Summer Training at
IIHMR University, Jaipur

Comprehensive National Nutrition Survey (CNNS)

By
Vasundra Kapoor

Under the guidance of
Mrs. Sunita Nigam

MBA Hospital & Health Management
2017-2019

Institute of Health Management Research
The IIHMR University, Jaipur
2018

INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that **Dr. Vasundra Kapoor** has undergone summer training in IIHMR University, Jaipur, CNNS, J&K from 2nd April to 2nd June '2018.

The candidate herself completed the project assigned to her during summer training. Her approach to the project was sincere and proactive. This summer training is in partial fulfillment of the course requirement recommended for the award of MBA in Hospital and Health management.

I wish her success in all her future endeavors.

Sunita Nigam
Assistant Professor
IIHMR University, Jaipur

for

(Col (Dr) Ashok Kumar)
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INSTITUTE OF HEALTH
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TO WHOMSOEVER IT MAY CONCERN

This is to certify that Dr. Vasundra Kapoor has undergone summer internship training in the project titled "Comprehensive National Nutrition Survey (CNNS)" at Jammu & Kashmir implemented by IIHMR University, Jaipur for a period of two months (02 April 2018 to 31 May 2018) sponsored by UNICEF and MoHFW. During Internship, Vasundra Kapoor was dedicated and sincere towards the work assigned.

Project In-Charge

Arindam Das.

20/6/2018

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ACKNOWLEDGMENT

I would like to extend my gratitude to thank DrArindam Das, associate professor, IIHMR University for providing me the opportunity to work in Comprehensive National Nutrition Survey for the state of Jammu and Kashmir.

He helped me during the entire training period as a mentor. I am thankful for his encouragement at various stages of my training that helped me inspire and boost my confidence.

I acknowledge with thanks the care and concern, which I have received from LaxmanSwaroop, assistant professor, IIHMR University who acted as a state coordinator for the project.

I would like to thank ShobanaSivaraman for providing me with necessary suggestions and whose experience helped me in my learning.

I am grateful to my fellow colleagues DrZahidSarfarz Khan and DrKanikaMahajan whose presence created a friendly atmosphere and a constant support system during the training.

I also thank IIHMR University, Jaipur for including such needed training programme into MBA course that is very useful to gain practical exposure to the industry. I am thankful to my institute mentor Sunitanigam for her support.

Family is my backbone. I would like to thank my mom, dad and elder brother Udit for the eminence love, faith and trust they have in me which helps to be at my best.

Dr. Vasundra Kapoor

INDEX-

LIST OF ABBREVIATIONS

CNNS	Comprehensive National Nutrition Survey
NFHS	National Family Health Survey
NNMB	National Nutrition Monitoring bureau
NCD	Non- communicable Diseases
RSKY	Rashtriya Kishor Swasthya Karayam
RSBY	Rashtriya Bal Swathya Karayam
NIPI	National Iron Plus Initiative
NNM	National nutrition Mission
HH	Household
FSA	Field Survey Agency
PC	Population Council
J & K	Jammu and Kashmir
TOT	Training of trainees
ASQ	Ages and Stages Questionnaire
SRI	School Readiness Instrument
MUAC	Mid Upper ARM Circumference
TSFT	Triceps Skin fold Thickness
SSFT	Sub-scapular Skin fold Thickness
WC	Waist Circumference
QC	Quality Controller

LIST OF FIGURES

LIST OF TABLES

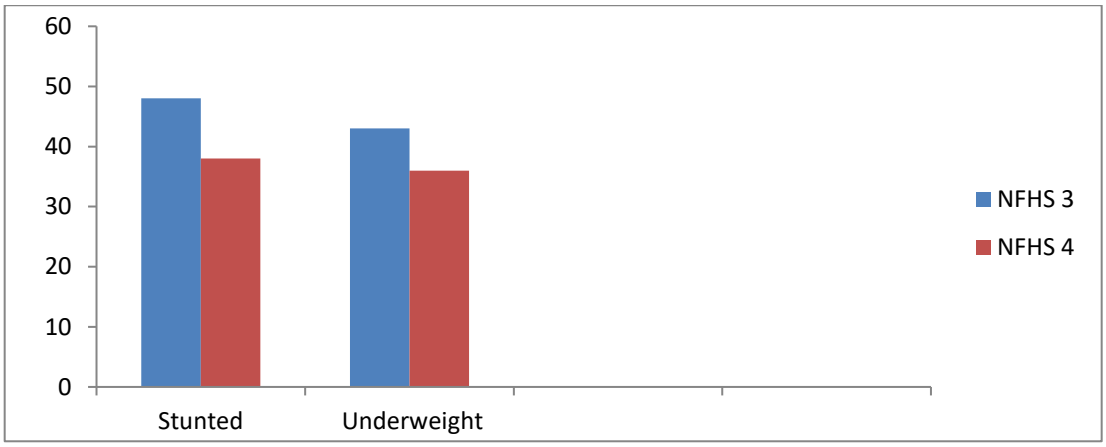
INTRODUCTION-

Malnutrition refers to deficiencies, excesses or imbalances in a person's intake of energy and/or nutrients.

Almost every country in the world faces a serious nutrition related problem. *Three forms of malnutrition used as indicator-*

- *Child stunting*-children not developed due to lack of nutrients, leading to irreversible damage affecting their mental capacity
- *Anemia*
- *Overweight*- raising concern for women.

India is under a serious burden of under nutrition according to global nutrition report for the past years. The 2006 National Family Health Survey (NFHS) showed that 48 percent of Indian children under five are stunted and 70 percent are anemic and in 2016 NFHS showed that 38 percent were stunted and 58.5 percent are anemic.



Imperatively, no broadly illustrative information on the micronutrient status and worm pervasion of preschool youngsters exist in India. The most important data originates from the 2012 National Nutrition Monitoring Bureau (NNMB) Survey led in 10 states which evaluated the population intake of micronutrients from food consumption and clinical indications of micronutrient insufficiencies. Obviously, micronutrient status and worm pervasion estimated by biochemical markers have not been analyzed in any of the current and planned national surveys.

Recently, nourishment in school-age children and adolescents has been developing concern in India. Available evidence shows that one third of Indian school-age youngsters and teenagers are thin and the greater part of young females in age group 15-19 are anemic. In general, under nourishment in these age bunches represents a critical risk to their capacity to satisfy their potential, obstructs advance towards Education for All.

Notably, India has been increasingly confronted with the two-fold of malnutrition, characteristically defined by the concurrence of under- and over-nutrition. An increased

prevalence of overweight and obesity is observed in children and adolescents, which has life-long consequences for non-communicable diseases (NCD) in adulthood. In addition, poor eating habits, lack of physical exercise, high glucose concentrations, and harmful lipid profiles during adolescence, which are all linked to NCDs in adulthood, are likely to be increasing.

Despite these devastating nutritional challenges, there is a dearth of information on the current nutritional status of school-age children and adolescents in India. School-age children and adolescents have often been excluded from health and nutrition surveys and surveillance. Although anthropometry and hemoglobin data will be collected in some of the planned national survey (NFHS-4), micronutrient status, worm infestation, and the nutritional risk factors for NCDs such as physical fitness, blood pressure, glucose concentration and lipid profiles have never been assessed among school-age children and adolescents in India.

Nutritional Indicators included in the existing and planned survey

	NFHS-4 (2014-15)	AHS (2012-13)	DLHS-4 (2012-13)	RSOC (2013)/ CES (2009)	NNMB† (2012)
Anthropometry	▪ Height ▪ Weight	▪ Height ▪ Weight	▪ Height ▪ Weight	▪ Height ▪ Weight	▪ Height ▪ Weight
IYCF Practices	▪ Breastfeeding ▪ Complementary Feeding	▪ Breastfeeding ▪ Complementary Feeding	▪ Breastfeeding ▪ Complementary Feeding	▪ Breastfeeding ▪ Complementary Feeding	▪ Food consumption ▪ Nutrient intake
Anaemia	▪ Hemoglobin	▪ Hemoglobin	▪ Hemoglobin		▪ Clinical deficiency symptoms
Micronutrient Status* Iron Vitamin A B-vitamins Zinc Iodine Vitamin D					▪ Micronutrient intake ▪ Goiter
Worm Infestation					

Preschool Children (0-5 yr)

RATIONALE-

It is evident that contemporary and nationally representative data is virtually non-existent on several important facets to determine the true malnutrition burden, reorient policy according to the needs of nutrition transition and serve as a baseline to evaluate progress of recently launched important initiatives such as the RashtriyaKishorSwasthyaKaryakram (RKSK), RashtriyaBalSwasthyaKaryakram(RBSK), National Iron Plus Initiative(NIPI) and national nutrition mission(NNM). There is an urgent need to dissect out the burden and potential functional consequences of both under nutrition and over nutrition. The noteworthy evidence gaps include anthropometric assessment of school children, biomarkers of important micronutrient deficiencies and cardio-metabolic risk, body composition, physical activity patterns, muscular strength, fitness, diet diversity and non-nutrient factors (sub-clinical inflammation, STH infection, education, and WASH practices). The proposed comprehensive national nutritional survey is designed to generate robust evidence on these aspects.

Goals and objectives of CNNS-

The objective of comprehensive national nutrition survey is to conduct a nationally representative and comprehensive nutritional profiling of preschoolers (0-4 years), school-age children (5-10 years) and adolescents (11-19 years) in India.

The survey will, for the first time

- Assess the national prevalence of various micronutrient deficiencies and worm infestation among children & adolescents
- Collect data on body structure, fat conveyance, and different wholesome hazard elements of NCDs among school-age youngsters and youths.
- Explore the association between the nutritional status of children and adolescents with their health status, school readiness, educational outcomes, and various determinants (e.g., WASH & HH food security).

Expected outcomes-

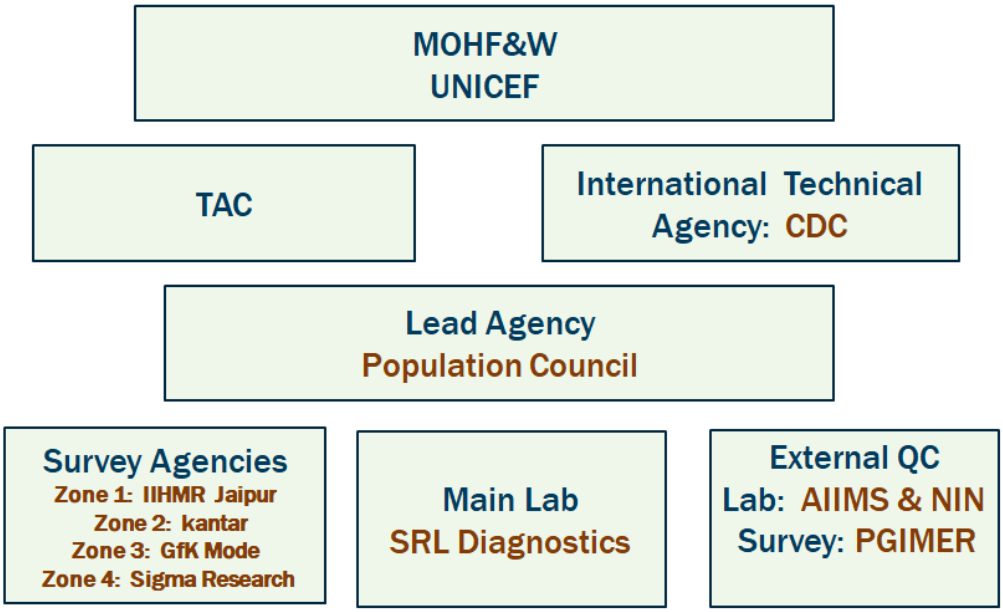
1. State of the art, first-ever national data on the micronutrient status and worm infestation of children and adolescents in India.

- Help elucidate the major determinants of anemia
- Provide policy inputs towards continuation of VAS program and identifying target geographical areas & population groups
- Help rationally align the de-worming programme towards a universal vs. targeted approach

2. First national efforts to document the extent and severity of over nutrition and nutritional risk factors for NCD among school-age children and adolescents

- Serve as a useful baseline data for important new initiatives of MHFW (i.e., RKSK, RBSK, and NIPI).

IMPLEMENTING PARTNERS-



Role of IIHMR-

IIHMR is field survey agency (FSA) for CNNS. IIHMR is responsible for Zone 1 that includes Seven states- Jammu and Kashmir, Punjab, Haryana, Rajasthan, Himachal Pradesh, Gujarat and Delhi.

SAMPLE SIZE-

Type of assessment	Sample size	66 children per PSU
1. Survey data	1,37,000	0-4 years-22 children
2. Anthropometry	1,37,000	5-9 years-22 children
3. Biological sample	56,550	10-14 years-11 children 15-19 years- 11 children

DATA COLLECTION-

○ Household listing form	To identify household with eligible respondents
○ Village questionnaire	Community information on health, education, infrastructure and environmental condition
○ Household questionnaire	Family level information, environmental condition, food security
○ Individual questionnaire	Individual information (0-4, 5-9, 10-14, 15-19 yrs)
○ Anthropometry form	Height, weight, skin fold thickness-TSFT AND SSFT, MUAC, waist circumference, hand grip strength
○ ASQ –SRI	Ages and Stages questionnaire – School Readiness
○ Laboratory form	Laboratory form for sample collection Laboratory register
○ Data quality control checklists	Monitoring checklists for data collection Master Checklist for Survey agency–Lab coordination

Mapping and listing team-To identify the sample households.

Main survey team-Consent from the individual and household,

Collect data on breast feeding practices and dietary diversity.

Health Investigators- Anthropometry measurements,

Ages and Stages Questionnaires (ASQ),

School Readiness Instrument (SRI).

SRL technicians- To collect biological samples.

TRAINING OF TRAINEES (TOT)-

Lead agency-Population Council organizes TOT in phases for the four field agency periodically. Till now three TOT has been organized for training of master trainers who ultimately will be training the state investigators. It has following benefits:

- Uniform training strategy
- Platform to every agency involved to meet, discuss, learn and clarify
- Standardization test for every trainer involved
- Anthropometry training and standardization-development of new skill.

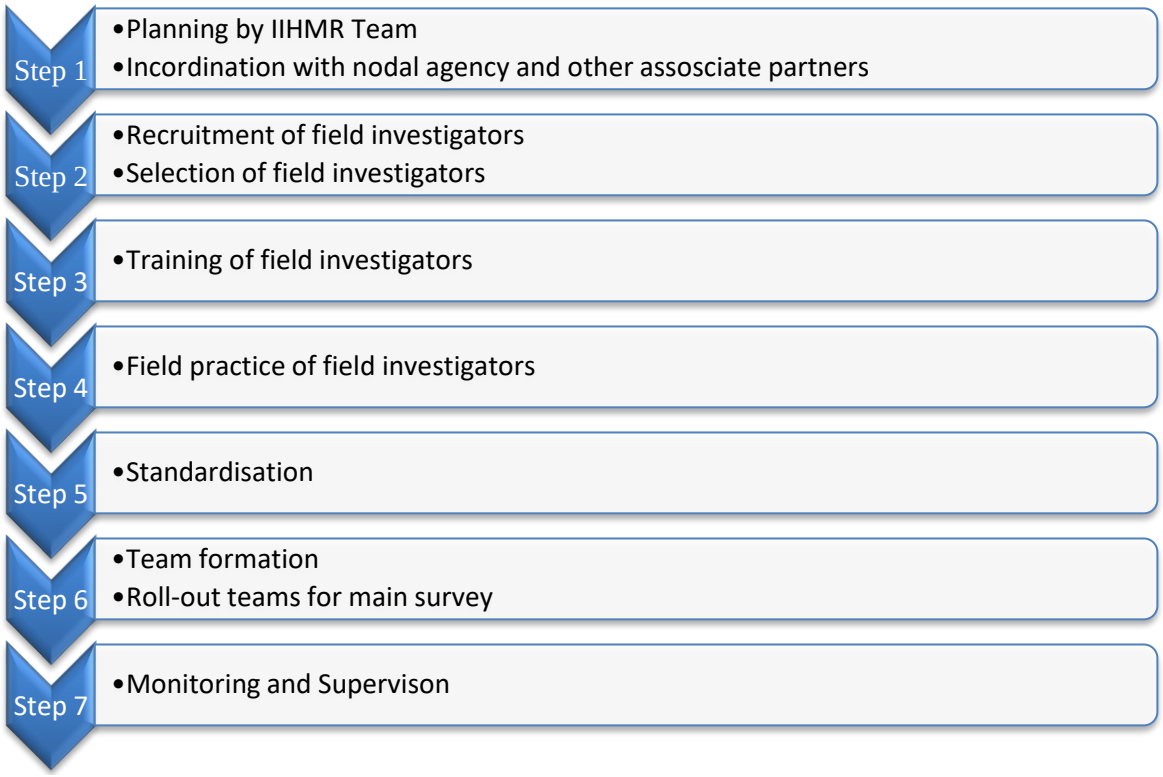
It is the protocol of the survey that everybody involved in it has to be standardized –trainers get standardized during the TOT and all the investigators (field, health) involved in various states gets standardized at the end of state training. Only people who pass in the standardization are allowed to be the part of the survey.

IIHMR has attended all three TOT organized by PC and I was fortunate enough to part of third TOT organized in Darjeeling from 6 march-18 march'2018.

In Jammu and Kashmir, State training commenced from 22nd April to 17th May'2018. Logistics and arrangement for state training started from 1st April itself like training venue, hotel venue, food arrangements, etc...

SPECIFIC OBJECTIVES-

1. To learn and implement CNNS in J&K-



- Planning by IIHMR Team:

IIHMR Team planned an agenda for state training for Jammu and Kashmir & shared it with other agencies. Training was planned for 25 days including the field practice and standardization.

- Recruitment of field investigators:

Recruitment is the way toward looking for and pulling in a pool of individuals from which qualified possibility for work opening can be picked.

Source of recruitment – Newspaper ad in local newspaper (External source).

Selection of field investigator-

Selection criteria for hiring field investigator was majorly their qualification as graduate and work experience in any of the previous surveys like DLHS, NFHS, etc.

Interview was conducted and candidates were questioned accordingly as per their qualification and experience to assess their knowledge.

Candidates were shortlisted; documents were checked and called back for the training.

- Training of field investigators-

Separate Training of field investigators and health investigators was conducted for the tenure along with the anthropometry practice sessions with children.

Health investigator in CNNS has three responsibilities-

- Ages and Stages Questionnaires (ASQ)
- School Readiness Instrument(SRI)
- Anthropometry measurements.

➢ Field practice:

Field practice is just like the rehearsal for main survey carried out for four days. Team are formed and sent to the field. Feedback session and data entry session occurs after returning from the field.

➢ Standardization

It is the protocol of this survey that every investigator (field, health) has to pass the standardization test conducted by nodal agency (PC) at the end of training.

For Health investigators, Standardization test is conducted for two days. Ten stations are set-up with ten children and anthropometry readings of ten students is done by all the HI. Similarly on Day 2, again the reading is recorded. Their reading is compared with Gold standard Reading of DrSupreetKaur (Head coordinator of Health in CNNS) and the readings are checked for consistency too.

Only people who pass in the standardization are allowed to be the part of the main survey team.

➢ Team formation: Each team consists of-

- 1 supervisor
- 1 data quality control observer(QC)
- 4 survey investigators- 3 female investigator and 1 male investigator
- 2 health investigators

  Total -8 people

  No. of teams= 6

  Teams are formed and PSU are assigned to the teams along with all the logistics (Stationary, CAPI, forms, Health equipments).

2. To learn and explore anthropometry measurements in CNNS-

Anthropometry is the investigation of the estimation of the measurements of bone, muscle, and (fat) tissue of the human body. The field of anthropometry envelops an assortment of human body estimations. Weight, stature (standing tallness), skin overlay thicknesses, circuits (midsection), appendage length are cases of anthropometry measures.

Equipments-

Equipment	Description
Digital weight scale	Each team should have SECA digital electronic weighing scale to weigh subjects.
Calibration weights:	Each team should have a set of 10 Kg weights. The weights are used to calibrate the weighing scale.
SECA Height board	The SECA height board is used to measure standing tallness in subjects of age group 2 and above. Each team should have one SECA height board.
Calibration rod	Each team should have one 80 centimeter metal rod to check the height board at the beginning of a survey and on a weekly basis.
Infantometer:	The infantometer is used to measure the length of subject of age group from birth to 2 years.
Skinfold calipers	A skinfold caliper is used to take subscapular and triceps skinfold measurements.
Step wedge standard	Each team should have one step wedge standard for calibration.
Fibre glass measuring tape	Fibre glass tape is used to waist circumference measurement. Each team should have one fibre glass measuring tape.
Mid upper arm circumference tape	Mid upper arm circumference (MUAC) tape is used to measure the arm circumference of children. Each team should have one MUAC tape.

Eligibility Criteria-

The anthropometry protocol requires particular estimations relying upon the age of the subjects.

Anthropometry and Body Measurements by Age Category		
0-4 years	**5-10 years**	**Above 10 years**
1.Weight	1.Weight	1.Weight
2.Standing height for ≥ 2 y/ Length for < 2 y	2. Standing height	2. Standing height
3. Mid- Upper Arm Circumference (MUAC)	3. Mid Upper Arm Circumference (MUAC)	3. Mid Upper Arm Circumference (MUAC)
	4.Waist circumference	4.Waist circumference
4.Triceps skinfold Thickness (TSFT)	5.Triceps skinfold Thickness (TSFT)	5.Triceps skinfold Thickness (TSFT)
5. Subscapular skinfold Thickness (SSFT)	6. Subscapular skinfold Thickness (SSFT)	6. Subscapular skinfold Thickness (SSFT)
	7. Hand grip strength	7. Hand grip strength

3. To ensure data quality of anthropometry measurements in CNNS-

Quality control methodology guarantee the accumulation and documentation of precise, dependable information. Investigator's as an analyst or recorder is critical to the accomplishment of this segment.

A. Equipment calibration-

Routine adjustment of the anthropometry equipment guarantees that the gear produces precise measures.

a) digital weight scale-

Full adjustment of the advanced weight scale is required toward the begin, center, and end of the survey.

Full alignment Start, center, end of the survey

- ✓ Carefully put 10 kilogram adjustment weights on the scale. To guarantee a precise estimation perusing, the weights must be put equitably disseminated over the inside territory of the scale.

- ✓ The acceptable calibration weight range for 10 kilogram calibration weights on the digital weight scale is 9.85 – 10.15 kg.
- ✓ If the result falls outside the acceptable range, notify the field agency supervisor.

b) Height board-

Alignment of height board –– beginning of the survey and week after week.

- ✓ Insert one end of the 80 cm alignment pole in the round space on the stature board.
- ✓ Check the outcome. The outcome should read 80.0 cm.
- ✓ If the outcome falls outside the acceptable range, inform the FSA supervisor.

c) Skin fold caliper-

Calibration –start of the survey and daily

✓ Zero" the calipers:

- Check that the pointer falls exactly on 0 mm.

✓ Place the step wedge standard between the caliper jaws .

Check that the reading falls within the following acceptable ranges:

19.8-20.2mm

✓ If the outcome falls outside the acceptable range, notify the FSA supervisor.

B. Monitoring by the agencies-

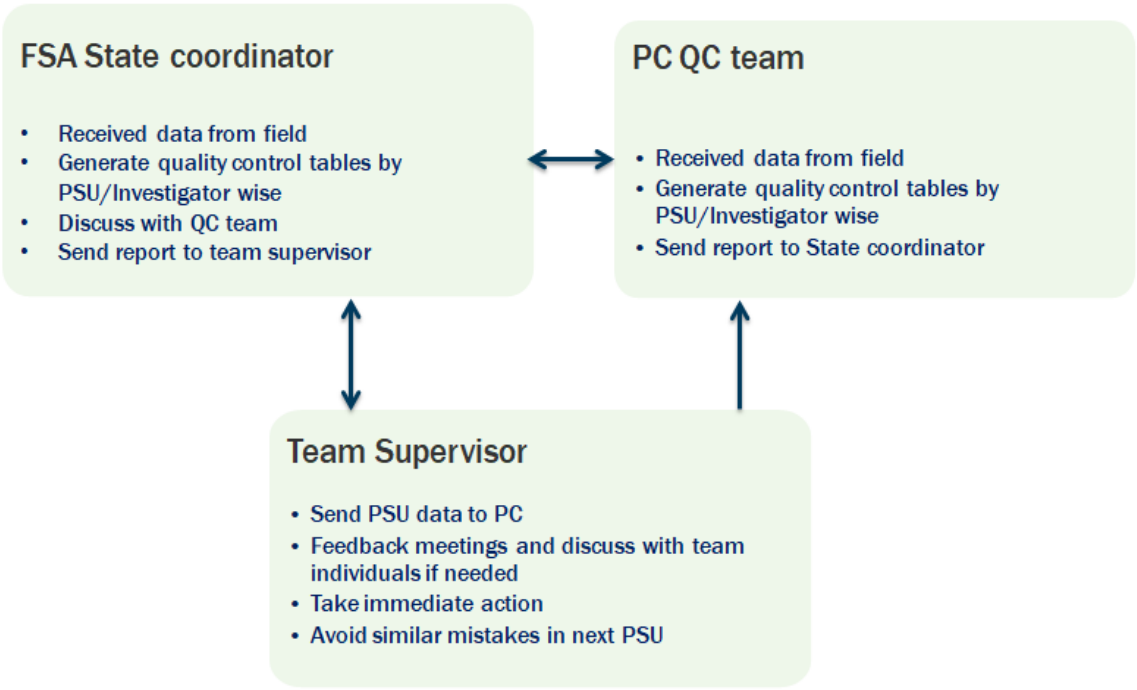
Different layers of monitoring for data quality-

i. By IIHMR- During the survey, weekly visits (could be twice or thrice) in the PSU are done by the master trainers of our team to ensure smooth functioning and checking the techniques of health investigators. The first level of monitoring and feedback is given by our team.

ii. By population council (PC)-the PC has appointed a team of three monitor in total in which one is solely appointed for checking the HI. Their team too visits the different PSUs and observes the HI's on the field and report back to PC coodinator. PC anthropometry monitor also take readings in the field and their reading and measurer's reading is compared for checking discrepancy.

iii. By other agencies – other agencies involved like Kalawati hospital, PGIMER, UNICEF monitors also visit the field for monitoring.

These different layers of monitoring by different agencies is implemented to reduce error and ensure data quality. It also motivates the team members in the field to be at their best everyday.



C. Number of targets done by HI –

The Health investigators in every team are not allowed to do more than 12 targets a day. 12 is the maximum limit which helps them in being effective and consistent.

D. Recording the readings-

- The measurer and assistant both have to say the reading out loud. First measurer says it while taking the reading and then the measurer says it while noting it on the form.
- Reading has to be said in single digit form for better understanding and it avoids recording error.

REFERNCES-

- CNNS TOT presentations
- CNNS manuals

ANNEXURES

ANNEXURE 1-

Ages and stages questionnaires-

Is a developmental screening system made up of 16 age –specific questionnaires completed by parents or primary caregivers of young children.

It is *administered by children from 1 month to 36 months 29 days*.

Its goal is to assist in evaluation of child development. Child development refers to how a child becomes able to do more complex things as they get older. Development is different from growth. Development is usually orderly, sequential, and predictable. It is a continuous process with a predictable sequence yet having a unique course for every child. It does not progress at same rate and each stage is affected by the preceding types of development.

Domains of child development-

i. Physical development
ii. Social development
iii. Emotional and Psychological Development
iv. Cognitive Development.

Domains of Ages and stages questionnaires-

1) Communication (language development) which includes babbling, vocalizing, listening and understanding.
2) Gross motor (physical development) which assess arm, body and leg movements.
3) Fine motor (physical development) which assess hand and finger movements.
4) Problem –solving (Cognitive development) which includes learning skills.
5) Personal-social (social development) which includes solitary play, play with toys.

All the domains of development are important and are related to each other. The development of one domain is related to other developmental domains.

ASQ can be administered in one to one basis. The mother/caregiver is to be interviewed. The HI will read the questions one after another in front of mother/caregiver and mark the response accordingly. Response can be Yes, sometimes, no.

16 schedules in ASQ-

Schedule Number	Age Group
Schedule no. 1	1 month- 2months 29 days
Schedule no. 2	3 months- 4months 29 days

Schedule no. 3	5 months- 6 months 29 days
Schedule no. 4	7 months - 8 months 29 days
Schedule no. 5	9 months -10 months 29 days
Schedule no. 6	11 months -12 months 29 days
Schedule no. 7	13 months-14 months 29 days
Schedule no. 8	15 months-16 months 29 days
Schedule no. 9	17 months-18 months 29 days
Schedule no. 10	19 months-20 months 29 days
Schedule no. 11	21 months-22 months 29 days
Schedule no. 12	23 months-24 months 29 days
Schedule no. 13	25 months-27 months 29 days
Schedule no. 14	28 months-30 months 29 days
Schedule no. 15	31 months-33 months 29 days
Schedule no. 16	34 months-36 months 29 days

From schedule 1 to schedule 12, there is a gap of two months and from schedule 13 to schedule 16, there is a gap of three months.

ANNEXURE -2

SCHOOL READINESS INSTRUMENT (SRI)

It has been developed and standardized by World Bank –it is activity based tool, conceptualized as a dip stick measure for assessment of children's levels of school readiness at a system level.

It is administered on a one to one basis on children to specifically assess certain cognitive and language skills and concepts.

School Readiness- refers to certain specific skills and concepts which if developed well in children in the early pre-school years helps them to enhance their social competence, adjust better in school and learn the skills of literacy and numeracy more effectively and in more sustained manner.

Age group- 37 months to 71 months 29 days.

It is child ability to meet the tasks demands of school such as being comfortable exploring and asking questions, listening to the teacher, playing and working with other children , remembering and following rules.

The instrument consists of ten activities and measures schools readiness in six domains

- **Pre number Concept**
  - Activity no. 1 and 2
- **Sequential thinking**
  - Activity no. 3 and 8
- **Classification concept**
  - Activity no. 4 and 6
- **Number concept**
  - Activity no. 10
- **Language skills**
  - Activity no. 5 and 9
- **Reading Readiness**
  - Activity no. 7

ANNEXURE-3

ANTHROPOMETRIC DATA FORM

Unique ID : ☐☐☐☐☐☐☐☐☐☐ Date:

IDENTIFICATION	**CODE**
STATE CODE	☐☐
TYPE OF AREA [1……..Rural; 2……. Urban]	☐
PSU NUMBER	☐☐☐
HOUSEHOLD SERIAL NUMBER	☐☐☐
TYPE OF SUBJECT [CHILDREN AGED 0-4 YEARS……..1] [CHILDREN AGED 10-14 YEARS…….3] [CHILDREN AGED 5-9 YEARS……..2] [CHILDREN AGED 15-19 YEARS…….4]	☐
NAME OF THE SUBJECT:_____	
AGE OF THE SUBJECT: (In completed years)	☐☐
HEALTH INVESTIGATOR NAME AND CODE	☐

PHYSICAL DEFORMITIES	**Response**	
	YES	NO
Does [NAME] have any physical deformity?	1	2***(SKIP TO TIME)***
If yes, please circle the yes column in the following deformities		
A. Head and neck deformity		
Large head (Macrocephaly)	1	2
Cleft palate	1	2

Web neck	1	2
Anyother, 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
Anyotherdeformity, specify_____		
C. **Lower limb deformities**		
Bow legs	1	2
Knock knees	1	2
Club foot	1	2
Elephantiasis	1	2
Polio	1	2
Amputatedlowerlimb/s	1	2
Post fracture deformity	1	2
Anyotherdeformity, specify_____		
D. **Spinal deformity**		
Kyphosis	1	2
Scoliosis	1	2
Lordosis	1	2
Anyotherspecify_____		
E. Dwarfism	1	2
F. Anyotherphysicaldeformity, specify_____		

Individual anthropometric measurement form

TIME		□□.□□ 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
WEIGHT (in kg)		☐☐☐.☐		☐
		READING 1	READING 2	
HEIGHT/LENGTH (in cm)		☐☐☐.☐	☐☐☐.☐	☐
MID UPPER ARM CIRCUMFERENCE (MUAC) (in cm)		☐☐.☐	☐☐.☐	☐
TRICEPS SKIN FOLD THICKNESS (TSFT) (in mm)		☐☐.☐	☐☐.☐	☐
SUB-SCAPULAR SKIN FOLD THICKNESS (SSFT) (in mm)		☐☐.☐	☐☐.☐	☐
ONLY FOR 5-19 YEAR OLD CHILDREN /ADOLESCENTS	WAIST CIRCUMFERENCE (in cm)	☐☐☐.☐	☐☐☐.☐	☐
	HAND GRIP STRENGTH (Kg)	☐☐.☐	☐☐.☐ ☐☐.☐	☐
	INS: Enter '99' if child is unable to press the dynamometer and there is no reading			
Codes of reasons for not taking measurements <u>from child/subject</u>		***REFUSED……..1*** ***SUBJECT LEFT THE PSU……..2***	***SUBJECT NOT WELL……..…...3*** ***OTHER REASON..……...4***	
ONLY FOR MOTHERS (AGE 15-49 YEARS) OF **0-4 YEAR OLD** CHILDREN				
WEIGHT (in kg)		☐☐☐.☐		☐
HEIGHT (in cm)		☐☐☐.☐	☐☐☐.☐	☐

Codes of reasons for not taking measurements <u>from mother</u>	***PREGNANT…… ……..1NOT PRESENT FOR ENTIRE DURATION…..…… ……2***	***PHYSICALLY DISABLED……3*** ***OTHER REASON……... 4***