## Section 8.1: Height and Weight

***RESPONDENT: One child < 5 years old and One Woman aged 15 to 49 years old***

| | | AGE | |
|---|---|---|---|
| | | ***Child < 5 years old*** | ***Woman 15 to 49yrs*** |
| 8.1 | RECORD INDIVIDUAL'S AGE FROM SECTION 1 | | |
| 8.2 | READ ALOUD THE ANTHROPOMETRIC CONSENT FORM TO ALL WOMEN 15-49 YEARS OLD<br>**MEASURED-1** **NOT PRESENT; HEALTH VISIT-4 ►** **OTHER (SPECIFY)-7 ►**<br>**NOT PRESENT; SCHOOL-2 ►** **TOO ILL OR DISABLED-5 ►**<br>**NOT PRESENT; WORK-3 ►** **REFUSED-6 ►** | | |
| 8.3 | RECORD HEIGHT IN CENTIMETERS | | |
| 8.4 | RECORD METHOD FOR MEASURING HEIGHT STANDING-1 LYING DOWN-2 | | |
| 8.5 | RECORD WEIGHT IN KILOGRAMS | | |

## Section 7.2: Malaria and Anemia Tests

***RESPONDENT: One child < 5 years old and One Woman aged 15 to 49 years old***

| | | | |
|---|---|---|---|
| 8.6 | RECORD PID OF MEMBER, FOR CHILDREN <5 YEARS, RECORD PID OF MOTHER OR PRIMARY CAREGIVER | | |
| 8.7 | READ ALOUD THE MALARIA AND ANEMIA TEST CONSENT STATEMENT TO ALL ELIGIBLE FEMALE HOUSEHOLD MEMBERS (15-49 YRS. OLD) AND MOTHERS/CAREGIVERS OF CHILDREN <5 YEARS OLD **CONSENT-1 ►** **REFUSE-2** **NOT PRESENT-3 ►** | | |
| 8.8 | Why did you not agree to have the tests done?<br>**RESULTS UNRELIABLE-1** **RELIGIOUS BELIEFS-3** **TOO ILL OR DISABLED-5**<br>**CONCERN FOR BODILY HARM-2** **TRADITIONAL BELIEFS-4** **OTHER, SPECIFY-6** | | |
| 8.9 | RECORD HEMOGLOBIN LEVEL (g/dl) | | |
| 8.10 | Is the level recorded below the cut-off point for age and altitude? **YES-1** **NO-2 ►** | | |
| 8.11 | We detected a low level of hemoglobin in the blood of ..... This indicates that ..... has developed severe anemia, which is a serious health problem. We recommend you inform a health care provider about this condition. This form will assist you in obtaining appropriate treatment for ..... Do you agree that the information about the level of hemoglobin in the blood of ..... be given to the health care provider? **YES-1 ► (REFERAL)** **NO-2** | | |
| 8.12 | RDT TEST RESULT. If test results are invalid, Re-DO the test.<br>**PF+ ONLY-1** **PV+ ONLY-2** **BOTH POS-3** **BOTH NEG-4** | | |
| 8.13 | INTERVIEWER: DOES ….. HAVE A FEVER? **YES-1** **NO-2 ► (NEXT PERSON)**<br>**NO-2** | | |
| 8.14 | We detected malaria parasites in the blood of ...., as well as a fever. This is a serious health problem. We recommend you inform a health care provider about this condition. This will assist you in obtaining appropriate treatment for ..... Do you agree that the information about the presence of malaria parasites in the blood and a fever for ..... be given to the health care provider?<br>**YES-1 ► (REFERAL)** **NO-2** | | |