

2022 NEPAL DEMOGRAPHIC AND HEALTH SURVEY
 REMEASUREMENT QUESTIONNAIRE

NEPAL
 MINISTRY OF HEALTH AND POPULATION

IDENTIFICATION				
NAME AND CODE OF DISTRICT _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
NAME AND CODE OF GAUNPALIKA/MUNICIPALIT.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
WARD NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
NAME OF HOUSEHOLD HEAD _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
CLUSTER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
HOUSEHOLD NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
HOUSEHOLD SELECTED FOR MAN'S SURVEY? (1=YES, 2=NO)	<input type="text"/>			
BIOMARKER SPECIALIST VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <input type="text"/> <input type="text"/>
BIOMARKER SPECIALIST'S NAME	_____	_____	_____	MONTH <input type="text"/> <input type="text"/>
				YEAR <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text"/>
NEXT VISIT: DATE TIME	_____	_____		TOTAL NUMBER OF VISITS <input type="text"/>
BIOMARKER SPECIALIST OBSERVATIONS _____ _____ _____ _____				TOTAL CHILDREN TO REMEASURE <input type="text"/> <input type="text"/>
LANGUAGE OF QUESTIONNAIRE**	<input type="text" value="0"/> <input type="text" value="1"/>	LANGUAGE OF INTERVIEW**	<input type="text"/> <input type="text"/>	NATIVE LANGUAGE OF RESPONDENT**
			<input type="text"/> <input type="text"/>	TRANSLATOR (YES = 1, NO = 2) <input type="text"/>
LANGUAGE OF QUESTIONNAIRE**	ENGLISH			
	**LANGUAGE CODES: 01 ENGLISH 03 MAITHILI 02 NEPALI 04 BHOJPURI			
TEAM <input type="text"/> <input type="text"/> NUMBER	TEAM SUPERVISOR _____ NAME <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

REMEASUREMENT OF WEIGHT AND HEIGHT FOR SELECTED CHILDREN AGE 0-4

101	CHECK CAPI REPORT FOR CHILDREN SELECTED FOR REMEASUREMENT. RECORD THE LINE NUMBER AND NAME FOR THE FIRST CHILD SELECTED FOR REMEASUREMENT IN QUESTION 102 ON THIS PAGE. IF MORE THAN ONE CHILD IS SELECTED IN A HOUSEHOLD, USE ADDITIONAL QUESTIONNAIRE(S).	
	CHILD TO REMEASURE	SKIP
102	CHECK CAPI REPORT AND RECORD NAME AND LINE NUMBER OF CHILD.	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>
103	CHECK CAPI REPORT AND RECORD DATE OF BIRTH OF CHILD.	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/>
104	CHECK CAPI REPORT AND RECORD CHILD'S AGE IN COMPLETED YEARS. COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/>
105	CHECK 104: CHILD AGE 0-4 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/>	→ 116
106	WEIGHT IN KILOGRAMS.	KG..... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 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..... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 → 113
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 → 112 NO 2
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
113	ENTER BIOMARKER SPECIALIST'S NUMBER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BIOMARKER SPECIALIST NUMBER
114	ENTER INTERVIEWER NUMBER OF ASSISTANT MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> INTERVIEWER NUMBER
115	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"/>
116	IF ANOTHER CHILD, GO TO 102 IN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, END INTERVIEW.	