

Put household "U"
label here

BIOLOGICAL FORM - CHILD
UZBEKISTAN NATIONAL NUTRITION SURVEY 2017

Put child "B" lab label
here

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

Interviewer ID

PLEASE BRING THIS FORM AND THE CHILD TO:

CHILD: _____ PLACE: _____

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 child: _____	4. Child age (months) _____
5. Child line number from HH roster <input type="text"/> <input type="text"/>	6. Caregiver line number from HH roster <input type="text"/> <input type="text"/>
7. Written informed consent given for anthropometry/phlebotomy?	Yes 1 No 2

ANTHROPOMETRY		
ANTHROPOMETRIC MEASUREMENTS – ALL CHILDREN <5 YEARS		
8. Measurer's code number:	Number: <input type="text"/> <input type="text"/>	
9. Child's weight	A. Kilograms (kg) <input type="text"/> <input type="text"/> . <input type="text"/> B. Kilograms (kg) <input type="text"/> <input type="text"/> . <input type="text"/> Weight not measured 99.9	→ Q11
10. Was the child mostly undressed (i.e. wearing only light under clothes)	Yes 1 No 2	
11. Child's length or height <input type="checkbox"/> Child <2 years old. ⇒ Measure length (lying down). <input type="checkbox"/> Child ≥2 years old. ⇒ Measure height (standing up).	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	→ Q 13
12. How was the child actually measured lying down or standing up?	Lying down 1 Standing up 2	
13. EDEMA PRESENT IN BOTH FEET?	Yes 1 No 2	
14. Result of weight and length/height measurements	Either or both measured 1 Child not present 2 Child or mother/caretaker refused 3 Child uncooperative / uncontrollable 4 Other (specify) _____ ... 8	

BLOOD SAMPLE COLLECTION – ALL CHILDREN 6-59 MONTHS OF AGE

15. Phlebotomist's code number:	Number <input type="text"/> <input type="text"/>	
16. Child blood label <i>Preprinted small white label starting with "C"</i> → check it corresponds with the label on page 1	Put child "B" lab label here	
17. Hemoglobin concentration (g/L)	Hb <input type="text"/> <input type="text"/> <input type="text"/>	
18. Approximate volume of blood collected (ml)	ml <input type="text"/> <input type="text"/>	

REFERRAL – ALL CHILDREN 6-59 MONTHS OF AGE

19. Child referred to health center for anemia?	Yes 1 No 2	
20. Child referred to health center for SAM?	Yes 1 No 2	

Measurer's Observations