

A1. NATIONAL MICRONUTRIENT SURVEY

- a. Instrument (English)
- b. Honduras report (Spanish)

NATIONAL MICRONUTRIENT SURVEY
HONDURAS C.A. 1996

GEOGRAPHIC AND HOUSEHOLD IDENTIFICATION

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QUESTIONNAIRE NUMBER.....	<table border="1" style="margin: 0 auto;"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table>				
NAME OF PLACE _____					
DEPARTMENT.....					
MUNICIPALITY.....					
HEALTH REGION.....					
HEALTH AREA.....					
DOMINION NUMBER.....					
SEGMENT NUMBER.....					
HOUSEHOLD NUMBER.....					
NAME OF HOUSEHOLD HEAD _____					

INTERVIEWERS VISIT

INTERVIEWERS VISIT			
DATE.....	DAY	MO	YR
	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
INTERVIEWER'S NAME.....	CODE	<input style="width: 40px; height: 30px;" type="text"/> <input style="width: 40px; height: 30px;" type="text"/>	
RESULT***.....	CODE	<input style="width: 40px; height: 30px;" type="text"/> <input style="width: 40px; height: 30px;" type="text"/>	
***CODE FOR RESULTS			
1 COMPLETE		TOTAL IN	<input style="width: 40px; height: 30px;" type="text"/> <input style="width: 40px; height: 30px;" type="text"/>
2 NOT ELIGIBLE		HOUSEHOLD	
3 INCOMPLETE, WITH BLOOD SAMPLE		TOTAL NO.	<input style="width: 40px; height: 30px;" type="text"/> <input style="width: 40px; height: 30px;" type="text"/>
4 INCOMPLETE, WITHOUT BLOOD SAMPLE		ELIGIBLE	<input style="width: 40px; height: 30px;" type="text"/> <input style="width: 40px; height: 30px;" type="text"/>
5 RESPONDENT ABSENT		MOTHERS	
6 REFUSED		TOTAL NO.	<input style="width: 40px; height: 30px;" type="text"/> <input style="width: 40px; height: 30px;" type="text"/>
7 OTHER _____		ELIGIBLE	<input style="width: 40px; height: 30px;" type="text"/> <input style="width: 40px; height: 30px;" type="text"/>
(SPECIFY)		CHILDREN	
NAME OF SELECTED MOTHER _____			

NAME DATE	REVIEWED IN FIELD BY:	REVIEWED IN OFFICE BY:	ENTERED BY:

HOUSEHOLD INFORMATION

NO.	QUESTIONS AND FILTERS	CATEGORIES AND CODES	GO TO																																				
1	What is the source of water in this house?	TAP IN HOUSE.....11 TAP OUTSIDE HOUSE BUT IN COMPOUND.....12 TAP OUTSIDE COMPOUND WITHIN 100 M.....13 TAP OUTSIDE COMPOUND 100 M OR MORE.....14 NATURAL SOURCE: RIVER, LAKE, ETC.....21 WELL WITHOUT PUMP.....31 WELL WITH PUMP.....32 BUY WATER.....41 PROTECTED SPRING.....51 OTHER.....61 (SPECIFY)																																					
2	What type of sanitation facilities exist in this house?	INDOOR FLUSH.....1 COVERED PIT LATRINE.....2 SIMPLE LATRINE.....3 NONE.....4 OTHER.....5 (SPECIFY)																																					
3	Is there electricity in the house?	YES, WITH INDIVIDUAL METER.....1 YES, WITH COLLECTIVE METER.....2 NO.....3																																					
4	In this house is there	<table border="1"> <thead> <tr> <th></th> <th>YES, WORKS</th> <th>YES, NON WORKING</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>A radio?</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>A TV?</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>A fridge?</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>A music machine?</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>An electric iron?</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>A liquidizer?</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>A car?</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>A telephone?</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		YES, WORKS	YES, NON WORKING	NO	A radio?	1	2	3	A TV?	1	2	3	A fridge?	1	2	3	A music machine?	1	2	3	An electric iron?	1	2	3	A liquidizer?	1	2	3	A car?	1	2	3	A telephone?	1	2	3	
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A telephone?	1	2	3																																				
5	What is the main floor material in the house?	MUD.....1 WOOD.....2 CEMENT.....3 RAFON TILES.....4 MOSAIC TILES.....5 OTHER.....6 (SPECIFY)																																					

PARENTAL INFORMATION

NO.	PREGUNTAS Y FILTROS	CATEGORIAS Y CODIGOS	PASA A
6	Name of mother	<div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 100px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">1</div>
7	How old are you?	AGE IN COMPLETED YEARS.....	<div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>
8	How many times have you been pregnant?	NUMBER OF TIMES.....	<div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>
9	What was the highest educational level that you reached?	<div style="display: flex; justify-content: space-between;"> <div> <p>CODES FOR THE HIGHEST GRADE</p> <p>0 None</p> <p>1 First</p> <p>2 Second</p> <p>3 Third</p> <p>4 Fourth</p> <p>5 Fifth</p> <p>6 Sixth</p> <p>7 Egresado or higher</p> </div> <div> <p>NONE.....0</p> <p>PRIMARY.....1</p> <p>SECONDARY.....2</p> <p>HIGHER.....3</p> <p>ADULT LITERACY.....4</p> </div> </div>	<div style="display: flex; flex-direction: column; align-items: center;"> <p>CIRCLE LEVEL</p> <p>GRADE CODE</p> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">8</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">8</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">8</div> </div>
10	Do you do any work or activity for which you receive money or payment in kind?	<p>YES.....1</p> <p>NO.....2</p>	<p>→ 11</p>
11	What type of work do you do? (DETAIL)	<div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 100px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>
12	Are you currently married or cohabiting?	<p>MARRIED.....1</p> <p>COHABITING.....2</p> <p>NOT IN UNION.....3</p>	<p>→ 16</p>
13	How old is your husband or partner?	AGE IN COMPLETED YEARS.....	<div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>
14	What was the highest education level that your husband or partner reached?	<div style="display: flex; justify-content: space-between;"> <div> <p>CODES FOR HIGHEST GRADE</p> <p>0 None</p> <p>1 First</p> <p>2 Second</p> <p>3 Third</p> <p>4 Fourth</p> <p>5 Fifth</p> <p>6 Sixth</p> <p>7 Egresado or higher</p> <p>8 Don't know</p> </div> <div> <p>NONE.....0</p> <p>PRIMARY.....1</p> <p>SECONDARY.....2</p> <p>HIGHER.....3</p> <p>ADULT EDUCATION.....4</p> </div> </div>	<div style="display: flex; flex-direction: column; align-items: center;"> <p>CIRCLE LEVEL</p> <p>GRADE CODE</p> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">8</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">8</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">8</div> </div>
15	Does your husband or partner do any work or activity for which he receives money or payment in kind?	<p>YES.....1</p> <p>NO.....2</p>	<p>→ 16</p>
16	What type of work does he do? (DETAIL)	<div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 100px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>

NC	PREGUNTAS Y FILTROS	CATEGORIAS Y CODIGOS	PASA A	CATEGORIAS Y CODIGOS	PASA A																																				
17	What is your child's name?	LAST CHILD 2		PENULTIMATE 3																																					
18	Is (NAME) a boy or girl?	BOY.....1 GIRL.....2	12																																					
19	When was (NAME) born?	DAY MO YR DATE..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								DAY MO YR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																															
20	Has (NAME) had diarrhoea in the last 2 weeks including today?	YES.....1 NO.....2 DON'T KNOW.....8	128																																					
	cough?	YES.....1 NO.....2 DON'T KNOW.....8	128																																					
	runny nose?	YES.....1 NO.....2 DON'T KNOW.....8	128																																					
21	Do you have an EPI card for (NAME)? IF YES, Please may I see it?	YES.....1 NO.....2	→ 2412	→ 24																																				
22	Note how many times vitamin A has been administered. IF "NONE", WRITE 0	NUMBER OF TIMES..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table>		IF NONE → 24 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table>		IF NONE → 24																																		
23	1. COPY FROM THE CARD THE DATES THAT VITAMIN A WAS GIVEN 2. WRITE "88" UNDER "DAY", "MO" AND "YR" IF THE CARD SHOWS VITAMIN A WAS GIVEN BUT THE DATE WAS NOT RECORDED	DAY MO YR LAST DOSE..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table> PENULTIMATE DOSE..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table> ANTEPENULTIMATE DOSE..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>																													DAY MO YR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>										
24	From whom did (NAME) receive the last vitamin A capsule?	HEALTH VOLUNTEER.....1 GOVERNMENT HEALTH WORKER.....2 PRIVATE HEALTH WORKER.....3 OTHER.....4 (SPECIFY) DON'T KNOW.....8	12348																																					
25	Has (NAME) received any iron supplements in the last 6 months?	YES.....1 NO.....2 DON'T KNOW.....8	→ 27128	→ 27																																				

NO.	PREGUNTAS Y FILTROS	CATEGORIAS Y CODIGOS	PASA A	CATEGORIAS Y CODIGOS	PASA A
26	If (NAME) received iron supplements, from whom were they obtained?	HEALTH VOLUNTEER.....1 GOVERNMENT HEALTH WORKER.....2 PRIVATE HEALTH WORKER.....3 RECOMMENDATION OF FAMILY/FRIENDS....4 OTHER.....5 (SPECIFY) DON'T KNOW.....8	123458	
27	Indicate the form and brand of iron supplement used CODES FOR IRON BRANDS	CIRCLE BRAND FORM CODE CAPSULES/TABLET.....1 SYRUP.....2 DROPS.....3 INJECTION.....4	CIRCLE BRAND FORM CODE12341234	
	01 ACIFERRINA 02 CROMATONBIC 03 ERIFER COMP 04 FERRITINA PED. 05 FERRITINA PRODES 06 FERRODINA B12 07 FERRO FOLICO 800 08 FERROLAN 09 FERROLENT 10 FERUM 16 11 HIPOCRON II 12 IBEROL 13 IBEROL FOLIC 800 14 ILOBAN FERRUM 15 INEROL 500 16 LIQUIFIER 17 SULFATO FERROSO 18 TABRON 19 OTRA 88 DON'T KNOW				
28	Has (NAME) received medicine to control parasite infections in the last 6 months?	YES.....1 NO.....2 DON'T KNOW.....8	128	

SUPPLEMENTATION OF THE MOTHER

NO.	PREGUNTAS Y FILTROS	CATEGORIAS Y CODIGOS	PASA A
29	Name of the mother	<div style="border: 1px solid black; padding: 2px;">1</div>	
30	Are you the mother or caretaker of (NAME)?	MOTHER.....1 CARETAKER WITH OWN CHILDREN.....2 CARETAKER WITHOUT CHILDREN.....3	→ 35
31	Are you currently pregant?	YES.....1 NO.....2 DON'T KNOW.....8	
32	Are you currently breastfeeding your youngest child?	YES.....1 NO.....2	
33	Did you receive a vitamin A supplement after the birth of your last child?	YES.....1 NO.....2 DON'T KNOW.....8	→ 34
34	If you received a vitamin A supplement, from whom did you get it?	HEALTH VOLUNTEER.....1 GOVERNMENT HEALTH WORKER.....2 PRIVATE HEALTH WORKER.....3 OTHER.....4 (SPECIFY) DON'T KNOW.....8	
35	Did you receive iron supplements during your last pregnancy?	YES.....1 NO.....2	
36	Have you received any iron supplements in the last 6 months?	YES.....1 NO.....2 DON'T KNOW.....8	→ 38
37	If you received iron supplements, from whom did you get them?	HEALTH VOLUNTEER.....1 GOVERNMENT HEALTH WOKER.....2 PRIVATE HEALTH WORKER.....3 ON RECOMMENDATION OF FAMILY/FREINDS....4 OTHER.....5 (SPECIFY) DON'T KNOW.....8	
38	Indicate the type and brand of the iron supplements used CODED FOR BRANDS 01 ACIFERRINA 11 HIPOCRON II 02 CROMATONBIC 12 IBEROL 03 ERIFER COMP 13 IBEROL FOLIC 800 04 FERRITINA PED. 14 ILOBAN FERRUM 05 FERRITINA PRODES 15 INEROL 500 06 FERRODINA B12 16 LIQUIFIER 07 FERRO FOLICO 800 17 SULFATO FERROSO 08 FERROLAN 18 TABRON 09 FERROLENT 19 OTRA 10 FERUM 16 88 DON'T KNOW	CIRCLE FORM BRAND CODE CAPSULES/TABLETS.....1 SYRUP.....2 DROPS.....3 INJECTION.....4	<div style="border: 1px solid black; width: 40px; height: 100px; margin: 0 auto; position: relative;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; background: repeating-linear-gradient(45deg, transparent, transparent 2px, black 2px, black 4px);"></div> </div>
39	Have you received any medication for intestinal parasites in the last 6 months?	YES.....1 NO.....2 DON'T KNOW.....8	

NO	PREGUNTAS Y FILTROS	CATEGORIAS Y CODIGOS						PASA A
		1		2		3		
		MOTHER		LAST CHILD		PENULTIMATE CHILD		
		YES	NO	YES	NO	YES	NO	
40	Yesterday, from the time you got up to the time that you went to bed, what did you eat?.....and (NAME)? CHILD AWAY YESTERDAY.....							8 → 40
	CEREALS/PULSES/TUBERS							
	MAIZE PRODUCTS/MAIZE FLOUR.....	1	2	1	2	1	2	
	RICE.....	1	2	1	2	1	2	
	WHEAT PRODUCTS/WHEAT FLOUR.....	1	2	1	2	1	2	
	BEANS.....	1	2	1	2	1	2	
	SOUP WITHOUT BEANS.....	1	2	1	2	1	2	
	PLATAIN/BANANA.....	1	2	1	2	1	2	
	POTATO.....	1	2	1	2	1	2	
	CAMOTE.....	1	2	1	2	1	2	
	OTRO PULSES/TUBERS.....							
		(ESPECIFIQUE)		(ESPECIFIQUE)		(ESPECIFIQUE)		
	MEAT/EGGS/DAIRY PRODUCTS							
	LIQUID MILK.....	1	2	1	2	1	2	
	POWDERED MILK.....	1	2	1	2	1	2	
	INFANT FORMULA.....	1	2	1	2	1	2	
	FRESH CHEESE.....	1	2	1	2	1	2	
	DRIED CHEESE.....	1	2	1	2	1	2	
	CUAJADA.....	1	2	1	2	1	2	
	OTHER CHEESE.....	1	2	1	2	1	2	
	BUTTER.....	1	2	1	2	1	2	
	EGGS.....	1	2	1	2	1	2	
	MEAT/CHICKEN/FISH.....	1	2	1	2	1	2	
	OILS/FATS.....	1	2	1	2	1	2	
	MARGARINE.....	1	2	1	2	1	2	
	VEGETABLES							
	AVOCADO.....	1	2	1	2	1	2	
	GARLIC.....	1	2	1	2	1	2	
	APIO.....	1	2	1	2	1	2	
	AYOTE.....	1	2	1	2	1	2	
	ONION.....	1	2	1	2	1	2	
	CILANTRO.....	1	2	1	2	1	2	
	SWEET PEPPER.....	1	2	1	2	1	2	
	GREEN BEANS.....	1	2	1	2	1	2	
	LETTUCE.....	1	2	1	2	1	2	
	PATASTE.....	1	2	1	2	1	2	
	CUCUMBER.....	1	2	1	2	1	2	
	RADDISH.....	1	2	1	2	1	2	
	BEETROOT.....	1	2	1	2	1	2	
	REPOLLO.....	1	2	1	2	1	2	
	TOMATO.....	1	2	1	2	1	2	
	CARROT.....	1	2	1	2	1	2	
	OTHER GREEN LEAVES.....							
		(ESPECIFIQUE)		(ESPECIFIQUE)		(ESPECIFIQUE)		
	OTHER VEGETABLES.....							
		(ESPECIFIQUE)		(ESPECIFIQUE)		(ESPECIFIQUE)		
	FRUITS							
	COCO.....	1	2	1	2	1	2	
	CHERRIES.....	1	2	1	2	1	2	
	GUAVA.....	1	2	1	2	1	2	
	LIME/LEMON.....	1	2	1	2	1	2	
	MANGO.....	1	2	1	2	1	2	
	MELON.....	1	2	1	2	1	2	
	RASPBERRIES.....	1	2	1	2	1	2	
	ORNAGE/TANGERINE.....	1	2	1	2	1	2	
	PAPAYA.....	1	2	1	2	1	2	
	PINEAPPLE.....	1	2	1	2	1	2	
	WATERMELON.....	1	2	1	2	1	2	
	TAMARIND.....	1	2	1	2	1	2	
	OTHER FRUIT.....							
		(ESPECIFIQUE)		(ESPECIFIQUE)		(ESPECIFIQUE)		
	OTHER							
	WHITE SUGAR.....	1	2	1	2	1	2	
	PANELA/OTHER SUGAR.....	1	2	1	2	1	2	
	COFFEE.....	1	2	1	2	1	2	
	FRESH JUICES/PROCESSED JUICES.....	1	2	1	2	1	2	

ANTHROPOMETRICS AND HEMOGLOBIN

	1 MOTHER	2 LAST CHILD	3 PENULTIMATE CHILD
41	(NAME) _____	(NAME) _____	(NAME) _____
42 WEIGHT (in kg)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
43 LENGTH/HEIGHT (in cms)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
44 CHILD MEASURED STANDING UP OR LYING DOWN?	<div style="background-color: #cccccc; width: 100px; height: 100px;"></div>	LYING DOWN.....1 STANDING.....2	LYING DOWN.....1 STANDING.....2
45 ANTHROPOMETRIC RESULT	MEASURED.....1 NOT PRESENT.....2 REFUSED.....3 OTHER.....4 _____ (SPECIFY)	MEASURED.....1 SICK.....2 NOT PRESENT.....3 CHILD REFUSED.....4 MOTHER REFUSED.....5 OTHER.....6 _____ (SPECIFY)	MEASURED.....1 SICK.....2 NOT PRESENT.....3 CHILD REFUSED.....4 MOTHER REFUSED.....5 OTHER.....6 _____ (SPECIFY)
46 HEMOGLOBIN (in g/dL.)	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
47 RESULT OF HEMOGLOBIN	MEASURED.....1 NOT PRESENT.....2 REFUSED.....3 OTHER.....4 _____ (SPECIFY)	MEASURED.....1 SICK.....2 NOT PRESENT.....3 CHILD REFUSED.....4 MOTHER REFUSED.....5 OTHER.....6 _____ (SPECIFY)	MEASURED.....1 SICK.....2 NOT PRESENT.....3 CHILD REFUSED.....4 MOTHER REFUSED.....5 OTHER.....6 _____ (SPECIFY)
48 RETINOL SAMPLE NUMBER	<div style="background-color: #cccccc; width: 100px; height: 100px;"></div>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
49 RESULT OF BLOOD SAMPLE FOR RETINOL	<div style="background-color: #cccccc; width: 100px; height: 100px;"></div>	SAMPLE OBTAINED...1 SICK.....2 NOT PRESENT.....3 CHILD REFUSED.....4 MOTHER REFUSED.....5 OTHER.....6 _____ (SPECIFY)	SAMPEL OBTAINED...1 SICK.....2 NOT PRESENT.....3 CHILD REFUSED.....4 MOTHER REFUSED.....5 OTHER.....6 _____ (SPECIFY)