2. Anthropometry Survey

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	
	If no, call your supervisor immediately and inform about the discrepancy. Do not begin survey until the discrepancy is cleared.		
	Note: [Informed consent]		
	Do you agree to take part in the survey?	0 No 1 Yes	
	Name of the respondent	[Enter text]	
	How many children's details will be filled in this survey? *(Surveyor note: Enter 1 if one child, 2 for twins, 3 for triplets)*	[Enter integer]	
	For each child whose details will be filled, enter name	[Enter text]	
	For each child whose details will be filled, enter sex	0 Boy 1 Girl	

		-87 Other -88 Did not know -89 Did not answer	
	Fill the exact birth date of the child	[Enter dd:mm:yyyy]	
B	**Section B: Anthropometry**		
	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.		
	Weighing scale code	[Enter integer]	
	Is this survey being done with the biological mother or an adopted mother?	1 Biological mother 2 Adopted mother 3 Some other household member	
	Is the respondent disabled or unable to stand for any reason?	0 No 1 Yes	
	If 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	
	Respondent weight only (without child) *(Surveyor note: Fill in kgs to the nearest 0.1kg)*	[Enter integer]	REPEAT TWICE
	Respondent and child weight *(Surveyor note: Fill in kgs to the nearest 0.1kg)*	[Enter integer]	
	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		
	Height mat number	[Enter integer]	
	Child height *(Surveyor note: fill in cms to the nearest 0.1cm)*	[Enter integer]	REPEAT TWICE
	Were the child's knees pressed to the mat?	0 No 1 Yes	
	Is the child unwell today?	0 No 1 Yes	
	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	
	Are you currently pregnant?	0 No 1 Yes -88 Did not know -89 Did not answer	
	Which trimester are you currently in?	1 1st 2 2nd 3 3rd -88 Did not know -89 Did not answer	
	Was the respondent wearing heavy materials (jackets, bracelets, etc) during the measurement?	0 No 1 Yes	
	What was the respondent wearing?	1 Jacket 2 Sweater 3 Shawl 4 Quilt 5 Heavy sari 6 Heavy jewellery -87 Other	
	Was a flat surface available in the household to keep the weighing scale for measurements?	0 No 1 Yes	
	How many older siblings does the child have?	[Enter integer]	
	How many younger siblings does the child have?	[Enter integer]	
C	Section C: Infant Morbidity		
	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		
	Was your child unwell in the last 3 months? (Surveyor note: Please record any illness – small illnesses like cough, cold, diarrhea, vomiting as well as serious illnesses which require hospitalisation)	0 No 1 Yes -88 Did not know -89 Did not answer	

	What types of illnesses did he/ she have over the last 3 months?	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	
	How many times did you show your child when they were unwell to each of the following the last 3 months:		
	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: Sanitation and Hygiene		
	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	

	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	
	Does your household 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	
	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	
	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	
E	Section E: Contact Information		
	Respondent mobile number	[Enter integer]	
F	Section F: 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]	