

Enumerator : _____ <input type="text"/> Editor : _____ <input type="text"/> Operator Data : _____ <input type="text"/>	<h1>CONFIDENTIAL</h1>	Household ID : <input type="text"/> <input type="text"/> Wave : _____
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# Village Resources and Infrastructure Survey

## ANTHROPOMETRY QUESTIONNAIRE

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"/>
COV2. Start Time	<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"/>
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
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L. LOCATION

L06. Name of Respondent _____	_____	HHM No. <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
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ENUMERATOR CHECK

<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 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p> <p>3. NO → CP</p>
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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

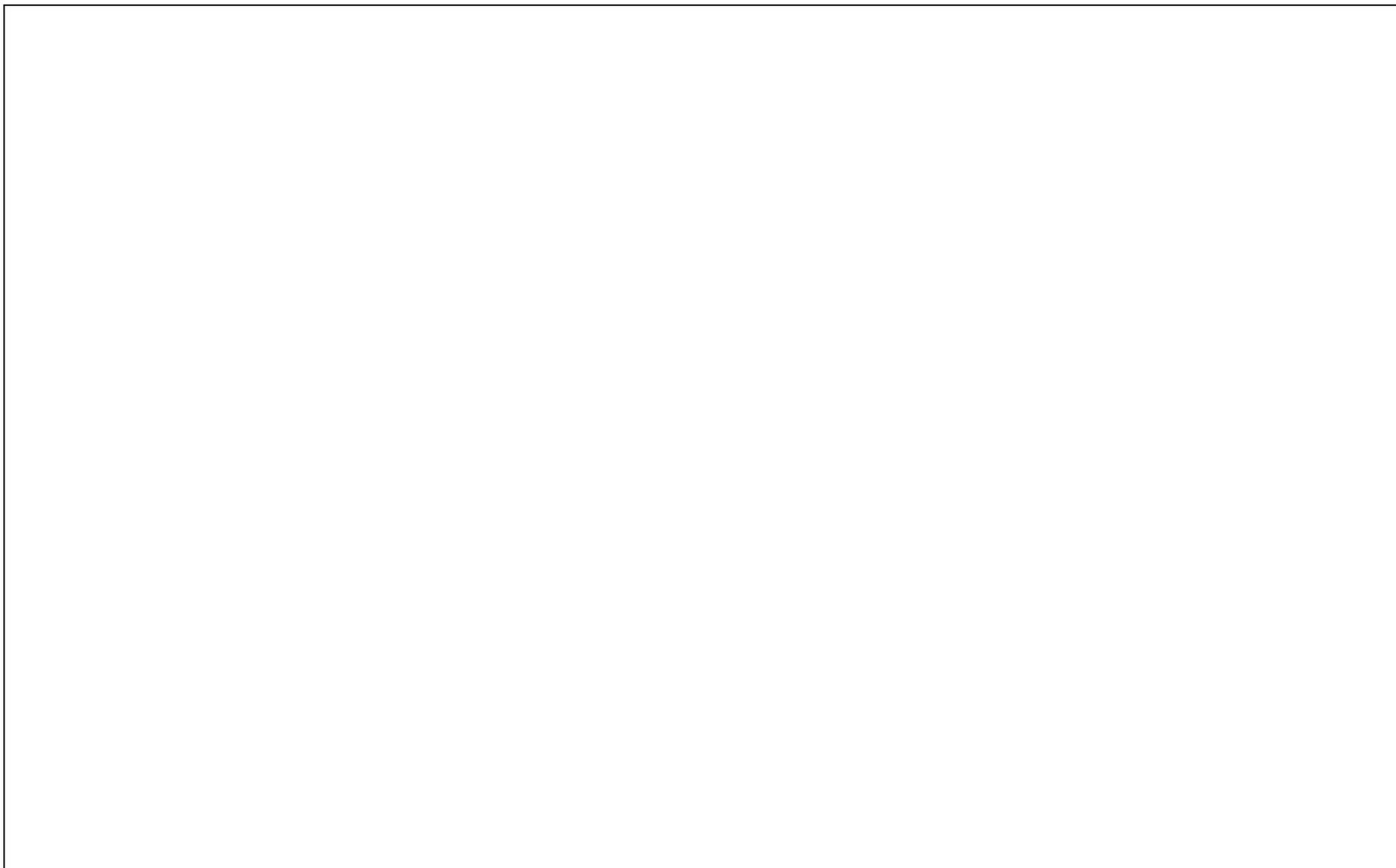
F02. HHM NO	F03. HH Member Name	F04. Date/month/year of birth	F05. How much [...] weight at birth? (from birth certificate)	F06. How much mom and [...] weight? (based on measurement with digital scale)	F07. How much [...] weight at the moment? (if the child could stand use digital scale)	F08. How much the weight of [...] mom? (based on measurement with digital scale)
<input style="width: 20px;" type="text"/>		<input style="width: 40px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 40px;" type="text"/>	<input style="width: 20px;" type="text"/> , <input style="width: 20px;" type="text"/> kg	<input style="width: 20px;" type="text"/> , <input style="width: 20px;" type="text"/> kg	<input style="width: 20px;" type="text"/> , <input style="width: 20px;" type="text"/> kg	<input style="width: 20px;" type="text"/> , <input style="width: 20px;" type="text"/> kg
<input style="width: 20px;" type="text"/>		<input style="width: 40px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 40px;" type="text"/>	<input style="width: 20px;" type="text"/> , <input style="width: 20px;" type="text"/> kg	<input style="width: 20px;" type="text"/> , <input style="width: 20px;" type="text"/> kg	<input style="width: 20px;" type="text"/> , <input style="width: 20px;" type="text"/> kg	<input style="width: 20px;" type="text"/> , <input style="width: 20px;" type="text"/> kg
<input style="width: 20px;" type="text"/>		<input style="width: 40px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 40px;" type="text"/>	<input style="width: 20px;" type="text"/> , <input style="width: 20px;" type="text"/> kg	<input style="width: 20px;" type="text"/> , <input style="width: 20px;" type="text"/> kg	<input style="width: 20px;" type="text"/> , <input style="width: 20px;" type="text"/> kg	<input style="width: 20px;" type="text"/> , <input style="width: 20px;" type="text"/> kg
<input style="width: 20px;" type="text"/>		<input style="width: 40px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 40px;" type="text"/>	<input style="width: 20px;" type="text"/> , <input style="width: 20px;" type="text"/> kg	<input style="width: 20px;" type="text"/> , <input style="width: 20px;" type="text"/> kg	<input style="width: 20px;" type="text"/> , <input style="width: 20px;" type="text"/> kg	<input style="width: 20px;" type="text"/> , <input style="width: 20px;" type="text"/> kg
<input style="width: 20px;" type="text"/>		<input style="width: 40px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 40px;" type="text"/>	<input style="width: 20px;" type="text"/> , <input style="width: 20px;" type="text"/> kg	<input style="width: 20px;" type="text"/> , <input style="width: 20px;" type="text"/> kg	<input style="width: 20px;" type="text"/> , <input style="width: 20px;" type="text"/> kg	<input style="width: 20px;" type="text"/> , <input style="width: 20px;" type="text"/> 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 [...]
<input style="width: 20px;" type="text"/>		<input style="width: 40px;" type="text"/> cm	1      2	1. Yes → F13    3. No	<input style="width: 20px;" type="text"/> months
<input style="width: 20px;" type="text"/>		<input style="width: 40px;" type="text"/> cm	1      2	1. Yes → F13    3. No	<input style="width: 20px;" type="text"/> months
<input style="width: 20px;" type="text"/>		<input style="width: 40px;" type="text"/> cm	1      2	1. Yes → F13    3. No	<input style="width: 20px;" type="text"/> months
<input style="width: 20px;" type="text"/>		<input style="width: 40px;" type="text"/> cm	1      2	1. Yes → F13    3. No	<input style="width: 20px;" type="text"/> months
<input style="width: 20px;" type="text"/>		<input style="width: 40px;" type="text"/> cm	1      2	1. Yes → F13    3. No	<input style="width: 20px;" type="text"/> 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_____
_ _		_ _	_ _	1. Yes 3. No ↓	_ _  /  _ _ _ _  Month Year	_ _  Per 1 2 3 4 95_____
_ _		_ _	_ _	1. Yes 3. No ↓	_ _  /  _ _ _ _  Month Year	_ _  Per 1 2 3 4 95_____
_ _		_ _	_ _	1. Yes 3. No ↓	_ _  /  _ _ _ _  Month Year	_ _  Per 1 2 3 4 95_____
_ _		_ _	_ _	1. Yes 3. No ↓	_ _  /  _ _ _ _  Month Year	_ _  Per 1 2 3 4 95_____
_ _		_ _	_ _	1. Yes 3. No ↓	_ _  /  _ _ _ _  Month Year	_ _  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.

A large, empty rectangular box with a thin black border, intended for the enumerator to write additional information or notes. The box is currently blank.

