

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"/> <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"/>
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"/>
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.
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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>	<div style="display: flex; justify-content: space-between;"> 1. YES 3. NO ➔ CP </div>
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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)
			 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