

ETHIOPIA MINI DEMOGRAPHIC AND HEALTH SURVEYS 2019  
 ANTHROPOMETRY QUESTIONNAIRE

ETHIOPIA  
 ETHIOPIAN PUBLIC HEALTH INSTITUTE

IDENTIFICATION													
PLACE NAME _____													
NAME OF HOUSEHOLD HEAD _____													
CLUSTER NUMBER .....								<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>					
HOUSEHOLD NUMBER .....								<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>					
<b>IS THIS A FIRST VISIT OR A REMEASUREMENT?</b> <div style="float: right; text-align: right;">           FIRST VISIT ..... 1            REMEASUREMENT ..... 2         </div>													
FIELDWORKER VISITS													
	1	2	3	FINAL VISIT									
DATE	_____	_____	_____	DAY		<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>							
FIELDWORKER'S NAME	_____	_____	_____	MONTH		<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>							
				YEAR		<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>							
NEXT VISIT: DATE TIME	_____	_____		TOTAL NUMBER OF VISITS			<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td></tr> </table>						
NOTES:				<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>									

WEIGHT AND HEIGHT MEASUREMENT FOR CHILDREN AGE 0-5

101	CHECK COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 102; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME .....	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME .....	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME .....
103	What is (NAME)'s date of birth?	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
104	CHECK 103: CHILD BORN IN 2006-2011 E.C.?	YES ..... 1 NO ..... 2 (SKIP TO 114) ←	YES ..... 1 NO ..... 2 (SKIP TO 114) ←	YES ..... 1 NO ..... 2 (SKIP TO 114) ←
105	WEIGHT IN KILOGRAMS.	KG.... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT .....9994 REFUSED .....9995 OTHER .....9996	KG.... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT .....9994 REFUSED .....9995 OTHER .....9996	KG.... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT .....9994 REFUSED .....9995 OTHER .....9996
106	HEIGHT IN CENTIMETERS.	CM.... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT .....9994 REFUSED .....9995 OTHER .....9996 (SKIP TO 108) ←	CM.... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT .....9994 REFUSED .....9995 OTHER .....9996 (SKIP TO 108) ←	CM.... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT .....9994 REFUSED .....9995 OTHER .....9996 (SKIP TO 108) ←
107	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2
108	MEASURER: ENTER YOUR FIELDWORKER NUMBER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER
114	GO BACK TO 103 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, END INTERVIEW.			

WEIGHT AND HEIGHT MEASUREMENT FOR CHILDREN AGE 0-5

		CHILD 4	CHILD 5	CHILD 6
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME .....	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME .....	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME .....
103	What is (NAME)'s date of birth?	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
104	CHECK 103: CHILD BORN IN 2006-2011 E.C.?	YES ..... 1 NO ..... 2 (SKIP TO 114) ←	YES ..... 1 NO ..... 2 (SKIP TO 114) ←	YES ..... 1 NO ..... 2 (SKIP TO 114) ←
105	WEIGHT IN KILOGRAMS.	KG.... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT .... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG.... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT .... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG.... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT .... 9994 REFUSED ..... 9995 OTHER ..... 9996
106	HEIGHT IN CENTIMETERS.	CM.... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT .... 9994 REFUSED ..... 9995 OTHER ..... 9996 (SKIP TO 108) ←	CM.... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT .... 9994 REFUSED ..... 9995 OTHER ..... 9996 (SKIP TO 108) ←	CM.... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT .... 9994 REFUSED ..... 9995 OTHER ..... 9996 (SKIP TO 108) ←
107	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2
108	MEASURER: ENTER YOUR FIELDWORKER NUMBER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER
114	GO BACK TO 103 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, END INTERVIEW.			

TO BE FILLED IN AFTER COMPLETING BIOMARKERS

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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