## UNHCR SENS, Household Listing Form

Date		Camp	Z	one	Block	HH Num	ber	Cluster no.		Team number		
//		I	_   _		II			II				
Please complete using the following order: HH head, adult males, adult females, children, infants, other relatives												
Identification and age					Anthropometry and health			Anaemia				
HH #	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	MUAC cm / mm Children 6-59	Referred? Y/N	Hb g/dL <ul> <li>Children 6-59</li> <li>Non-pregnant women</li> </ul>		Referred? Y/N	