

Household structure number:

Comprehensive National Nutrition Survey (CNNS) ANTHROPOMETRY DATA FORM

Unique ID :

Date:

IDENTIFICATION		CODE
STATE CODE		<input type="text"/> <input type="text"/>
TYPE OF AREA	[1.....Rural; 2..... Urban]	<input type="text"/>
PSU NUMBER		<input type="text"/> <input type="text"/> <input type="text"/>
HOUSEHOLD SERIAL NUMBER		<input type="text"/> <input type="text"/> <input type="text"/>
NAME OF THE SUBJECT: _____		
AGE OF THE SUBJECT: (In completed years)		<input type="text"/> <input type="text"/>
SEX	[1.....Male; 2..... Female]	<input type="text"/>
HEALTH INVESTIGATOR (Measurer) NAME AND CODE		<input type="text"/> <input type="text"/>
HEALTH INVESTIGATOR (Assistant) NAME AND CODE		<input type="text"/> <input type="text"/>
PHYSICAL DEFORMITIES		Response
	YES	NO
Does [NAME] have any physical deformity?	1	2(SKIP TO TIME)
<i>If yes, please circle the yes column in the following deformities</i>		
A. Head and neck deformity		
Large head (Macrocephaly)	1	2
Cleft palate	1	2
Web neck	1	2
Any other, specify _____		
B. Upper limb deformities		
Polio	1	2
Amputated upper limb/s	1	2
Malformation of bones of hands	1	2
Post fracture deformity	1	2
Any other deformity, specify _____		
C. Lower limb deformities		
Bow legs	1	2
Knock knees	1	2
Club foot	1	2
Elephantiasis	1	2
Polio	1	2
Amputated lower limb/s	1	2
Post fracture deformity	1	2
Any other deformity, specify _____		

D. Spinal deformity		
Kyphosis	1	2
Scoliosis	1	2
Lordosis	1	2
Any other specify_____		
E. Dwarfism		
	1	2
F. Any other physical deformity, specify_____		

Individual anthropometric measurement form

TIME	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>		
	HH . MM		
ONLY FOR 0-4 YEAR OLD CHILDREN	CHECK FOR PEDAL OEDEMA	YES.....1	NO.....2

INS: After making several visits, if any of the following measurements were not taken. Please enter '0' in the boxes provided.

Reason for not taking the measurement

0-19 YEARS	WEIGHT (in kg)	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/>
	TYPE OF MEAUREMENT	Length.....1 Height2	
	LENGTH/HEIGHT (in cm)	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/>
	MID UPPER ARM CIRCUMFERENCE (MUAC) (in cm) FROM LEFT HAND	<input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/>
	TRICEPS SKIN FOLD THICKNESS (TSFT) (in mm) FROM LEFT HAND	<input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/>
	ONLY FROM 1-19 YEAR OLD	SUB-SCAPULAR SKIN FOLD THICKNESS (SSFT) (in mm) FROM LEFT SIDE	<input type="text"/> <input type="text"/> . <input type="text"/>
ONLY FROM 5-19 YEAR OLD	WAIST CIRCUMFERENCE (in cm)	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/>
	HAND GRIP STRENGTH (Kg): FROM RIGHT HAND ONLY	<input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/>
	DOMINANT HAND (FOR RECORD)	Right.....1 Left.....2 Both.....3	

INS: Enter '99' if child is unable to press the dynamometer and there is no reading

Codes of reasons for not taking measurements from child/subject	REFUSED.....1 SUBJECT LEFT THE PSU.....2	SUBJECT NOT WELL.....3 OTHER REASON.....4
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ONLY FOR MOTHERS (AGE 15-49 YEARS) OF 0-4 YEAR OLD CHILDREN

WEIGHT (in kg)	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/>
HEIGHT (in cm)	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/>
Codes of reasons for not taking measurements from mother	PREGNANT.....1 NOT PRESENT FOR ENTIRE DURATION.....2	PHYSICALLY DISABLED.....3 OTHER REASON.....4