

Anthropometrics I

Household ID:	Respondent ID:	Date of Interview:
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Instructions: This questionnaire should be administered to the primary female respondent. You must complete this questionnaire for all children who are household members and are younger than 7 years. You must also fill out Section B for all primary respondents (household head, spouse, and interviewed youth).

Section A. Child Height and Weight

First, refer to the household roster (both Section 1 from round 1 and Section 3 from round 2) and copy the ID codes of all children who are currently household members and are **7 years or younger**.

Weigh children with as little clothing as possible. Remember to remove shoes.

1. ID CODE of child					
2. Copy the NAME of the household member from the Household Roster, matching the name to ID code.					
3. Was this person measured? 1 Yes 2 No →7					
4. Date of Measurement (DAY/MONTH/YEAR)					
5. WEIGHT (Kg)					
5a. Amount of clothing worn by child: 1 More than normal 2 Normal 3 Removed some clothing					
6. HEIGHT or LENGTH (cm) →Next child					
7. Reason not measured? 1 At school 2 At work 3 Boarding/traveling 4 Serious Illness 5 Refusal 6 Other 7 In-clinic interview					

Section B. Primary Respondents

First, refer to the household roster (both Section 1 from round 1 and Section 3 from round 2) and copy the ID codes of primary respondents (household head, spouse, and youth).

1. ID CODE of individual			
2. Copy the NAME of the household member from the Household Roster, matching the name to ID code.			
3. Was this person measured? 1 Yes 2 No →7			
4. Date of Measurement (DAY/MONTH/YEAR)			
5. WEIGHT (Kg)			
5a. Amount of clothing worn by individual 1 More than normal 2 Normal 3 Removed some clothing			
6. HEIGHT or LENGTH (cm) →Next person			
7. Reason not measured? 1 At school 2 At work 3 Boarding/traveling 4 Serious Illness 5 Refusal 6 Other 7 In-clinic interview			

Anthropometrics II (New Children and Very Young Children)

Household ID:	Respondent ID:	Date of Interview:
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Section B. Child Vaccinations

* Copy the ID codes of all children that are new household members and are 12 years or younger.

* Also copy the ID codes of all children from household roster Section 1 who were less than 12 months old in Round 2. (Calculate the Round 2 age based on the Round 1 age).

8. ID CODE of child																
9. Does [NAME] have a vaccination card? 1 Yes 2 No If YES: May I please see it? If No: skip to 12.																
10. Where did [NAME] receive most of the vaccinations? See Code Sheet.																
11. ENUMERATOR: COPY VACCINATION DATES (DAY/MONTH/YEAR) FOR EACH VACCINE FROM THE CARD																
	Day	Mth	Yr													
11a. BCG																
11b. Polio 0 (at birth)																
11c. Polio 1																
11d. Polio 2																
11e. Polio 3																
11f. DPT 1/ Pentavalent 1																
11g. DPT 2/ Pentavalent 2																
11h. DPT 3/ Pentavalent 3																
11i. Measles																
12. Did [NAME] ever receive any vaccinations to prevent him/her from getting diseases? 1 Yes 2 No →21																
13. Where did [NAME] receive most of the vaccinations?																
14. A BCG vaccine against tuberculosis, that is, an injection in the left arm that caused a scar? 1 Yes 2 No 99 Don't Know																
15. Polio vaccine, that is, drops in the mouth? 1 Yes 2 No →18 99 Don't Know →18																
16. How many times?																
17. When was the first vaccine given, just after birth or later? 1 Just after birth 2 Later																
18. DPT vaccination, that is, an injection usually given the same time as polio drops? 1 Yes 2 No →20 99 Don't Know →20																
19. How many times?																
20. An injection to prevent measles? 1 Yes →Next Person 2 No →Next Person 99 Don't Know →Next Person																
21. Why did [NAME] not receive vaccinations? 1 Clinic too far away / difficult to get to 2 Child or parent was sick 3 Vaccine out of stock 4 Forgot to take child 5 Don't believe vaccine is effective 6 Don't know about the vaccine 7 Other (specify)																

