

**S. ANTHROPOMETRY**

**S01** Date of interview:   /   /

**S02** Measurer: \_\_\_\_\_

**S03** Assistant: \_\_\_\_\_

**Instructions:**

Measure each child in the household for whom we assess dietary intake and/or collect blood

(Remember: reference child should be 60-95 months old, younger sibling 6-35 months old)

Measure the length (laying down) of children aged between 4 and 23 months and the standing height of children 24 months and older

(If the child's age is unknown, measure its length; if it is less than 85 cm, register it, and if it is greater or equal than 85 cm, measure the child's height)

The child should be undressed when weighed. Young children will be weighed while being held by the mother. Older children may be weighed by standing by themselves on the scale

Measure the height and weight of the mother or the principal female caretaker

**1. Information on reference child/children**

ID IND (Identification Code)	Name of child			Sex	Health Card	Date of Birth <i>For reference child: copy DOB from sample list</i> 99-don't know			If S07-S09 other than "99", indicate source of information 1-Recall 2-Health Card	Age (in completed months)	Is he/she a twin (2 children) ? 0-No 1-Yes
	Surname Name	First Name	Other	1-M 2-F	0-No 1-Yes	DAY	MONTH	YEAR			
S04	S05A	S05B	S05C	S06	S06A	S07	S08	S09	S10	S11	S12
	1									<input type="text"/> <input type="text"/>	
	2									<input type="text"/> <input type="text"/>	

**2. Information on mother or primary caretaker**

ID IND (Identification Code)	Name of mother/principal caretaker			During your last pregnancy, were you given or did you buy any iron tablets? <i>SHOW TABLETS</i> 0-No 1-Yes	<i>If YES,</i> During the whole last pregnancy, for how many months did you consistently take the tablets?	Could you be currently pregnant? 0-No 1-Yes	<i>If YES, how many months?</i>	Are you breastfeeding? 0-No 1-Yes	<i>If YES, the breastfeeding child is how many months old?</i>
	Surname	First Name	Other Name						
S13	S14A	S14B	S14C	S15	S16	S17	S18	S19	S20

9-don't know

99-don't know

99-don't know

99-don't know

8-NA SKIP TO SECTION 3

**3. Information on vitamin A capsule dosing**

**IF CHILD/CHILDREN HAS/HAVE HEALTH CARD:**

Check health card/immunization card and look for information recorded in the "VITAMIN A" column. IF NO INFORMATION RECORDED, go to next table. IF INFORMATION RECORDED, write down 1) the most recent and 2) the second most recent dates given. Then, record the most recent and second most recent dates indicated on the card for DEWORMING

ID IND.	First Name of child	VITAMIN A CAPSULE MOST RECENT DATE GIVEN Day/Month/Year	VITAMIN A CAPSULE SECOND MOST RECENT DATE GIVEN Day/Month/Year	DEWORMING MOST RECENT DATE GIVEN Day/Month/Year	DEWORMING SECOND MOST RECENT DATE GIVEN Day/Month/Year
S21	S21A	S22	S23	S24	S25
	1	□□/□□/□□	□□/□□/□□	□□/□□/□□	□□/□□/□□
	2	□□/□□/□□	□□/□□/□□	□□/□□/□□	□□/□□/□□

**FOR VITAMIN A CAPSULE**

If the most recent date given is in May/June 2009 (Child Health Day) and the second most recent date is in November/December 2008 (Child Health Day), skip to Q. S33 IF NOT, continue.

**IF THERE IS NO HEALTH CARD OR NO INFORMATION RECORDED IN THE HEALTH CARD ON VITAMIN A**

Ask the following questions: Show capsule at Q. S27 and deworming pill/syrup at Q. S29!

ID IND.	First Name of child	Has (NAME) received a vitamin A capsule at the last child health day in May/June 2009? 0-No 1-Yes 9-don't know	If YES, How did (NAME) receive the vitamin A capsule? 1-Mother sought service at health facility 2-Outreach service by health personnel 3-Other	Did (NAME) receive a deworming pill/syrup at the same child health day? 0-No 1-Yes 9-don't know	What about last year – did (NAME) receive a vitamin A capsule at the child health day in November/December 2008? 0-No 1-Yes 9-don't know	If YES, How did (NAME) receive the vitamin A capsule? 1- Mother sought service at health facility 2- Outreach service by health personnel 3- Other	Did (NAME) receive a deworming pill/syrup at the same child health day? 0-No 1-Yes 9-don't know
S26	S26A	S27	S28	S29	S30	S31	S32
	1						
	2						

ID IND.	First name of child	Has (NAME) received a vitamin A capsule at any other venue in the last 12 months? 0-No 1-Yes 9-don't know	If YES, Where did (NAME) receive the vitamin A capsule? 1-Health Facility 2-Other: _____	If YES, When was this? MOST RECENT DATE Day/Month/Year	SECOND MOST RECENT DATE WITHIN LAST 12 MONTHS Day/Month/Year	In the last seven days, did (NAME) take iron pills, or iron syrup (like this/any of these)? SHOW TYPES 0-No 1-Yes
S33	S33A	S34	S35	S36	S37	S38
	1			□□/□□/□□	□□/□□/□□	
	2			□□/□□/□□	□□/□□/□□	

If NO at Q. S34, skip to S38.

**4. Weight of mother and child**

Weight (0,1kg)				Mother's clothes	Child's clothes
Measurement mother alone	ID IND Child	First name of child	Measurement child	1-Light weight (<0,5kg) 2-Medium weight (0,5-1,5kg)	0-Undressed 1-Underwear 2-Light clothes
S39	S40	S41	S42	S43	S44
		1			
		2			

**5. Mother's height**

Mother's height (0,1 cm)	
1. Measurement	2. Measurement
S45	S46

**6. Child's height or length**

ID IND Child	First name of child	Height or length (0,1 cm)		1-Length 2-Height	HEIGHT or LENGTH for WEIGHT of child below threshold? 0-No 1-Yes
		1. Measurement	2. Measurement		
S47	S47A	S48	S49	S50	S51
	1				
	2				

**7. Diagnosis of CHILD WITHOUT informing the mother/caregiver**

			ID IND Child First Name	ID IND Child First Name
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>S52</b>	Does the reference child show signs of malnutrition?	0-None 1-Some 2-Many		
<b>If yes:</b>				
<b>S53</b>	Swollen stomach?	0-No 1-Yes		
<b>S54</b>	Swollen face or other part of body?	0-No 1-Yes		
<b>S55</b>	Discoloration (lightening) of skin and hair?	0-No 1-Yes		
<b>S56</b>	Seem apathetic and without energy?	0-No 1-Yes		
<b>S57</b>	Extreme skin peeling or sores on the body?	0-No 1-Yes		
<b>S58</b>	Extremely thin body (showing bones) and loose skin (as for an old person)?	0-No 1-Yes		

**8. Information for reference child**

First name: \_\_\_\_\_ IND ID:

**S59** Is (NAME) currently enrolled in a school? **If "No", jump to S62**   
 0=No  
 1=Yes

**S60** Is (NAME) currently enrolled in a boarding school?   
**If "No", jump to S62** 0=No  
 1=Yes

**S61** When did (NAME) start boarding school? **Indicate month and year**   /

**S62** Where did (NAME) sleep for the past two nights? **Last night**  **Night before**   
 1=At home      3=Other relative's home  
 2=At school    4=Other (*specify*)

**S63** **If "Yes" at S60**, how many nights did this child sleep at school in the past 7 nights?  *nights*  
**If "No", end the interview!**