

INTERVIEWER : _____
EDITOR : _____
FIELD SUPERVISOR : _____

CONFIDENTIAL

WILCAH : _____
HHID : _____
SURVEY ROUND : _____

WORKER IRON SUPPLEMENTATION EVALUATION (WISE)
HEALTH MEASUREMENTS
BOOK US

Each household member should be a respondent

US50. Test of household salt: White 1 Blue 3 A little blue 5 N/A..... 6	COV2. Interview was entirely /mostly conducted in what language? 00. Indonesian 01. Javanese 05. others: _____	LANGUAGE CODE : 02. Sundanese. 03. Chinese 04. Madurese 95. Others _____
	COV3. Other language used (if any): 00. Indonesian 01. Javanese 06. NONE 05. Others: _____	

NUMVIS. Number of Interviews :

	INTERVIEW 1	INTERVIEW 2	INTERVIEW 3	INTERVIEW 4	INTERVIEW 5	INTERVIEW 6
DATEL :	____/____/____ DATE MONTH YEAR	____/____/____ DATE MONTH YEAR	____/____/____ DATE MONTH YEAR	____/____/____ DATE MONTH YEAR	____/____/____ DATE MONTH YEAR	____/____/____ DATE MONTH YEAR
TIME STARTED :	____/____ HOUR MINUTE	____/____ HOUR MINUTE	____/____ HOUR MINUTE	____/____ HOUR MINUTE	____/____ HOUR MINUTE	____/____ HOUR MINUTE
TIME ENDED :	____/____ HOUR MINUTE	____/____ HOUR MINUTE	____/____ HOUR MINUTE	____/____ HOUR MINUTE	____/____ HOUR MINUTE	____/____ HOUR MINUTE

C5. RESULT OF INTERVIEW :	C7. EDITING BY EDITOR	C8.MONITORING BY SUPERVISOR
1. Completed→C7 2. Partially completed 3. Not Completed	1. Entered without correction 2. Entered and corrected 3. Entered but not corrected, explain, _____ 4. Manual Edit without CAFÉ	<div>Yes No</div> <div>a. Observed.....1 3</div> <div>b. Checked1 3</div>

SECTION US (HEALTH MEASUREMENT)

AR00	US09.	AR01AB.	US00.	US11.	US12.	US13.	US21.	US22.	US31.
Member line number	Age ? (NOTE RECORD AGE FROM AR09)	Does [...] now live in this household?	POSSIBLE TO MEASURE?	Height (cm)	Method	Weight (kg)	Waist Circumference (≥40 Years) (cm)	Hip Circumference (≥40 Years) (cm)	Blood Pressure (≥15 years)
	_____	1 2 5→ 0 3↓	1→ 6 7 3 ____ ↓	1._____, ____ 3. _____ 7	1 3	1._____, ____ 3. _____ 7	1._____, ____ 6 3. _____ 7	1._____, ____ 6 3. _____ 7	1._____/____ 6 3. _____ 7
	_____	1 2 5→ 0 3↓	1→ 6 7 3 ____ ↓	1._____, ____ 3. _____ 7	1 3	1._____, ____ 3. _____ 7	1._____, ____ 6 3. _____ 7	1._____, ____ 6 3. _____ 7	1._____/____ 6 3. _____ 7
	_____	1 2 5→ 0 3↓	1→ 6 7 3 ____ ↓	1._____, ____ 3. _____ 7	1 3	1._____, ____ 3. _____ 7	1._____, ____ 6 3. _____ 7	1._____, ____ 6 3. _____ 7	1._____/____ 6 3. _____ 7
	_____	1 2 5→ 0 3↓	1→ 6 7 3 ____ ↓	1._____, ____ 3. _____ 7	1 3	1._____, ____ 3. _____ 7	1._____, ____ 6 3. _____ 7	1._____, ____ 6 3. _____ 7	1._____/____ 6 3. _____ 7
	_____	1 2 5→ 0 3↓	1→ 6 7 3 ____ ↓	1._____, ____ 3. _____ 7	1 3	1._____, ____ 3. _____ 7	1._____, ____ 6 3. _____ 7	1._____, ____ 6 3. _____ 7	1._____/____ 6 3. _____ 7
	_____	1 2 5→ 0 3↓	1→ 6 7 3 ____ ↓	1._____, ____ 3. _____ 7	1 3	1._____, ____ 3. _____ 7	1._____, ____ 6 3. _____ 7	1._____, ____ 6 3. _____ 7	1._____/____ 6 3. _____ 7
	_____	1 2 5→ 0 3↓	1→ 6 7 3 ____ ↓	1._____, ____ 3. _____ 7	1 3	1._____, ____ 3. _____ 7	1._____, ____ 6 3. _____ 7	1._____, ____ 6 3. _____ 7	1._____/____ 6 3. _____ 7
	_____	1 2 5→ 0 3↓	1→ 6 7 3 ____ ↓	1._____, ____ 3. _____ 7	1 3	1._____, ____ 3. _____ 7	1._____, ____ 6 3. _____ 7	1._____, ____ 6 3. _____ 7	1._____/____ 6 3. _____ 7
	_____	1 2 5→ 0 3↓	1→ 6 7 3 ____ ↓	1._____, ____ 3. _____ 7	1 3	1._____, ____ 3. _____ 7	1._____, ____ 6 3. _____ 7	1._____, ____ 6 3. _____ 7	1._____/____ 6 3. _____ 7
	_____	1 2 5→ 0 3↓	1→ 6 7 3 ____ ↓	1._____, ____ 3. _____ 7	1 3	1._____, ____ 3. _____ 7	1._____, ____ 6 3. _____ 7	1._____, ____ 6 3. _____ 7	1._____/____ 6 3. _____ 7

US00

1. Yes
3. No _____
6. Could not be contacted
7. Refused

AR01AB

0. Dead
- 1, 2 = In HH
3. Not in HH
5. New HHM

INTERVIEWER NOTE : US11
IF <24 MONTHS, HEIGHT IS
MEASURED BY LYING DOWN

US12

1. Standing
2. Lying down

US11 and US13

1. Measured
3. Reason cannot measure
7. Refused

US21, US22,

1. Measured
3. Reason cannot measure
6. < 40 years
7. Refused

US31

1. Measured
3. Reason cannot measure
6. <15 years
7. Refused

SECTION US (HEALTH MEASUREMENT)

AR00	US32.	US33.	US34.	US41.	US42.	US43.
Member line number	Pulse (≥15 Years)	SPRT BLOOD SAMPLE ≥1 year	Hb ≥1 year	RECORD THE TIME	DAY / MONTH	INTERVIEWER OBSERVATION: COMPARED TO OTHER PEOPLE OF THE SAME AGE AND SEX, HOW IS THE HEALTH CONDITION OF RESPONDENT ?
	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6 3. <input type="text"/> 7	1. <input type="text"/> 6 7 3. <input type="text"/>	1. <input type="text"/> <input type="text"/> , <input type="text"/> 6 3. <input type="text"/> 7	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	1 2 3 4 5 6 7 8 9
	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6 3. <input type="text"/> 7	1. <input type="text"/> 6 7 3. <input type="text"/>	1. <input type="text"/> <input type="text"/> , <input type="text"/> 6 3. <input type="text"/> 7	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	1 2 3 4 5 6 7 8 9
	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6 3. <input type="text"/> 7	1. <input type="text"/> 6 7 3. <input type="text"/>	1. <input type="text"/> <input type="text"/> , <input type="text"/> 6 3. <input type="text"/> 7	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	1 2 3 4 5 6 7 8 9
	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6 3. <input type="text"/> 7	1. <input type="text"/> 6 7 3. <input type="text"/>	1. <input type="text"/> <input type="text"/> , <input type="text"/> 6 3. <input type="text"/> 7	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	1 2 3 4 5 6 7 8 9
	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6 3. <input type="text"/> 7	1. <input type="text"/> 6 7 3. <input type="text"/>	1. <input type="text"/> <input type="text"/> , <input type="text"/> 6 3. <input type="text"/> 7	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	1 2 3 4 5 6 7 8 9
	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6 3. <input type="text"/> 7	1. <input type="text"/> 6 7 3. <input type="text"/>	1. <input type="text"/> <input type="text"/> , <input type="text"/> 6 3. <input type="text"/> 7	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	1 2 3 4 5 6 7 8 9
	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6 3. <input type="text"/> 7	1. <input type="text"/> 6 7 3. <input type="text"/>	1. <input type="text"/> <input type="text"/> , <input type="text"/> 6 3. <input type="text"/> 7	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	1 2 3 4 5 6 7 8 9
	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6 3. <input type="text"/> 7	1. <input type="text"/> 6 7 3. <input type="text"/>	1. <input type="text"/> <input type="text"/> , <input type="text"/> 6 3. <input type="text"/> 7	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	1 2 3 4 5 6 7 8 9
	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6 3. <input type="text"/> 7	1. <input type="text"/> 6 7 3. <input type="text"/>	1. <input type="text"/> <input type="text"/> , <input type="text"/> 6 3. <input type="text"/> 7	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	1 2 3 4 5 6 7 8 9
	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 6 3. <input type="text"/> 7	1. <input type="text"/> 6 7 3. <input type="text"/>	1. <input type="text"/> <input type="text"/> , <input type="text"/> 6 3. <input type="text"/> 7	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	1 2 3 4 5 6 7 8 9

US32
1. MEASURED
3. REASON NOT MEASURED
6. <15 YEARS
7. REFUSED

US33
1. MEASURED, NUMBER OF BLOOD SPOT
3. REASON NOT MEASURED
6. <1 YEAR
7. REFUSED

US34
1. MEASURED
3. REASON NOT MEASURED
6. <1 YEAR
7. REFUSED

US43								
MUCH WORSE			THE SAME			MUCH BETTER		
1	2	3	4	5	6	7	8	9

SECTION US (HEALTH MEASUREMENT)

AR00	US42a.	US44.			US45.	US46.
Member line number	Are you fasting today?	Are you currently taking medication for [...]?			In the last 4 months, did you take any Iron pills ?	NOTES
		A. Anemia	B. High Blood Pressure	C. Diabetes		
	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	
	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	
	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	
	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	
	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	
	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	
	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	
	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	
	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	
	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	1. Yes 3. No	

INSERT

ROSTER SECTION AR BOOK K – 8P/8N
HERE

SECTION CP (INTERVIEWED NOTES)

FILL OUT THIS SECTION UPON COMPLETION OF THE QUESTIONNAIRE.

NOTES:

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.NUMED: NUMBER OF EDITS

	EDIT 1	EDIT 2	EDIT 3
DATE :	<div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div>DATE MONTH YEARS</div>	<div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div>DATE MONTH YEARS</div>	<div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div> <div>DATE MONTH YEARS</div>
TIME STARTED :	<div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div> <div>HOUR MINUTE</div>	<div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div> <div>HOUR MINUTE</div>	<div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div> <div>HOUR MINUTE</div>
TIME ENDED :	<div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div> <div>HOUR MINUTE</div>	<div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div> <div>HOUR MINUTE</div>	<div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div> <div>HOUR MINUTE</div>