

WSP IMPACT EVALUATION

FEB-MAR 2011

District Name: _____

CODE (Dhar = 3; Khargone = 4)

Block Name: _____

CODE (Dhar = 1 to 11. Khargone= 12 to 19)

GP Name: _____

CODE

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 (Dhar=81-120. Khargone=121-160)

Village Name: _____

CODE (01 to 99 as per No of villages in GP)

Habitation Name:

CODE (01 to 99 as per No of habs in GP)

ANTHROPOMETRY BOOKLET

HHID:

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HH Head Name:[illegible]**HH address (additional Details):**[illegible]

Number of Members

Total under 2 children

--	--

Total under 5 children

--	--

No of Under 2 measured

--	--

No of Under 5 measured

--	--

Please attach / staple pre-printed roster page. Tick mark to confirm roster is attached

ADMINISTRATIVE / SUPERVISION

Number of visits made

	First Visit	Second Visit	Final Visit
Date	MM / DD / YYYY	MM / DD / YYYY	MM / DD / YYYY
Time Begun (24 Hr format)	HH:MM	HH:MM	HH:MM
Time Ended (24 Hr format)	HH:MM	HH:MM	HH:MM
Duration (minutes)			
Result *See below	1 2 3 4 5 6 7 8 9 10 -95 _____	1 2 3 4 5 6 7 8 9 10 -95 _____	1 2 3 4 5 6 7 8 9 10 -95 _____

(1) COMPLETED

(2) PARTLY COMPLETED

(3) NO COMPETENT RESP. AT HOME

(4) HOUSEHOLD ABSENT

(5) REFUSED (**NO NEED FOR SECOND VISIT**)

(6) DWELLING VACANT / ADDRESS NOT A DWELLING (**NO NEED FOR SECOND VISIT**)

(7) DWELLING DESTROYED (**NO NEED FOR SECOND VISIT**)

(8) DWELLING NOT FOUND (**NO NEED FOR SECOND VISIT**)

(9) HOUSEHOLD MIGRATED OUT TEMPORARILY

(10) HOUSEHOLD MIGRATED PERMANENTLY

(-95) OTHER (SPECIFY)

CHECKING AND SUPERVISION









	By Name	Person's ID	On Date	Signature
Anthro Qre			DD / MM / YYYY	
Field Editing			DD / MM / YYYY	
Back/Spot checking			DD / MM / YYYY	
DP/Office editing			DD / MM / YYYY	
Data entry / keying			DD / MM / YYYY	
Data entry check			DD / MM / YYYY	
Check by Sr mgrs			DD / MM / YYYY	

Casualty

CHILD ID	CHILD NAME	PCG ID	PCG NAME	WAS PCG PRESENT DURING MEASUREMENTS? YES 1 NO 2	ID OF RESPONDENT WHO ANSWERS FOR CHILD	INTERVIEW STATUS COMPLETED..... 1 CHILD NOT PRESENT DURING SURVE DATES.....2 CHILD/PCG REFUSED.....3 OTHER _____ -96
				1 2		1 2 3 -96 _____
				1 2		1 2 3 -96 _____
				1 2		1 2 3 -96 _____
				1 2		1 2 3 -96 _____
				1 2		1 2 3 -96 _____

14. Observations of Children (JC, LF/TK)

Direct observation. ONLY FOR CHILDREN UNDER FIVE YEARS (up to, but not after, the child's fifth birthday)

G.14.1. REFER TO THE MASTER ROSTER AND LIST THE ID CODES AND NAMES OF ALL CHILDREN UNDER 5 YEARS		G.14.2.  IS [NAME] RELATIVELY CLEAN, WITH NO OFFENSIVE ODOR? YES.....1 NO.....2 COULD NOT OBSERVE.....-98	G.14.3.  DOES [NAME] HAVE DIRTY HANDS? YES1 NO2 COULD NOT OBSERVE.....-98	G.14.4.  DOES [NAME] HAVE SOIL OR MUD IN FINGER NAILS? YES.....1 NO.....2 COULD NOT OBSERVE.....-98	G.14.5.  IS [NAME]'S FACE DIRTY? YES.....1 NO2 COULD NOT OBSERVE.....-98	G.14.6.  IS [NAME] WEARING CLOTHES? NO2 [>>G.14.8] YES, TOP ONLY 3 YES, BOTTOMS ONLY 4 YES, TOP AND BOTTOM 5 COULD NOT OBSERVE.....-98 [>>G.14.8]	G.14.7.  ARE [NAME]'S CLOTHES DIRTY? YES.....1 NO.....2 COULD NOT OBSERVE.....-98	G.14.8.  DOES [NAME] HAVE A POT-BELLY? YES1 NO2 COULD NOT OBSERVE.....-98	G.14.9.  IS [NAME] WEARING FOOTWEAR (CHAPPALS /SANDLES / SHOES)? YES.....1 NO.....2 COULD NOT OBSERVE.....-98
CHILD ID CODE	CHILD NAME								
		1 2 -98	1 2 -98	1 2 -98	1 2 -98	2 3 4 5 -99	1 2 -98	1 2 -98	1 2 -98
		1 2 -98	1 2 -98	1 2 -98	1 2 -98	2 3 4 5 -99	1 2 -98	1 2 -98	1 2 -98
		1 2 -98	1 2 -98	1 2 -98	1 2 -98	2 3 4 5 -99	1 2 -98	1 2 -98	1 2 -98
		1 2 -98	1 2 -98	1 2 -98	1 2 -98	2 3 4 5 -99	1 2 -98	1 2 -98	1 2 -98
		1 2 -98	1 2 -98	1 2 -98	1 2 -98	2 3 4 5 -99	1 2 -98	1 2 -98	1 2 -98
		1 2 -98	1 2 -98	1 2 -98	1 2 -98	2 3 4 5 -99	1 2 -98	1 2 -98	1 2 -98
		1 2 -98	1 2 -98	1 2 -98	1 2 -98	2 3 4 5 -99	1 2 -98	1 2 -98	1 2 -98
		1 2 -98	1 2 -98	1 2 -98	1 2 -98	2 3 4 5 -99	1 2 -98	1 2 -98	1 2 -98

33. Anothropometry and Anemia (1 of 4) *Direct observation. ONLY FOR CHILDREN UNDER 5 YEARS*

G.33.1. REFER TO THE MASTER ROSTER AND LIST THE ID CODE AND NAME OF THE CAREGIVER. THEN LIST THE ID CODES AND NAMES OF ALL CHILDREN UNDER THIS PERSON'S CARE. CONTINUE IN THIS MANNER FOR EACH CAREGIVER AND CHILDREN UNDER 5.				G.33.1B. When did the [CHILD] last take iron pills, or iron syrup? Within last 7 days.... 1 More than 7 days ago Received but don't know when.....3 Never..... 4 DON'T KNOW WHAT IRON IS.... -99	G.33.1D. When did the [CHILD] last receive a vitamin A dose? It can be a syrup, injection, or tablet Within last 6 months.... 1 More than 6 months ago ...2 Received but don't know when.....3 Never..... 4 DON'T KNOW WHAT Vit A IS.... -99	G.33.1E. When did [CHILD] last receive any english medicine (not home made) for intestinal worms Within last 1 month.... 1 Within last 1-6 months.... 2 More than 6 months ago ...3 Received but don't know when.....4 Never..... 5 DON'T KNOW WHAT WORMS ARE.... -99	G.33.1G. Does [CHILD NAME] has jaccha baccha card? PLEASE ASK TO SEE IT / PROBE ABOUT IT. (1) CARD IS PRESENT (2) CARD is WITH ANM/ANGANWADI (4) CARD IS NOT MADE (-97) NOT AWARE ABOUT CARD (-98) REFUSE TO SHOW CARD	G.33.2. What was [NAME]'s weight at birth? TO NEAREST 0.1 KG. RECORD FROM JACCHA BACCHA CARD IS POSSIBLE DON'T KNOW-99	G.33.3. Was [NAME] unusually small at birth? Yes, quite small1 No, close to normal size.....2 DON'T REMEMBER.-93 DON'T KNOW-99	N.33.21 How many times in past 1 year was [CHILD] measured for height or weights whether at home or clinic or anganwadi? DON'T KNOW-99	N.33.20 Where did you measure the weight and / or height? (Multiple Code) At a clinic 1 At home 2 Some other place 3 At Anganwadi. 4
PC G ID	PCG NAME	CLD ID	CHILD NAME					Kg * mg		No of times	
				1 2 -99	1 2 3 4 -99	1 2 3 4 5 -99	1 2 3 4 -97 -98	<input type="text"/> * <input type="text"/>	1 2 -93 -99	<input type="text"/> <input type="text"/>	1 2 3 4
				1 2 -99	1 2 -99	1 2 -99	1 2 3 4 -97 -98	<input type="text"/> * <input type="text"/>	1 2 -93 -99	<input type="text"/> <input type="text"/>	1 2 3 4
				1 2 -99	1 2 -99	1 2 -99	1 2 3 4 -97 -98	<input type="text"/> * <input type="text"/>	1 2 -93 -99	<input type="text"/> <input type="text"/>	1 2 3 4
				1 2 -99	1 2 -99	1 2 -99	1 2 3 4 -97 -98	<input type="text"/> * <input type="text"/>	1 2 -93 -99	<input type="text"/> <input type="text"/>	1 2 3 4
				1 2 -99	1 2 -99	1 2 -99	1 2 3 4 -97 -98	<input type="text"/> * <input type="text"/>	1 2 -93 -99	<input type="text"/> <input type="text"/>	1 2 3 4
00	Totals										

33. Anothropometry and Anemia (2 of 4) *Direct observation. ONLY FOR CHILDREN UNDER 5 YEARS*

REFER TO G.33.1 AND LIST THE ID CODE AND NAMES OF ALL CHILDREN UNDER 5		N33.4 HOW ARE YOU WEIGHING [CHILD]? WITH MOTHER.....1 WITH SOMEONE ELSE.....2	G.33.5A. WEIGH PERSON WHO HOLDS THE CHILD IN HIS ARMS. TO NEAREST 0.1 KG. THE WEIGHT IN GRAMS SHOULD BE ENTERED IN THE SINGLE BOX LEFT TO THE THICK LINE. E.G. 52 KG AND 400 GRAMS IS: <div style="display: inline-block; border: 1px solid black; padding: 2px;">5</div> <div style="display: inline-block; border: 1px solid black; padding: 2px;">2</div> * <div style="display: inline-block; border: 1px solid black; padding: 2px;">4</div>		G.33.5B. WEIGH EACH CHILD IN ARMS OF THE PERSON IN G.33.5A. TO NEAREST 0.1 KG. THE WEIGHT IN GRAMS SHOULD BE ENTERED IN THE SINGLE BOX LEFT TO THE THICK LINE. E.G. 63 KG AND 900 GRAMS IS: <div style="display: inline-block; border: 1px solid black; padding: 2px;">6</div> <div style="display: inline-block; border: 1px solid black; padding: 2px;">3</div> * <div style="display: inline-block; border: 1px solid black; padding: 2px;">9</div>		G.33.5. CALCULATE WEIGHT OF CHILD = G.33.5B – G.33.5A. TO NEAREST 0.1 KG. E.G. 63 KG AND 900 GRAMS minus 52 KG AND 400 GRAMS IS: 11 KG AND 500 GRAMS <div style="display: inline-block; border: 1px solid black; padding: 2px;">1</div> <div style="display: inline-block; border: 1px solid black; padding: 2px;">1</div> * <div style="display: inline-block; border: 1px solid black; padding: 2px;">5</div>	
		REPEAT MEASURES TWO TIMES		REPEAT MEASURES TWO TIMES		REPEAT MEASURES TWO TIMES		
CLD ID	CHILD NAME		Measure 1: In Kg	Measure 2: In Kg	Measure 1: In Kg	Measure 2: In Kg	Measure 2: In Kg	Measure 2: In Kg
		1 2	<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> * <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>	<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> * <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>	<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> * <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>	<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> * <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>	<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> * <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>	<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> * <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>
		1 2	<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> * <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>	<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> * <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>	<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> * <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>	<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> * <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>	<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> * <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>	<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> * <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>
		1 2	<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> * <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>	<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> * <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>	<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> * <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>	<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> * <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>	<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> * <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>	<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> * <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>
		1 2	<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> * <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>	<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> * <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>	<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> * <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>	<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> * <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>	<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> * <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>	<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> * <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>
		1 2	<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> * <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>	<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> * <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>	<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> * <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>	<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> * <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>	<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> * <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>	<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div> * <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>

33. Anthropometry and Anemia (3 of 4) *Direct observation. ONLY FOR CHILDREN UNDER 5 YEARS*

G.33.8 REFER TO G.33.1 AND LIST THE ID CODE AND NAMES OF ALL CHILDREN UNDER 5		G.33.9. MEASURE THE HEIGHT OR LENGTH OF EACH CHILD. (TO NEAREST 0.1 CM)		G.33.9B. CHILD WAS MEASURED: (CIRCLE ONE) LYING DOWN (CHILD <24 MONTHS OF AGE) ... 1 STANDING UP (CHILD ≥ 24 MONTHS OF AGE) ... 2	G.33.10. MEASURE THE ARM CIRCUMFERENCE OF EACH CHILD. (TO NEAREST 0.1 CM)		G.33.11. MEASURE THE HEAD CIRCUMFERENCE OF EACH CHILD. (TO NEAREST 0.1 CM)	
CHILD ID	CHILD NAME	Measure 1	Measure 2		Measure 1	Measure 2	Measure 1	Measure 2
		<input type="text"/> <input type="text"/> * <input type="text"/>	<input type="text"/> <input type="text"/> * <input type="text"/>	1 2	<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"/>	1 2	<input type="text"/> <input type="text"/> * <input type="text"/>	<input type="text"/> <input type="text"/> * <input type="text"/>	1 2	<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"/>	1 2	<input type="text"/> <input type="text"/> * <input type="text"/>	<input type="text"/> <input type="text"/> * <input type="text"/>	1 2	<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"/>	1 2	<input type="text"/> <input type="text"/> * <input type="text"/>	<input type="text"/> <input type="text"/> * <input type="text"/>	1 2	<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"/>	1 2	<input type="text"/> <input type="text"/> * <input type="text"/>	<input type="text"/> <input type="text"/> * <input type="text"/>	1 2	<input type="text"/> <input type="text"/> * <input type="text"/>
00	Totals							

33. Anothropometry and Anemia (4 of 4) *Direct observation. ONLY FOR CHILDREN UNDER 5 YEARS*

NOTE: YOU MUST OBTAIN CONSENT FOR ANY CHILD RECEIVING AN ANEMIA TEST.

CONSENT STATEMENT FOR ANEMIA TEST FOR CHILDREN

As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. To do the test we will take 2-3 drops of bloods from finger of the child. The machine we use is imported and will cause very little pain. You can say yes to the test, or you can say no. It is up to you to decide. Will you allow [****CHILD****] to participate in the anemia test?

REFER TO G.33.1 AND LIST THE ID CODE AND NAMES OF ALL CHILDREN UNDER 5		G.33.13. READ CONSENT BELOW FOR EACH CHILD. CIRCLE CODE AND SIGN YOUR NAME. GRANTED.....1 REFUSED.....2 [>> next child]	G.33.14. RECORD HEMOGLOBIN LEVEL HERE. (TO NEAREST 0.1)		G33.15 RESULT OF HEMOGLOBIN MEASUREMENT MEASURED.....1 REFUSED.....-98 NOT PRESENT.....-93 TOO LITTLE BLOOD DRAWN-95
CHILD ID	CHILD NAME		Measure 1	Measure 1	
		1 2 _____	<input type="text"/> <input type="text"/> .* <input type="text"/>	<input type="text"/> <input type="text"/> .* <input type="text"/>	1 -98 -93 -95
		1 2 _____	<input type="text"/> <input type="text"/> .* <input type="text"/>	<input type="text"/> <input type="text"/> .* <input type="text"/>	1 -98 -93 -95
		1 2 _____	<input type="text"/> <input type="text"/> .* <input type="text"/>	<input type="text"/> <input type="text"/> .* <input type="text"/>	1 -98 -93 -95
		1 2 _____	<input type="text"/> <input type="text"/> .* <input type="text"/>	<input type="text"/> <input type="text"/> .* <input type="text"/>	1 -98 -93 -95
		1 2 _____	<input type="text"/> <input type="text"/> .* <input type="text"/>	<input type="text"/> <input type="text"/> .* <input type="text"/>	1 -98 -93 -95
	TOTALS				