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|---|---|---|---|
| Enumerator : _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Editor : _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Operator Data : _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | CONFIDENTIAL | Household ID : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Wave : _____ | |
| <h2 style="margin: 0;">Village Resources and Infrastructure Survey</h2> <h3 style="margin: 0;">ANTHROPOMETRY QUESTIONNAIRE</h3> | | | |
| Visit Data | First Visit | Second Visit | Third Visit |
| COV1. Date | <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"/> <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"/> <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"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| COV2. Start Time | <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"/> | <input type="text"/> <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> |
| COV3. Finish Time | <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"/> | <input type="text"/> <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> |
| COV4. Visit outcome | <input type="text"/> _____ | <input type="text"/> _____ | <input type="text"/> _____ |
| | | | |
| Code COV4: 1. Finish 3. Partly finished, because: _____ | COV5: Supervision a. Observed 1. Yes 3. No b. Verified 1. Yes 3. No | | COV6. Data Operator Verification: 1. Entered without error 2. Entered with notes |

L. LOCATION

| | | |
|-------------------------|--|---|
| L06. Name of Respondent | | HHM No. |
|-------------------------|--|---|

ENUMERATOR CHECK

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| <p>F01. ENUMERATOR CHECK SECTION D. LIST OF HOUSEHOLD MEMBERS IN HOUSEHOLD QUESTIONNAIRE:</p> <p>IS THERE ANY HOUSEHOLD MEMBER AGE 0 – 5 YEARS OLD (CALCULATED BASED ON THE DATA D04 ON HOUSEHOLD BOOK)?</p> | <p>1. YES </p> <p>3. NO ➔ CP</p> |
|--|---|

WEIGHT and HEIGHT MEASURED USING MEASURING INSTRUMENTS PROVIDED. FOR CHILDREN AGES 0-24 MONTHS, THE HEIGHT SHOULD BE MEASURED IN LAY DOWN METHOD. FOR CHILDREN AGES 24 MONTHS - 5 YEARS, THE HEIGHT SHOULD BE MEASURED IN STANDING METHOD.

MAKE SURE! IF THERE IS ANY NEW INFANT HOUSEHOLD MEMBER ALSO NOTED IN THIS QUESTIONNAIRE

INTERVIEW GUIDE: WRITE THE NUMBER AND NAME OF HOUSEHOLD MEMBER AGES 0 – 5 YEARS IN COLUMN F02 AND F03

| F02. HHM NO | F03. HH Member Name | F04. Date/month/year of birth | F05. How much [...] weight at birth? (from birth certificate) | F06. How much mom and [...] weight? (based on measurement with digital scale) | F07. How much [...] weight at the moment? (if the child could stand use digital scale) | F08. How much the weight of [...] mom? (based on measurement with digital scale) |
|---|------------------------|--|--|--|--|--|
| | | | kg | kg | kg | kg |
| | | | kg | kg | kg | kg |
| | | | kg | kg | kg | kg |
| | | | kg | kg | kg | kg |
| | | | kg | kg | kg | kg |

| F02. HHM NO | F03. HHM Name | F09. How much is [...] length? (based on measurement results) | F10. Measurement method 1. Stand 2. Lay down | F11. Is [...] still breast-fed? | F12. How many months do mother breastfed [...] |
|---|---------------|--|---|------------------------------------|--|
| | | cm | 1 2 | 1. Yes ➔ F13 3. No | months |
| | | cm | 1 2 | 1. Yes ➔ F13 3. No | months |
| | | cm | 1 2 | 1. Yes ➔ F13 3. No | months |
| | | cm | 1 2 | 1. Yes ➔ F13 3. No | months |
| | | cm | 1 2 | 1. Yes ➔ F13 3. No | months |

| F02. HHM NO | F03. HHM Name | F13. At what age mother starts giving [...] fluids (fresh water, sugar water, honey, tea) in addition to breast milk | F14. At what age mother starts giving [...] food beside breast milk? | F15. Does mother give breast milk food enhancer (MP-ASI) from integrated service post (Posyandu) to [...]? | F16. When was [...] receive MP-ASI from Posyandu for the first time? | F17. How often does [...] receive MP-ASI? Per 1. Day 2. Week 3. Month 4. Year 95. Others_____ |
|----------------------|---------------|--|--|--|--|---|
| <input type="text"/> | | <input type="text"/> | <input type="text"/> | 1. Yes 3. No ↓ | <input type="text"/> / <input type="text"/> Month Year | <input type="text"/> Per 1 2 3 4 95_____ |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> | 1. Yes 3. No ↓ | <input type="text"/> / <input type="text"/> Month Year | <input type="text"/> Per 1 2 3 4 95_____ |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> | 1. Yes 3. No ↓ | <input type="text"/> / <input type="text"/> Month Year | <input type="text"/> Per 1 2 3 4 95_____ |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> | 1. Yes 3. No ↓ | <input type="text"/> / <input type="text"/> Month Year | <input type="text"/> Per 1 2 3 4 95_____ |
| <input type="text"/> | | <input type="text"/> | <input type="text"/> | 1. Yes 3. No ↓ | <input type="text"/> / <input type="text"/> Month Year | <input type="text"/> Per 1 2 3 4 95_____ |

CP. ENUMERATOR'S NOTES

Write additional information about the issues in question, a difficult question to answer by the respondent, etc.

PS CROSS EXAMINATION

| No. | Question no. | Page | Editor's Notes | Enumerator's confirmations |
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