

NEPAL DEMOGRAPHIC AND HEALTH SURVEY 2016
 BIOMARKER QUESTIONNAIRE

NEPAL
 MINISTRY OF HEALTH

IDENTIFICATION					
NAME AND CODE OF DISTRICT _____					<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
NAME AND CODE OF VILLAGE/MUNICIPALITY _____					<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
WARD NUMBER					<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
NAME OF HOUSEHOLD HEAD _____					
CLUSTER NUMBER					<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
HOUSEHOLD NUMBER					<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
HOUSEHOLD SELECTED FOR MAN'S SURVEY? (1=YES, 2=NO)					<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
ALTITUDE (METERS)					<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
FIELDWORKER VISITS					
	1	2	3	FINAL VISIT	
DATE	_____	_____	_____	DAY	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
FIELDWORKER'S NAME	_____	_____	_____	MONTH	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
				YEAR	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center;">7</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS	
TIME	_____	_____		<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
NOTES: _____ _____ _____ _____				TOTAL ELIGIBLE WOMEN <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> TOTAL ELIGIBLE MEN <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> TOTAL ELIGIBLE CHILDREN <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
LANGUAGE OF QUESTIONNAIRE** <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center;">1</div>		LANGUAGE OF INTERVIEW** <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>		NATIVE LANGUAGE OF RESPONDENT** <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
LANGUAGE OF QUESTIONNAIRE** ENGLISH		**LANGUAGE CODES: 01 ENGLISH 03 MAITHILI 02 NEPALI 04 BHOJPURI 05 OTHER			
SUPERVISOR _____ NAME		OFFICE EDITOR <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> NUMBER		KEYED BY <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> NUMBER	

WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-5

101	CHECK COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 102; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
104	CHECK 103: CHILD BORN IN 2068-2073?	YES 1 NO 2 (SKIP TO 114) ←	YES 1 NO 2 (SKIP TO 114) ←	YES 1 NO 2 (SKIP TO 114) ←
105	WEIGHT IN KILOGRAMS.	KG.... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	KG.... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	KG.... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
106	HEIGHT IN CENTIMETERS.	CM.... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 108) ←	CM.... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 108) ←	CM.... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 108) ←
107	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2
108	MEASURER: ENTER YOUR FIELDWORKER NUMBER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER

WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-5

101	CHECK COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 102; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____

109	CHECK 103: CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR 5 PREVIOUS MONTHS?	0-5 MONTHS 1 (SKIP TO 114) ← OLDER 2	0-5 MONTHS 1 (SKIP TO 114) ← OLDER 2	0-5 MONTHS 1 (SKIP TO 114) ← OLDER 2
110	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD FROM COLUMN 1 OF HOUSEHOLD SCHEDULE.	LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)
111	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We ask that all children born in 2068 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?</p>		
112	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT/OTHER . 3 (SKIP TO 114) ←	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT/OTHER . 3 (SKIP TO 114) ←	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT/OTHER . 3 (SKIP TO 114) ←
113	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA	G/DL <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 995 OTHER 996
114	GO BACK TO 103 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 201.			

WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-5

		CHILD 4	CHILD 5	CHILD 6
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
104	CHECK 103: CHILD BORN IN 2068-2073?	YES 1 NO 2 (SKIP TO 114) ←	YES 1 NO 2 (SKIP TO 114) ←	YES 1 NO 2 (SKIP TO 114) ←
105	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
106	HEIGHT IN CENTIMETERS.	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 108) ←	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 108) ←	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 108) ←
107	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2
108	MEASURER: ENTER YOUR FIELDWORKER NUMBER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER

WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-5

		CHILD 4	CHILD 5	CHILD 6
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
109	CHECK 103: CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR 5 PREVIOUS MONTHS?	0-5 MONTHS 1] (SKIP TO 114) ← OLDER 2	0-5 MONTHS 1] (SKIP TO 114) ← OLDER 2	0-5 MONTHS 1] (SKIP TO 114) ← OLDER 2
110	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD FROM COLUMN 1 OF HOUSEHOLD SCHEDULE.	LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)
111	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT.	As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We ask that all children born in 2068 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?		
112	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1] _____ (SIGN) ← REFUSED 2] NOT PRESENT/OTHER . 3] (SKIP TO 114) ←	GRANTED 1] _____ (SIGN) ← REFUSED 2] NOT PRESENT/OTHER . 3] (SKIP TO 114) ←	GRANTED 1] _____ (SIGN) ← REFUSED 2] NOT PRESENT/OTHER . 3] (SKIP TO 114) ←
113	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA	G/DL <input type="text"/> <input type="text"/> <input type="text"/> REFUSED995 OTHER996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> REFUSED995 OTHER996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> REFUSED995 OTHER996
114	GO BACK TO 103 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 201.			

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15 AND ABOVE

201	CHECK COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE WOMEN IN 202, 203, AND 204. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		WOMAN 1	WOMAN 2	WOMAN 3
202	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 9. NAME FROM _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
203	CHECK HOUSEHOLD QUESTIONNAIRE	15-17 YEARS 1 18 -49 YEARS 2 50 YEARS AND ABOVE 3	15-17 YEARS 1 18 YEARS AND ABOVE 2 50 YEARS AND ABOVE 3	15-17 YEARS 1 18 YEARS AND ABOVE 2 50 YEARS AND ABOVE 3
204	CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 8	CODE 4 (NEVER IN UNION) . 1 OTHER 2	CODE 4 (NEVER IN UNION) . 1 OTHER 2	CODE 4 (NEVER IN UNION) . 1 OTHER 2
205	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 99994 (GO TO 203 FOR NEXT WOMAN OR, IF NO MORE WOMEN, GO TO 303) REFUSED 99995 OTHER 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 99994 (GO TO 203 FOR NEXT WOMAN OR, IF NO MORE WOMEN, GO TO 303) REFUSED 99995 OTHER 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 99994 (GO TO 203 FOR NEXT WOMAN OR, IF NO MORE WOMEN, GO TO 303) REFUSED 99995 OTHER 99996
206	HEIGHT IN CENTIMETERS.	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
207	MEASURER: ENTER YOUR FIELDWORKER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER
208	CHECK 203: AGE	15-17 YEARS 1 18 -49 YEARS 2 50 AND ABOVE 3 (SKIP TO 213) ←	15-17 YEARS 1 18 -49 YEARS 2 50 AND ABOVE 3 (SKIP TO 213) ←	15-17 YEARS 1 18 -49 YEARS 2 50 AND ABOVE 3 (SKIP TO 213) ←
209	CHECK 204: MARITAL STATUS	CODE 4 (NEVER IN UNION) ... 1 OTHER 2 (SKIP TO 213) ←	CODE 4 (NEVER IN UNION) ... 1 OTHER 2 (SKIP TO 213) ←	CODE 4 (NEVER IN UNION) ... 1 OTHER 2 (SKIP TO 213) ←

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15 AND ABOVE

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____

PARENTAL/RESPONSIBLE ADULT CONSENT FOR BLOOD PRESSURE MEASUREMENT

210	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> (RECORD '00' IF NOT LISTED)	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> (RECORD '00' IF NOT LISTED)	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> (RECORD '00' IF NOT LISTED)
211	ASK CONSENT FOR BLOOD PRESSURE FROM PARENT/OTHER ADULT IDENTIFIED IN 210 AS RESPONSIBLE FOR NEVER MARRIED WOMEN AGE 15-17.	<p>I would like to measure (NAME OF ADOLESCENT)'s blood pressure. This will be done three times, with an interval of about five minutes between measurements. This is a harmless procedure. Blood pressure measurement is used to find out if a person has high blood pressure. If not treated, high blood pressure may eventually cause serious damage to the heart. The results of this blood pressure measurement will be given to you and (NAME OF ADOLESCENT) after the measurement process is completed. The results of blood pressure measurement will be explained to you. If (NAME OF ADOLESCENT)'s blood pressure is high, we will suggest that (NAME OF ADOLESCENT) consult a health facility or doctor since we cannot provide any further testing or treatment during the survey. You can also decide at any time not to participate in the blood pressure measurement. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test for (NAME OF ADOLESCENT) or you can say no. It is up to you to decide. Will you allow me to measure (NAME OF ADOLESCENT)'s blood pressure?</p>		
212	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 <div style="text-align: center;">_____</div> (SIGN) (IF REFUSED, SKIP TO 249)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 <div style="text-align: center;">_____</div> (SIGN) (IF REFUSED, SKIP TO 249)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 <div style="text-align: center;">_____</div> (SIGN) (IF REFUSED, SKIP TO 249)

ADULT RESPONDENT CONSENT FOR BLOOD PRESSURE MEASUREMENT

213	ASK CONSENT FOR BLOOD PRESSURE FROM RESPONDENT.	<p>I would like to measure your blood pressure. This will be done three times, with an interval of about five minutes between measurements. This is a harmless procedure. Blood pressure measurement is used to find out if a person has high blood pressure. If not treated, high blood pressure may eventually cause serious damage to the heart. The results of this blood pressure measurement will be given to you after the measurement process is completed. The results of blood pressure measurement will be explained to you. If your blood pressure is high, we will suggest that you consult a health facility or doctor since we cannot provide any further testing or treatment during the survey. You can also decide at any time not to participate in the blood pressure measurement. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>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 me to measure your blood pressure?</p>		
214	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED ... 2 <div style="text-align: center;">_____</div> (SIGN) (IF REFUSED, SKIP TO 243)	GRANTED 1 RESPONDENT REFUSED ... 2 <div style="text-align: center;">_____</div> (SIGN) (IF REFUSED, SKIP TO 243)	GRANTED 1 RESPONDENT REFUSED ... 2 <div style="text-align: center;">_____</div> (SIGN) (IF REFUSED, SKIP TO 243)

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15 AND ABOVE

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____
215	Before taking your blood pressure, I would like to ask a few questions about things that may affect these measurements. Have you done any of the following within the past 30 minutes:			
		YES NO	YES NO	YES NO
a)	Eaten anything?	EATEN 1 2	EATEN 1 2	EATEN 1 2
b)	Had coffee, tea, cola or other drink that has caffeine?	HAD CAFFEINATED DRINK 1 2	HAD CAFFEINATED DRINK 1 2	HAD CAFFEINATED DRINK 1 2
c)	Smoked or used any tobacco	SMOKED 1 2	SMOKED 1 2	SMOKED 1 2
d)	Took alcohol?	TOOK ALCOHOL 1 2	TOOK ALCOHOL 1 2	TOOK ALCOHOL 1 2
216	May I begin the process of measuring your blood pressure? I will begin by measuring the circumference of your arm to make sure that I use the right equipment.	ARM CIRCUMFERENCE (IN CENTIMETRES) . <input type="text"/> <input type="text"/> MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN CENTIMETRES.	ARM CIRCUMFERENCE (IN CENTIMETRES) . <input type="text"/> <input type="text"/> MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN	ARM CIRCUMFERENCE (IN CENTIMETRES) . <input type="text"/> <input type="text"/> MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN
217	USE THE ARM CIRCUMFERENCE MEASUREMENT TO SELECT THE APPROPRIATE BLOOD PRESSURE MONITOR CUFF SIZE. CIRCLE THE CODE FOR THE CUFF SIZE.	SMALL: 16 CM – 24 CM 1 UNIVERSAL: 22 CM - 42 CM ... 2 LARGE: 36 CM – 45 CM 3	SMALL: 16 CM – 24 CM 1 UNIVERSAL: 22 CM - 42 2 LARGE: 36 CM – 45 CM 3	SMALL: 16 CM – 24 CM 1 UNIVERSAL: 22 CM - 42 2 LARGE: 36 CM – 45 CM 3
218	RECORD TIME OF FIRST BP READING	HOURS MINUTES TIME <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	HOURS MINUTES TIME <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	HOURS MINUTES TIME <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
219	TAKE THE FIRST BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE.	FIRST BP MEASURE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 994 TECHNICAL PROBLEM! ... 995 OTHER 996 IF NOT MEASURED, GO TO 243) ←	FIRST BP MEASURE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 994 TECHNICAL PROBLEM! ... 995 OTHER 996 IF NOT MEASURED, GO TO 243) ←	FIRST BP MEASURE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 994 TECHNICAL PROBLEM! ... 995 OTHER 996 IF NOT MEASURED, GO TO 243) ←

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15 AND ABOVE

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____
220	Before this survey, has your blood pressure ever been checked?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
221	Were you told on two or more different occasions by a doctor or other health professional that you had hypertension or high blood pressure?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
222	To lower your blood pressure, are you now taking a prescribed medicine?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
223	CHECK THAT IT HAS BEEN AT LEAST 5 MINUTES BEFORE TAKING THE SECOND BLOOD PRESSURE MEASUREMENT			
224	May I take your blood pressure at this time?	YES 1 NO 2 (GO TO 236) ←	YES 1 NO 2 (GO TO 236) ←	YES 1 NO 2 (GO TO 236) ←
225	RECORD TIME OF SECOND BP READING	HOURS MINUTES TIME <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	HOURS MINUTES TIME <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	HOURS MINUTES TIME <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
226	TAKE THE SECOND BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE.	SECOND BP MEASURE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 994 TECHNICAL PROBLEM: ... 995 OTHER 996 IF NOT MEASURED, GO TO 236) ←	SECOND BP MEASURE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 994 TECHNICAL PROBLEM: ... 995 OTHER 996 IF NOT MEASURED, GO TO 236) ←	SECOND BP MEASURE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 994 TECHNICAL PROBLEM: ... 995 OTHER 996 IF NOT MEASURED, GO TO 236) ←
227	CHECK THAT IT HAS BEEN AT LEAST 5 MINUTES BEFORE TAKING THE THIRD BLOOD PRESSURE MEASUREMENT			
228	May I take your blood pressure at this time?	YES 1 NO 2 (GO TO 239) ←	YES 1 NO 2 (GO TO 239) ←	YES 1 NO 2 (GO TO 239) ←
229	RECORD TIME OF THIRD BP READING	HOURS MINUTES TIME <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	HOURS MINUTES TIME <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	HOURS MINUTES TIME <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
230	TAKE THE THIRD BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE.	THIRD BP MEASURE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 994 TECHNICAL PROBLEM: ... 995 OTHER 996 IF NOT MEASURED, GO TO 239) ←	THIRD BP MEASURE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 994 TECHNICAL PROBLEM: ... 995 OTHER 996 IF NOT MEASURED, GO TO 239) ←	THIRD BP MEASURE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 994 TECHNICAL PROBLEM: ... 995 OTHER 996 IF NOT MEASURED, GO TO 239) ←

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15 AND ABOVE

		WOMAN 1	WOMAN 2	WOMAN 3																																			
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____																																			
231	RECORD THE SUM OF THE SYSTOLIC MEASURES FROM 226 AND 230.	SUM SYSTOLIC <div> <div></div> <div></div> <div></div> </div>	SUM SYSTOLIC <div> <div></div> <div></div> <div></div> </div>	SUM SYSTOLIC <div> <div></div> <div></div> <div></div> </div>																																			
232	CALCULATE THE AVERAGE SYSTOLIC PRESSURES BY DIVIDING THE SUM IN 231 BY 2.	AVERAGE SYSTOLIC <div> <div></div> <div></div> <div></div> </div> CIRCLE IN 241	AVERAGE SYSTOLIC <div> <div></div> <div></div> <div></div> </div> CIRCLE IN 241	AVERAGE SYSTOLIC <div> <div></div> <div></div> <div></div> </div> CIRCLE IN 241																																			
233	RECORD THE SUM OF THE DIASTOLIC MEASURES FROM 226 AND 230.	SUM DIASTOLIC <div> <div></div> <div></div> <div></div> </div>	SUM DIASTOLIC <div> <div></div> <div></div> <div></div> </div>	SUM DIASTOLIC <div> <div></div> <div></div> <div></div> </div>																																			
234	CALCULATE THE AVERAGE DIASTOLIC PRESSURES BY DIVIDING THE SUM IN 233 BY 2.	AVERAGE DIASTOLIC <div> <div></div> <div></div> <div></div> </div> CIRCLE IN 241 AND SKIP TO 241	AVERAGE DIASTOLIC <div> <div></div> <div></div> <div></div> </div> CIRCLE IN 241 AND SKIP TO 241	AVERAGE DIASTOLIC <div> <div></div> <div></div> <div></div> </div> CIRCLE IN 241 AND SKIP TO 241																																			
235	IF ONLY ONE MEASUREMENT WAS TAKEN, RECORD THE FIRST SYSTOLIC AND DIASTOLIC NUMBERS HERE.																																						
236	RECORD THE SYSTOLIC MEASURE FROM 219.	SYSTOLIC <div> <div></div> <div></div> <div></div> </div> CIRCLE IN 241	SYSTOLIC <div> <div></div> <div></div> <div></div> </div> CIRCLE IN 241	SYSTOLIC <div> <div></div> <div></div> <div></div> </div> CIRCLE IN 241																																			
237	RECORD THE DIASTOLIC MEASURE FROM 219.	DIASTOLIC <div> <div></div> <div></div> <div></div> </div> CIRCLE IN 241 AND SKIP TO 241	DIASTOLIC <div> <div></div> <div></div> <div></div> </div> CIRCLE IN 241 AND SKIP TO 241	DIASTOLIC <div> <div></div> <div></div> <div></div> </div> CIRCLE IN 241 AND SKIP TO 241																																			
238	IF ONLY TWO MEASUREMENTS WERE TAKEN, RECORD THE SECOND SYSTOLIC AND DIASTOLIC NUMBERS HERE.																																						
239	RECORD THE SYSTOLIC MEASURE FROM 226.	SYSTOLIC <div> <div></div> <div></div> <div></div> </div> CIRCLE IN 241	SYSTOLIC <div> <div></div> <div></div> <div></div> </div> CIRCLE IN 241	SYSTOLIC <div> <div></div> <div></div> <div></div> </div> CIRCLE IN 241																																			
240	RECORD THE DIASTOLIC MEASURE FROM 226.	DIASTOLIC <div> <div></div> <div></div> <div></div> </div> CIRCLE IN 241	DIASTOLIC <div> <div></div> <div></div> <div></div> </div> CIRCLE IN 241	DIASTOLIC <div> <div></div> <div></div> <div></div> </div> CIRCLE IN 241																																			
241	CIRCLE THE SINGLE NUMBER WHERE THE AVERAGE DIASTOLIC AND SYSTOLIC MEASURES MEET. <div> <div> AVERAGE SYSTOLIC <120 <130 130-139 140-159 160-179 ≥180 </div> <div> AVERAGE DIASTOLIC <table> <tr> <td><80</td> <td><85</td> <td>85-89</td> <td>90-99</td> <td>100-109</td> <td>≥110</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> </table> </div> </div>	<80	<85	85-89	90-99	100-109	≥110	1	2	3	4	5	6	<div> AVERAGE DIASTOLIC <table> <tr> <td><80</td> <td><85</td> <td>85-89</td> <td>90-99</td> <td>100-109</td> <td>≥110</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> </table> </div>	<80	<85	85-89	90-99	100-109	≥110	1	2	3	4	5	6	<div> AVERAGE DIASTOLIC <table> <tr> <td><80</td> <td><85</td> <td>85-89</td> <td>90-99</td> <td>100-109</td> <td>≥110</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> </table> </div>	<80	<85	85-89	90-99	100-109	≥110	1	2	3	4	5	6
<80	<85	85-89	90-99	100-109	≥110																																		
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WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15 AND ABOVE

		WOMAN 1	WOMAN 2	WOMAN 3																					
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____																					
242	RECORD THE NUMBER YOU CIRCLED IN 241 IN THE CHART BELOW. THEN USE THE INSTRUCTIONS TO THE RIGHT OF THAT NUMBER TO COMPLETE A BLOOD PRESSURE REPORT AND REFERRAL FORM FOR THE RESPONDENT. GIVE THE FORM TO THE RESPONDENT AND ANSWER ANY QUESTIONS.	<table border="1"> <thead> <tr> <th>NUMBER CIRCLED IN 241</th> <th>RESPONDENT'S BLOOD PRESSURE CATEGORY</th> <th>CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>NORMAL (OPTIMAL)</td> <td>1 YEAR</td> </tr> <tr> <td>2</td> <td>NORMAL (MILDLY HIGH)</td> <td>1 YEAR</td> </tr> <tr> <td>3</td> <td>NORMAL (MODERATELY HIGH)</td> <td>2 MONTHS</td> </tr> <tr> <td>4</td> <td>ABNORMAL (MILDLY ELEVATED)</td> <td>1 MONTH</td> </tr> <tr> <td>5</td> <td>ABNORMAL (MODERATELY ELEVATED)</td> <td>1 WEEK</td> </tr> <tr> <td>6</td> <td>ABNORMAL (SEVERELY ELEVATED)</td> <td>IMMEDIATELY</td> </tr> </tbody> </table>			NUMBER CIRCLED IN 241	RESPONDENT'S BLOOD PRESSURE CATEGORY	CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE	1	NORMAL (OPTIMAL)	1 YEAR	2	NORMAL (MILDLY HIGH)	1 YEAR	3	NORMAL (MODERATELY HIGH)	2 MONTHS	4	ABNORMAL (MILDLY ELEVATED)	1 MONTH	5	ABNORMAL (MODERATELY ELEVATED)	1 WEEK	6	ABNORMAL (SEVERELY ELEVATED)	IMMEDIATELY
NUMBER CIRCLED IN 241	RESPONDENT'S BLOOD PRESSURE CATEGORY	CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE																							
1	NORMAL (OPTIMAL)	1 YEAR																							
2	NORMAL (MILDLY HIGH)	1 YEAR																							
3	NORMAL (MODERATELY HIGH)	2 MONTHS																							
4	ABNORMAL (MILDLY ELEVATED)	1 MONTH																							
5	ABNORMAL (MODERATELY ELEVATED)	1 WEEK																							
6	ABNORMAL (SEVERELY ELEVATED)	IMMEDIATELY																							
243	CHECK 203: AGE	15-17 YEARS 1 18-49 YEARS 2 (SKIP TO 245) ← 50 YEARS AND ABOVE 3 (GO TO 203 FOR NEXT WOMAN OR, IF NO MORE WOMEN, GO TO 303) ←	15-17 YEARS 1 18-49 YEARS 2 (SKIP TO 245) ← 50 YEARS AND ABOVE 3 (GO TO 203 FOR NEXT WOMAN OR, IF NO MORE WOMEN, GO TO 303) ←	15-17 YEARS 1 18-49 YEARS 2 (SKIP TO 245) ← 50 YEARS AND ABOVE 3 (GO TO 203 FOR NEXT WOMAN OR, IF NO MORE WOMEN, GO TO 303) ←																					
244	CHECK 204: MARITAL STATUS	CODE 4 (NEVER IN UNION) 1 (SKIP TO 248) ← OTHER 2	CODE 4 (NEVER IN UNION) 1 (SKIP TO 248) ← OTHER 2	CODE 4 (NEVER IN UNION) 1 (SKIP TO 248) ← OTHER 2																					

ADULT RESPONDENT CONSENT FOR ANEMIA TEST

ADULT RESPONDENT CONSENT	245	ASK CONSENT FOR ANEMIA TEST.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you take the anemia test?</p>		
	246	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 256) NOT PRESENT/OTHER 3 (SKIP TO 256) ←	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 256) NOT PRESENT/OTHER 3 (SKIP TO 256) ←	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 256) NOT PRESENT/OTHER 3 (SKIP TO 256) ←
	247	CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant?	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 254) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 254) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 254) ←
	248	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block; margin: 0 5px;"></div> (RECORD '00' IF NOT LISTED)	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block; margin: 0 5px;"></div> (RECORD '00' IF NOT LISTED)	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block; margin: 0 5px;"></div> (RECORD '00' IF NOT LISTED)

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15 AND ABOVE

		WOMAN 1	WOMAN 2	WOMAN 3																				
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____																				
PARENTAL/RESPONSIBLE ADULT CONSENT FOR ANEMIA TEST																								
P A R E N T — R E S P O N S I B L E A D U L T C O N S E N T	249	<p>ASK CONSENT FOR ANEMIA TEST FROM PARENT/ADULT.</p> <p>As part of this survey, we are asking people all over the country to take an anaemia test. Anaemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anaemia. For the anaemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anaemia immediately, and the result will be told to you and (NAME OF ADOLESCENT) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test for (NAME OF ADOLESCENT), or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to take the anaemia test?</p>																						
	250	<p>CIRCLE THE CODE AND SIGN YOUR NAME.</p> <table border="0"> <tr> <td>GRANTED 1</td> <td>GRANTED 1</td> <td>GRANTED 1</td> </tr> <tr> <td>PARENT/OTHER RESPONSIBLE ADULT REFUSED 2</td> <td>PARENT/OTHER RESPONSIBLE ADULT REFUSED 2</td> <td>PARENT/OTHER RESPONSIBLE ADULT REFUSED 2</td> </tr> <tr> <td align="center">_____</td> <td align="center">_____</td> <td align="center">_____</td> </tr> <tr> <td align="center">(SIGN)</td> <td align="center">(SIGN)</td> <td align="center">(SIGN)</td> </tr> <tr> <td align="center">(IF REFUSED, SKIP TO 256)</td> <td align="center">(IF REFUSED, SKIP TO 256)</td> <td align="center">(IF REFUSED, SKIP TO 256)</td> </tr> <tr> <td>NOT PRESENT/OTHER 3</td> <td>NOT PRESENT/OTHER 3</td> <td>NOT PRESENT/OTHER 3</td> </tr> <tr> <td align="center">(SKIP TO 256)</td> <td align="center">(SKIP TO 256)</td> <td align="center">(SKIP TO 256)</td> </tr> </table>			GRANTED 1	GRANTED 1	GRANTED 1	PARENT/OTHER RESPONSIBLE ADULT REFUSED 2	PARENT/OTHER RESPONSIBLE ADULT REFUSED 2	PARENT/OTHER RESPONSIBLE ADULT REFUSED 2	_____	_____	_____	(SIGN)	(SIGN)	(SIGN)	(IF REFUSED, SKIP TO 256)	(IF REFUSED, SKIP TO 256)	(IF REFUSED, SKIP TO 256)	NOT PRESENT/OTHER 3	NOT PRESENT/OTHER 3	NOT PRESENT/OTHER 3	(SKIP TO 256)	(SKIP TO 256)
GRANTED 1	GRANTED 1	GRANTED 1																						
PARENT/OTHER RESPONSIBLE ADULT REFUSED 2	PARENT/OTHER RESPONSIBLE ADULT REFUSED 2	PARENT/OTHER RESPONSIBLE ADULT REFUSED 2																						
_____	_____	_____																						
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(SKIP TO 256)	(SKIP TO 256)	(SKIP TO 256)																						
MINOR RESPONDENT CONSENT FOR ANEMIA TEST																								
M I N O R R E S P O N D E N T C O N S E N T	251	<p>ASK CONSENT FOR ANEMIA TEST FROM RESPONDENT.</p> <p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF PARENT/RESPONSIBLE ADULT) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you take the anemia test?</p>																						
	252	<p>CIRCLE THE CODE AND SIGN YOUR NAME.</p> <table border="0"> <tr> <td>GRANTED 1</td> <td>GRANTED 1</td> <td>GRANTED 1</td> </tr> <tr> <td>MINOR RESPONDENT REFUSED 2</td> <td>MINOR RESPONDENT REFUSED 2</td> <td>MINOR RESPONDENT REFUSED 2</td> </tr> <tr> <td align="center">_____</td> <td align="center">_____</td> <td align="center">_____</td> </tr> <tr> <td align="center">(SIGN)</td> <td align="center">(SIGN)</td> <td align="center">(SIGN)</td> </tr> <tr> <td align="center">(IF REFUSED, SKIP TO 256)</td> <td align="center">(IF REFUSED, SKIP TO 256)</td> <td align="center">(IF REFUSED, SKIP TO 256)</td> </tr> <tr> <td>NOT PRESENT/OTHER 3</td> <td>NOT PRESENT/OTHER 3</td> <td>NOT PRESENT/OTHER 3</td> </tr> <tr> <td align="center">(SKIP TO 256)</td> <td align="center">(SKIP TO 256)</td> <td align="center">(SKIP TO 256)</td> </tr> </table>			GRANTED 1	GRANTED 1	GRANTED 1	MINOR RESPONDENT REFUSED 2	MINOR RESPONDENT REFUSED 2	MINOR RESPONDENT REFUSED 2	_____	_____	_____	(SIGN)	(SIGN)	(SIGN)	(IF REFUSED, SKIP TO 256)	(IF REFUSED, SKIP TO 256)	(IF REFUSED, SKIP TO 256)	NOT PRESENT/OTHER 3	NOT PRESENT/OTHER 3	NOT PRESENT/OTHER 3	(SKIP TO 256)	(SKIP TO 256)
GRANTED 1	GRANTED 1	GRANTED 1																						
MINOR RESPONDENT REFUSED 2	MINOR RESPONDENT REFUSED 2	MINOR RESPONDENT REFUSED 2																						
_____	_____	_____																						
(SIGN)	(SIGN)	(SIGN)																						
(IF REFUSED, SKIP TO 256)	(IF REFUSED, SKIP TO 256)	(IF REFUSED, SKIP TO 256)																						
NOT PRESENT/OTHER 3	NOT PRESENT/OTHER 3	NOT PRESENT/OTHER 3																						
(SKIP TO 256)	(SKIP TO 256)	(SKIP TO 256)																						
	253	<p>CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant?</p> <p>YES 1 NO 2 DON'T KNOW 8</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>																				
	254	PREPARE EQUIPMENT AND SUPPLIES FOR ANEMIA TEST AND PROCEED WITH THE TEST.																						
	255	<p>RECORD HEMOGLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET.</p> <p>G/DL <input type="text"/> <input type="text"/> . <input type="text"/></p> <p>NOT PRESENT 994 REFUSED 995 OTHER 996</p>	<p>G/DL <input type="text"/> <input type="text"/> . <input type="text"/></p> <p>NOT PRESENT 994 REFUSED 995 OTHER 996</p>	<p>G/DL <input type="text"/> <input type="text"/> . <input type="text"/></p> <p>NOT PRESENT 994 REFUSED 995 OTHER 996</p>																				
	256	GO BACK TO 202 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, GO TO 301.																						

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15 AND ABOVE

201	CHECK COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE WOMEN IN 202, 203, AND 204. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		WOMAN 4	WOMAN 5	WOMAN 6
202	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 9. NAME FROM COLUMN 2.	LINE NUMBER <input type="text"/> <input type="text"/> NAME	LINE NUMBER <input type="text"/> <input type="text"/> NAME	LINE NUMBER <input type="text"/> <input type="text"/> NAME
203	CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 7 (AGE):	15-17 YEARS 1 18-49 YEARS 2 50 YEARS AND ABOVE 3	15-17 YEARS 1 18-49 YEARS 2 50 YEARS AND ABOVE 3	15-17 YEARS 1 18-49 YEARS 2 50 YEARS AND ABOVE 3
204	CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 8 (MARITAL STATUS):	CODE 4 (NEVER IN UNION) . 1 OTHER 2	CODE 4 (NEVER IN UNION) . 1 OTHER 2	CODE 4 (NEVER IN UNION) . 1 OTHER 2

205	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 99994 (GO TO 203 FOR NEXT WOMAN OR, IF NO MORE WOMEN, GO TO 303) REFUSED 99995 OTHER 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 99994 (GO TO 203 FOR NEXT WOMAN OR, IF NO MORE WOMEN, GO TO 303) REFUSED 99995 OTHER 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 99994 (GO TO 203 FOR NEXT WOMAN OR, IF NO MORE WOMEN, GO TO 303) REFUSED 99995 OTHER 99996
206	HEIGHT IN CENTIMETERS.	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
207	MEASURER: ENTER YOUR FIELDWORKER NUMBER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER
208	CHECK 203: AGE	15-17 YEARS 1 18-49 YEARS 2 50 YEARS AND ABOVE 3 (SKIP TO 213) ←	15-17 YEARS 1 18-49 YEARS 2 50 YEARS AND ABOVE 3 (SKIP TO 213) ←	15-17 YEARS 1 18-49 YEARS 2 50 YEARS AND ABOVE 3 (SKIP TO 213) ←
209	CHECK 204: MARITAL STATUS	CODE 4 (NEVER IN UNION) ... 1 OTHER 2 (SKIP TO 213) ←	CODE 4 (NEVER IN UNION) ... 1 OTHER 2 (SKIP TO 213) ←	CODE 4 (NEVER IN UNION) ... 1 OTHER 2 (SKIP TO 213) ←

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15 AND ABOVE

		WOMAN 4	WOMAN 5	WOMAN 6
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____
PARENTAL/RESPONSIBLE ADULT CONSENT FOR BLOOD PRESSURE MEASUREMENT				
210	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <div style="display: flex; justify-content: center; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> </div> (RECORD '00' IF NOT LISTED)	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <div style="display: flex; justify-content: center; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> </div> (RECORD '00' IF NOT LISTED)	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <div style="display: flex; justify-content: center; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> </div> (RECORD '00' IF NOT LISTED)
211	ASK CONSENT FOR BLOOD PRESSURE FROM PARENT/OTHER ADULT IDENTIFIED IN 210 AS RESPONSIBLE FOR NEVER MARRIED WOMEN AGE 15-17.	<p>I would like to measure (NAME OF ADOLESCENT)'s blood pressure. This will be done three times, with an interval of about five minutes between measurements. This is a harmless procedure. Blood pressure measurement is used to find out if a person has high blood pressure. If not treated, high blood pressure may eventually cause serious damage to the heart. The results of this blood pressure measurement will be given to you and (NAME OF ADOLESCENT) after the measurement process is completed. The results of blood pressure measurement will be explained to you. If (NAME OF ADOLESCENT)'s blood pressure is high, we will suggest that (NAME OF ADOLESCENT) consult a health facility or doctor since we cannot provide any further testing or treatment during the survey. You can also decide at any time not to participate in the blood pressure measurement. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test for (NAME OF ADOLESCENT) or you can say no. It is up to you to decide. Will you allow me to measure (NAME OF ADOLESCENT)'s blood pressure?</p>		
212	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 <div style="text-align: right;">←</div> _____ (SIGN) (IF REFUSED, SKIP TO 249)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 <div style="text-align: right;">←</div> _____ (SIGN) (IF REFUSED, SKIP TO 249)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 <div style="text-align: right;">←</div> _____ (SIGN) (IF REFUSED, SKIP TO 249)
ADULT RESPONDENT CONSENT FOR BLOOD PRESSURE MEASUREMENT				
213	ASK CONSENT FOR BLOOD PRESSURE FROM RESPONDENT.	<p>I would like to measure your blood pressure. This will be done three times, with an interval of about five minutes between measurements. This is a harmless procedure. Blood pressure measurement is used to find out if a person has high blood pressure. If not treated, high blood pressure may eventually cause serious damage to the heart. The results of this blood pressure measurement will be given to you after the measurement process is completed. The results of blood pressure measurement will be explained to you. If your blood pressure is high, we will suggest that you consult a health facility or doctor since we cannot provide any further testing or treatment during the survey. You can also decide at any time not to participate in the blood pressure measurement. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>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 me to measure your blood pressure?</p>		
214	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED ... 2 <div style="text-align: right;">←</div> _____ (SIGN) (IF REFUSED, SKIP TO 243)	GRANTED 1 RESPONDENT REFUSED ... 2 <div style="text-align: right;">←</div> _____ (SIGN) (IF REFUSED, SKIP TO 243)	GRANTED 1 RESPONDENT REFUSED ... 2 <div style="text-align: right;">←</div> _____ (SIGN) (IF REFUSED, SKIP TO 243)

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15 AND ABOVE

		WOMAN 4	WOMAN 5	WOMAN 6
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____
215	Before taking your blood pressure, I would like to ask a few questions about things that may affect these measurements. Have you done any of the following within the past 30 minutes:	<p align="right">YES NO</p> <p>a) Eaten anything? EATEN 1 2</p> <p>b) Had coffee, tea, cola or other drink that has caffeine? HAD CAFFEINATED DRINK 1 2</p> <p>c) Smoked or used any tobacco SMOKED 1 2</p> <p>d) Took alcohol? TOOK ALCOHOL 1 2</p>	<p align="right">YES NO</p> <p>EATEN 1 2</p> <p>HAD CAFFEINATED DRINK 1 2</p> <p>SMOKED 1 2</p> <p>TOOK ALCOHOL 1 2</p>	<p align="right">YES NO</p> <p>EATEN 1 2</p> <p>HAD CAFFEINATED DRINK 1 2</p> <p>SMOKED 1 2</p> <p>TOOK ALCOHOL 1 2</p>
216	May I begin the process of measuring your blood pressure? I will begin by measuring the circumference of your arm to make sure that I use the right equipment.	<p>ARM CIRCUMFERENCE <input type="text"/> <input type="text"/> (IN CENTIMETRES)</p> <p>MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN</p>	<p>ARM CIRCUMFERENCE <input type="text"/> <input type="text"/> (IN CENTIMETRES)</p> <p>MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE</p>	<p>ARM CIRCUMFERENCE <input type="text"/> <input type="text"/> (IN CENTIMETRES)</p> <p>MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE</p>
217	USE THE ARM CIRCUMFERENCE MEASUREMENT TO SELECT THE APPROPRIATE BLOOD PRESSURE MONITOR CUFF SIZE. CIRCLE THE CODE FOR THE CUFF SIZE.	<p>SMALL: 16 CM – 24 CM 1</p> <p>UNIVERSAL: 22 CM - 42 CM ... 2</p> <p>LARGE: 36 CM – 45 CM 3</p>	<p>SMALL: 16 CM – 24 CM 1</p> <p>UNIVERSAL: 22 CM - 42 CM ... 2</p> <p>LARGE: 36 CM – 45 CM 3</p>	<p>SMALL: 16 CM – 24 CM 1</p> <p>UNIVERSAL: 22 CM - 42 CM ... 2</p> <p>LARGE: 36 CM – 45 CM 3</p>
218	RECORD TIME OF FIRST BP READING	<p align="center">HOURS MINUTES</p> <p>TIME <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/></p>	<p align="center">HOURS MINUTES</p> <p>TIME <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/></p>	<p align="center">HOURS MINUTES</p> <p>TIME <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/></p>
219	TAKE THE FIRST BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE.	<p align="center">FIRST BP MEASURE</p> <p>SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/></p> <p>REFUSED 994</p> <p>TECHNICAL PROBLEM: ... 995</p> <p>OTHER 996</p> <p>(IF NOT MEASURED, GO TO 243) ←</p>	<p align="center">FIRST BP MEASURE</p> <p>SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/></p> <p>REFUSED 994</p> <p>TECHNICAL PROBLEM: ... 995</p> <p>OTHER 996</p> <p>(IF NOT MEASURED, GO TO 243) ←</p>	<p align="center">FIRST BP MEASURE</p> <p>SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/></p> <p>REFUSED 994</p> <p>TECHNICAL PROBLEM: ... 995</p> <p>OTHER 996</p> <p>(IF NOT MEASURED, GO TO 243) ←</p>

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15 AND ABOVE

		WOMAN 4	WOMAN 5	WOMAN 6
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____
220	Before this survey, has your blood pressure ever been checked?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
221	Were you told on two or more different occasions by a doctor or other health professional that you had hypertension or high blood pressure?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
222	To lower your blood pressure, are you now taking a prescribed medicine?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
223	CHECK THAT IT HAS BEEN AT LEAST 5 MINUTES BEFORE TAKING THE SECOND BLOOD PRESSURE MEASUREMENT			
224	May I take your blood pressure at this time?	YES 1 NO 2 (GO TO 236) ←	YES 1 NO 2 (GO TO 236) ←	YES 1 NO 2 (GO TO 236) ←
225	RECORD TIME OF SECOND BP READING	HOURS MINUTES TIME <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	HOURS MINUTES TIME <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	HOURS MINUTES TIME <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
226	TAKE THE SECOND BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE.	SECOND BP MEASURE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 994 TECHNICAL PROBLEM: ... 995 OTHER 996 (IF NOT MEASURED, GO TO 236) ←	SECOND BP MEASURE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 994 TECHNICAL PROBLEM: ... 995 OTHER 996 (IF NOT MEASURED, GO TO 236) ←	SECOND BP MEASURE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 994 TECHNICAL PROBLEM: ... 995 OTHER 996 (IF NOT MEASURED, GO TO 236) ←
227	CHECK THAT IT HAS BEEN AT LEAST 5 MINUTES BEFORE TAKING THE THIRD BLOOD PRESSURE MEASUREMENT			
228	May I take your blood pressure at this time?	YES 1 NO 2 (GO TO 239) ←	YES 1 NO 2 (GO TO 239) ←	YES 1 NO 2 (GO TO 239) ←
229	RECORD TIME OF THIRD BP READING	HOURS MINUTES TIME <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	HOURS MINUTES TIME <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	HOURS MINUTES TIME <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
230	TAKE THE THIRD BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE.	THIRD BP MEASURE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 994 TECHNICAL PROBLEM: ... 995 OTHER 996 (IF NOT MEASURED, GO TO 239) ←	THIRD BP MEASURE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 994 TECHNICAL PROBLEM: ... 995 OTHER 996 (IF NOT MEASURED, GO TO 239) ←	THIRD BP MEASURE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 994 TECHNICAL PROBLEM: ... 995 OTHER 996 (IF NOT MEASURED, GO TO 239) ←

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15 AND ABOVE

		WOMAN 4	WOMAN 5	WOMAN 6
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____
231	RECORD THE SUM OF THE SYSTOLIC MEASURES FROM 226 AND 230.	SUM SYSTOLIC <div> <div></div> <div></div> <div></div> </div>	SUM SYSTOLIC <div> <div></div> <div></div> <div></div> </div>	SUM SYSTOLIC <div> <div></div> <div></div> <div></div> </div>
232	CALCULATE THE AVERAGE SYSTOLIC PRESSURES BY DIVIDING THE SUM	AVERAGE SYSTOLIC <div> <div></div> <div></div> <div></div> </div> CIRCLE IN 241	AVERAGE SYSTOLIC <div> <div></div> <div></div> <div></div> </div> CIRCLE IN 241	AVERAGE SYSTOLIC <div> <div></div> <div></div> <div></div> </div> CIRCLE IN 241
233	RECORD THE SUM OF THE DIASTOLIC MEASURES FROM 226 AND 230.	SUM DIASTOLIC <div> <div></div> <div></div> <div></div> </div>	SUM DIASTOLIC <div> <div></div> <div></div> <div></div> </div>	SUM DIASTOLIC <div> <div></div> <div></div> <div></div> </div>
234	CALCULATE THE AVERAGE DIASTOLIC PRESSURES BY DIVIDING THE SUM IN 233 BY 2.	AVERAGE DIASTOLIC <div> <div></div> <div></div> <div></div> </div> CIRCLE IN 241 AND SKIP TO 241	AVERAGE DIASTOLIC <div> <div></div> <div></div> <div></div> </div> CIRCLE IN 241 AND SKIP TO 241	AVERAGE DIASTOLIC <div> <div></div> <div></div> <div></div> </div> CIRCLE IN 241 AND SKIP TO 241
235	IF ONLY ONE MEASUREMENT WAS TAKEN, RECORD THE FIRST SYSTOLIC AND DIASTOLIC NUMBERS HERE.			
236	RECORD THE SYSTOLIC MEASURE FROM 219.	SYSTOLIC <div> <div></div> <div></div> <div></div> </div> CIRCLE IN 241	SYSTOLIC <div> <div></div> <div></div> <div></div> </div> CIRCLE IN 241	SYSTOLIC <div> <div></div> <div></div> <div></div> </div> CIRCLE IN 241
237	RECORD THE DIASTOLIC MEASURE FROM 219.	DIASTOLIC <div> <div></div> <div></div> <div></div> </div> CIRCLE IN 241 AND SKIP TO 241	DIASTOLIC <div> <div></div> <div></div> <div></div> </div> CIRCLE IN 241 AND SKIP TO 241	DIASTOLIC <div> <div></div> <div></div> <div></div> </div> CIRCLE IN 241 AND SKIP TO 241
238	IF ONLY TWO MEASUREMENTS WERE TAKEN, RECORD THE SECOND SYSTOLIC AND DIASTOLIC NUMBERS HERE.			
239	RECORD THE SYSTOLIC MEASURE FROM 226.	SYSTOLIC <div> <div></div> <div></div> <div></div> </div> CIRCLE IN 241	SYSTOLIC <div> <div></div> <div></div> <div></div> </div> CIRCLE IN 241	SYSTOLIC <div> <div></div> <div></div> <div></div> </div> CIRCLE IN 241
240	RECORD THE DIASTOLIC MEASURE FROM 226.	DIASTOLIC <div> <div></div> <div></div> <div></div> </div> CIRCLE IN 241	DIASTOLIC <div> <div></div> <div></div> <div></div> </div> CIRCLE IN 241	DIASTOLIC <div> <div></div> <div></div> <div></div> </div> CIRCLE IN 241

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15 AND ABOVE

		WOMAN 4	WOMAN 5	WOMAN 6																																																																																																																																																							
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____																																																																																																																																																							
241	<p>CIRCLE THE SINGLE NUMBER WHERE THE AVERAGE DIASTOLIC AND SYSTOLIC MEASURES MEET</p> <table border="1"> <thead> <tr> <th rowspan="2">AVERAGE SYSTOLIC</th> <th colspan="6">AVERAGE DIASTOLIC</th> <th colspan="6">AVERAGE DIASTOLIC</th> <th colspan="6">AVERAGE DIASTOLIC</th> </tr> <tr> <th><80</th> <th><85</th> <th>85-89</th> <th>90-99</th> <th>100-109</th> <th>≥110</th> <th><80</th> <th><85</th> <th>85-89</th> <th>90-99</th> <th>100-109</th> <th>≥110</th> <th><80</th> <th><85</th> <th>85-89</th> <th>90-99</th> <th>100-109</th> <th>≥110</th> </tr> </thead> <tbody> <tr> <td><120</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td><130</td> <td>2</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>2</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>2</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>130-139</td> <td>3</td> <td>3</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>3</td> <td>3</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>3</td> <td>3</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>140-159</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> <td>5</td> <td>6</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> <td>5</td> <td>6</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>160-179</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>6</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>6</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>6</td> </tr> <tr> <td>≥180</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> </tr> </tbody> </table>	AVERAGE SYSTOLIC	AVERAGE DIASTOLIC						AVERAGE DIASTOLIC						AVERAGE DIASTOLIC						<80	<85	85-89	90-99	100-109	≥110	<80	<85	85-89	90-99	100-109	≥110	<80	<85	85-89	90-99	100-109	≥110	<120	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	<130	2	2	3	4	5	6	2	2	3	4	5	6	2	2	3	4	5	6	130-139	3	3	3	4	5	6	3	3	3	4	5	6	3	3	3	4	5	6	140-159	4	4	4	4	5	6	4	4	4	4	5	6	4	4	4	4	5	6	160-179	5	5	5	5	5	6	5	5	5	5	5	6	5	5	5	5	5	6	≥180	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6			
AVERAGE SYSTOLIC	AVERAGE DIASTOLIC						AVERAGE DIASTOLIC						AVERAGE DIASTOLIC																																																																																																																																														
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160-179	5	5	5	5	5	6	5	5	5	5	5	6	5	5	5	5	5	6																																																																																																																																									
≥180	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6																																																																																																																																									

242	<p>RECORD THE NUMBER YOU CIRCLED IN 241 IN THE CHART BELOW. THEN USE THE INSTRUCTIONS TO THE RIGHT OF THAT NUMBER TO COMPLETE A BLOOD PRESSURE REPORT AND REFERRAL FORM FOR THE RESPONDENT. GIVE THE FORM TO THE RESPONDENT AND ANSWER ANY QUESTIONS.</p> <table border="1"> <thead> <tr> <th>NUMBER CIRCLED IN 241</th> <th>RESPONDENT'S BLOOD PRESSURE CATEGORY</th> <th>CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>NORMAL (OPTIMAL)</td> <td>1 YEAR</td> </tr> <tr> <td>2</td> <td>NORMAL (MILDLY HIGH)</td> <td>1 YEAR</td> </tr> <tr> <td>3</td> <td>NORMAL (MODERATELY HIGH)</td> <td>2 MONTHS</td> </tr> <tr> <td>4</td> <td>ABNORMAL (MILDLY ELEVATED)</td> <td>1 MONTH</td> </tr> <tr> <td>5</td> <td>ABNORMAL (MODERATELY ELEVATED)</td> <td>1 WEEK</td> </tr> <tr> <td>6</td> <td>ABNORMAL (SEVERELY ELEVATED)</td> <td>IMMEDIATELY</td> </tr> </tbody> </table>	NUMBER CIRCLED IN 241	RESPONDENT'S BLOOD PRESSURE CATEGORY	CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE	1	NORMAL (OPTIMAL)	1 YEAR	2	NORMAL (MILDLY HIGH)	1 YEAR	3	NORMAL (MODERATELY HIGH)	2 MONTHS	4	ABNORMAL (MILDLY ELEVATED)	1 MONTH	5	ABNORMAL (MODERATELY ELEVATED)	1 WEEK	6	ABNORMAL (SEVERELY ELEVATED)	IMMEDIATELY
NUMBER CIRCLED IN 241	RESPONDENT'S BLOOD PRESSURE CATEGORY	CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE																				
1	NORMAL (OPTIMAL)	1 YEAR																				
2	NORMAL (MILDLY HIGH)	1 YEAR																				
3	NORMAL (MODERATELY HIGH)	2 MONTHS																				
4	ABNORMAL (MILDLY ELEVATED)	1 MONTH																				
5	ABNORMAL (MODERATELY ELEVATED)	1 WEEK																				
6	ABNORMAL (SEVERELY ELEVATED)	IMMEDIATELY																				

243	CHECK 203: AGE	15-17 YEARS 1 18-49 YEARS 2 (SKIP TO 245) ← 50 YEARS AND ABOVE 3 (GO TO 203 FOR NEXT WOMAN OR, IF NO MORE WOMEN, GO TO 303) ←	15-17 YEARS 1 18-49 YEARS 2 (SKIP TO 245) ← 50 YEARS AND ABOVE 3 (GO TO 203 FOR NEXT WOMAN OR, IF NO MORE WOMEN, GO TO 303) ←	15-17 YEARS 1 18-49 YEARS 2 (SKIP TO 245) ← 50 YEARS AND ABOVE 3 (GO TO 203 FOR NEXT WOMAN OR, IF NO MORE WOMEN, GO TO 303) ←
244	CHECK 204: MARITAL STATUS	CODE 4 (NEVER IN UNION) 1 (SKIP TO 248) ← OTHER 2	CODE 4 (NEVER IN UNION) 1 (SKIP TO 248) ← OTHER 2	CODE 4 (NEVER IN UNION) 1 (SKIP TO 248) ← OTHER 2

ADULT RESPONDENT CONSENT FOR ANEMIA TEST

ADULT RESPONDENT	245	<p>ASK CONSENT FOR ANEMIA TEST.</p> <p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you take the anemia test?</p>
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WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15 AND ABOVE

		WOMAN 4	WOMAN 5	WOMAN 6
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____
IN C O N S E N T	246	CIRCLE THE CODE AND SIGN YOUR NAME. GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF REFUSED, SKIP TO 256) NOT PRESENT/OTHER 3 (SKIP TO 256)	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF REFUSED, SKIP TO 256) NOT PRESENT/OTHER 3 (SKIP TO 256)	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF REFUSED, SKIP TO 256) NOT PRESENT/OTHER 3 (SKIP TO 256)
	247	CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant? YES 1 NO 2 DON'T KNOW 8 (SKIP TO 254)	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 254)	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 254)

248	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> (RECORD '00' IF NOT LISTED)			LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> (RECORD '00' IF NOT LISTED)			LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> (RECORD '00' IF NOT LISTED)		

PARENTAL/RESPONSIBLE ADULT CONSENT FOR ANEMIA TEST

P A R E N T R E S P A D U L T C O N S E N T	249	ASK CONSENT FOR ANEMIA TEST FROM PARENT/ADULT. As part of this survey, we are asking people all over the country to take an anaemia test. Anaemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anaemia. For the anaemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anaemia immediately, and the result will be told to you and (NAME OF ADOLESCENT) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes to the test for (NAME OF ADOLESCENT), or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to take the anaemia test?	
	250	CIRCLE THE CODE AND SIGN YOUR NAME. GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 256) NOT PRESENT/OTHER 3 (SKIP TO 256)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 256) NOT PRESENT/OTHER 3 (SKIP TO 256)

MINOR RESPONDENT CONSENT FOR ANEMIA TEST

M I N O R R E S P O N D E N T	251	ASK CONSENT FOR ANEMIA TEST FROM RESPONDENT. As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF PARENT/RESPONSIBLE ADULT) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes or no. It is up to you to decide. Will you take the anemia test?
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WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15 AND ABOVE

		WOMAN 4	WOMAN 5	WOMAN 6
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____
IN T C O N S E N T	252	CIRCLE THE CODE AND SIGN YOUR NAME. GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 256) NOT PRESENT/OTHER 3 (SKIP TO 256)	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 256) NOT PRESENT/OTHER 3 (SKIP TO 256)	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 256) NOT PRESENT/OTHER 3 (SKIP TO 256)
	253	CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant? YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
254	PREPARE EQUIPMENT AND SUPPLIES FOR ANEMIA TEST AND PROCEED WITH THE TEST.			
255	RECORD HEMOGLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET. G/DL <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	
256	GO BACK TO 202 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, GO TO 301.			

WEIGHT, HEIGHT, AND BLOOD PRESSURE MEASUREMENT FOR MEN AGE 15 AND ABOVE

301	CHECK COLUMN 10 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE MEN IN 302, 303, AND 304. IF THERE ARE MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		MAN 1	MAN 2	MAN 3
302	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 10. NAME FROM COLUMN 2.	LINE NUMBER <input type="text"/> <input type="text"/> NAME	LINE NUMBER <input type="text"/> <input type="text"/> NAME	LINE NUMBER <input type="text"/> <input type="text"/> NAME
303	CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 7 (AGE):	15-17 YEARS 1 18 YEARS AND ABOVE 2	15-17 YEARS 1 18 YEARS AND ABOVE 2	15-17 YEARS 1 18 YEARS AND ABOVE 2
304	CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 8	CODE 4 (NEVER IN UNION) . 1 OTHER 2	CODE 4 (NEVER IN UNION) . 1 OTHER 2	CODE 4 (NEVER IN UNION) . 1 OTHER 2

305	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 (GO TO 303 FOR NEXT MAN OR, IF NO MORE MEN, END INTERVIEW) REFUSED 99995 OTHER 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 (GO TO 303 FOR NEXT MAN OR, IF NO MORE MEN, END INTERVIEW) REFUSED 99995 OTHER 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 (GO TO 303 FOR NEXT MAN OR, IF NO MORE MEN, END INTERVIEW) REFUSED 99995 OTHER 99996
306	HEIGHT IN CENTIMETERS.	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
307	MEASURER: ENTER YOUR FIELDWORKER NUMBER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER
308	CHECK 303: AGE	15-17 YEARS 1 18 YEARS AND ABOVE 2 (SKIP TO 313) ←	15-17 YEARS 1 18 YEARS AND ABOVE 2 (SKIP TO 313) ←	15-17 YEARS 1 18 YEARS AND ABOVE 2 (SKIP TO 313) ←
309	CHECK 304: MARITAL STATUS	CODE 4 (NEVER IN UNION) ... 1 OTHER 2 (SKIP TO 313) ←	CODE 4 (NEVER IN UNION) ... 1 OTHER 2 (SKIP TO 313) ←	CODE 4 (NEVER IN UNION) ... 1 OTHER 2 (SKIP TO 313) ←

WEIGHT, HEIGHT, AND BLOOD PRESSURE MEASUREMENT FOR MEN AGE 15 AND ABOVE

		MAN 1	MAN 2	MAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____

PARENTAL/RESPONSIBLE ADULT CONSENT FOR BLOOD PRESSURE MEASUREMENT

310	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div> (RECORD '00' IF NOT LISTED)	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div> (RECORD '00' IF NOT LISTED)	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div> (RECORD '00' IF NOT LISTED)
311	ASK CONSENT FOR BLOOD PRESSURE FROM PARENT/OTHER ADULT IDENTIFIED IN 410 AS RESPONSIBLE FOR NEVER MARRIED WOMEN AGE 15-17.	<p>I would like to measure (NAME OF ADOLESCENT)'s blood pressure. This will be done three times, with an interval of about five minutes between measurements. This is a harmless procedure. Blood pressure measurement is used to find out if a person has high blood pressure. If not treated, high blood pressure may eventually cause serious damage to the heart. The results of this blood pressure measurement will be given to you and (NAME OF ADOLESCENT) after the measurement process is completed. The results of blood pressure measurement will be explained to you. If (NAME OF ADOLESCENT)'s blood pressure is high, we will suggest that (NAME OF ADOLESCENT) consult a health facility or doctor since we cannot provide any further testing or treatment during the survey. You can also decide at any time not to participate in the blood pressure measurement. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test for (NAME OF ADOLESCENT) or you can say no. It is up to you to decide. Will you allow me to measure (NAME OF ADOLESCENT)'s blood pressure?</p>		
312	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 <div style="text-align: center;"> <div style="border-top: 1px solid black; width: 100px; margin: 5px auto;"></div> (SIGN) (IF REFUSED, SKIP TO 343) </div>	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 <div style="text-align: center;"> <div style="border-top: 1px solid black; width: 100px; margin: 5px auto;"></div> (SIGN) (IF REFUSED, SKIP TO 343) </div>	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 <div style="text-align: center;"> <div style="border-top: 1px solid black; width: 100px; margin: 5px auto;"></div> (SIGN) (IF REFUSED, SKIP TO 343) </div>

ADULT RESPONDENT CONSENT FOR BLOOD PRESSURE MEASUREMENT

313	ASK CONSENT FOR BLOOD PRESSURE FROM RESPONDENT.	<p>I would like to measure your blood pressure. This will be done three times, with an interval of about five minutes between measurements. This is a harmless procedure. Blood pressure measurement is used to find out if a person has high blood pressure. If not treated, high blood pressure may eventually cause serious damage to the heart. The results of this blood pressure measurement will be given to you after the measurement process is completed. The results of blood pressure measurement will be explained to you. If your blood pressure is high, we will suggest that you consult a health facility or doctor since we cannot provide any further testing or treatment during the survey. You can also decide at any time not to participate in the blood pressure measurement. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>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 me to measure your blood pressure?</p>		
314	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED ... 2 <div style="text-align: center;"> <div style="border-top: 1px solid black; width: 100px; margin: 5px auto;"></div> (SIGN) (IF REFUSED, SKIP TO 343) </div>	GRANTED 1 RESPONDENT REFUSED ... 2 <div style="text-align: center;"> <div style="border-top: 1px solid black; width: 100px; margin: 5px auto;"></div> (SIGN) (IF REFUSED, SKIP TO 343) </div>	GRANTED 1 RESPONDENT REFUSED ... 2 <div style="text-align: center;"> <div style="border-top: 1px solid black; width: 100px; margin: 5px auto;"></div> (SIGN) (IF REFUSED, SKIP TO 343) </div>

WEIGHT, HEIGHT, AND BLOOD PRESSURE MEASUREMENT FOR MEN AGE 15 AND ABOVE

		MAN 1	MAN 2	MAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____
315	Before taking your blood pressure, I would like to ask a few questions about things that may affect these measurements. Have you done any of the following within the past 30 minutes:			
		YES NO	YES NO	YES NO
a)	Eaten anything?	EATEN 1 2	EATEN 1 2	EATEN 1 2
b)	Had coffee, tea, cola or other drink that has caffeine?	HAD CAFFEINATED DRINK 1 2	HAD CAFFEINATED DRINK 1 2	HAD CAFFEINATED DRINK 1 2
c)	Smoked or used any tobacco	SMOKED 1 2	SMOKED 1 2	SMOKED 1 2
d)	Took alcohol?	TOOK ALCHOHOL 1 2	TOOK ALCHOHOL 1 2	TOOK ALCHOHOL 1 2
316	May I begin the process of measuring your blood pressure? I will begin by measuring the circumference of your arm to make sure that I use the right equipment.	ARM CIRCUMFERENCE (IN CENTIMETRES). <input type="text"/> <input type="text"/> MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN CENTIMETRES.	ARM CIRCUMFERENCE (IN CENTIMETRES). <input type="text"/> <input type="text"/> MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN	ARM CIRCUMFERENCE (IN CENTIMETRES). <input type="text"/> <input type="text"/> MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN
317	USE THE ARM CIRCUMFERENCE MEASUREMENT TO SELECT THE APPROPRIATE BLOOD PRESSURE MONITOR CUFF SIZE. CIRCLE THE CODE FOR THE CUFF SIZE.	SMALL: 16 CM – 24 CM 1 UNIVERSAL: 22 CM - 42 CM ... 2 LARGE: 36 CM – 45 CM 3	SMALL: 16 CM – 24 CM 1 UNIVERSAL: 22 CM - 42 CM ... 2 LARGE: 36 CM – 45 CM 3	SMALL: 16 CM – 24 CM 1 UNIVERSAL: 22 CM - 42 CM ... 2 LARGE: 36 CM – 45 CM 3
318	RECORD TIME OF FIRST BP READING	HOURS MINUTES TIME <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	HOURS MINUTES TIME <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	HOURS MINUTES TIME <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>

WEIGHT, HEIGHT, AND BLOOD PRESSURE MEASUREMENT FOR MEN AGE 15 AND ABOVE

		MAN 1	MAN 2	MAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____
319	TAKE THE FIRST BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE.	<p align="center">FIRST BP MEASURE</p> <p>SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/></p> <p>REFUSED 994</p> <p>TECHNICAL PROBLEM: ... 995</p> <p>OTHER 996</p> <p>(IF NOT MEASURED, GO TO 343) ←</p>	<p align="center">FIRST BP MEASURE</p> <p>SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/></p> <p>REFUSED 994</p> <p>TECHNICAL PROBLEM: ... 995</p> <p>OTHER 996</p> <p>(IF NOT MEASURED, GO TO 343) ←</p>	<p align="center">FIRST BP MEASURE</p> <p>SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/></p> <p>REFUSED 994</p> <p>TECHNICAL PROBLEM: ... 995</p> <p>OTHER 996</p> <p>(IF NOT MEASURED, GO TO 343) ←</p>
320	Before this survey, has your blood pressure ever been checked?	<p>YES 1</p> <p>NO 2</p>	<p>YES 1</p> <p>NO 2</p>	<p>YES 1</p> <p>NO 2</p>
321	Were you told on two or more different occasions by a doctor or other health professional that you had hypertension or high blood pressure?	<p>YES 1</p> <p>NO 2</p>	<p>YES 1</p> <p>NO 2</p>	<p>YES 1</p> <p>NO 2</p>
322	To lower your blood pressure, are you now taking a prescribed medicine?	<p>YES 1</p> <p>NO 2</p>	<p>YES 1</p> <p>NO 2</p>	<p>YES 1</p> <p>NO 2</p>
323	CHECK THAT IT HAS BEEN AT LEAST 5 MINUTES BEFORE TAKING THE SECOND BLOOD PRESSURE MEASUREMENT			
324	May I take your blood pressure at this time?	<p>YES 1</p> <p>NO 2</p> <p align="center">(GO TO 336) ←</p>	<p>YES 1</p> <p>NO 2</p> <p align="center">(GO TO 336) ←</p>	<p>YES 1</p> <p>NO 2</p> <p align="center">(GO TO 336) ←</p>
325	RECORD TIME OF SECOND BP READING	<p align="center">HOURS MINUTES</p> <p>TIME <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/></p>	<p align="center">HOURS MINUTES</p> <p>TIME <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/></p>	<p align="center">HOURS MINUTES</p> <p>TIME <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/></p>
326	TAKE THE SECOND BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE.	<p align="center">SECOND BP MEASURE</p> <p>SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/></p> <p>REFUSED 994</p> <p>TECHNICAL PROBLEM: ... 995</p> <p>OTHER 996</p> <p>(IF NOT MEASURED, GO TO 336) ←</p>	<p align="center">SECOND BP MEASURE</p> <p>SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/></p> <p>REFUSED 994</p> <p>TECHNICAL PROBLEM: ... 995</p> <p>OTHER 996</p> <p>(IF NOT MEASURED, GO TO 336) ←</p>	<p align="center">SECOND BP MEASURE</p> <p>SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/></p> <p>REFUSED 994</p> <p>TECHNICAL PROBLEM: ... 995</p> <p>OTHER 996</p> <p>(IF NOT MEASURED, GO TO 336) ←</p>

WEIGHT, HEIGHT, AND BLOOD PRESSURE MEASUREMENT FOR MEN AGE 15 AND ABOVE

		MAN 1	MAN 2	MAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____
327	CHECK THAT IT HAS BEEN AT LEAST 5 MINUTES BEFORE TAKING THE THIRD BLOOD PRESSURE MEASUREMENT			
328	May I take your blood pressure at this time?	YES 1 NO 2 (GO TO 339) ←	YES 1 NO 2 (GO TO 339) ←	YES 1 NO 2 (GO TO 339) ←
329	RECORD TIME OF THIRD BP READING	HOURS MINUTES TIME <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	HOURS MINUTES TIME <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	HOURS MINUTES TIME <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
330	TAKE THE THIRD BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE.	THIRD BP MEASURE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 994 TECHNICAL PROBLEM: ... 995 OTHER 996 (IF NOT MEASURED, GO TO 339) ←	THIRD BP MEASURE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 994 TECHNICAL PROBLEM: ... 995 OTHER 996 (IF NOT MEASURED, GO TO 339) ←	THIRD BP MEASURE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 994 TECHNICAL PROBLEM: ... 995 OTHER 996 (IF NOT MEASURED, GO TO 339) ←
331	RECORD THE SUM OF THE SYSTOLIC MEASURES FROM 326 AND 330.	SUM SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	SUM SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	SUM SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/>
332	CALCULATE THE AVERAGE SYSTOLIC PRESSURES BY DIVIDING THE SUM IN 331 BY 2.	AVERAGE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 341	AVERAGE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 341	AVERAGE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 341
333	RECORD THE SUM OF THE DIASTOLIC MEASURES FROM 326 AND 330.	SUM DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	SUM DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	SUM DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>
334	CALCULATE THE AVERAGE DIASTOLIC PRESSURES BY DIVIDING THE SUM IN 333 BY 2.	AVERAGE DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 341 AND SKIP TO 341	AVERAGE DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 341 AND SKIP TO 341	AVERAGE DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 341 AND SKIP TO 341
335	IF ONLY ONE MEASUREMENT WAS TAKEN, RECORD THE FIRST SYSTOLIC AND DIASTOLIC NUMBERS HERE.			
336	RECORD THE SYSTOLIC MEASURE FROM 319.	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 341	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 341	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 341
337	RECORD THE DIASTOLIC MEASURE FROM 319.	DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 341 AND SKIP TO 341	DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 341 AND SKIP TO 341	DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 341 AND SKIP TO 341
338	IF ONLY TWO MEASUREMENTS WERE TAKEN, RECORD THE SECOND SYSTOLIC AND DIASTOLIC NUMBERS HERE.			

WEIGHT, HEIGHT, AND BLOOD PRESSURE MEASUREMENT FOR MEN AGE 15 AND ABOVE

		MAN 1	MAN 2	MAN 3																																				
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____																																				
339	RECORD THE SYSTOLIC MEASURE FROM 326.	SYSTOLIC <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> CIRCLE IN 341	SYSTOLIC <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> CIRCLE IN 341	SYSTOLIC <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> CIRCLE IN 341																																				
340	RECORD THE DIASTOLIC MEASURE FROM 326.	DIASTOLIC <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> CIRCLE IN 341	DIASTOLIC <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> CIRCLE IN 341	DIASTOLIC <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> CIRCLE IN 341																																				
341	CIRCLE THE SINGLE NUMBER WHERE THE AVERAGE DIASTOLIC AND SYSTOLIC MEASURES MEET. AVERAGE SYSTOLIC <120 <130 130-139 140-159 160-179 ≥180	AVERAGE DIASTOLIC <table border="1"> <tr> <td><80</td> <td><85</td> <td>85-89</td> <td>90-99</td> <td>100-109</td> <td>≥110</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> </table>	<80	<85	85-89	90-99	100-109	≥110	1	2	3	4	5	6	AVERAGE DIASTOLIC <table border="1"> <tr> <td><80</td> <td><85</td> <td>85-89</td> <td>90-99</td> <td>100-109</td> <td>≥110</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> </table>	<80	<85	85-89	90-99	100-109	≥110	1	2	3	4	5	6	AVERAGE DIASTOLIC <table border="1"> <tr> <td><80</td> <td><85</td> <td>85-89</td> <td>90-99</td> <td>100-109</td> <td>≥110</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> </table>	<80	<85	85-89	90-99	100-109	≥110	1	2	3	4	5	6
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1	2	3	4	5	6																																			
342	RECORD THE NUMBER YOU CIRCLED IN 341 IN THE CHART BELOW. THEN USE THE INSTRUCTIONS TO THE RIGHT OF THAT NUMBER TO COMPLETE A BLOOD PRESSURE REPORT AND REFERRAL FORM FOR THE RESPONDENT. GIVE THE FORM TO THE RESPONDENT AND ANSWER ANY QUESTIONS. <table border="1" style="margin-top: 10px;"> <thead> <tr> <th>NUMBER CIRCLED IN 441</th> <th>RESPONDENT'S BLOOD PRESSURE CATEGORY</th> <th>CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE</th> </tr> </thead> <tbody> <tr> <td align="center">1</td> <td>NORMAL (OPTIMAL)</td> <td>1 YEAR</td> </tr> <tr> <td align="center">2</td> <td>NORMAL (MILDLY HIGH)</td> <td>1 YEAR</td> </tr> <tr> <td align="center">3</td> <td>NORMAL (MODERATELY HIGH)</td> <td>2 MONTHS</td> </tr> <tr> <td align="center">4</td> <td>ABNORMAL (MILDLY ELEVATED)</td> <td>1 MONTH</td> </tr> <tr> <td align="center">5</td> <td>ABNORMAL (MODERATELY ELEVATED)</td> <td>1 WEEK</td> </tr> <tr> <td align="center">6</td> <td>ABNORMAL (SEVERELY ELEVATED)</td> <td>IMMEDIATELY</td> </tr> </tbody> </table>				NUMBER CIRCLED IN 441	RESPONDENT'S BLOOD PRESSURE CATEGORY	CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE	1	NORMAL (OPTIMAL)	1 YEAR	2	NORMAL (MILDLY HIGH)	1 YEAR	3	NORMAL (MODERATELY HIGH)	2 MONTHS	4	ABNORMAL (MILDLY ELEVATED)	1 MONTH	5	ABNORMAL (MODERATELY ELEVATED)	1 WEEK	6	ABNORMAL (SEVERELY ELEVATED)	IMMEDIATELY															
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343	GO BACK TO 302 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE MEN, END INTERVIEW.																																							

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

[illegible]