

DEMOGRAPHIC AND HEALTH SURVEYS  
 MODEL REMEASUREMENT QUESTIONNAIRE

[NAME OF COUNTRY]  
 [NAME OF ORGANIZATION]

IDENTIFICATION (1)																				
PLACE NAME _____																				
NAME OF HOUSEHOLD HEAD _____																				
CLUSTER NUMBER .....				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>																
HOUSEHOLD NUMBER .....				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>																
[COUNTRY-SPECIFIC QUESTION ON BIOMARKER SUBSAMPLING] .....																				
[FIELDWORKER] VISITS (2)																				
	1	2	3	FINAL VISIT																
DATE [FIELDWORKER'S] NAME	_____	_____	_____	DAY <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> MONTH <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> YEAR <table border="1" style="width: 60px; height: 20px; float: right;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>																
NEXT VISIT: DATE TIME	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td> </td></tr> </table>																
[FIELDWORKER] OBSERVATIONS  _____ _____ _____ _____ _____				TOTAL CHILDREN TO REMEASURE <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td> </td><td> </td></tr> </table>																
LANGUAGE OF QUESTIONNAIRE**	<table border="1" style="width: 40px; height: 20px;"> <tr><td>0</td><td>1</td></tr> </table>	0	1	LANGUAGE OF INTERVIEW**	<table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td></tr> </table>			NATIVE LANGUAGE OF RESPONDENT**	<table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td></tr> </table>			TRANSLATOR (YES = 1, NO = 2)	<table border="1" style="width: 40px; height: 20px;"> <tr><td> </td></tr> </table>							
0	1																			
LANGUAGE OF QUESTIONNAIRE**	<b>ENGLISH</b>		**LANGUAGE CODES:			01 ENGLISH	03 LANGUAGE 3	05 LANGUAGE 5												
			02 LANGUAGE 2	04 LANGUAGE 4	06 LANGUAGE 6															
TEAM  <table border="1" style="width: 40px; height: 20px; margin: 0 auto;"> <tr><td> </td><td> </td></tr> </table> NUMBER			TEAM SUPERVISOR  _____ NAME <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> NUMBER						CAPI SUPERVISOR (3)  _____ NAME <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> NUMBER											

Note: Brackets [ ] indicate items that should be adapted on a country-specific basis.

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"/> <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 (4)	WEIGHT IN KILOGRAMS.	KG. .... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996
107 (5)	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"/> . <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 (6)	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	IF ANOTHER CHILD, GO TO 102 IN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, END INTERVIEW.	

#### BIOMARKER: FOOTNOTES

- (1) This section should be adapted for country-specific survey design.
- (2) Customize the maximum number of visits expected depending on the overall fieldwork plan; the smaller the subsample in which anthropometry is being conducted, the larger the number of visits that will be feasible in the time allotted for each cluster.
- (3) Remove the section for recording the name and ID number of the CAPI supervisor if the survey does not have CAPI supervisors who are separate from the team supervisors.
- (4) In countries where the weighing scale shows the weight to only one decimal place, retain only one box after the decimal point and delete the first '9' from the other three codes.
- (5) Adapt wording of instruction to accommodate local practices such as brass neck coils or other heavy ornamental jewelry that cannot be removed.
- (6) Adapt wording of instruction to accommodate local practices.