



MINISTRY OF FINANCE AND ECONOMIC PLANNING (MINECOFIN)  
 NATIONAL INSTITUTE OF STATISTICS OF RWANDA (NISR)



MINISTRY OF HEALTH (MoH)

**SEVENTH DEMOGRAPHIC AND HEALTH SURVEY OF RWANDA  
 RDHS7  
 REMEASUREMENT QUESTIONNAIRE**

IDENTIFICATION				
PROVINCE _____ DISTRICT _____ SECTOR _____ NAME OF HEAD OF HOUSEHOLD _____ CLUSTER NUMBER _____ STRUCTURE NUMBER _____ HOUSEHOLD NUMBER _____ SEGMENT NUMBER _____ HOUSE HOLD SELECTED FOR REMEASUREMENT (YES= 1, NO =2) _____				
BIOMARKER VISITS				
	1	2	3	FINAL VISIT
DATE [FIELDWORKER'S] NAME	_____	_____	_____	DAY _____ MONTH _____ YEAR _____
NEXT VISIT: DATE TIME	_____	_____		TOTAL NUMBER OF VISITS _____
BIOMARKER OBSERVATIONS				TOTAL CHILDREN TO REMEASURE _____
_____ _____ _____ _____ _____				
LANGUAGE OF QUESTIONNAIRE**	<b>0 1</b>	LANGUAGE OF INTERVIEW**	_____	NATIVE LANGUAGE OF RESPONDENT** _____ TRANSLATOR (YES = 1, NO = 2) _____
LANGUAGE OF QUESTIONNAIRE**	<b>ENGLISH</b>	**LANGUAGE CODES: 01 ENGLISH      03 LANGUAGE 3      05 LANGUAGE 5 02 LANGUAGE 2      04 LANGUAGE 4      06 LANGUAGE 6		
TEAM	BIOMARKER		TEAM LEADER	
NUMBER	NAME	NUMBER	NAME	NUMBER

REMEASUREMENT OF WEIGHT AND HEIGHT FOR SELECTED CHILDREN AGE 0-4

101	CHECK CAPI REPORT FOR CHILDREN SELECTED FOR REMEASUREMENT. RECORD THE LINE NUMBER AND NAME FOR THE FIRST CHILD SELECTED FOR REMEASUREMENT IN QUESTION 102 ON THIS PAGE. IF MORE THAN ONE CHILD IS SELECTED IN A HOUSEHOLD, USE ADDITIONAL QUESTIONNAIRE(S).	
	CHILD TO REMEASURE	SKIP
102	CHECK CAPI REPORT AND RECORD NAME AND LINE NUMBER OF CHILD.	NAME _____  LINE NUMBER ..... <input type="text"/> <input type="text"/>
103	CHECK CAPI REPORT AND RECORD DATE OF BIRTH OF CHILD.	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR ..... <input type="text"/> <input type="text"/>
104	CHECK CAPI REPORT AND RECORD CHILD'S AGE IN COMPLETED YEARS.  COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/>
105	CHECK 104: CHILD AGE 0-4 YEARS?      YES <input type="checkbox"/> NO <input type="checkbox"/>	→ 116
106	WEIGHT IN KILOGRAMS.	KG. .... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... .9994 REFUSED ..... .9995 OTHER ..... .9996
107	WAS THE CHILD MINIMALLY DRESSED?	YES ..... 1 NO ..... 2
108	HEIGHT IN CENTIMETERS.  IF CHILD IS AGE 0-1 YEARS, MEASURE LYING DOWN. IF CHILD IS AGE 2, 3, OR 4 YEARS, MEASURE STANDING UP.	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... .9994 REFUSED ..... .9995 OTHER ..... .9996
109	WAS THE CHILD MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2
110	CHECK 104 AND 109: BASED ON CHILD'S AGE, WAS CORRECT MEASUREMENT PROCEDURE FOLLOWED?	YES ..... 1 NO ..... 2
111	IF CHILD IS AGE 0-1 YEARS: WHY WAS (NAME) MEASURED STANDING UP? IF CHILD IS AGE 2-4 YEARS: WHY WAS (NAME) MEASURED LYING DOWN?  _____ _____	
112	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES ..... 1 NO ..... 2
113	ENTER [FIELDWORKER] NUMBER OF MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> [FIELDWORKER] NUMBER
114	ENTER [FIELDWORKER] NUMBER OF ASSISTANT MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> [FIELDWORKER] NUMBER
115	TODAY'S DATE:	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR ..... <input type="text"/> <input type="text"/>
116	IF ANOTHER CHILD, GO TO 102 IN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, END INTERVIEW.	