**PARTICIPANTS AND MEASURES CONTROL SHEET - Use 1 sheet per household**

|  |  |  |  |
| --- | --- | --- | --- |
| **Camp Name** | **Section Code / Number** | **Zone Code / Number** | **Block Code / Number** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| --- | --- | --- | --- |
| **Survey Date (DD/MM/YYYY)** | **Cluster Number (if applicable)** | **Team Number** | **HH Number** |
| |\_\_\_|\_\_\_|/|\_\_\_|\_\_\_|/|\_\_\_|\_\_\_||\_\_\_|\_\_\_| | |\_\_\_|\_\_\_| | |\_\_\_|\_\_\_| | |\_\_\_|\_\_\_|\_\_\_| |

WRITE DOWN THE SUMMARY DATA PROVIDED AT THE END OF THE DEMOGRAPHIC QUESTIONNAIRE BELOW.

|  |  |  |
| --- | --- | --- |
| **Total number of children under 5 (0-4 years)** | **Total number of women aged 15-49 years** | **Total number of pregnant women aged 15-49 years** |
| |\_\_\_|\_\_\_| children U5 | |\_\_\_|\_\_\_| women | |\_\_\_|\_\_\_| pregnant women |

| PLEASE COMPLETE USING THE FOLLOWING ORDER: HH HEAD, ADULT MALES, ADULT FEMALES, CHILDREN, INFANTS, OTHER RELATIVES | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Identification and age** | | | | **Anthropometry and health** | | | | | | **Anaemia** | |
| **ID #** | **Name** | **M/F** | **Age**   * If age ≥5 y: unit is years * If age<5 y: unit is months | **Weight**  **(kg)**  Children 6-59 | **Height**  **(cm)**  Children 6-59 | **Height (H) or**  **Length (L)**  Children 6-59 | **Bilateral oedema**  **Y/N**  Children 6-59 | **MUAC**  **(cm or mm)**   * Children 6-59 * Women (optional) | **Referred?**  **Y/N** | **Hb**  **(g/dL or g/L)**   * Children 6-59 * Non-pregnant women only | **Referred? Y/N** |
| 1 |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  |  |  |  |  |  |
| 17 |  |  |  |  |  |  |  |  |  |  |  |
| 18 |  |  |  |  |  |  |  |  |  |  |  |
| 19 |  |  |  |  |  |  |  |  |  |  |  |
| 20 |  |  |  |  |  |  |  |  |  |  |  |