, about the same, or more than usual?	None or much less	1		
	About the same or somewhat less 2			
	More	3		
	Don't know	9		
L5. During the child's illness, did he/she eat much less, about the same, or more than usual?	None	1		
	Much less	2		
	Somewhat less	3		
	About the same	4		
	More	5		
	Don't know	9		
L6. Has the child had an illness with a cough at any time in the last two weeks, that is, since [*day of the week*] of the week before last?	Yes	1		
	No	2 ⇨go to Q.11		
	Don't know	9 ⇨go to Q.11		
L7. When the child had an illness with a cough, did he/she breathe faster than usual with short, quick breaths?	Yes	1		
	No	2		
	Don't know	9		
L8. Did you seek advice of treatment for the illness outside the home?	Yes	1		
	No	2 ⇨go to Q.10		
	Don't know	9 ⇨go to Q.11		

L9. From where did you seek care? anywhere else?		Yes	No	
L9a. Hospital	L9a.	1	2	
L9b. Health center	L9b.	1	2	
L9c. Dispensary	L9c.	1	2	
L9d. MCH clinic	L9d.	1	2	
L9e. Emergency	L9e.	1	2	
L9f. Private physician	L9f.	1	2	
L9g. Pharmacy or drug seller	L9g.	1	2	
L9h. Traditional healer	L9h.	1	2	
L9i. Relative or friend	L9i.	1	2	
L9j. Other (specify)				
(go to Q.11)				
L10. If no: why (name the reason)?	I am a physician		1	
	Family member is a physician			2
	Did not consider necessary			3
	Other (specify)			4
	Don't know			9
L11. What types of symptoms would cause you to take your child to a health facility right away?		Yes	No	
L11a. Child not able to drink or breastfed	L11a.	1	2	
L11b. Child becomes sicker	L11b.	1	2	
L11c. Child develops a fever	L11c.	1	2	
L11d. Child has fast breathing	L11d.	1	2	
L11e. Child has difficulty breathing	L11e.	1	2	
L11f. Child has three or more loose or watery stool/day	L11f.	1	2	
L11g. Child has a blood in stool	L11g.	1	2	
L11h. Other (*specify*)	L11h.	1	2	
L11i. Other (*specify*)	L11i.	1	2	
L11j. Other (*specify*	L11j.	1	2	
L11k. Other (*specify*	L11k.	1	2	
(keep asking for more signs/symptoms until the caretaker can not recall any additional ones)				

ANTROPOMETRY MODULE	**M**

M1. *Check age:* For children under 2 years length (lying) For children aged 2 or more years Height (standing)	____ (cm) ____ (cm)
M2. Weight	____ (kg)
M3. Result:	Measured 1 Not present 2 Refused 3 Other 8
M4. Measurer's code	