

P code				V code					NIRTN.				RSN						
--------	--	--	--	--------	--	--	--	--	--------	--	--	--	-----	--	--	--	--	--	--

FI ID			
-------	--	--	--

## SECTION Z. HOUSEHOLD ROSTER

I would like to ask you some questions about your household's members. By household members, I mean all people who reside in this household and eat from the same kitchen. This includes those who have temporarily gone somewhere to work or to visit but are expected to return sometime in the future.

Z1	How many household members are there? <input type="text"/>													
----	--	--	--	--	--	--	--	--	--	--	--	--	--	--

	Z2	Z3	Z4	Z5	Z6	Z7	Z8	Z9	Z10	Z11	Z12	Z13	Z14	Z15
Roster serial no.	Name <b>COMPLETE INFORMATION FOR PRIMARY RESPONDENT IN ROW 1</b>	Father's/ husband's name	Sex 1 Female 2 Male 3 Trans-gender	Age <b>IN YEARS.</b>  <b>IF &lt;6, WRITE MONTHS AND YEARS</b>	Current marital status 1 Never married 2 Married 3 Cohabiting 4 Separated 5 Deserted 6 Divorced 7 Widowed	Relation to primary respondent <b>SEE CODE SHEET</b>	Highest level of education completed <b>SEE CODE SHEET</b>	Current occupation <b>SEE CODE SHEET</b>	If retired/unemployed / housewife: major occupation in lifetime <b>SEE CODE SHEET</b>	Is this person temporarily absent? 1 Yes 0 No <b>→Z14</b>	Where does this person currently reside? 1 same village <b>OR WRITE IN:</b> village/town district state	Has this person sent/given cash or goods to this household in the last 12 months? 1 Yes 0 No	Caste <b>SEE CODE SHEET</b>	Needs to be interviewed and/or measured?
1	PRIMARY RESPONDENT			____ y ____ m		A					1 same village ____ v ____ dis ____ st			I <input type="checkbox"/> M <input type="checkbox"/>
2				____ y ____ m							1 same village ____ v ____ dis ____ st			I <input type="checkbox"/> M <input type="checkbox"/>
3				____ y ____ m							1 same village ____ v ____ dis ____ st			I <input type="checkbox"/> M <input type="checkbox"/>
4				____ y ____ m							1 same village ____ v ____ dis ____ st			I <input type="checkbox"/> M <input type="checkbox"/>
5				____ y ____ m							1 same village ____ v ____ dis ____ st			I <input type="checkbox"/> M <input type="checkbox"/>
6				____ y ____ m							1 same village ____ v ____ dis ____ st			I <input type="checkbox"/> M <input type="checkbox"/>
7				____ y ____ m							1 same village ____ v ____ dis ____ st			I <input type="checkbox"/> M <input type="checkbox"/>

P code				V code					NIRT No.				RSN		
--------	--	--	--	--------	--	--	--	--	----------	--	--	--	-----	--	--

P code				V code					NIRT No.			
--------	--	--	--	--------	--	--	--	--	----------	--	--	--

	Z2	Z3	Z4	Z5	Z6	Z7	Z8	Z9	Z10	Z11	Z12	Z13	Z14	Z15
RSN	Name	Father's/ husband's name	Sex	Age	Current marital status	Rel. Code	Highest education	Current occupation	Occupation in lifetime	Absent? No → Z14	Residence	Cash or goods sent?	Caste	Interview?
8				____ y ____ m							1 same village ____ v ____ dis ____ st			I <input type="checkbox"/> M <input type="checkbox"/>
9				____ y ____ m							1 same village ____ v ____ dis ____ st			I <input type="checkbox"/> M <input type="checkbox"/>
10				____ y ____ m							1 same village ____ v ____ dis ____ st			I <input type="checkbox"/> M <input type="checkbox"/>

Z16	Have any members of this household permanently out of the household in the last 10 years? <b>INCLUDE THOSE WHO WERE NORMALLY PART OF THIS HOUSEHOLD WHO PERMANENTLY MOVED OUT AND ARE NOT EXPECTED TO RETURN AT AGE 13 OR ABOVE. IF MORE THAN 4, INCLUDE 4 MOST RECENT MIGRANTS.</b>										1 Yes 0 No → ROSTER FINISHED			
-----	---	--	--	--	--	--	--	--	--	--	---------------------------------	--	--	--

	Z17	Z18	Z19	Z20	Z21	Z22	Z23	Z24	Z25	Z26	Z27	Z28	Z29
	Name	Father's/ husband's name	Sex 1 Female 2 Male 3 Trans-gender	Current age  <b>IN YEARS</b>	Current marital status 1 Never married 2 Married 3 Cohabiting 4 Separated 5 Deserted 6 Divorced 7 Widowed	Relation to primary respondent <b>SEE CODE SHEET</b>	Highest level of education completed <b>SEE CODE SHEET</b>	Current occupation <b>SEE CODE SHEET</b>	If retired/ unemployed / housewife: major occupation in lifetime <b>SEE CODE SHEET</b>	How many years or months ago did this person move out of the household?	Where does this person currently reside? 1 same village <b>OR WRITE IN:</b> village/town district state	Has this person sent/given cash or goods to this household in the last 12 months? 1 Yes 0 No	Caste <b>SEE CODE SHEET</b>
1										____ years ago ____ months ago	1 same village ____ v ____ dis ____ st		
2										____ years ago ____ months ago	1 same village ____ v ____ dis ____ st		
3										____ years ago ____ months ago	1 same village ____ v ____ dis ____ st		
4										____ years ago ____ months ago	1 same village ____ v ____ dis ____ st		

P code				V code					NIRT No.				RSN		
--------	--	--	--	--------	--	--	--	--	----------	--	--	--	-----	--	--

P code				V code					NIRT No.			
--------	--	--	--	--------	--	--	--	--	----------	--	--	--

South Indian Community Health Study (SICHS) Household Survey

Christian Medical College, National Institute for Research in Tuberculosis, University of Cambridge, Pennsylvania State University

# **SECTION Y. ANTHROPOMETRY**

**FILL IN ROSTER SERIAL NUMBERS FOR PRIMARY MALE/FEMALE RESPONDENT, SPOUSE, AND CHILDREN 0-17.**

Y1		Y2	Y3			Y6	Y7	Y8	Y9	Y10	Y11		
RSN	Name (from Roster)	Age (from Roster)	Height (CM)	Weight		Mid upper arm circumference (CM) (12-59 months)	FI or nurse code	Weight- for-age Z score (0-59 months)	BMI (5-17 years)	BMI-for- age Z score (5-17 years)	Follow up	Family visited	NOTES
				Y4 KGS	Y5 GRAMS								
		____ Y ____ M									<input type="checkbox"/> Treatment CHAD <input type="checkbox"/> Refer CHAD		
		____ Y ____ M									<input type="checkbox"/> Treatment CHAD <input type="checkbox"/> Refer CHAD		
		____ Y ____ M									<input type="checkbox"/> Treatment CHAD <input type="checkbox"/> Refer CHAD		
		____ Y ____ M									<input type="checkbox"/> Treatment CHAD <input type="checkbox"/> Refer CHAD		
		____ Y ____ M									<input type="checkbox"/> Treatment CHAD <input type="checkbox"/> Refer CHAD		
		____ Y ____ M									<input type="checkbox"/> Treatment CHAD <input type="checkbox"/> Refer CHAD		
		____ Y ____ M									<input type="checkbox"/> Treatment CHAD <input type="checkbox"/> Refer CHAD		

P code				V code					NIRT No.				RSN		
--------	--	--	--	--------	--	--	--	--	----------	--	--	--	-----	--	--

### Procedures

- Nurses calibrate Instruments each day.
- Nurses take all measurements for children 0-71 months (0 to 5 years 11 months). FIs take all measurements for children 6-17 years and all adults.
- Nurses calculate all Z scores for children 0-17.

<b>Z SCORES, CHILD AGES, AND REFERRAL AND TREATMENT ASSIGNMENTS</b>									
<b>BELOW 3</b>	<b>-3</b>	<b>-2</b>	<b>-1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>ABOVE 3</b>	
Ages 0-59 months (0 to 4 years 11 months 29 days)								Ages 0-59 months (0 to 4 years 11 months 29 days)	
WEIGHT-FOR-AGE SEVERE MAL. <b>TREATMENT AT CHAD</b>	WEIGHT-FOR-AGE MODERATE MAL. REFER TO CHAD							WEIGHT-FOR-AGE SEVERE REFER TO CHAD	
Ages 60-71 months (5 years to 5 years 11 months 29 days)								Ages 60-71 months (5 years to 5 years 11 months 29 days)	
BMI-FOR-AGE SEVERE THINNESS <b>TREATMENT AT CHAD</b>								BMI-FOR-AGE OBESITY REFER TO CHAD	
Ages 6-17 years								Ages 6-17 years	
BMI-FOR-AGE SEVERE THINNESS REFER TO CHAD								BMI-FOR-AGE OBESITY REFER TO CHAD	

Ages 12-59 months (1 year to 4 years 11 months 29 days)
MID UPPER ARM CIRCUMFERENCE <11 <b>TREATMENT AT CHAD</b>

P code				V code					NIRT No.			
--------	--	--	--	--------	--	--	--	--	----------	--	--	--