

MAN Lab/Anthro
Quest Label

MAN 1

MAN Lab/Anthro Quest
Label

MAN 2

MAN Lab/Anthro
Quest Label

MAN 3

MAN Lab/Anthro Quest
Label

MAN 4

LABORATORY/ANTHROPOMETRY QUESTIONNAIRE

Household ID

CLUSTER NUMBER

HH NUMBER

Date / /
DD MM YY

RECORD THE LINE NUMBER AND AGE FOR ALL ELIGIBLE MEN (15-54 YEARS) LISTED IN THE HOUSEHOLD QUESTIONNAIRE. IF MORE THAN FOUR MEN, USE ADDITIONAL QUESTIONNAIRE.

	MAN 1	MAN 2	MAN 3	MAN 4
LM1 LINE NUMBER: COLUMN HL1 NAME: COLUMN HL2	LINE NUMBER <input type="text"/> <input type="text"/> NAME <u> </u>	LINE NUMBER <input type="text"/> <input type="text"/> NAME <u> </u>	LINE NUMBER <input type="text"/> <input type="text"/> NAME <u> </u>	LINE NUMBER <input type="text"/> <input type="text"/> NAME <u> </u>
LM2 AGE IN YEARS: COLUMN HL5	YEARS <input type="text"/> <input type="text"/>	YEARS <input type="text"/> <input type="text"/>	YEARS <input type="text"/> <input type="text"/>	YEARS <input type="text"/> <input type="text"/>
LM3 WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
LM4 HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
LM5 RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED1 NOT PRESENT.....2 OTHER.....7 REFUSED.....9	MEASURED1 NOT PRESENT.....2 OTHER.....7 REFUSED.....9	MEASURED1 NOT PRESENT.....2 OTHER.....7 REFUSED.....9	MEASURED1 NOT PRESENT.....2 OTHER.....7 REFUSED.....9
CONSENT STATEMENT FOR BLOOD SAMPLE COLLECTION Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Do you agree to take the test?				
LM6 WAS BLOOD COLLECTED FROM RESPONDENT?	VENOUS TAKEN.....1 CAPILLARY TAKEN.....2 NOT PRESENT.....3 OTHER.....7 REFUSED.....9	VENOUS TAKEN.....1 CAPILLARY TAKEN.....2 NOT PRESENT.....3 OTHER.....7 REFUSED.....9	VENOUS TAKEN.....1 CAPILLARY TAKEN.....2 NOT PRESENT.....3 OTHER.....7 REFUSED.....9	VENOUS TAKEN.....1 CAPILLARY TAKEN.....2 NOT PRESENT.....3 OTHER.....7 REFUSED.....9
LM7 ORANGE TOP TUBE (HEPARIN)	ML. <input type="text"/> <input type="text"/>	ML. <input type="text"/> <input type="text"/>	ML. <input type="text"/> <input type="text"/>	ML. <input type="text"/> <input type="text"/>
LM8 PURPLE TOP TUBE (EDTA)	ML. <input type="text"/> <input type="text"/>	ML. <input type="text"/> <input type="text"/>	ML. <input type="text"/> <input type="text"/>	ML. <input type="text"/> <input type="text"/>
LM9 TIME BLOOD DRAW & most recent meal at time collect (24h code)	Blood <u> </u> : <u> </u> Hour Minute Meal <u> </u> : <u> </u> Hour Minute	Blood <u> </u> : <u> </u> Hour Minute Meal <u> </u> : <u> </u> Hour Minute	Blood <u> </u> : <u> </u> Hour Minute Meal <u> </u> : <u> </u> Hour Minute	Blood <u> </u> : <u> </u> Hour Minute Meal <u> </u> : <u> </u> Hour Minute
LM10 MALARIA RESULTS (RDK)	NEGATIVE.....0 POSITIVE1	NEGATIVE.....0 POSITIVE1	NEGATIVE.....0 POSITIVE1	NEGATIVE.....0 POSITIVE1
LM11 FEVER in last 24 HR?	NO0 YES1	NO0 YES1	NO0 YES1	NO0 YES1
LM12 HEMOGLOBIN RESULTS	g/dL <input type="text"/> <input type="text"/> <input type="text"/>	g/dL <input type="text"/> <input type="text"/> <input type="text"/>	g/dL <input type="text"/> <input type="text"/> <input type="text"/>	g/dL <input type="text"/> <input type="text"/> <input type="text"/>
LM13 REFERRAL**?	NO0 YES1	NO0 YES1	NO0 YES1	NO0 YES1

****Referral Criteria:** Anaemia: Hb <7; Malaria: Fever and (+)RDK; HIV/AIDS: (+)RDT

PSC Lab/Anthro Quest

YOUNG CHILD 1

PSC Lab/Anthro Quest

YOUNG CHILD 2

PSC Lab/Anthro Quest

YOUNG CHILD 3

PSC Lab/Anthro Quest

YOUNG CHILD 4

LABORATORY/ANTHROPOMETRY QUESTIONNAIRE

Household ID

CLUSTER NUMBER

HH NUMBER

Date ____ / ____ / ____
DD MM YY

RECORD THE LINE NUMBER AND AGE FOR ALL ELIGIBLE CHILDREN OF YOUNG AGE (6-59 MONTHS) LISTED IN THE HOUSEHOLD QUESTIONNAIRE. IF MORE THAN FOUR CHILDREN, USE ADDITIONAL QUESTIONNAIRE.

	YOUNG CHILD 1	YOUNG CHILD 2	YOUNG CHILD 3	YOUNG CHILD 4
LP1 LINE NUMBER: COLUMN HL1	LINE NUMBER <input type="text"/>	LINE NUMBER <input type="text"/>	LINE NUMBER <input type="text"/>	LINE NUMBER <input type="text"/>
NAME: COLUMN HL2	NAME <input type="text"/>	NAME <input type="text"/>	NAME <input type="text"/>	NAME <input type="text"/>
LP2 AGE IN MONTHS: COLUMN HL7	MONTHS <input type="text"/>	MONTHS <input type="text"/>	MONTHS <input type="text"/>	MONTHS <input type="text"/>
LP3 SEX	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2
LP4 WEIGHT IN KILOGRAMS	KG. <input type="text"/>	KG. <input type="text"/>	KG. <input type="text"/>	KG. <input type="text"/>
LP5 HEIGHT/LENGTH IN CENTIMETERS	CM. <input type="text"/>	CM. <input type="text"/>	CM. <input type="text"/>	CM. <input type="text"/>
LP6 TYPE OF MEASUREMENT	LYING DOWN1 STANDING UP.....2	LYING DOWN1 STANDING UP.....2	LYING DOWN1 STANDING UP.....2	LYING DOWN1 STANDING UP.....2
LP7 MUAC IN CENTIMETERS	CM. <input type="text"/>	CM. <input type="text"/>	CM. <input type="text"/>	CM. <input type="text"/>
LP8 RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED1 NOT PRESENT.....2 OTHER.....7 REFUSED.....9	MEASURED1 NOT PRESENT.....2 OTHER.....7 REFUSED.....9	MEASURED1 NOT PRESENT.....2 OTHER.....7 REFUSED.....9	MEASURED1 NOT PRESENT.....2 OTHER.....7 REFUSED.....9
LP9 BILATERAL OEDEMA ?	NO.....0 YES1	NO.....0 YES1	NO.....0 YES1	NO.....0 YES1
CONSENT STATEMENT FOR BLOOD SAMPLE COLLECTION				
Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME) to take the test?				
LP10 WAS BLOOD COLLECTED FROM RESPONDANT?	VENOUS TAKEN.....1 CAPILLARY TAKEN.....2 NOT PRESENT.....3 OTHER.....7 REFUSED.....9	VENOUS TAKEN.....1 CAPILLARY TAKEN.....2 NOT PRESENT.....3 OTHER.....7 REFUSED.....9	VENOUS TAKEN.....1 CAPILLARY TAKEN.....2 NOT PRESENT.....3 OTHER.....7 REFUSED.....9	VENOUS TAKEN.....1 CAPILLARY TAKEN.....2 NOT PRESENT.....3 OTHER.....7 REFUSED.....9
LP11 ORANGE TOP TUBE (HEPARIN)	ML. <input type="text"/>	ML. <input type="text"/>	ML. <input type="text"/>	ML. <input type="text"/>
LP12 PURPLE TOP TUBE (EDTA)	ML. <input type="text"/>	ML. <input type="text"/>	ML. <input type="text"/>	ML. <input type="text"/>
LP13 TIME BLOOD DRAW & most recent meal at time collect (24h code))	Blood ____ : ____ Hour Minute Meal ____ : ____ Hour Minute	Blood ____ : ____ Hour Minute Meal ____ : ____ Hour Minute	Blood ____ : ____ Hour Minute Meal ____ : ____ Hour Minute	Blood ____ : ____ Hour Minute Meal ____ : ____ Hour Minute
LP14 MALARIA RESULTS (RDK)	NEGATIVE.....0 POSITIVE1	NEGATIVE.....0 POSITIVE1	NEGATIVE.....0 POSITIVE1	NEGATIVE.....0 POSITIVE1
LP15 FEVER IN LAST 24 HR?	NO.....0 YES1	NO.....0 YES1	NO.....0 YES1	NO.....0 YES1
LP16 HEMOGLOBIN RESULTS	g/dL <input type="text"/>	g/dL <input type="text"/>	g/dL <input type="text"/>	g/dL <input type="text"/>
LP17 STOOL COLLECTED?	NO.....0 YES1	NO.....0 YES1	NO.....0 YES1	NO.....0 YES1
LP18 TIME: STOOL COLLECTED	____ : ____ Hour Minute	____ : ____ Hour Minute	____ : ____ Hour Minute	____ : ____ Hour Minute
LP19 TIME: STOOL PASSED	____ : ____ Hour Minute	____ : ____ Hour Minute	____ : ____ Hour Minute	____ : ____ Hour Minute
LP20 REFERRAL**?	NO.....0 YES1	NO.....0 YES1	NO.....0 YES1	NO.....0 YES1

****Referral Criteria:** Malnutrition: MUAC <12.5 cm; Anaemia: Hb <7; Malaria: Fever and (+)RDK; HIV/AIDS: (+)RDT

SAC Lab/Anthro
Quest

SAC CHILD 1

SAC Lab/Anthro Quest

SAC CHILD 2

SAC Lab/Anthro Quest

SAC CHILD 3

SAC Lab/anthro
Quest

SAC CHILD 4

LABORATORY/ANTHROPOMETRY QUESTIONNAIRE

Household ID

CLUSTER NUMBER

HH NUMBER

Date DD / MM / YY

RECORD THE LINE NUMBER AND AGE FOR ALL ELIGIBLE SCHOOL-AGE CHILDREN (5-14) LISTED IN THE HOUSEHOLD QUESTIONNAIRE. IF MORE THAN FOUR CHILDREN, USE ADDITIONAL QUESTIONNAIRE.

	SAC CHILD 1	SAC CHILD 1	SAC CHILD 1	SAC CHILD 1
LS1 LINE NUMBER: COLUMN HL1 NAME: COLUMN HL2	LINE NUMBER NAME	LINE NUMBER NAME	LINE NUMBER NAME	LINE NUMBER NAME
LS2 AGE IN YEARS: COLUMN HL5	YEARS	YEARS	YEARS	YEARS
LS3 SEX	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2
LS4 WEIGHT IN KILOGRAMS	KG.	KG.	KG.	KG.
LS5 HEIGHT IN CENTIMETERS	CM.	CM.	CM.	CM.
LS6 RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED.....1 NOT PRESENT.....2 OTHER.....7 REFUSED.....9	MEASURED.....1 NOT PRESENT.....2 OTHER.....7 REFUSED.....9	MEASURED.....1 NOT PRESENT.....2 OTHER.....7 REFUSED.....9	MEASURED.....1 NOT PRESENT.....2 OTHER.....7 REFUSED.....9
CONSENT STATEMENT FOR BLOOD SAMPLE COLLECTION Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME) to take the test?				
LS7 WAS BLOOD COLLECTED FROM RESPONDANT?	VENOUS TAKEN.....1 CAPILLARY TAKEN.....2 NOT PRESENT.....3 OTHER.....7 REFUSED.....9	VENOUS TAKEN.....1 CAPILLARY TAKEN.....2 NOT PRESENT.....3 OTHER.....7 REFUSED.....9	VENOUS TAKEN.....1 CAPILLARY TAKEN.....2 NOT PRESENT.....3 OTHER.....7 REFUSED.....9	VENOUS TAKEN.....1 CAPILLARY TAKEN.....2 NOT PRESENT.....3 OTHER.....7 REFUSED.....9
LS8 ORANGE TOP TUBE (HEPARIN)	ML.	ML.	ML.	ML.
LS9 PURPLE TOP TUBE (EDTA)	ML.	ML.	ML.	ML.
LS10 TIME BLOOD DRAW & most recent meal at time collect (24h code)	Blood _____ : _____ Hour Minute Meal _____ : _____ Hour Minute	Blood _____ : _____ Hour Minute Meal _____ : _____ Hour Minute	Blood _____ : _____ Hour Minute Meal _____ : _____ Hour Minute	Blood _____ : _____ Hour Minute Meal _____ : _____ Hour Minute
LS11 MALARIA RESULTS (RDK)	NEGATIVE.....0 POSITIVE.....1	NEGATIVE.....0 POSITIVE.....1	NEGATIVE.....0 POSITIVE.....1	NEGATIVE.....0 POSITIVE.....1
LS12 FEVER in last 24 HR?	NO.....0 YES.....1	NO.....0 YES.....1	NO.....0 YES.....1	NO.....0 YES.....1
LS13 HEMOGLOBIN RESULTS	g/dL	g/dL	g/dL	g/dL
LS14 URINE COLLECTED?	NO.....0 YES.....1	NO.....0 YES.....1	NO.....0 YES.....1	NO.....0 YES.....1
LS15 TIME: urine collection & most recent meal (24h code)	Urine _____ : _____ Hour Minute Meal _____ : _____ Hour Minute	Urine _____ : _____ Hour Minute Meal _____ : _____ Hour Minute	Urine _____ : _____ Hour Minute Meal _____ : _____ Hour Minute	Urine _____ : _____ Hour Minute Meal _____ : _____ Hour Minute
LS16 STOOL COLLECTED?	NO.....0 YES.....1	NO.....0 YES.....1	NO.....0 YES.....1	NO.....0 YES.....1
LS17 TIME: STOOL COLLECTED	_____ : _____ Hour Minute	_____ : _____ Hour Minute	_____ : _____ Hour Minute	_____ : _____ Hour Minute
LS18 TIME: STOOL PASSED	_____ : _____ Hour Minute	_____ : _____ Hour Minute	_____ : _____ Hour Minute	_____ : _____ Hour Minute
LS19 REFERRAL**?	NO.....0 YES.....1	NO.....0 YES.....1	NO.....0 YES.....1	NO.....0 YES.....1

**Referral Criteria: Anaemia: Hb <7; Malaria: Fever and (+)RDK; HIV/AIDS: (+)RDT

PRG Lab/Anthro Quest label	PRG Lab/Anthro Quest label	PRG Lab/Anthro Quest label	PRG Lab/Anthro Quest label
PRG WOMAN 1	PRG WOMAN 2	PRG WOMAN 3	PRG WOMAN 4

LABORATORY/ANTHROPOMETRY QUESTIONNAIRE

Household ID

CLUSTER NUMBER			

HH NUMBER		

Date / /
DD MM YY

RECORD THE LINE NUMBER AND AGE FOR ALL ELIGIBLE WOMAN (15-49 YEARS) LISTED IN THE HOUSEHOLD QUESTIONNAIRE. IF MORE THAN FOUR WOMEN, USE ADDITIONAL QUESTIONNAIRE.

	PRG WOMAN 1	PRG WOMAN 1	PRG WOMAN 1	PRG WOMAN 1																
LPW1 LINE NUMBER: COLUMN HL1	LINE NUMBER <table border="1"><tr><td></td><td></td></tr></table>			LINE NUMBER <table border="1"><tr><td></td><td></td></tr></table>			LINE NUMBER <table border="1"><tr><td></td><td></td></tr></table>			LINE NUMBER <table border="1"><tr><td></td><td></td></tr></table>										
NAME: COLUMN HL2	NAME <u> </u>	NAME <u> </u>	NAME <u> </u>	NAME <u> </u>																
LPW2 AGE IN YEARS: COLUMN HL5	YEARS <table border="1"><tr><td></td><td></td></tr></table>			YEARS <table border="1"><tr><td></td><td></td></tr></table>			YEARS <table border="1"><tr><td></td><td></td></tr></table>			YEARS <table border="1"><tr><td></td><td></td></tr></table>										
LPW3 WEIGHT IN KILOGRAMS	KG. <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					KG. <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					KG. <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					KG. <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
LPW4 MUAC IN MILLIMETERS	MM. <table border="1"><tr><td></td><td></td><td></td></tr></table>				MM. <table border="1"><tr><td></td><td></td><td></td></tr></table>				MM. <table border="1"><tr><td></td><td></td><td></td></tr></table>				MM. <table border="1"><tr><td></td><td></td><td></td></tr></table>							
LPW5 RESULT OF WEIGHT/MUAC MEASUREMENT	MEASURED1 NOT PRESENT.....2 OTHER.....7 REFUSED.....9	MEASURED1 NOT PRESENT.....2 OTHER.....7 REFUSED.....9	MEASURED1 NOT PRESENT.....2 OTHER.....7 REFUSED.....9	MEASURED1 NOT PRESENT.....2 OTHER.....7 REFUSED.....9																

CONSENT STATEMENT FOR BLOOD SAMPLE COLLECTION

Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Do you agree to take the test?

LPW6 WAS BLOOD COLLECTED FROM RESPONDENT?	VENOUS TAKEN.....1 CAPILLARY TAKEN.....2 NOT PRESENT.....3 OTHER.....7 REFUSED.....9	VENOUS TAKEN.....1 CAPILLARY TAKEN.....2 NOT PRESENT.....3 OTHER.....7 REFUSED.....9	VENOUS TAKEN.....1 CAPILLARY TAKEN.....2 NOT PRESENT.....3 OTHER.....7 REFUSED.....9	VENOUS TAKEN.....1 CAPILLARY TAKEN.....2 NOT PRESENT.....3 OTHER.....7 REFUSED.....9												
LPW7 ORANGE TOP TUBE (HEPARIN)	ML. <table border="1"><tr><td></td><td></td><td></td></tr></table>				ML. <table border="1"><tr><td></td><td></td><td></td></tr></table>				ML. <table border="1"><tr><td></td><td></td><td></td></tr></table>				ML. <table border="1"><tr><td></td><td></td><td></td></tr></table>			
LPW8 PURPLE TOP TUBE (EDTA)	ML. <table border="1"><tr><td></td><td></td><td></td></tr></table>				ML. <table border="1"><tr><td></td><td></td><td></td></tr></table>				ML. <table border="1"><tr><td></td><td></td><td></td></tr></table>				ML. <table border="1"><tr><td></td><td></td><td></td></tr></table>			
LPW9 TIME BLOOD DRAW & most recent meal at time collect (24h code)	Blood <u> </u> : <u> </u> Hour Minute Meal <u> </u> : <u> </u> Hour Minute	Blood <u> </u> : <u> </u> Hour Minute Meal <u> </u> : <u> </u> Hour Minute	Blood <u> </u> : <u> </u> Hour Minute Meal <u> </u> : <u> </u> Hour Minute	Blood <u> </u> : <u> </u> Hour Minute Meal <u> </u> : <u> </u> Hour Minute												
LPW10 MALARIA RESULTS (RDK)	NEGATIVE.....0 POSITIVE1	NEGATIVE.....0 POSITIVE1	NEGATIVE.....0 POSITIVE1	NEGATIVE.....0 POSITIVE1												
LPW11 FEVER in last 24 HR?	NO.....0 YES1	NO.....0 YES1	NO.....0 YES1	NO.....0 YES1												
LPW12 HEMOGLOBIN RESULTS	g/dL <table border="1"><tr><td></td><td></td><td></td></tr></table>				g/dL <table border="1"><tr><td></td><td></td><td></td></tr></table>				g/dL <table border="1"><tr><td></td><td></td><td></td></tr></table>				g/dL <table border="1"><tr><td></td><td></td><td></td></tr></table>			
LPW13 URINE COLLECTED?	NO.....0 YES1	NO.....0 YES1	NO.....0 YES1	NO.....0 YES1												
LPW14 TIME: urine collection & most recent meal (24h code)	Urine <u> </u> : <u> </u> Hour Minute Meal <u> </u> : <u> </u> Hour Minute	Urine <u> </u> : <u> </u> Hour Minute Meal <u> </u> : <u> </u> Hour Minute	Urine <u> </u> : <u> </u> Hour Minute Meal <u> </u> : <u> </u> Hour Minute	Urine <u> </u> : <u> </u> Hour Minute Meal <u> </u> : <u> </u> Hour Minute												
LPW15 STOOL COLLECTED?	NO.....0 YES1	NO.....0 YES1	NO.....0 YES1	NO.....0 YES1												
LPW16 TIME: STOOL COLLECTED	<u> </u> : <u> </u> Hour Minute	<u> </u> : <u> </u> Hour Minute	<u> </u> : <u> </u> Hour Minute	<u> </u> : <u> </u> Hour Minute												
LPW17 TIME: STOOL PASSED	<u> </u> : <u> </u> Hour Minute	<u> </u> : <u> </u> Hour Minute	<u> </u> : <u> </u> Hour Minute	<u> </u> : <u> </u> Hour Minute												
LPW18 REFERRAL**?	NO.....0 YES1	NO.....0 YES1	NO.....0 YES1	NO.....0 YES1												

**Referral Criteria: Malnutrition: MUAC <210 mm; Anaemia: Hb <7; Malaria: Fever and (+)RDK; HIV/AIDS: (+)RDT

WRA Lab/Anthro
Quest label

WOMAN 1

WRA Lab/Anthro Quest
label

WOMAN 2

WRA Lab/Anthro
Quest label

WOMAN 3

WRA Lab/Anthro Quest
label

WOMAN 4

LABORATORY/ANTHROPOMETRY QUESTIONNAIRE

Household ID CLUSTER NUMBER HH NUMBER

Date / /
DD MM YY

RECORD THE LINE NUMBER AND AGE FOR ALL ELIGIBLE WOMAN (15-49 YEARS) LISTED IN THE HOUSEHOLD QUESTIONNAIRE. IF MORE THAN FOUR WOMEN, USE ADDITIONAL QUESTIONNAIRE.

	WOMAN 1	WOMAN 2	WOMAN 3	WOMAN 4
LW1 LINE NUMBER: COLUMN HL1 NAME: COLUMN HL2	LINE NUMBER <input type="text"/> <input type="text"/> NAME <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/> NAME <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/> NAME <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/> NAME <input type="text"/>
LW2 AGE IN YEARS: COLUMN HL5	YEARS <input type="text"/> <input type="text"/>	YEARS <input type="text"/> <input type="text"/>	YEARS <input type="text"/> <input type="text"/>	YEARS <input type="text"/> <input type="text"/>
LW3 WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
LW4 HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
LW5 RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED1 NOT PRESENT2 OTHER7 REFUSED9	MEASURED1 NOT PRESENT2 OTHER7 REFUSED9	MEASURED1 NOT PRESENT2 OTHER7 REFUSED9	MEASURED1 NOT PRESENT2 OTHER7 REFUSED9
CONSENT STATEMENT FOR BLOOD SAMPLE COLLECTION Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Do you agree to take the test?				
LW6 WAS BLOOD COLLECTED FROM RESPONDENT?	VENOUS TAKEN1 CAPILLARY TAKEN2 NOT PRESENT3 OTHER7 REFUSED9	VENOUS TAKEN1 CAPILLARY TAKEN2 NOT PRESENT3 OTHER7 REFUSED9	VENOUS TAKEN1 CAPILLARY TAKEN2 NOT PRESENT3 OTHER7 REFUSED9	VENOUS TAKEN1 CAPILLARY TAKEN2 NOT PRESENT3 OTHER7 REFUSED9
LW7 ORANGE TOP TUBE (HEPARIN)	ML. <input type="text"/> <input type="text"/> <input type="text"/>	ML. <input type="text"/> <input type="text"/> <input type="text"/>	ML. <input type="text"/> <input type="text"/> <input type="text"/>	ML. <input type="text"/> <input type="text"/> <input type="text"/>
LW8 PURPLE TOP TUBE (EDTA)	ML. <input type="text"/> <input type="text"/> <input type="text"/>	ML. <input type="text"/> <input type="text"/> <input type="text"/>	ML. <input type="text"/> <input type="text"/> <input type="text"/>	ML. <input type="text"/> <input type="text"/> <input type="text"/>
LW9 TIME BLOOD DRAW & most recent meal at time collect (24h code))	Blood <input type="text"/> : <input type="text"/> Hour Minute Meal <input type="text"/> : <input type="text"/> Hour Minute	Blood <input type="text"/> : <input type="text"/> Hour Minute Meal <input type="text"/> : <input type="text"/> Hour Minute	Blood <input type="text"/> : <input type="text"/> Hour Minute Meal <input type="text"/> : <input type="text"/> Hour Minute	Blood <input type="text"/> : <input type="text"/> Hour Minute Meal <input type="text"/> : <input type="text"/> Hour Minute
LW10 MALARIA RESULTS (RDK)	NEGATIVE0 POSITIVE1	NEGATIVE0 POSITIVE1	NEGATIVE0 POSITIVE1	NEGATIVE0 POSITIVE1
LW11 FEVER in last 24 HR?	NO0 YES1	NO0 YES1	NO0 YES1	NO0 YES1
LW12 HEMOGLOBIN RESULTS	g/dL <input type="text"/> <input type="text"/> <input type="text"/>	g/dL <input type="text"/> <input type="text"/> <input type="text"/>	g/dL <input type="text"/> <input type="text"/> <input type="text"/>	g/dL <input type="text"/> <input type="text"/> <input type="text"/>
LW13 URINE COLLECTED?	NO0 YES1	NO0 YES1	NO0 YES1	NO0 YES1
LW14 TIME: urine collection & most recent meal (24h code)	Urine <input type="text"/> : <input type="text"/> Hour Minute Meal <input type="text"/> : <input type="text"/> Hour Minute	Urine <input type="text"/> : <input type="text"/> Hour Minute Meal <input type="text"/> : <input type="text"/> Hour Minute	Urine <input type="text"/> : <input type="text"/> Hour Minute Meal <input type="text"/> : <input type="text"/> Hour Minute	Urine <input type="text"/> : <input type="text"/> Hour Minute Meal <input type="text"/> : <input type="text"/> Hour Minute
LW15 STOOL COLLECTED?	NO0 YES1	NO0 YES1	NO0 YES1	NO0 YES1
LW16 TIME: STOOL COLLECTED	<input type="text"/> : <input type="text"/> Hour Minute	<input type="text"/> : <input type="text"/> Hour Minute	<input type="text"/> : <input type="text"/> Hour Minute	<input type="text"/> : <input type="text"/> Hour Minute
LW17 TIME: STOOL PASSED	<input type="text"/> : <input type="text"/> Hour Minute	<input type="text"/> : <input type="text"/> Hour Minute	<input type="text"/> : <input type="text"/> Hour Minute	<input type="text"/> : <input type="text"/> Hour Minute
LW18 REFERRAL **?	NO0 YES1	NO0 YES1	NO0 YES1	NO0 YES1

**Referral Criteria: Anaemia: Hb <7; Malaria: Fever and (+)RDK; HIV/AIDS: (+)RDT

LAB TEAMS'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING FIELD LAB ACTIVITIES

COMMENTS ABOUT RESPONDENT (PLEASE SPECIFY USING ID NUMBER WHICH RESPONDENT(S) YOU ARE REFERENCING):

COMMENTS ON SPECIFIC LAB COLLECTION:

ANY OTHER COMMENTS:

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

TEAM LEADER'S OBSERVATIONS

NAME OF TEAM LEADER: - _____ DATE: _____