

# SUDAN HOUSEHOLD HEALTH SURVEY

## QUESTIONNAIRE FOR CHILDREN UNDER FIVE

UNDER-FIVE CHILD INFORMATION PANEL		UF
<i>This questionnaire is to be administered to all mothers or caretakers (see household listing, column HL6) who care for a child that lives with them and that is under the age of 5 years (see household listing, column HL7). A separate questionnaire should be used for each eligible child. Fill in the cluster and household number, and names and line numbers of the child and the mother/caretaker in the space below. Insert your own name and number, and the date.</i>		
UF1. CODES OF :	State <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Cluster <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
UF2. HOUSEHOLD NUMBER: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	UF3. LOCALITY CODE: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
UF4. Child's Name and Household Line Number (from HL1): _____ <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>		
UF5. Mother's/Caretaker's Name and Household Line Number (from HL1): _____ <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>		
UF6. Interviewer Name and Number: _____ <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>		
UF8. Day/Month/Year of interview: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>		
UF9. Result of interview for this child under 5  <i>(Codes refer to mother/caretaker.)</i>	Completed .....1 Not at home .....2 Refused .....3 Partly completed .....4 Incapacitated .....5 Other( <i>specify</i> ) .....6	
UF10. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF EACH CHILD UNDER THE AGE OF 5 IN YOUR CARE, AND WHO LIVES WITH YOU NOW. NOW I WANT TO ASK YOU ABOUT ( <i>name</i> ). IN WHAT MONTH AND YEAR WAS ( <i>name</i> ) BORN? <i>Probe:</i> WHAT IS HIS/HER DATE OF BIRTH?  <i>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day.</i>	Date of birth: Day ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DK day..... 98 Month ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Year..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
UF11. HOW OLD WAS ( <i>name</i> ) AT HIS/HER LAST BIRTHDAY? <i>Record age in completed months.</i>	Age in completed months..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	

State: \_\_\_\_\_ Cluster Number: \_\_\_\_\_ Household Number: \_\_\_\_\_ Child's Line Number: \_\_\_\_\_

BIRTH REGISTRATION MODULE		BR
BR1. DOES (name) HAVE A BIRTH CERTIFICATE? MAY I SEE IT?	Yes, seen..... 1	1 ⇒ VA MODULE
	Yes, not seen ..... 2	2 ⇒ VA MODULE
	No ..... 3	
	DK..... 8	8 ⇒ VA MODULE
BR3. WHY DOES (name) NOT HAVE A BIRTH CERTIFICATE?	Costs too much ..... 1	
	Must travel too far..... 2	
	Did not know child should have birth certificate ... 3	
	Did not want to pay fine..... 4	
	Does not know where to get birth certificate ..... 5	
	Other(specify) ..... 6	
	DK..... 8	
GO TO VITAMIN A MODULE (VA)		

VITAMIN A MODULE		VA
VA1. HAS (name) EVER RECEIVED A VITAMIN A CAPSULE (SUPPLEMENT) LIKE THIS ONE?  <i>Show capsule or dispenser for different doses – 100,000 IU for those 6-11 months old, 200,000 IU for those 12-59 months old.</i>	Yes ..... 1	2⇒CA MODULE  8⇒CA MODULE
	No ..... 2	
	DK ..... 8	
VA2. HOW MANY MONTHS AGO DID (name) TAKE THE LAST CAPSULE?	Less than 6 months ago..... 1 More than 6 months ago ..... 2 DK ..... 8	
VA3. WHERE DID (name) GET THE LAST CAPSULE?	On routine visit to health facility ..... 1 Sick child visit to health facility ..... 2 National Immunization Day campaign ..... 3 Other(specify) ..... 6 DK ..... 8	
GO TO CARE OF ILLNESS MODULE (CA)		

State: \_\_\_\_\_ Cluster Number: \_\_\_\_\_ Household Number: \_\_\_\_\_ Child's Line Number: \_\_\_\_\_

CARE OF ILLNESS MODULE		CA
<p>CA1. HAS (<i>name</i>) HAD DIARRHOEA IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST?</p> <p><i>Diarrhoea is determined as perceived by mother or caretaker, or as three or more loose or watery stools per day, or blood in stool.</i></p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	<p>2⇒CA5</p> <p>8⇒CA5</p>
<p>CA2. DURING THIS LAST EPISODE OF DIARRHEA, DID (<i>name</i>) DRINK ANY OF THE FOLLOWING:</p> <p><i>Read each item aloud and record response before proceeding to the next item.</i></p>	<p style="text-align: right;"><u>Y N DK</u></p>	
<p>CA2A. A FLUID MADE FROM A SPECIAL PACKET CALLED ORS (ORADEx)?</p> <p>CA2B. RECOMMENDED HOMEMADE FLUID?</p>	<p><u>CA2A. Fluid from ORS packet</u>..... 1 2 8</p> <p><u>CA2B. Homemade fluid</u> ..... 1 2 8</p>	
<p>CA3. DURING (<i>name's</i>) ILLNESS, DID HE/SHE DRINK LESS, ABOUT THE SAME, OR MORE LIQUIDS THAN USUAL?</p>	<p>None ..... 1</p> <p>Less ..... 2</p> <p>About the same ..... 3</p> <p>More ..... 4</p> <p>DK ..... 8</p>	
<p>CA4. DURING (<i>name's</i>) ILLNESS, DID HE/SHE EAT LESS, ABOUT THE SAME, OR MORE FOOD THAN USUAL?</p>	<p>None ..... 1</p> <p>Less ..... 2</p> <p>About the same ..... 3</p> <p>More ..... 4</p> <p>DK ..... 8</p>	
<p>CA5. HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH AT ANY TIME IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>
<p>CA6. WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, QUICK BREATHS OR HAVE DIFFICULTY BREATHING?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>
<p>CA8. DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	<p>2⇒CA14</p> <p>8⇒CA14</p>

State: \_\_\_\_\_ Cluster Number: \_\_\_\_\_ Household Number: \_\_\_\_\_ Child's Line Number: \_\_\_\_\_

<p>CA9. FROM WHERE DID YOU SEEK CARE?</p> <p><i>Probe: ANYWHERE ELSE?</i></p> <p><i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i></p> <p><i>If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code.</i></p> <p>_____</p> <p>(Name of place)</p>	<p><b>Public sector:</b></p> <p>Govt. hospital ..... A</p> <p>Govt. health centre ..... B</p> <p>Govt. health post ..... C</p> <p>Village health worker ..... D</p> <p>Mobile/outreach clinic ..... E</p> <p>Other public sector(<i>specify</i>) ..... F</p> <p><b>Private medical sector:</b></p> <p>Private hospital/clinic ..... G</p> <p>Private physician ..... H</p> <p>Private pharmacy ..... I</p> <p>Mobile clinic (private) ..... J</p> <p>Other private sector(<i>specify</i>) ..... K</p> <p><b>Other source:</b></p> <p>Religious healer ..... L</p> <p>Witch doctor ..... M</p> <p>Traditional healer ..... N</p> <p>Relative or friend ..... O</p> <p>Other(<i>specify</i>) ..... X</p>	
<p><i>Ask the following question (CA14) only once for each caretaker.</i></p> <p>CA14. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY RIGHT AWAY?</p> <p><i>Circle all symptoms mentioned, but do NOT prompt with any suggestions.</i></p> <p><i>Keep asking for more signs or symptoms until the caretaker cannot recall any additional symptoms.</i></p>	<p>Child not able to drink or breastfeed ..... A</p> <p>Child becomes sicker ..... B</p> <p>Child develops a fever ..... C</p> <p>Child has fast breathing ..... D</p> <p>Child has difficult breathing ..... E</p> <p>Child has blood in stool ..... F</p> <p>Child is drinking poorly ..... G</p> <p>Other (<i>specify</i>) ..... X</p>	
<p>GO TO MALARIA MODULE (ML)</p>		

State: \_\_\_\_\_ Cluster Number: \_\_\_\_\_ Household Number: \_\_\_\_\_ Child's Line Number: \_\_\_\_\_

MALARIA MODULE		ML
ML1. IN THE LAST TWO WEEKS, THAT IS, SINCE (day of the week) OF THE WEEK BEFORE LAST, HAS (name) BEEN ILL WITH A FEVER OR MALARIA?	Yes ..... 1 No ..... 2 DK ..... 8	2 ⇒ BF1 8 ⇒ BF1
ML2. WAS (name) SEEN AT A HEALTH FACILITY DURING THIS ILLNESS?	Yes ..... 1 No ..... 2 DK ..... 8	2 ⇒ ML6 8 ⇒ ML6
ML3. DID (name) TAKE A MEDICINE FOR FEVER OR MALARIA THAT WAS PROVIDED OR PRESCRIBED AT THE HEALTH FACILITY?	Yes ..... 1 No ..... 2 DK ..... 8	2 ⇒ ML5 8 ⇒ ML5
ML4. WHAT MEDICINE WAS PROVIDED OR PRESCRIBED AT THE HEALTH FACILITY?  <i>Circle all medicines mentioned.</i>	<b>Anti-malarials:</b> SP/Fansidar tablet ..... A Chloroquine tablet ..... B Chloroquine injection ..... C Chloroquine syrup ..... D Amodiaquine tablet ..... E Amodiaquine injection ..... F Metacalfin tablet ..... G Quinine pills ..... H Quinine injection ..... I Artemisinin-based combinations ..... J  <b>Other medications:</b> Paracetamol/Panadol/Acetaminophen/ Action ..... K Aspirin ..... L Ibuprofen ..... M  Other(specify) ..... X DK ..... Z	
ML4A. WHERE WAS THE MEDICINE OBTAINED?	Hospital ..... 1 PHCC (Primary Health Care Clinic) ..... 2 PHCU (Primary Health Care Unit) ..... 3 Private pharmacy ..... 4 Market ..... 5 Other(specify) ..... 6	
ML5. WAS (name) GIVEN MEDICINE FOR THE FEVER OR MALARIA BEFORE BEING TAKEN TO THE HEALTH FACILITY?	Yes ..... 1 No ..... 2 DK ..... 8	1 ⇒ ML7 2 ⇒ ML8 8 ⇒ ML8

State: \_\_\_\_\_ Cluster Number: \_\_\_\_\_ Household Number: \_\_\_\_\_ Child's Line Number: \_\_\_\_\_

<b>ML6. WAS (name) GIVEN MEDICINE FOR FEVER OR MALARIA DURING THIS ILLNESS?</b>	Yes ..... 1 No ..... 2 DK..... 8	2⇒ BF1  8⇒ BF1
<b>ML7. WHAT MEDICINE WAS (name) GIVEN?</b>  <i>Circle all medicines given.</i>  <i>Ask to see the medication if type is not known.</i> <i>If type of medication is still not determined, show typical anti-malarials to respondent.</i>	<b>Anti-malarials:</b> SP/Fansidar tablet..... A Chloroquine tablet ..... B Chloroquine injection ..... C Chloroquine syrup ..... D Amodiaquine tablet..... E Amodiaquine injection ..... F Metacalfin tablet ..... G Quinine pills ..... H Quinine injection ..... I Artemisinin-based combinations ..... J  <b>Other medications:</b> Paracetamol/Panadol/Acetaminophen/ Action ..... K Aspirin..... L Ibuprofen ..... M  Other(specify) ..... X DK..... Z	
<b>ML8. Check ML4 &amp; ML7: Anti-malarial mentioned (code A - J)?</b>  <input type="checkbox"/> Yes. ⇒ Continue with ML9  <input type="checkbox"/> No. ⇒ Go to BF1		
<b>ML9. HOW LONG AFTER THE FEVER STARTED DID (name) FIRST TAKE (name of anti-malarial from ML7)?</b>  <i>If multiple anti-malarials mentioned in ML8, read aloud all anti-malarial medicines mentioned.</i>  <i>Record the code for the first day on which the anti-malarial was given.</i>  <i>If anti-malarial not given, write '6.'</i>	ML9A. SP/Fansidar tablet ..... <input type="checkbox"/> ML9B. Chloroquine tablet ..... <input type="checkbox"/> ML9C. Chloroquine injection ..... <input type="checkbox"/> ML9D. Chloroquine syrup ..... <input type="checkbox"/> ML9E. Amodiaquine tablet ..... <input type="checkbox"/> ML9F. Amodiaquine injection ..... <input type="checkbox"/> ML9G. Metacalfin tablet ..... <input type="checkbox"/> ML9H. Quinine pills ..... <input type="checkbox"/> ML9I. Quinine injection ..... <input type="checkbox"/> ML9J. Artemisinin-based combinations ..... <input type="checkbox"/>	<u><b>Codes for ML9A-ML9J:</b></u>  1 Same day 2 Next day 3 Two days after the fever 4 Three days after the fever 5 Four or more days after the fever  6 Drug not taken  8 DK
<b>GO TO BREASTFEEDING MODULE (BF)</b>		

State: \_\_\_\_\_ Cluster Number: \_\_\_\_\_ Household Number: \_\_\_\_\_ Child's Line Number: \_\_\_\_\_

BREASTFEEDING MODULE (CHILDREN UNDER 2 YEARS OF AGE)		BF
<b>BF1. Check UF11: Child aged under 2 years?</b> <input type="checkbox"/> Yes. ⇒ Continue with BF2 <input type="checkbox"/> No. ⇒ Go to IM MODULE		
BF2. HAS (name) EVER BEEN BREASTFED?	Yes ..... 1 No ..... 2 DK ..... 8	2⇒BF6 8⇒BF6
BF2A. AT WHAT TIME AFTER DELIVERY WAS BREAST-FEEDING STARTED? IF LESS THAN 1 HOUR, RECORD 00 HOURS IF LESS THAN 24 HOURS, record HOURS OTHERWISE RECORD DAYS	HOURS.....1 <input type="text"/> <input type="text"/> DAYS.....2 <input type="text"/> <input type="text"/>	
BF3. DID (name) RECEIVE ANY OTHER LIQUIDS OR SOLIDS BESIDES BREASTMILK IN THE FIRST 6 MONTHS?	Yes ..... 1 No ..... 2 DK ..... 8	
BF4. IS HE/SHE STILL BEING BREASTFED?	Yes ..... 1 No ..... 2 DK ..... 8	1⇒BF6 8⇒BF6
BF5. AT WHAT AGE DID (name) STOP BEING BREASTFED?	Number of months..... <input type="text"/> <input type="text"/>	
BF6. HAS (name) STARTED TO HAVE FOODS?	Yes ..... 1 No ..... 2 DK ..... 8	2⇒BF8 8⇒BF8
BF7. AT WHAT AGE DID (name) BEGIN TO HAVE ADDITIONAL FOODS?	Number of months..... <input type="text"/> <input type="text"/>	
BF8. SINCE THIS TIME YESTERDAY, DID HE/SHE RECEIVE ANY OF THE FOLLOWING:  <i>Read each item aloud and record response before proceeding to the next item.</i>	<div style="text-align: right;">Y N DK</div> BF8A. Vitamin supplements ..... 1 2 8 BF8B. Plain water ..... 1 2 8 BF8C. Sweetened water or juice ..... 1 2 8 BF8D. ORS ..... 1 2 8 BF8E. Infant formula ..... 1 2 8 BF8F. Milk ..... 1 2 8 BF8G. Other liquids ..... 1 2 8 BF8H. Solid or semi-solid (MUSHY) FOOD? ..... 1 2 8	

State: \_\_\_\_\_ Cluster Number: \_\_\_\_\_ Household Number: \_\_\_\_\_ Child's Line Number: \_\_\_\_\_

BF9. SINCE THIS TIME YESTERDAY, HOW MANY TIMES DID (name) EAT SOLID, SEMISOLID, OR SOFT FOODS OTHER THAN LIQUIDS? <i>If 7 or more times, record '7.'</i>	No. of times ..... <input type="text"/>	
	Don't know..... 8	
GO TO IMMUNIZATION MODULE (IM)		

IMMUNIZATION MODULE		IM			
<i>If an immunization card is available, copy the dates in IM2-IM5 for each type of immunization or vitamin A dose recorded on the card. IM6-IM13 will only be asked when a card is not available.</i>					
IM1. IS THERE A VACCINATION CARD FOR (name)? MAY I SEE IT?	Yes, seen ..... 1 Yes, not seen ..... 2 No..... 3	2⇒IM6 3⇒IM6			
(a) Copy dates for each vaccination from the card. (b) If the card shows only part of the date, record "98" in the column for the missing information. (c) Write '44' in day column if card shows that vaccination was given but no date recorded. (d) If a vaccination was not given, leave that line blank	<div style="text-align: center;">Date of Immunization</div> <table border="1"> <thead> <tr> <th>DAY</th> <th>MONTH</th> <th>YEAR</th> </tr> </thead> </table>		DAY	MONTH	YEAR
DAY	MONTH	YEAR			
IM2. BCG	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
IM3A. OPV0	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
IM3B. OPV1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
IM3C. OPV2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
IM3D. OPV3	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
IM4A. DPT1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
IM4B. DPT2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
IM4C. DPT3	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
IM5. MEASLES(OR MMR)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
IM6. HAS (name) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY?	Yes ..... 1 No..... 2 DK ..... 8	2⇒IM14 8⇒IM14			
IM7. HAS (name) EVER BEEN GIVEN A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT CAUSED A SCAR?	Yes ..... 1 No..... 2 DK ..... 8				
IM8. HAS (name) EVER BEEN GIVEN ANY "VACCINATION DROPS IN THE MOUTH" TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?	Yes ..... 1 No..... 2 DK ..... 8	2⇒IM11 8⇒IM11			



State: \_\_\_\_\_ Cluster Number: \_\_\_\_\_ Household Number: \_\_\_\_\_ Child's Line Number: \_\_\_\_\_

IM9. HOW OLD WAS <i>(name)</i> WHEN THE FIRST DOSE WAS GIVEN – JUST AFTER BIRTH (WITHIN TWO WEEKS) OR LATER?	Just after birth (within two weeks)..... 1 Later ..... 2 DK ..... 8	
IM10. HOW MANY TIMES HAS HE/SHE BEEN GIVEN THESE DROPS?	No. of times ..... <input type="text"/> <input type="text"/>	
IM11. HAS <i>(name)</i> EVER BEEN GIVEN “DPT VACCINATION INJECTIONS” – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA? (SOMETIMES GIVEN AT THE SAME TIME AS POLIO)	Yes ..... 1 No ..... 2 DK ..... 8	2⇒IM13 8⇒IM13
IM12. HOW MANY TIMES HAS HE/SHE BEEN GIVEN DPT VACCINATION INJECTIONS?	No. of times ..... <input type="text"/> .....	
IM13. HAS <i>(name)</i> EVER BEEN GIVEN “MEASLES VACCINATION INJECTIONS” OR MMR – THAT IS, A SHOT IN THE ARM AT THE AGE OF <b>9</b> MONTHS OR OLDER – TO PREVENT HIM/HER FROM GETTING MEASLES?	Yes ..... 1 No ..... 2 DK ..... 8	
<p>IM14. Does another eligible child reside in the household for whom this respondent is mother/caretaker? Check household listing, column HL7.</p> <p><input type="checkbox"/> Yes. ⇒ End the current questionnaire and then go to next UNDER 5 QUESTIONNAIRE to administer the questionnaire for the next eligible child.</p> <p><input type="checkbox"/> No. ⇒ End the interview with this respondent by thanking him/her for his/her cooperation.</p> <p><i>If this is the last eligible child in the household, go on to ANTHROPOMETRY MODULE (AN).</i></p>		

State: \_\_\_\_\_ Cluster Number: \_\_\_\_\_ Household Number: \_\_\_\_\_ Child's Line Number: \_\_\_\_\_

ANTHROPOMETRY MODULE		AN
<p>After questionnaires for all children under 5 are complete, the measurer weighs and measures each child under 5. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and household line number (HL1) on the household listing before recording measurements.</p>		
AN1. Child's weight.	Kilograms (kg) ..... <input type="text"/> <input type="text"/> . <input type="text"/>	
AN2. Child's length or height.  <i>Check age of child in AG2.</i>  <input type="checkbox"/> Child under 2 years old. ⇒ Measure length (lying down).  <input type="checkbox"/> Child age 2 or more years. ⇒ Measure height (standing up).	Length (cm) Lying down ..... L <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>  Height (cm) Standing up ..... H <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	
AN3. Measurer's identification code.	Measurer code ..... <input type="text"/> <input type="text"/>	
AN4. Result of measurement.	Measured ..... 1 Not present..... 2 Refused ..... 3 Other(specify)..... 6	
AN5. Perform the oedema press test to both feet to determine if the child has oedema and mark the result of the test.	<u>Child has oedema</u> Yes ..... 1 No ..... 2 Not present..... 3 Refused ..... 4	
AN6. Is there another child in the household who is eligible for measurement? Check item HH14 on the household listing – you should have entered the total number of children in the household who are LESS THAN 5 years of age  <input type="checkbox"/> Yes. ⇒ Record measurements for next child.  <input type="checkbox"/> No. ⇒ End the interview with this household by thanking all participants for their cooperation. Gather together all questionnaires for this household and tally the number of interviews completed on the cover page on the household questionnaire.		