

Put household "U"  
label here

**BIOLOGICAL FORM - WOMAN**  
**UZBEKISTAN NATIONAL NUTRITION SURVEY 2017**

Put woman "A" lab label  
here

Upper part completed by the interviewer and handed over to the woman.

Interviewer ID

PLEASE BRING THIS FORM AND THE URINE SAMPLE TO:

1. Cluster number ..... <input type="text"/> <input type="text"/> <input type="text"/>	2. HH number on cluster control form <input type="text"/> <input type="text"/>
3. Name of woman: _____	4. Woman line number from HH roster <input type="text"/> <input type="text"/>
5. Written informed consent given for anthropometry/phlebotomy?	Yes ..... 1 No ..... 2
6. Is woman pregnant	Yes ..... 1 No ..... 2
7. Has woman been selected for second urine sample? <i>Only non- pregnant women selected for second urine sample</i>	Yes ..... 1 No ..... 2

**URINE SAMPLE RECEPTION AND ANTHROPOMETRY**

8. Anthorpometrist's code number:	Number ..... <input type="text"/> <input type="text"/>	
9. Urine sample collected	Yes ..... 1 No ..... 2	→ Next Q → Q 15 (for pregnant) → Q16 (for non-pregnant)
10. Approximate volume of urine collected (ml)	ml ..... <input type="text"/> <input type="text"/> <i>Container more than half full enter 50</i> No urine ..... 00	
11. Record urine ID from container <i>This number must match label number in top right corner of biological form</i>	Urine ID number A <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
12. Second urine sample collected	Yes ..... 1 No ..... 2	→ Next Q → Q 16
13. Approximate volume of urine collected (ml)	ml ..... <input type="text"/> <input type="text"/> <i>Container more than half full enter 50</i> No urine ..... 99	
14. Record urine ID on container <i>This number must match label number in top right corner and WBF10</i>	Urine ID number A <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>MUAC (pregnant women ONLY)</b>		
15. Woman's MUAC	A.MUAC (cm) ..... <input type="text"/> <input type="text"/> . <input type="text"/> B.MUAC ..... <input type="text"/> <input type="text"/> . <input type="text"/>	   IQ ->20   

	MUAC not measured .....99.9	 
<b>Non-pregnant women ONLY</b>		
16. Woman's weight	A.Kilograms (kg) ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> B.Kilograms (kg) ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Weight not measured ..... 999.9	
17. Did the woman remove shoes and heavy clothing?	Yes..... 1 No ..... 2	
18. Woman's height	A.Centimeters (cm)..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> B.Centimeters (cm)..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Height not measured ..... 999.9	
19. Reason why weight or height measurement missing	Disabled, cannot stand on scale ..... 1 Disabled, cannot measure height ..... 2 Uncooperative or uncontrollable ..... 3 Other (specify) ..... 8 Refused ..... 9	

<b>BLOOD SAMPLE COLLECTION</b> Non-pregnant women: Collect blood from vein. Pregnant women: Collect blood from finger to measure anemia.		
20. Phlebotomist's code number:	Number..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
21. Woman blood label <i>Preprinted small white label starting with "W"</i> → CHECK IT CORRESPONDS WITH THE LABEL ON PAGE 1	Put woman "B" lab label here	
22. Hemoglobin concentration (g/L)	Hb ..... <input type="text"/> <input type="text"/> <input type="text"/>	→ Refer if <70 g/L for pregnant women; <80 g/L for non-pregnant women
23. Approximate volume of blood collected (ml)	ml ..... <input type="text"/> <input type="text"/> No blood or pregnant woman..... 9.9	

<b>REFERRAL – ALL WOMEN</b>		
24. Woman referred to health center for severe anemia?	Yes .....1 No .....2	

<b>Measurer's Observations</b>
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