

A N T H R O P O M E T R Y

CLUSTER NUMBER		HOUSEHOLD NUMBER		TEMPORARY HOUSEHOLD NUMBER	

INTERVIEWER: _____ ID CODE:

COMPLETE QUESTION 1-2 BEFORE BEGINNING MEASUREMENTS

I D E N T I F I C A T I O N C O D E	COPY THE NAMES OF THE HOUSEHOLD MEMBERS FROM THE HOUSEHOLD ROSTER CARD MATCHING THE ID CODES	1 AGE (COPY FROM HOUSEHOLD ROSTER SECTION 1)		2 SEX MALE.....1 FEMALE.....2 PREGNANT....3 BREAST FEEDING....4		3 WAS THIS PERSON MEASURED? YES.....1 NO.....2 (> 7)	4 DATE OF MEASUREMENT DAY MONTH YEAR			5 WEIGHT KG	6 LENGTH CM	7 REASON NOT MEASURED: AT SCHOOL.....1 BOARDING/ TRAVELLING.....2 HANDICAP OR DEFORMITY..3 SERIOUS ILLNESS.....4 REFUSAL.....5 OTHER.....6 (SPECIFY:_____)	8 IS... [NAME].. LESS THAN 6 YEARS OLD? YES...1 NO...2 (>NEXT PERSON)	9 Does [NAME]..have a vaccination card? YES...1 NO...2 (>NEXT PERSON)	10 Has..[NAME].. been vaccinated for or against the following diseases? NONE.....0 ONE.....1 TWO.....2 THREE OR MORE....3 (NEXT PERSON)				OBSERVATIONS	
		A. Measles?	B. Tetanus	C. Polio?	D. TB (BCG)?															
01																				
02																				
03																				
04																				
05																				
06																				
07																				
08																				
09																				
10																				
11																				
12																				