

REVISIT

GOVERNMENT OF LIBERIA
LIBERIA INSTITUTE OF STATISTICS AND GEO-INFORMATION SERVICES

IDENTIFICATION												
PLACE NAME _____												
NAME OF HOUSEHOLD HEAD _____												
CLUSTER NUMBER				<table border="1" style="width: 100px; height: 20px; margin: 0 auto;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>								
HOUSEHOLD NUMBER				<table border="1" style="width: 100px; height: 20px; margin: 0 auto;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>								
BIOMARKER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY								
BIOMARKER'S NAME	_____	_____	_____	MONTH								
				YEAR								
				<table border="1" style="display: inline-table; margin: 0 5px;">2</table> <table border="1" style="display: inline-table; margin: 0 5px;">0</table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>								
NEXT VISIT: DATE TIME	_____	_____		TOTAL NUMBER OF VISITS								
NOTES: _____ _____ _____ _____ _____				TOTAL ELIGIBLE CHILDREN								
<div style="text-align: center;">SUPERVISOR</div> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> <div style="border-bottom: 1px solid black; width: 150px;"></div> <div style="text-align: center;"> <table border="1" style="width: 80px; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 150px; text-align: center;">NAME</div> <div style="width: 80px; text-align: center;">NUMBER</div> </div>												

WEIGHT AND HEIGHT MEASUREMENT FOR CHILDREN AGE 0-5

101	SUPERVISOR TO COMPLETE Q. 102-105 USING TABLET REPORT USE THE SUPERVISORS MENU AND SELECT THE APPROPRIATE OPTION TO LIST ALL CHILDREN AGE 0-5 ELIGIBLE FOR REVISIT. RECORD THE COMPLETE NAME, AGE AND THE LINE NUMBER AS THEY APPEAR IN THE REPORT ON YOUR TABLET. LIST EACH CHILD IN THE SAME ORDER SHOWN IN THE REPORT. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). WRITE THE NAME OF EACH ELIGIBLE CHILD ON EACH SUBSEQUENT PAGES.			
		CHILD 1	CHILD 2	CHILD 3
102	FROM TABLET'S REPORT: WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER .	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>
103	FROM TABLET REPORT COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR)	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 2014-2020?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
105	FROM TABLET REPORT INDICATE HOW CHILD WAS MEASURED FIRST TIME: LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2
MEASURER AND ASSISTANT START FROM HERE				
106	ASSISTANT TO RECORD 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
107	CHECK 103 TO DETERMINE HOW CHILD NEEDS TO BE MEASURED. ASSISTANT TO RECORD HEIGHT/LENGTH IN CENTIMETERS.	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
108	CHILD MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2
109	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

101	SUPERVISOR TO COMPLETE Q. 102-105 USING TABLET REPORT USE THE SUPERVISORS MENU AND SELECT THE APPROPRIATE OPTION TO LIST ALL CHILDREN AGE 0-5 ELIGIBLE FOR REVISIT. RECORD THE COMPLETE NAME, AGE AND THE LINE NUMBER AS THEY APPEAR IN THE REPORT ON YOUR TABLET. LIST EACH CHILD IN THE SAME ORDER SHOWN IN THE REPORT. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). WRITE THE NAME OF EACH ELIGIBLE CHILD ON EACH SUBSEQUENT PAGES.			
		CHILD 4	CHILD 5	CHILD 6
102	FROM TABLET'S REPORT: WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER.	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>
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FIELDWORKER'S OBSERVATIONS TO BE FILLED IN AFTER COMPLETING BIOMARKERS				

