

2022 KENYA DEMOGRAPHIC AND HEALTH SURVEY  
 BIOMARKER QUESTIONNAIRE - LONG VERSION

KENYA  
 KENYA NATIONAL BUREAU OF STATISTICS

**LONG**

IDENTIFICATION																									
COUNTY	<input style="width: 90%;" type="text"/>																								
SUB COUNTY	<input style="width: 90%;" type="text"/>																								
LOCATION	<input style="width: 90%;" type="text"/>																								
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KDHS CLUSTER NUMBER	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>																								
HOUSEHOLD NUMBER	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>																								
NAME OF HOUSEHOLD HEAD	<input style="width: 90%;" type="text"/>																								
HOUSEHOLD SELECTED FOR MAN'S SURVEY? (1=YES, 2=NO)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px; text-align: center;">1</td></tr> </table>				1																				
1																									
FIELDWORKER VISITS																									
	1	2	3	FINAL VISIT																					
DATE	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	DAY <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>																					
FIELDWORKER'S NAME	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	MONTH <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>																					
				YEAR <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px; text-align: center;">2</td><td style="width: 25px; height: 25px; text-align: center;">0</td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>	2	0																			
2	0																								
NEXT VISIT: DATE	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td></tr> </table>																					
TIME	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>																							
NOTES: <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/>				TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>  TOTAL ELIGIBLE MEN <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>  TOTAL ELIGIBLE CHILDREN <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>																					
<table style="width: 100%;"> <tr> <td style="width: 25%;">LANGUAGE OF QUESTIONNAIRE**</td> <td style="width: 10%; text-align: center;">0</td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 25%;">LANGUAGE OF INTERVIEW**</td> <td style="width: 10%; text-align: center;"><table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 25px; height: 25px;"></td></tr></table></td> <td style="width: 10%; text-align: center;"><table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 25px; height: 25px;"></td></tr></table></td> <td style="width: 25%;">NATIVE LANGUAGE OF RESPONDENT**</td> <td style="width: 10%; text-align: center;"><table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 25px; height: 25px;"></td></tr></table></td> <td style="width: 10%; text-align: center;"><table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 25px; height: 25px;"></td></tr></table></td> <td style="width: 25%;">TRANSLATOR (YES = 1, NO = 2)</td> <td style="width: 10%; text-align: center;"><table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 25px; height: 25px;"></td></tr></table></td> </tr> </table>					LANGUAGE OF QUESTIONNAIRE**	0	1	LANGUAGE OF INTERVIEW**	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 25px; height: 25px;"></td></tr></table>		<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 25px; height: 25px;"></td></tr></table>		NATIVE LANGUAGE OF RESPONDENT**	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 25px; height: 25px;"></td></tr></table>		<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 25px; height: 25px;"></td></tr></table>		TRANSLATOR (YES = 1, NO = 2)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 25px; height: 25px;"></td></tr></table>						
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<table style="width: 100%;"> <tr> <td style="width: 40%;">LANGUAGE OF QUESTIONNAIRE**</td> <td style="width: 60%;"> <div style="display: flex; justify-content: space-between;"> <div> <b>ENGLISH</b> </div> <div> <b>**LANGUAGE CODES:</b>            01 ENGLISH    06 KAMBA    11 LUO    16 SOMALI            02 KISWAHILI    07 KIKUYU    12 MAASAI    17 TURKANA            03 BORANA    08 KISII    13 MERU    96 OTHER            04 EMBU    09 LUHYA    14 MIJIKENDA            05 KALENJIN    10 MARAGOLI    15 POKOT    <u>                    </u> SPECIFY         </div> </div> </td> </tr> </table>					LANGUAGE OF QUESTIONNAIRE**	<div style="display: flex; justify-content: space-between;"> <div> <b>ENGLISH</b> </div> <div> <b>**LANGUAGE CODES:</b>            01 ENGLISH    06 KAMBA    11 LUO    16 SOMALI            02 KISWAHILI    07 KIKUYU    12 MAASAI    17 TURKANA            03 BORANA    08 KISII    13 MERU    96 OTHER            04 EMBU    09 LUHYA    14 MIJIKENDA            05 KALENJIN    10 MARAGOLI    15 POKOT    <u>                    </u> SPECIFY         </div> </div>																			
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WEIGHT AND HEIGHT 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 AGE 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 NAME AND LINE NUMBER OF CHILD.	NAME _____  LINE NUMBER ..... <input type="text"/> <input type="text"/>
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 ..... <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"/>
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 ..... <input type="text"/>
105	CHECK 104: CHILD AGE 0-4 YEARS?      YES <input type="checkbox"/> NO <input type="checkbox"/>	→ 125
106	WEIGHT IN KILOGRAMS.	KG. .... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996
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
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
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 FIELDWORKER NUMBER OF MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER
114	ENTER FIELDWORKER NUMBER OF ASSISTANT MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER 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"/> <input type="text"/>
116	RECORD HEIGHT/LENGTH AND WEIGHT IN THE ANTHROPOMETRY PAMPHLET.	
125	IF ANOTHER CHILD, GO TO 102 ON THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 201.	

WEIGHT AND HEIGHT 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 AGE 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 NAME AND LINE NUMBER OF CHILD.	NAME _____  LINE NUMBER ..... <input type="text"/> <input type="text"/>
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 ..... <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"/>
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 ..... <input type="text"/>
105	CHECK 104: CHILD AGE 0-4 YEARS?      YES <input type="checkbox"/> NO <input type="checkbox"/>	→ 125
106	WEIGHT IN KILOGRAMS.	KG. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996
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
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
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 FIELDWORKER NUMBER OF MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER
114	ENTER FIELDWORKER NUMBER OF ASSISTANT MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER 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"/> <input type="text"/>
116	RECORD HEIGHT/LENGTH AND WEIGHT IN THE ANTHROPOMETRY PAMPHLET.	
125	IF ANOTHER CHILD, GO TO 102 ON THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 201.	

WEIGHT AND HEIGHT 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 AGE 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 NAME AND LINE NUMBER OF CHILD.	NAME _____  LINE NUMBER ..... <input type="text"/> <input type="text"/>	
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 ..... <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"/>	
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105	CHECK 104: CHILD AGE 0-4 YEARS?      YES <input type="checkbox"/> NO <input type="checkbox"/>	→ 125	
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 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	
113	ENTER FIELDWORKER NUMBER OF MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	
114	ENTER FIELDWORKER NUMBER OF ASSISTANT MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER 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"/> <input type="text"/>	
116	RECORD HEIGHT/LENGTH AND WEIGHT IN THE ANTHROPOMETRY PAMPHLET.		
125	IF ANOTHER CHILD, GO TO 102 IN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 201.		

WEIGHT AND HEIGHT MEASUREMENT FOR WOMEN AGE 15-49

201	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS" COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE NAME AND LINE NUMBER FOR ALL ELIGIBLE WOMEN IN 202 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).		
	WOMAN 1		SKIP
202	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF WOMAN.	NAME _____  LINE NUMBER ..... <input type="text"/> <input type="text"/>	
205	WEIGHT IN KILOGRAMS.	KG..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	→ 207
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"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	→ 209
208	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES ..... 1 NO ..... 2	
209	ENTER FIELDWORKER NUMBER OF MEASURER.	<input type="text"/> <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"/> <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 202 ON THE NEXT PAGE; IF NO MORE WOMEN, GO TO 301.		

WEIGHT AND HEIGHT MEASUREMENT FOR WOMEN AGE 15-49

201	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS" COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE NAME AND LINE NUMBER FOR ALL ELIGIBLE WOMEN IN 202 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).		
	WOMAN 2		SKIP
202	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF WOMAN.	NAME _____  LINE NUMBER ..... <input type="text"/> <input type="text"/>	
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	→ 207
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	→ 209
208	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES ..... 1 NO ..... 2	
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 202 ON THE NEXT PAGE; IF NO MORE WOMEN, GO TO 301.		

WEIGHT AND HEIGHT MEASUREMENT FOR WOMEN AGE 15-49

201	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS" COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE NAME AND LINE NUMBER FOR ALL ELIGIBLE WOMEN IN 202 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).		
	WOMAN 3		SKIP
202	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF WOMAN.	NAME _____  LINE NUMBER ..... <input type="text"/> <input type="text"/>	
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	→ 207
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	→ 209
208	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES ..... 1 NO ..... 2	
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 202 IN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, GO TO 301.		

WEIGHT AND HEIGHT MEASUREMENT FOR MEN AGE 15-54

301	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS" COLUMN 10 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE NAME AND LINE NUMBER FOR ALL ELIGIBLE MEN IN 302 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S).		
	MAN 1		SKIP
302	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF MAN.	NAME _____  LINE NUMBER ..... <input type="text"/> <input type="text"/>	
305	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	→ 307
306	WAS THE MAN WEARING ONLY LIGHTWEIGHT CLOTHING?	YES ..... 1 NO ..... 2	
307	HEIGHT IN CENTIMETERS.	CM ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	→ 309
308	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES ..... 1 NO ..... 2	
309	ENTER FIELDWORKER NUMBER OF MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	
310	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	
311	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"/>	
328	IF ANOTHER MAN, GO TO 302 ON THE NEXT PAGE; IF NO MORE MEN, END INTERVIEW.		



WEIGHT AND HEIGHT MEASUREMENT FOR MEN AGE 15-54

301	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS" COLUMN 10 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE NAME AND LINE NUMBER FOR ALL ELIGIBLE MEN IN 302 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S).		
	MAN 2		SKIP
302	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF MAN.	NAME _____  LINE NUMBER ..... <input type="text"/> <input type="text"/>	
305	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	→ 307
306	WAS THE MAN WEARING ONLY LIGHTWEIGHT CLOTHING?	YES ..... 1 NO ..... 2	
307	HEIGHT IN CENTIMETERS.	CM ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	→ 309
308	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES ..... 1 NO ..... 2	
309	ENTER FIELDWORKER NUMBER OF MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	
310	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	
311	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"/>	
328	IF ANOTHER MAN, GO TO 302 ON THE NEXT PAGE; IF NO MORE MEN, END INTERVIEW.		

WEIGHT AND HEIGHT MEASUREMENT FOR MEN AGE 15-54

301	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS" COLUMN 10 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE NAME AND LINE NUMBER FOR ALL ELIGIBLE MEN IN 302 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S).		
	MAN 3		SKIP
302	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF MAN.	NAME _____  LINE NUMBER ..... <input type="text"/> <input type="text"/>	
305	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	→ 307
306	WAS THE MAN WEARING ONLY LIGHTWEIGHT CLOTHING?	YES ..... 1 NO ..... 2	
307	HEIGHT IN CENTIMETERS.	CM ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	→ 309
308	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES ..... 1 NO ..... 2	
309	ENTER FIELDWORKER NUMBER OF MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	
310	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	
311	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"/>	
328	IF ANOTHER MAN, GO TO 302 IN ADDITIONAL QUESTIONNAIRE; IF NO MORE MEN, END INTERVIEW.		

TO BE FILLED IN AFTER COMPLETING BIOMARKERS

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

