MICS

QUESTIONNAIRE FOR CHILDREN UNDER FIVE
2019 Turkmenistan Multiple Indicator Cluster Survey

UNDER-FIVE CHILD INFORMATION PANEL	UF

UF1. *Cluster number:* ___ ___ ___	**UF2**. *Household number:* ___ ___
UF3. *Child's name and line number:* NAME _____ ___ ___	**UF4**. *Mother's / Caretaker's name and line number:* NAME _____ ___ ___
UF5. *Interviewer's name and number:* NAME _____ ___ ___ ___	**UF6**. *Supervisor's name and number:* NAME _____ ___ ___ ___
UF7. *Day / Month / Year of interview:* ___ ___ /___ ___ / 2 0 1 ___	**UF8**. *Record the time:* HOURS : MINUTES __ __ : __ __

Check respondent's age in HL6 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE:

If age 15-17, verify that adult consent for interview is obtained (HH33) or not necessary (HL20=90). If consent is needed and not obtained, the interview must not commence and '06' should be recorded in UF17. The respondent must be at least 15 years old.

UF9.*Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire?*	YES, INTERVIEWED ALREADY .... 1 NO, FIRST INTERVIEW 2	1⇨UF10B 2⇨UF10A
UF10A. Hello, my name is (*your name*). We are from **State Statistics Committee of Turkmenistan**. We are conducting a survey about the situation of children, families and households. I would like to talk to you about (*child's name from UF3*)'s health and well-being. This interview will take about 15 minutes. All the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?	**UF10B**. Now I would like to talk to you about (*child's name from UF3*)'s health and well-being in more detail. This interview will take about 15 minutes. Again, all the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?	
YES .... 1 NO/ NOT ASKED 2	1⇨UNDER FIVE'S BACKGROUND Module 2⇨UF17	

UF17. *Result of interview for children under 5*
 	
 Codes refer to mother/caretaker.
 Discuss any result not completed with Supervisor.
	COMPLETED..01
	 NOT AT HOME 02
	 REFUSED...03
	 PARTLY COMPLETED 04
	 INCAPACITATED
	   (*specify*) _____ 05
	
	 NO ADULT CONSENT FOR MOTHER/
	   CARETAKER AGE 15-17 06
	
	 OTHER (*specify*)_____ 96

UNDER-FIVE'S BACKGROUND		UB
UB0. Before I begin the interview, could you please bring (*name*)'s Birth Certificate? We will need to refer to this document.		

UB1.On what day, month and year was (*name*) born?
 	
Probe:
What is (his/her) birthday?
 	
If the mother/caretaker knows the exact date of birth, also record the day; otherwise, record '98' for day.
 	
Month and year must be recorded.
	DATE OF BIRTH
	   DAY .... __ __
	
	   DK DAY... 98
	
	   MONTH .... __ __
	
	   YEAR .... 2 0 1 __	

UB2. How old is (*name*)? *Probe*: How old was (*name*) at (his/her) last birthday? *Record age in completed years.* *Record '0' if less than 1 year.* *If responses to UB1 and UB2are inconsistent, probe further and correct.*	AGE (IN COMPLETED YEARS).................. __	
UB3.*Check UB2: Child's age?*	AGE 0, 1, OR 2 .... 1 AGE 3 OR 4 2	1 ⇨*UB9*
UB4.*Check the respondent's line number (UF4) and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47):*	RESPONDENT IS THE SAME, UF4=HH47.... 1 RESPONDENT IS NOT THE SAME, UF4≠HH47 2	 2 ⇨*UB6*
UB5.*Check ED10 in the EDUCATION MODULE in the HOUSEHOLD QUESTIONNAIRE: Is the child attending preschool/kindergarten in the current school year?*	YES, ED10=0.. 1 NO, ED10≠0 OR BLANK 2	1 ⇨*UB8B* 2 ⇨*UB8C*
UB6. Has (*name*) ever attended any early childhood education programme, such as private or public school, including kindergarten or local preschool?	YES .... 1 NO 2	 2 ⇨*UB8C*
UB7. At any time since September 2018, did (he/she) attend (*programmes mentioned in UB6*)?	YES .... 1 NO 2	1 ⇨*UB8A* 2 ⇨*UB8C*
UB8A. Does (he/she) currently attend (*programmes mentioned in UB6*)? **UB8B**. You have mentioned that (*name*) has attended an early childhood education programme this school year. Does (he/she) currently attend this programme?	 YES .... 1 NO 2	 1 ⇨*UB9*

UB8C. For what reason has (*name*) not attended any early childhood education programme, such as school, private or public including kindergarten or local preschool?	UNDER THE CARE OF THE MEMBER OF HOUSEHOLD..A UNDER THE CARE OF RELATIVES ....B UNDER THE CARE OF BABY/ CHILD NANNY ....C TOO EXPENSIVE..D ABSENCE OF ANY INSITUTION NEARBY .... E OTHER (*specify*) _____X	
UB9. Is (*name*) covered by any health insurance?	YES .... 1 NO 2	

BIRTH REGISTRATION		BR
BR1. Does (*name*) have a birth certificate? *If yes, ask:* May I see it?	YES, SEEN..1 YES, NOT SEEN ....2 NO ....3 DK 8	1 ⇨*End* 2 ⇨*End*
BR2. Has (*name*)'s birth been registered with the Civil Registry Office?	YES ....1 NO ....2 DK 8	1 ⇨*End*
BR3. Do you know how to register (*name*)'s birth?	YES ....1 NO 2	

EARLY CHILDHOOD DEVELOPMENT		EC
EC1. How many children's books or picture books do you have for (*name*)?	NONE .... 00 NUMBER OF CHILDREN'S BOOKS .... 0__ TEN OR MORE BOOKS 10	
EC2. I am interested in learning about the things that (*name*) plays with when (he/she) is at home. Does (he/she) play with: [A] Homemade toys, such as dolls, cars, or other toys made at home? [B] Toys from a shop or manufactured toys? [C] Household objects, such as bowls or pots, or objects found outside, such as sticks, rocks, animal shells or leaves?	Y N DK HOMEMADE TOYS .... 1 2 8 TOYS FROM A SHOP .... 1 2 8 HOUSEHOLD OBJECTS OR OUTSIDE OBJECTS 1 2 8	

EC3. Sometimes adults taking care of children have to leave the house to go shopping, wash clothes, or for other reasons and have to leave young children.
 	
 On how many days in the past week was (*name*):
 	
 [A] Left alone for more than an hour?
 	
 [B] Left in the care of another child, that is, someone less than 10 years old, for more   than an hour?
 	
 If 'None' record '0'. If 'Don't know' record '8'.
	NUMBER OF DAYS LEFT ALONE FOR
	 MORE THAN AN HOUR.. __
	
	 NUMBER OF DAYS LEFT WITH
	  ANOTHER CHILD FOR MORE
	    THAN AN HOUR .... __	

EC4.*Check UB2: Child's age?*	AGE 0.. 1 AGE 1, 2, 3 OR 4 2	1 ⇨*End*

EC5. In the past 3 days, did you or any household member age 15 or over engage in any of the following activities with (*name*): *If 'Yes', ask:* Who engaged in this activity with (*name*)? *A foster/step mother or father living in the household who engaged with the child should be coded as mother or father.* *Record all that apply.* *'No one' cannot be recorded if any household member age 15 and above engaged in activity with child.* [A] Read books or looked at picture books with (*name*)? [B] Told stories to (*name*)? [C] Sang songs to or with (*name*), including lullabies? [D] Took (*name*) outside the home? [E] Played with (*name*)? [F] Named, counted, or drew things for or with (*name*)?		MOTHER	FATHER	OTHER	NO ONE	
	READ BOOKS	A	B	X	Y	
	TOLD STORIES	A	B	X	Y	
	SANG SONGS	A	B	X	Y	
	TOOK OUTSIDE	A	B	X	Y	
	PLAYED WITH	A	B	X	Y	
	NAMED	A	B	X	Y	

EC5G.*Check UB2: Child's age?*	AGE 1 OR 2 .... 1 AGE 3 OR 4 2	1 ⇨*End*
EC6. I would like to ask you some questions about the health and development of (*name*). Children do not all develop and learn at the same rate. For example, some walk earlier than others. These questions are related to several aspects of (*name*)'s development. Can (*name*) identify or name at least ten letters of the alphabet?	YES.. 1 NO .... 2 DK 8	
EC7. Can (*name*) read at least four simple, popular words?	YES.. 1 NO .... 2 DK 8	
EC8. Does (*name*) know the name and recognize the symbol of all numbers from 1 to 10?	YES.. 1 NO .... 2 DK 8	
EC9. Can (*name*) pick up a small object with two fingers, like a stick or a rock from the ground?	YES.. 1 NO .... 2 DK 8	
EC10. Is (*name*) sometimes too sick to play?	YES.. 1 NO .... 2 DK 8	

EC11. Does (*name*) follow simple directions on how to do something correctly?	YES.. 1 NO .... 2 DK 8	
EC12. When given something to do, is (*name*) able to do it independently?	YES.. 1 NO .... 2 DK 8	
EC13. Does (*name*) get along well with other children?	YES.. 1 NO .... 2 DK 8	
EC14. Does (*name*) kick, bite, or hit other children or adults?	YES.. 1 NO .... 2 DK 8	
EC15. Does (*name*) get distracted easily?	YES.. 1 NO .... 2 DK 8	

CHILD DISCIPLINE			UCD
UCD1. *Check UB2: Child's age?*	AGE 0 .... 1 AGE 1, 2, 3 OR 4 2		1 ⇨*End*

UCD2. Adults use certain ways to teach children the right behavior or to address a behavior problem. I will read various methods that are used. Please tell me if <u>you or any other adult in your household</u> has used this method with *(name)* <u>in the past month</u>.
 	
 [A] Took away privileges, forbade something *(name)* liked or did not allow (him/her) to leave the house.
 	
 [B] Explained why *(name)*'s behavior was wrong.
 	
 [C] Shook (him/her).
 	
 [D] Shouted, yelled at or screamed at (him/her).
 	
 [E] Gave (him/her) something else to do.
 	
 [F] Spanked, hit or slapped (him/her) on the bottom with bare hand.
 	
 [G] Hit (him/her) on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object.
 	
 [H] Called (him/her) dumb, lazy or another name like that.
 	
 [I] Hit or slapped (him/her) on the face, head or ears.
 	
 [J] Hit or slapped (him/her) on the hand, arm, or leg.
 	
 [K] Beat (him/her) up, that is hit (him/her) over and over as hard as one could.
	YES NO
	
	 TOOK AWAY PRIVILEGES 1 2
	
	 EXPLAINED WRONG
	   BEHAVIOR 1 2
	
	 SHOOK HIM/HER 1 2
	
	 SHOUTED, YELLED,
	   SCREAMED 1 2
	
	 GAVE SOMETHING ELSE
	   TO DO 1 2
	
	 SPANKED, HIT, SLAPPED ON
	   BOTTOM WITH BARE HAND 1 2
	
	 HIT WITH BELT, HAIRBRUSH,
	   STICK OR OTHER HARD
	   OBJECT 1 2
	
	 CALLED DUMB, LAZY OR
	   ANOTHER NAME 1 2
	
	 HIT / SLAPPED ON THE FACE,
	   HEAD OR EARS 1 2
	
	 HIT / SLAPPED ON HAND,
	   ARM OR LEG 1 2
	
	 BEAT UP, HIT OVER AND OVER
	   AS HARD AS ONE COULD 1 2		

UCD3. *Check UF4: Is this respondent the mother or caretaker of any other children under age 5 or a child age 5-14 selected for the questionnaire for children age 5-17?*	YES .... 1 NO 2		2 ⇨*UCD5*
UCD4. *Check UF4: Has this respondent already responded to the following question (UCD5 or FCD5) for another child?*	YES .... 1 NO 2		1 ⇨*End*
UCD5. Do you believe that in order to bring up, raise, or educate a child properly, the child needs to be physically punished?	YES .... 1 NO .... 2 DK / NO OPINION 8		

CHILD FUNCTIONING		UCF
UCF1. *Check UB2: Child's age?*	AGE 0 OR 1 ....1 AGE 2, 3 OR 4 2	1⇨*End*
UCF2. I would like to ask you some questions about difficulties (***name***) may have. Does (***name***) wear glasses?	YES ....1 NO..2	
UCF3. Does (***name***) use a hearing aid?	YES ....1 NO..2	
UCF4. Does (***name***) use any equipment or receive assistance for walking?	YES ....1 NO..2	
UCF5. In the following questions, I will ask you to answer by selecting one of four possible answers. For each question, would you say that (***name***) has: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that (he/she) cannot at all. *Repeat the categories during the individual questions whenever the respondent does not use an answer category:* Remember the four possible answers: Would you say that (***name***) has: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that (he/she) cannot at all?		
UCF6.*Check UCF2: Child wears glasses?*	YES, UCF2=1 ....1 NO, UCF2=2 2	1⇨*UCF7A* 2⇨*UCF7B*
UCF7A. When wearing (his/her) glasses, does (***name***) have difficulty seeing? **UCF7B**. Does (***name***) have difficulty seeing?	NO DIFFICULTY...1 SOME DIFFICULTY ....2 A LOT OF DIFFICULTY ....3 CANNOT SEE AT ALL 4	
UCF8. *Check UCF3: Child uses a hearing aid?*	YES, UCF3=1 ....1 NO, UCF3=2 2	1⇨*UCF9A* 2⇨*UCF9B*
UCF9A. When using (his/her) hearing aid(s), does (***name***) have difficulty hearing sounds like peoples' voices or music? **UCF9B**. Does (***name***) have difficulty hearing sounds like peoples' voices or music?	NO DIFFICULTY...1 SOME DIFFICULTY ....2 A LOT OF DIFFICULTY ....3 CANNOT HEAR AT ALL 4	
UCF10.*Check UCF4: Child uses equipment or receives assistance for walking?*	YES, UCF4=1 ....1 NO, UCF4=2 2	1⇨*UCF11* 2⇨*UCF13*
UCF11. Without (his/her) equipment or assistance, does (***name***) have difficulty walking?	SOME DIFFICULTY ....2 A LOT OF DIFFICULTY ....3 CANNOT WALK AT ALL 4	
UCF12. With (his/her) equipment or assistance, does (***name***) have difficulty walking?	NO DIFFICULTY...1 SOME DIFFICULTY ....2 A LOT OF DIFFICULTY ....3 CANNOT WALK AT ALL 4	1⇨*UCF14* 2⇨*UCF14* 3⇨*UCF14* 4⇨*UCF14*
UCF13. Compared with children of the same age, does (***name***) have difficulty walking?	NO DIFFICULTY...1 SOME DIFFICULTY ....2 A LOT OF DIFFICULTY ....3 CANNOT WALK AT ALL 4	

UCF14. Compared with children of the same age, does (*name*) have difficulty picking up small objects with (his/her) hand?	NO DIFFICULTY..1 SOME DIFFICULTY ....2 A LOT OF DIFFICULTY ....3 CANNOT PICK UP AT ALL 4	
UCF15. Does (*name*) have difficulty understanding you?	NO DIFFICULTY..1 SOME DIFFICULTY ....2 A LOT OF DIFFICULTY ....3 CANNOT UNDERSTAND AT ALL 4	
UCF16. When (*name*) speaks, do you have difficulty understanding (him/her)?	NO DIFFICULTY..1 SOME DIFFICULTY ....2 A LOT OF DIFFICULTY ....3 CANNOT BE UNDERSTOOD AT ALL 4	
UCF17. Compared with children of the same age, does (*name*) have difficulty learning things?	NO DIFFICULTY..1 SOME DIFFICULTY ....2 A LOT OF DIFFICULTY ....3 CANNOT LEARN THINGS AT ALL 4	
UCF18. Compared with children of the same age, does (*name*) have difficulty playing?	NO DIFFICULTY..1 SOME DIFFICULTY ....2 A LOT OF DIFFICULTY ....3 CANNOT PLAY AT ALL...4	
UCF19. The next question has five different options for answers. I am going to read these to you after the question. Compared with children of the same age, how much does (*name*) kick, bite or hit other children or adults? Would you say: not at all, less, the same, more or a lot more?	 NOT AT ALL ....1 LESS ....2 THE SAME..3 MORE ....4 A LOT MORE..5	

BREASTFEEDING AND DIETARY INTAKE		BD
BD1. *Check UB2: Child's age?*	AGE 0, 1, OR 2 ....1 AGE 3 OR 4 2	2⇨*End*
BD2. Has (*name*) ever been breastfed?	YES ....1 NO ....2 DK 8	 2⇨*BD3A* 8⇨*BD3A*
BD3. Is (*name*) still being breastfed?	YES ....1 NO ....2 DK 8	
BD3A. *Check UB2: Child's age?*	AGE 0 OR 1 ....1 AGE 2 2	2⇨*End*
BD4. Yesterday, during the day or night, did (*name*) <u>drink anything from a bottle with a nipple</u>?	YES ....1 NO ....2 DK 8	
BD5. Did (*name*) <u>drink Oral Rehydration Salt solution (ORS)</u> yesterday, during the day or night?	YES ....1 NO ....2 DK 8	
BD6. Did (*name*) <u>drink or eat vitamin or mineral supplements or any medicines</u> yesterday, during the day or night?	YES ....1 NO ....2 DK 8	

BD7. Now I would like to ask you about all other liquids that (*name*) may have had yesterday during the day or the night.

Please include liquids consumed outside of your home.

Did (*name*) drink (*name of item*) yesterday during the day or the night:

		YES	NO	DK
[A] Plain water?	PLAIN WATER	1	2	8
[B] Juice or juice drinks?	JUICE OR JUICE DRINKS	1	2	8
[C] Bouillon?	BOUILLON	1	2	8
[D] Infant formula, such as "Nutrilak", "Mamako", "Similak", "Nestojen", "NAN"?	INFANT FORMULA	1	2 ↻ *BD7[E]*	8 ↻ *BD7[E]*
[D1] How many times did (*name*) drink infant formula? *If 7 or more times, record '7'.* *If unknown, record '8'.*	NUMBER OF TIMES DRANK INFANT FORMULA .... __			
[E] Milk from animals, such as fresh, tinned, or powdered milk?	MILK	1	2 ↻ *BD7[X]*	8 ↻ *BD7[X]*
[E1] How many times did (*name*) drink milk? *If 7 or more times, record '7'.* *If unknown, record '8'.*	NUMBER OF TIMES DRANK MILK .... __			
[X] Any other liquids?	OTHER LIQUIDS	1	2 ↻ *BD8*	8 ↻ *BD8*
[X1] *Record all other liquids mentioned.*	(*Specify*) _____			

			YES	NO	DK
BD8. Now I would like to ask you about <u>everything</u> that (*name*) ate yesterday during the day or the night. Please include foods consumed outside of your home. - Think about when (*name*) woke up yesterday. Did (he/she) eat anything at that time? *If 'Yes' ask:* Please tell me everything (*name*) ate at that time. *Probe:* Anything else? *Record answers using the food groups below.* - What did (*name*) do after that? Did (he/she) eat anything at that time? *Repeat this string of questions, recording in the food groups, until the respondent tells you that the child went to sleep until the next morning.*					

For each food group not mentioned after completing the above ask: Just to make sure, did (*name*) eat (*food group items*) yesterday during the day or the night			YES	NO	DK
[A]	Yogurt or kefir (gatyk)? *Note that liquid/drinking yogurt or kefir (gatyk) should be captured in BD7[E] or BD7[X], depending on milk content.*	YOGURT OR KEFIR	1	2 ⇧ BD8[B]	8 ⇧ BD8[B]
[A1]	How many times did (*name*) eat yogurt or kefir (gatyk)? *If 7 or more times, record '7'.* *If unknown, record '8'.*	NUMBER OF TIMES ATE YOGURT OR KEFIR (GATYK) .... __			
[B]	Any industrially enriched baby food, such as Nutrilak», «Mamako», «Similak», «Nestle»?	INDUSTRIALLY ENRICHED BABY FOOD	1	2	8
[C]	Bread, rice, semolina. noodles, porridge, or other foods made from grains?	FOODS MADE FROM GRAINS	1	2	8
[D]	Pumpkin or carrots?	PUMPKIN OR CARROTS.	1	2	8
[E]	Potatoes, turnip, or any other foods made from roots that are white inside?	FOODS MADE FROM ROOTS	1	2	8
[F]	Any dark green, leafy vegetables, such as spinach or lettuce?	DARK GREEN, LEAFY VEGETABLES	1	2	8
[G]	Ripe persimmon, dried or fresh apricot, raw sour cherry?	RIPE PERSIMMON, DRIED OR FRESH APRICOT OR SOUR CHERRY	1	2	8
[H]	Any other fruits or vegetables, such as apples, grapes, cabbage, cucumbers, etc.?	OTHER FRUITS OR VEGETABLES	1	2	8
[I]	Liver, kidney, heart or other organ meats?	ORGAN MEATS	1	2	8
[J]	Any other meat, such as beef, pork, lamb, goat, camel, chicken, duck or sausages made from these meats?	OTHER MEATS	1	2	8
[K]	Eggs?	EGGS	1	2	8
[L]	Fish, either fresh or dried?	FRESH OR DRIED FISH	1	2	8
[M]	Beans, peas, lentils, mung beans or nuts, including any foods made from these?	FOODS MADE FROM BEANS, PEAS, NUTS, ETC.	1	2	8

[N] Cheese, white cheese, cottage cheese or other food made from animal milk?	CHEESEOR OTHER FOOD MADE FROM MILK	1	2	8	
[X] Other solid, semi-solid, or soft food?	OTHER SOLID, SEMI-SOLID, OR SOFT FOOD	1	2 ⇖ BD9	8 ⇖ BD9	
[X1] *Record all other solid, semi-solid, or soft food that do not fit food groups above.*	(*Specify*) _____				
BD9. How many times did (*name*) eat any solid, semi-solid or soft foods yesterday during the day or night? *If BD8[A] is 'Yes', ensure that the response here includes the number of times recorded for yogurt in BD8[A1].* *If 7 or more times, record '7'.*	NUMBER OF TIMES...__ DK...8				

UF11. *Record the time.*	HOURS AND MINUTES .... __ __ : __ __
UF12. *Language of the Questionnaire.*	ENGLISH...1 TURKMEN ....2 RUSSIAN..3
UF13. *Language of the Interview.*	ENGLISH...1 TURKMEN ....2 RUSSIAN...3 OTHER LANGUAGE (*specify*) _____6
UF14.*Native language of the Respondent.*	TURKMEN ....2 UZBEK...3 RUSSIAN...4 OTHER LANGUAGE (*specify*) _____6
UF15. *Was a translator used for any parts of this questionnaire?*	YES, THE ENTIRE QUESTIONNAIRE.....................1 YES, PARTS OF THE QUESTIONNAIRE ....2 NO, NOT USED...3

UF16. *Tell the respondent that you will need to measure the weight and height of the child before you leave the household and a colleague will come to lead the measurement. Issue the ANTHROPOMETRY MODULE FORM for this child and complete the Information Panel on that Form.*

Check columns HL10 and HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caretaker of <u>another</u> child age 0-4 living in this household?

☐ *Yes* ⇨ *Go to UF17 on the UNDER-FIVE INFORMATION PANEL and record '01'. Then go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent.*

☐ *No* ⇨ *Check HL6 and column HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caretaker of a child age 5-17 selected for Questionnaire for Children Age 5-17 in this household?*

    ☐ *Yes* ⇨ *Go to UF17 on the UNDER-FIVE INFORMATION PANEL and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN AGE 5-17 to be administered to the same respondent.*

    ☐ *No* ⇨ *Go to UF17 on the UNDER-FIVE INFORMATION PANEL and record '01'. Then end the interview with this respondent by thanking her/him for her/his cooperation. Check to see if there are other questionnaires to be administered in this household.*

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS

ANTHROPOMETRY MODULE INFORMATION PANEL		AN

AN1. *Cluster number:* ___ ___ ___	**AN2**. *Household number:* ___ ___
AN3. *Child's name and line number:* NAME _____ ___ ___	**AN4**. *Child's age from UB2:* AGE (IN COMPLETED YEARS) .... __
AN5. *Mother's / Caretaker's name and line number:* NAME _____ ___ ___	**AN6**. *Interviewer's name and number:* NAME _____ ___ ___ ___

ANTHROPOMETRY		

AN7. *Measurer's name and number:*	NAME_____ ___ ___ ___	
AN8. *Record the result of weight measurement as read out by the Measurer:* *Read the record back to the Measurer and also ensure that he/she verifies your record.*	KILOGRAMS (KG)............................ ___ ___ .___ CHILD NOT PRESENT ....99.3 CHILD REFUSED...99.4 RESPONDENT REFUSED ....99.5 OTHER (*specify*)_____99.6	 99.3 ⇨*AN13* 99.4 ⇨*AN10* 99.5 ⇨*AN10* 99.6 ⇨*AN10*
AN9. *Was the child undressed to the minimum?*	YES ....1 NO, THE CHILD COULD NOT BE UNDRESSED TO THE MINIMUM 2	
AN10. *Check AN4: Child's age?*	AGE 0 OR 1 ....1 AGE 2, 3 OR 4 2	1 ⇨*AN11A* 2 ⇨*AN11B*
AN11A. *The child is less than 2 years old and should be measured lying down. Record the result of length measurement as read out by the Measurer:* *Read the record back to the Measurer and also ensure that he/she verifies your record.* **AN11B**. *The child is at least 2 years old and should be measured standing up. Record the result of height measurement as read out by the Measurer:* *Read the record back to the Measurer and also ensure that he/she verifies your record.*	LENGTH / HEIGHT (CM) .... ___ ___ ___ . ___ CHILD REFUSED..999.4 RESPONDENT REFUSED ....999.5 OTHER (*specify*)_____999.6	 999.4 ⇨*AN13* 999.5 ⇨*AN13* 999.6 ⇨*AN13*
AN12. *How was the child actually measured? Lying down or standing up?*	LYING DOWN...1 STANDING UP 2	
AN13. *Today's date: Day / Month / Year:* ___ ___ /___ ___ / 2 0 1 ___		
AN14. *Is there another child under age 5 in the household who has not yet been measured?*	YES ....1 NO...2	1 ⇨*Next Child*
AN15. *Thank the respondent for his/her cooperation and inform your Supervisor that the Measurer and you have completed all the measurements in this household.*		

INTERVIEWER'S OBSERVATIONS FOR ANTHROPOMETRY MODULE

MEASURER'S OBSERVATIONS FOR ANTHROPOMETRY MODULE

SUPERVISOR'S OBSERVATIONS FOR ANTHROPOMETRY MODULE