

ANTHROPOMETRY

CLUSTER NUMBER		HOUSEHOLD NUMBER		TEMPORARY HOUSEHOLD NUMBER	

INTERVIEWER: _____ ID CODE:

COMPLETE QUESTION 1-2 BEFORE BEGINNING MEASUREMENTS

I D E N T I F I C A T I O N C O D E	COPY THE NAMES OF THE HOUSEHOLD MEMBERS FROM THE HOUSEHOLD ROSTER CARD MATCHING THE ID CODES	1		2	3	4			5	6	7	8	9	10				OBSERVATIONS		
		AGE (COPY FROM HOUSEHOLD ROSTER SECTION 1)	YRS			MOS	SEX MALE.....1 FEMALE.....2 PREGNANT.....3 BREAST FEEDING....4	WAS THIS PERSON MEASURED? YES.....1 NO.....2 (> 7)						DATE OF MEASUREMENT	DAY	MONTH	YEAR		WEIGHT KG	LENGTH CM