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

IDENTIFICATION CODE	COPY THE NAMES OF THE HOUSEHOLD MEMBERS FROM THE HOUSEHOLD ROSTER CARD MATCHING THE ID CODES NAME	1 AGE (COPY FROM HOUSEHOLD ROSTER SECTION 1) YRS	MOS	2 SEX MALE.....1 FEMALE.....2 PREGNANT....3 BREAST FEEDING....4	3 WEIGHT MEASURED? YES.....1 NO.....2 (> 7)	4 DATE OF MEASUREMENT DAY	MONTH	YEAR	5 WEIGHT KG	6 LENGTH >8 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 Je..[NAME]. .ana kadi ya chanjo? YES...1 NO....2 (>NEXT PERSON)	10 ..[NAME].. amepata chanjo ya magonjwa yafuatayo? NONE.....0 ONE.....1 TWO.....2 THREE OR MORE....3 (NEXT PERSON) A. Surua?	B. Pepopunda /Tetanus (inc. DPT)	C. Kupooza/ Polio?	D. Kifua kikuu (BCG)?	OBSERVATIONS
01									__ __ __.__	__ __ __.__									
02									__ __ __.__	__ __ __.__									
03									__ __ __.__	__ __ __.__									
04									__ __ __.__	__ __ __.__									
05									__ __ __.__	__ __ __.__									
06									__ __ __.__	__ __ __.__									
07									__ __ __.__	__ __ __.__									
08									__ __ __.__	__ __ __.__									
09									__ __ __.__	__ __ __.__									
10									__ __ __.__	__ __ __.__									
11									__ __ __.__	__ __ __.__									
12									__ __ __.__	__ __ __.__									