

Phase 1 Year 2 Endline – Anthro Survey Instrument

Sr. No.	Question	Options	Skip Pattern (To be added)
A	Section A: Household Selection		
	Select district	[From dropdown list]	
	Select project	[From dropdown list]	
	Select sector	[From dropdown list]	
	Select anganwadi code	[From dropdown list]	
	Select UID	[From dropdown list]	
	Select respondent name	[From dropdown list]	
	Select respondents husband	[From dropdown list]	
	Enter village name	[Enter text]	
	Enter tola name	[Enter text]	
	Enter surveyor name	[Enter text]	
	Enter surveyor code	[Enter integer]	
	Are the respondent and husband name matching with the tracking sheet?	0 No 1 Yes	
	<i>If no, call your supervisor immediately and inform about the discrepancy. Do not begin survey until the discrepancy is cleared.</i>		
	<i>Note: [Informed consent]</i>		
	Do you agree to take part in the survey?	0 No 1 Yes	
	Name of the respondent	[Enter text]	
	Name of tracking baby	[Enter text]	
	Gender of tracking baby	0 – Girl 1 – Boy	
	Date of birth of the tracking baby	[DD/MM/YY]	
	Does the child mentioned in the tracking have a twin child who is alive?	0 No 1 Yes	
	Name of twin	[Enter text]	If the child has a twin

	Gender of twin	0 – Girl 1 – Boy	If the child has a twin
	Date of birth of the twin	[DD/MM/YY]	If the child has a twin
	How many children does the respondent have?	[Enter integer]	
	<i>For each child:</i>		
	Name of the child	[Enter text]	
	How is this child related to the respondent?	[Enter integer]	
	Gender of the child	0 – Girl 1 – Boy -88 – Other	
	Is this child older than 2 years of age?	0 No 1 Yes	
	Age (years completed)	[Enter integer]	If the child is older than 2 years
	Age (months completed)	[Enter integer]	If the child is younger than 2 years
	Is this child present at home today?	0 No 1 Yes	
B	Section B: Anthropometry		
	Mother's height		
B1	Is this survey being done with the biological mother or an adopted mother?	1- Biological Mother 2- Adopted Mother 3- Other household Member	If 3, skip to B6
B2	Is the respondent disabled or unable to stand for any reason?	0- No 1- Yes	[Surveyor to fill] Skip to B6 if "Yes"
	<i>[Note]: Now we will measure your height. Please stand straight on the stadiometer in the way that will demonstrate. For measuring your height, I might have to touch your chin and shoulders, please do not mind my doing so.</i>		
B3	Stadiometer Number	[Enter integer]	
B4	Record mother's height	□□□. □□ cm	[Repeat twice]

B5	Surveyor Input: Can the <random> child stand by himself?	0 – No 1 - Yes	
<i>Note to respondent: Now I will measure your weight and the weight of your children. To do this you will first stand on the weighing scale yourself and then stand on the weighing scale holding your children, one by one. We will repeat this process twice. Please remove your child's clothing. This will only take 2-4 minutes and then you can put your child's clothes back on. Please do not move, stand straight and look ahead while taking measurements.</i>			If B5 = 0
<i>Note to surveyors: We will be measuring the following:</i> <ol style="list-style-type: none"> 1. Weight of the respondent 2. Weight of the Poshan Pahal child 3. Weight of the randomly selected child 4. Height of the respondent 5. Height of the Poshan Pahal child <i>For brevity, the questions on weight of the child only appear once in the paper instrument. They will appear twice on the table – once for the Poshan Pahal child and once for the randomly selected child</i>			
B6	Weighing scale code	[Enter integer]	
B7	[If B1 is 3, or if B2 is "Yes"] Whose weight is being measured in place of the respondent's?	1 Husband 2 Son 3 Daughter 4 Father-in-law 5 Mother-in-law 6 Brother-in-law 7 Sister-in-law 8 Father 9 Mother 10 Brother 11 Sister 12 Grandfather/ grandmother 13 Son-in-law/ Daughter-in-law 14 Cousin 15 Aunt/ Uncle 16 Niece/ Nephew 17 Husband's other wife 18 Stepson/ Stepdaughter	

		-87 Other -88 Did not know -89 Did not answer	
B8	Respondent weight only (without child) <i>(Surveyor note: Fill in kgs to the nearest 0.1kg)</i>	[Enter integer]	(REPEAT TWICE)
B9	Respondent and child weight <i>(Surveyor note: Fill in kgs to the nearest 0.1kg)</i>	[Enter integer]	
B10	Respondent and <random> child weight	[Enter integer]	
<i>Note to respondent: Now I will measure your weight and your child's weight. To do this you will first stand on the weighing scale yourself and then stand on the weighing scale holding your child. We will repeat this process twice. Please remove your child's clothing. This will only take 2-4 minutes and then you can put your child's clothes back on. Please do not move, stand straight and look ahead while taking measurements. I will also measure the weight of your other child. Please assist the child in standing by himself on the weighing scale. We will repeat this twice as well.</i>			If B5 = 1
B11	Weighing scale code	[Enter integer]	
B12	[If B1 is 3, or if B2 is "Yes"] Whose weight is being measured in place of the respondent's?	1 Husband 2 Son 3 Daughter 4 Father-in-law 5 Mother-in-law 6 Brother-in-law 7 Sister-in-law 8 Father 9 Mother 10 Brother 11 Sister 12 Grandfather/ grandmother 13 Son-in-law/ Daughter-in-law 14 Cousin 15 Aunt/ Uncle 16 Niece/ Nephew 17 Husband's other wife 18 Stepson/ Stepdaughter -87 Other -88 Did not know -89 Did not answer	

B13	Respondent weight only (without child) <i>(Surveyor note: Fill in kgs to the nearest 0.1kg)</i>	[Enter integer]	REPEAT TWICE
B14	Respondent and child weight <i>(Surveyor note: Fill in kgs to the nearest 0.1kg)</i>	[Enter integer]	
B15	<Random> child weight only <i>(Surveyor note: Fill in kgs to the nearest 0.1kg)</i>	[Enter integer]	
<i>Note to respondent: Now I will measure your child's height. To do this, please place you child on the mat the way I show you</i>			
B16	Height mat number	[Enter integer]	
B17	Child height <i>(Surveyor note: fill in cms to the nearest 0.1cm)</i>	[Enter integer]	REPEAT TWICE
B18	Were the child's knees pressed to the mat?	0 No 1 Yes	
B19	Is the child unwell today?	0 No 1 Yes	
B20	What illness does the child have?	1 Cold/ Cough/ Fever 2 Diarrhea/ Vomiting/ Stomach infections 3 Malaria/ Jaundice/ Dengue/ Other vector- based disease 4 Measles/ Chickenpox 5 Pneumonia 6 Physical injuries/ Fracture -87 Other -88 Did not know -89 Did not answer	If B19 = 1
B27	Is the <random> child unwell today?	0 No 1 Yes	
B28	What illness does the child have?	1 Cold/ Cough/ Fever 2 Diarrhea/ Vomiting/ Stomach infections 3 Malaria/ Jaundice/ Dengue/ Other vector- based disease 4 Measles/ Chickenpox 5 Pneumonia	If B27 = 1

		6 Physical injuries/ Fracture -87 Other -88 Did not know -89 Did not answer	
B29	Are you currently pregnant?	0 No 1 Yes -88 Did not know -89 Did not answer	
B30	Which trimester are you currently in?	1 1st 2 2nd 3 3rd -88 Did not know -89 Did not answer	If B29 = 1
B31	Was the respondent wearing heavy materials (jackets, bracelets, etc) during the measurement?	0 No 1 Yes	
B32	What was the respondent wearing?	1 Jacket 2 Sweater 3 Shawl 4 Quilt 5 Heavy sari 6 Heavy jewellery -87 Other	If B31 = 1
B32	Was a flat surface available in the household to keep the weighing scale for measurements?	0 No 1 Yes	
C	Section C: Infant Morbidity		
<i>Note to respondent: Now I will ask you about the health of your child whose weight and height were just measured. These questions relate to episodes of illness that your child would have suffered in the last 3 months</i>			
C1	Was your child unwell in the last 3 months? <i>(Surveyor note: Please record any illness – small illnesses like cough, cold, diarrhea, vomiting as well as serious illnesses which require hospitalisation)</i>	0 No 1 Yes -88 Did not know -89 Did not answer	If No, skip to C3

		1 Cold/ Cough/ Fever 2 Diarrhea/ Vomiting/ Stomach infections 3 Malaria/ Jaundice/ Dengue/ Other vector- based disease 4 Measles/ Chickenpox 5 Pneumonia 6 Physical injuries/ Fracture -87 Other -88 Did not know -89 Did not answer	
C2	What types of illnesses did he/ she have over the last 3 months?		
C3	For how many days was your child unwell in the last 1 month (30 days)?	[Enter integer]	
C4	How many times did you show your child when they were unwell to each of the following the last 3 months:		To be asked if C1 != 0
	Government doctor/ Government hospital/ PHC	[Enter integer]	
	Private doctor/ Private hospital/ Private clinic	[Enter integer]	
	ANM/ Sub-centre	[Enter integer]	
	Other	[Enter integer]	
D	Section D: Cognitive Skills		
<i>Now we will ask you a few questions about your child's activities. We know that every child is different and children are able to do different activities at different ages. We just want to know about your child and what they have been able to do and haven't been doing yet.</i>			
D1	Does your child run, stopping herself and without bumping into things or falling over?	1 Yes 2 Sometimes 3 Not yet -88 Did not know -89 Did not answer	
D2	Does your child climb on furniture?	1 Yes 2 Sometimes 3 Not yet -88 Did not know -89 Did not answer	
D3	Can your child remove clothes on her own without your help? (Mark as yes even if the child can only remove pants)	1 Yes 2 Sometimes 3 Not yet -88 Did not know -89 Did not answer	
D4	When your child wants something does she tell you by pointing to it?	1 Yes 2 Sometimes 3 Not yet	

		-88 Did not know -89 Did not answer	
D5	When you ask your child to, does she go into another room and find familiar objects or toys? For example you might ask your child to “Bring water” or “Go get your slippers”	1 Yes 2 Sometimes 3 Not yet -88 Did not know -89 Did not answer	
D6	Does your child say words other than “Mama” and “Papa”? For example words may include “Bakri” (goat) or “Gai” (cow) or “Kaan” (ear) or “Naak” (nose)	1 Yes 2 Sometimes 3 Not yet -88 Did not know -89 Did not answer	
D7	Does your child say two word sentences? Such as “Khaana do” (give me food) or “Mama paani do” (Mama give me water) or “Yeh kya hai?” (what is this?) or “Mera haath pakdo” (hold my hand). <i>Mark as yes even if the child's words are difficult to understand</i>	1 Yes 2 Sometimes 3 Not yet -88 Did not know -89 Did not answer	
D8	Does your child scribble?	1 Yes 2 Sometimes 3 Not yet -88 Did not know -89 Did not answer	
D9	Has your child started eating food on her own?	1 Yes 2 Sometimes 3 Not yet -88 Did not know -89 Did not answer	

E	Section E: Sanitation and Hygiene		
E1	What is the main source of drinking water for this household?	1 Piped water inside the dwelling 2 Piped water in the yard or plot 3 Public tap/ Stand pipe 4 Tube well/ Bore well 5 Spring 6 Rainwater collection 7 Bottled water 8 Tanker truck 9 Community RO plant 10 Surface water (River/ Dam/ Lake) -87 Other -88 Did not know -89 Did not answer	

E2	Does your household have a toilet? (Surveyor note: Do not include broken/ disused toilets)	0 No 1 Yes -88 Did not know -89 Did not answer	
E3	Do you (the respondent) use a toilet? (Surveyor note: Ask about toilets in the village if the respondent's household does not have a toilet)	0 No 1 Yes -88 Did not know -89 Did not answer	
E4	Where is the nearest toilet located? (Surveyor note: If there is no toilet in the house, ask about the nearest toilet that they can use)	1 Inside the dwelling 2 Outside but attached to the dwelling 3 Outside but in the dwelling's compound 4 Within 10 minutes' walking distance 5 More than 10 minutes' walking distance -87 Other -88 Did not know -89 Did not answer	
E5	Does your household have a handwashing station?	0 No 1 Yes (with soap) 2 Yes (but without soap) -87 Other -88 Did not know -89 Did not answer	
F	Section F: Contact Information		
	Respondent mobile number	[Enter integer]	
G	Section G: Surveyor Input		
	Record GPS location		
	Survey status code	SS01 – Survey complete SS02 – Survey incomplete SS03 – Maternal death (baby unavailable) SS04 – Respondent cannot be found SS05 – Respondent not at home/ busy/ unwell SS06 – Respondent not available for entire survey duration SS07 – Refused before starting the survey SS08 – Refused during the survey SS09 – Other (disabled, etc)	

		SS10 – Miscarriage or infant death SS11 – Wrong registration (overage baby)	
	Is the respondent:	1 Respondent is dead 2 Respondent has migrated	
	Who told you?	1 Household member 2 Neighbour	
	Mobile number of the person	[Enter integer]	
	Mobile number of the person	[Enter integer]	
	Surveyor comments	[Enter text]	