

DEMOGRAPHIC AND HEALTH SURVEYS
 BIOMARKER QUESTIONNAIRE

KINGDOM OF CAMBODIA
 THE NATIONAL INSTITUTE OF STATISTICS

IDENTIFICATION															
PLACE NAME _____															
NAME OF HOUSEHOLD HEAD _____															
CLUSTER NUMBER				<table border="1" style="display: inline-table; width: 100px; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>											
HOUSEHOLD NUMBER				<table border="1" style="display: inline-table; width: 100px; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>											
HOUSEHOLD SELECTED FOR ANTHROPOMETRY															
FIELDWORKER VISITS															
	1	2	3	FINAL VISIT											
DATE	_____	_____	_____	DAY	<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td></td><td></td></tr> </table>										
FIELDWORKER'S NAME	_____	_____	_____	MONTH	<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td></td><td></td></tr> </table>										
				YEAR	<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td></td><td></td></tr> </table>										
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS											
TIME	_____	_____		<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td></td><td></td></tr> </table>											
NOTES:				TOTAL ELIGIBLE WOMEN											
_____				<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td></td><td></td></tr> </table>											
_____				TOTAL ELIGIBLE MEN											
_____				<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td></td><td></td></tr> </table>											
_____				TOTAL ELIGIBLE CHILDREN											
_____				<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td></td><td></td></tr> </table>											
LANGUAGE OF QUESTIONNAIRE**		LANGUAGE OF INTERVIEW**		NATIVE LANGUAGE OF RESPONDENT**											
<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td>0</td><td>1</td></tr> </table>		0	1	<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td></td><td></td></tr> </table>				<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td></td><td></td></tr> </table>							
0	1														
LANGUAGE OF QUESTIONNAIRE**		TRANSLATOR (YES = 1, NO = 2)													
ENGLISH		**LANGUAGE CODES: 01 ENGLISH 02 KHMER													
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR											
<table border="1" style="display: inline-table; width: 60px; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>						<table border="1" style="display: inline-table; width: 60px; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>						<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td></td><td></td></tr> </table>			
NAME		NAME		NUMBER											
NUMBER		NUMBER		NUMBER											
				KEYED BY											
				<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td></td><td></td></tr> </table>											
				NUMBER											

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-4

101	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS" [COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE]. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 102 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN THREE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).		
	CHILD 1		SKIP
102	CHECK CAPI OUTPUT AND RECORD LINE NUMBER AND NAME OF CHILD. [RECORD LINE NUMBER FROM COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE; RECORD NAME FROM COLUMN 2 IN HOUSEHOLD QUESTIONNAIRE.]	LINE NUMBER <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> NAME _____	
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	DAY <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> MONTH <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> YEAR <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
104	IF MOTHER INTERVIEWED: COPY CHILD'S AGE FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: How old was (NAME) at (NAME)'s last birthday? COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT.	AGE IN COMPLETED YEARS <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
105	CHECK 104: CHILD AGE 0-4 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/> → 125		
106	WEIGHT IN KILOGRAMS.	KG. <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	→ 108
107	WAS THE CHILD MINIMALLY DRESSED?	YES 1 NO 2	
108	HEIGHT IN CENTIMETERS. IF CHILD IS AGE 0-1 YEARS, MEASURE LYING DOWN. IF CHILD IS AGE 2, 3, OR 4 YEARS, MEASURE STANDING UP.	CM. <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	→ 112a
109	WAS THE CHILD MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	
110	CHECK 104 AND 109: BASED ON CHILD'S AGE, WAS CORRECT MEASUREMENT PROCEDURE FOLLOWED?	YES 1 NO 2	→ 112
111	IF CHILD IS AGE 0-1 YEARS: WHY WAS (NAME) MEASURED STANDING UP? IF CHILD IS AGE 2-4 YEARS: WHY WAS (NAME) MEASURED LYING DOWN? _____ _____		
112	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES 1 NO 2	
112a	MID UPPER ARM CIRCUMFERENCE IN MILLIMETERS.	MM. <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	
113	ENTER FIELDWORKER NUMBER OF MEASURER.	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> FIELDWORKER NUMBER	
114	ENTER FIELDWORKER NUMBER OF ASSISTANT MEASURER.	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> FIELDWORKER NUMBER	
115	TODAY'S DATE:	DAY <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> MONTH <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> YEAR <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
125	IF ANOTHER CHILD, GO TO 103 ON THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 201.		

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-4

101	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS" [COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE]. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 102 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN THREE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).		
	CHILD 2		SKIP
102	CHECK CAPI OUTPUT AND RECORD LINE NUMBER AND NAME OF CHILD. [RECORD LINE NUMBER FROM COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE; RECORD NAME FROM COLUMN 2 IN HOUSEHOLD QUESTIONNAIRE.]	LINE NUMBER NAME _____	
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	DAY MONTH YEAR 	
104	IF MOTHER INTERVIEWED: COPY CHILD'S AGE FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: How old was (NAME) at (NAME)'s last birthday? COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT.	AGE IN COMPLETED YEARS 	
105	CHECK 104: CHILD AGE 0-4 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/> → 125		
106	WEIGHT IN KILOGRAMS.	KG. NOT PRESENT 9994 REFUSED 9995 OTHER 9996	→ 108
107	WAS THE CHILD MINIMALLY DRESSED?	YES 1 NO 2	
108	HEIGHT IN CENTIMETERS. IF CHILD IS AGE 0-1 YEARS, MEASURE LYING DOWN. IF CHILD IS AGE 2, 3, OR 4 YEARS, MEASURE STANDING UP.	CM. NOT PRESENT 9994 REFUSED 9995 OTHER 9996	→ 112a
109	WAS THE CHILD MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	
110	CHECK 104 AND 109: BASED ON CHILD'S AGE, WAS CORRECT MEASUREMENT PROCEDURE FOLLOWED?	YES 1 NO 2	→ 112
111	IF CHILD IS AGE 0-1 YEARS: WHY WAS (NAME) MEASURED STANDING UP? IF CHILD IS AGE 2-4 YEARS: WHY WAS (NAME) MEASURED LYING DOWN? _____ _____		
112	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES 1 NO 2	
112a	MID UPPER ARM CIRCUMFERENCE IN MILLIMETERS.	MM. NOT PRESENT 9994 REFUSED 9995 OTHER 9996	
113	ENTER FIELDWORKER NUMBER OF MEASURER.	 FIELDWORKER NUMBER	
114	ENTER FIELDWORKER NUMBER OF ASSISTANT MEASURER.	 FIELDWORKER NUMBER	
115	TODAY'S DATE:	DAY MONTH YEAR 	
125	IF ANOTHER CHILD, GO TO 103 ON THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 201.		

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-4

101	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS" [COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE]. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 102 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN THREE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).		
	CHILD 3		SKIP
102	CHECK CAPI OUTPUT AND RECORD LINE NUMBER AND NAME OF CHILD. [RECORD LINE NUMBER FROM COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE; RECORD NAME FROM COLUMN 2 IN HOUSEHOLD QUESTIONNAIRE.]	LINE NUMBER <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> NAME _____	
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	DAY <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> MONTH <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> YEAR <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
104	IF MOTHER INTERVIEWED: COPY CHILD'S AGE FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: How old was (NAME) at (NAME)'s last birthday? COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT.	AGE IN COMPLETED YEARS <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
105	CHECK 104: CHILD AGE 0-4 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/> → 125		
106	WEIGHT IN KILOGRAMS.	KG. <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	→ 108
107	WAS THE CHILD MINIMALLY DRESSED?	YES 1 NO 2	
108	HEIGHT IN CENTIMETERS. IF CHILD IS AGE 0-1 YEARS, MEASURE LYING DOWN. IF CHILD IS AGE 2, 3, OR 4 YEARS, MEASURE STANDING UP.	CM. <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	→ 112a
109	WAS THE CHILD MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	
110	CHECK 104 AND 109: BASED ON CHILD'S AGE, WAS CORRECT MEASUREMENT PROCEDURE FOLLOWED?	YES 1 NO 2	→ 112
111	IF CHILD IS AGE 0-1 YEARS: WHY WAS (NAME) MEASURED STANDING UP? IF CHILD IS AGE 2-4 YEARS: WHY WAS (NAME) MEASURED LYING DOWN? _____ _____		
112	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES 1 NO 2	
112a	MID UPPER ARM CIRCUMFERENCE IN MILLIMETERS.	MM. <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	
113	ENTER FIELDWORKER NUMBER OF MEASURER.	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> FIELDWORKER NUMBER	
114	ENTER FIELDWORKER NUMBER OF ASSISTANT MEASURER.	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> FIELDWORKER NUMBER	
115	TODAY'S DATE:	DAY <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> MONTH <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> YEAR <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
125	IF ANOTHER CHILD, GO TO 103 IN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 201.		

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15-49

201	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS" [COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE]. RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE WOMEN IN 202, 203, AND 204 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN TWO WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).	
	WOMAN 1	SKIP
202	CHECK CAPI OUTPUT AND RECORD LINE NUMBER AND NAME OF WOMAN. [RECORD LINE NUMBER FROM COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE; RECORD NAME FROM COLUMN 2 IN HOUSEHOLD QUESTIONNAIRE.]	LINE NUMBER <input type="text"/> <input type="text"/> NAME
204	CHECK CAPI OUTPUT FOR MARITAL STATUS: [CHECK COLUMN 8 IN HOUSEHOLD QUESTIONNAIRE (MARITAL STATUS).]	CODE 4 (NEVER IN UNION) ... 1 OTHER 2
205	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996
206	WAS THE WOMAN WEARING ONLY LIGHTWEIGHT CLOTHING?	YES 1 NO 2
207	HEIGHT IN CENTIMETERS.	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
208	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES 1 NO 2
208a	MID UPPER ARM CIRCUMFERENCE IN MILLIMETERS.	M.M. <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
209	ENTER FIELDWORKER NUMBER OF MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER
210	ENTER FIELDWORKER NUMBER OF ASSISTANT MEASURER. IF NO ASSISTANT MEASURER, ENTER 9999.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER
211	TODAY'S DATE:	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
228	IF ANOTHER WOMAN, GO TO 205 ON THE NEXT PAGE; IF NO MORE WOMEN, GO TO 301.	

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15-49

201	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS" [COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE]. RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE WOMEN IN 202, 203, AND 204 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN TWO WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).	
	WOMAN 2	SKIP
202	CHECK CAPI OUTPUT AND RECORD LINE NUMBER AND NAME OF WOMAN. [RECORD LINE NUMBER FROM COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE; RECORD NAME FROM COLUMN 2 IN HOUSEHOLD QUESTIONNAIRE.]	LINE NUMBER <input type="text"/> <input type="text"/> NAME
204	CHECK CAPI OUTPUT FOR MARITAL STATUS: [CHECK COLUMN 8 IN HOUSEHOLD QUESTIONNAIRE (MARITAL STATUS).]	CODE 4 (NEVER IN UNION) ... 1 OTHER 2
205	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996
206	WAS THE WOMAN WEARING ONLY LIGHTWEIGHT CLOTHING?	YES 1 NO 2
207	HEIGHT IN CENTIMETERS.	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
208	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES 1 NO 2
208a	MID UPPER ARM CIRCUMFERENCE IN MILLIMETERS.	M.M. <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
209	ENTER FIELDWORKER NUMBER OF MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER
210	ENTER FIELDWORKER NUMBER OF ASSISTANT MEASURER. IF NO ASSISTANT MEASURER, ENTER 9999.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER
211	TODAY'S DATE:	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
228	IF ANOTHER WOMAN, GO TO 205 IN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, GO TO 301.	

TO BE FILLED IN AFTER COMPLETING BIOMARKERS

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.[illegible]