

2016 UGANDA DEMOGRAPHIC AND HEALTH SURVEY
 BIOMARKER QUESTIONNAIRE

UGANDA
 UGANDA BUREAU OF STATISTICS

IDENTIFICATION					
EA NAME _____					
NAME OF HOUSEHOLD HEAD _____					
CLUSTER NUMBER					<div style="display: flex; flex-wrap: wrap;"> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> </div>
HOUSEHOLD NUMBER					<div style="display: flex; flex-wrap: wrap;"> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> </div>
FIELDWORKER VISITS					
	1	2	3	FINAL VISIT	
DATE	_____	_____	_____	DAY	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> </div>
FIELDWORKER'S NAME	_____	_____	_____	MONTH	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> </div>
NEXT VISIT: DATE	_____	_____		YEAR	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> <div style="width: 25px; height: 25px; border: 1px solid black; margin: 2px;"></div> </div>
TIME	_____	_____		TOTAL NUMBER OF VISITS	<div style="width: 25px; height: 25px; border: 1px solid black; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div>
NOTES: _____ _____ _____ _____ _____				<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">TOTAL ELIGIBLE WOMEN</div> <div style="width: 35%; text-align: center;"> <div style="width: 25px; height: 25px; border: 1px solid black; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;">TOTAL ELIGIBLE MEN</div> <div style="width: 35%; text-align: center;"> <div style="width: 25px; height: 25px; border: 1px solid black; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;">TOTAL ELIGIBLE CHILDREN</div> <div style="width: 35%; text-align: center;"> <div style="width: 25px; height: 25px; border: 1px solid black; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div> LANGUAGE OF QUESTIONNAIRE** 0 1 </div> <div> LANGUAGE OF INTERVIEW** <div style="width: 25px; height: 25px; border: 1px solid black; display: flex; align-items: center; justify-content: center;"></div> </div> <div> NATIVE LANGUAGE OF RESPONDENT** <div style="width: 25px; height: 25px; border: 1px solid black; display: flex; align-items: center; justify-content: center;"></div> </div> <div> TRANSLATOR (YES = 1, NO = 2) <div style="width: 25px; height: 25px; border: 1px solid black; display: flex; align-items: center; justify-content: center;"></div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> LANGUAGE OF QUESTIONNAIRE** ENGLISH </div> <div> **LANGUAGE CODES: 01 ENGLISH 06 NGAKARIMOJONG 02 LUGANDA 07 RUNYANKOLE/RUKIGA 03 LUO 08 RUNYORO/RUTORO 04 LUGBARA 09 LUSOGA 05 ATESO 96 OTHER _____ <div style="text-align: right; margin-top: 5px;">(SPECIFY)</div> </div> </div>					
SUPERVISOR <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 40%;">NAME _____</div> <div style="width: 20%; text-align: center;"> <div style="width: 25px; height: 25px; border: 1px solid black; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> </div> <div style="width: 20%; text-align: center;"> <div style="width: 25px; height: 25px; border: 1px solid black; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> </div> <div style="width: 15%; text-align: center;"> <div style="width: 25px; height: 25px; border: 1px solid black; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> </div> </div>		CAPI MANAGER <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 40%;">NAME _____</div> <div style="width: 20%; text-align: center;"> <div style="width: 25px; height: 25px; border: 1px solid black; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> </div> <div style="width: 20%; text-align: center;"> <div style="width: 25px; height: 25px; border: 1px solid black; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> </div> <div style="width: 15%; text-align: center;"> <div style="width: 25px; height: 25px; border: 1px solid black; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> </div> </div>		INTERVIEWER <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 40%;">NAME _____</div> <div style="width: 20%; text-align: center;"> <div style="width: 25px; height: 25px; border: 1px solid black; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> </div> <div style="width: 20%; text-align: center;"> <div style="width: 25px; height: 25px; border: 1px solid black; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> </div> <div style="width: 15%; text-align: center;"> <div style="width: 25px; height: 25px; border: 1px solid black; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> </div> </div>	

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND MALARIA, VITAMIN A TESTING 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	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 2011-2016?	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 107A) ←	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 107A) ←	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 107A) ←
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
107A	OBSERVE: IS THE CHILD AN ALBINO?	YES 1 NO 2 DON'T KNOW 8 NOT PRESENT 4 OTHER 6	YES 1 NO 2 DON'T KNOW 8 NOT PRESENT 4 OTHER 6	YES 1 NO 2 DON'T KNOW 8 NOT PRESENT 4 OTHER 6
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
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	NAME OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD. NAME NAME NAME

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND MALARIA, VITAMIN A TESTING FOR CHILDREN AGE 0-5

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		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 _____

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 2011 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.</p> <p>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 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	GRANTED 1 _____ (SIGN) _____ REFUSED 2 NOT PRESENT/OTHER . 3	GRANTED 1 _____ (SIGN) _____ REFUSED 2 NOT PRESENT/OTHER . 3
112A	ASK CONSENT FOR MALARIA TEST FROM PARENT/OTHER ADULT.	<p>As part of this survey, we are asking children all over the country to take a test to see if they have malaria. Malaria is a serious illness caused by a parasite transmitted by a mosquito bite. This survey will assist the government to develop programs to prevent malaria.</p> <p>We ask that all children born in 2011 or later take part in malaria testing in this survey and give a few drops of blood from a finger or heel. One blood drop will be tested for malaria immediately, and the result will be told to you right away. All results 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 allow (NAME OF CHILD) to participate in the malaria test?</p>		
112B	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ (SIGN) _____ REFUSED 2 NOT PRESENT/OTHER . 3	GRANTED 1 _____ (SIGN) _____ REFUSED 2 NOT PRESENT/OTHER . 3	GRANTED 1 _____ (SIGN) _____ REFUSED 2 NOT PRESENT/OTHER . 3

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND MALARIA, VITAMIN A TESTING FOR CHILDREN AGE 0-5

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		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 _____

112C	ASK CONSENT FOR VITAMIN A TEST FROM PARENT/OTHER ADULT.	<p>As part of this survey, we are asking people all over the country to take a vitamin A deficiency test. Vitamin A deficiency is a serious health problem that usually results from poor nutrition. This survey will assist the government to develop programs to prevent and treat vitamin A deficiency. We ask that all children born in 2011 or later take part in vitamin A deficiency 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.</p> <p>A few blood drops will be collected on a paper card and taken to a laboratory for testing. No names will be attached so we will not be able to tell you the test results. No one else will be able to know the test results either.</p> <p>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 vitamin A deficiency test?</p>		
112D	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ (SIGN) _____ REFUSED 2 NOT PRESENT/OTHER . 3	GRANTED 1 _____ (SIGN) _____ REFUSED 2 NOT PRESENT/OTHER . 3	GRANTED 1 _____ (SIGN) _____ REFUSED 2 NOT PRESENT/OTHER . 3
112E	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/OTHER ADULT.	<p>We ask you to allow the Uganda Bureau of Statistics/Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the vitamin A testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>		
112F	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ (SIGN) _____ REFUSED 2 NOT PRESENT/OTHER . 3	GRANTED 1 _____ (SIGN) _____ REFUSED 2 NOT PRESENT/OTHER . 3	GRANTED 1 _____ (SIGN) _____ REFUSED 2 NOT PRESENT/OTHER . 3
112G	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
112H	ADDITIONAL TESTS.	CHECK 112F IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	CHECK 112F IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	CHECK 112F IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND MALARIA, VITAMIN A TESTING FOR CHILDREN AGE 0-5

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		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 _____

112I	PLACE BAR CODE LABEL.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> NOT PRESENT IN 112D 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> NOT PRESENT IN 112D 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> NOT PRESENT IN 112D 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
113	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA AND MALARIA PAMPHLET.	G/DL <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"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996
113A	CIRCLE THE CODE FOR THE MALARIA RDT.	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 113C) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 113C) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 113C) ←
113B	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE ANEMIA AND MALARIA PAMPHLET.	P.F. ONLY 1 P.V. ONLY 2 BOTH 3 (SKIP TO 113E) ← NEGATIVE 4 OTHER 6	P.F. ONLY 1 P.V. ONLY 2 BOTH 3 (SKIP TO 113E) ← NEGATIVE 4 OTHER 6	P.F. ONLY 1 P.V. ONLY 2 BOTH 3 (SKIP TO 113E) ← NEGATIVE 4 OTHER 6
113C	CHECK 113: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT 3 REFUSED 4 OTHER 6 (SKIP TO 114) ←	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT 3 REFUSED 4 OTHER 6 (SKIP TO 114) ←	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT 3 REFUSED 4 OTHER 6 (SKIP TO 114) ←
113D	<u>SEVERE ANEMIA REFERRAL</u> RECORD THE RESULT OF THE ANEMIA TEST ON THE REFERRAL FORM.	The anemia test shows that (NAME OF CHILD) has severe anemia. Your child is very ill and must be taken to a health facility immediately. (SKIP TO 114)		

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		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 _____

113E	Does (NAME) suffer from any of the following illnesses or symptoms:	<table> <tr><th></th><th>YES</th><th>NO</th></tr> <tr><td>a) EXTREME WEAKNESS</td><td>1</td><td>2</td></tr> <tr><td>b) HEART PROBLEMS</td><td>1</td><td>2</td></tr> <tr><td>c) LOSS OF CONSCIOUS.</td><td>1</td><td>2</td></tr> <tr><td>d) RAPID BREATHING</td><td>1</td><td>2</td></tr> <tr><td>e) SEIZURES</td><td>1</td><td>2</td></tr> <tr><td>f) BLEEDING</td><td>1</td><td>2</td></tr> <tr><td>g) JAUNDICE</td><td>1</td><td>2</td></tr> <tr><td>h) DARK URINE</td><td>1</td><td>2</td></tr> </table>		YES	NO	a) EXTREME WEAKNESS	1	2	b) HEART PROBLEMS	1	2	c) LOSS OF CONSCIOUS.	1	2	d) RAPID BREATHING	1	2	e) SEIZURES	1	2	f) BLEEDING	1	2	g) JAUNDICE	1	2	h) DARK URINE	1	2	<table> <tr><th></th><th>YES</th><th>NO</th></tr> <tr><td>a) EXTREME WEAKNESS</td><td>1</td><td>2</td></tr> <tr><td>b) HEART PROBLEMS</td><td>1</td><td>2</td></tr> <tr><td>c) LOSS OF CONSCIOUS.</td><td>1</td><td>2</td></tr> <tr><td>d) RAPID BREATHING</td><td>1</td><td>2</td></tr> <tr><td>e) SEIZURES</td><td>1</td><td>2</td></tr> <tr><td>f) BLEEDING</td><td>1</td><td>2</td></tr> <tr><td>g) JAUNDICE</td><td>1</td><td>2</td></tr> <tr><td>h) DARK URINE</td><td>1</td><td>2</td></tr> </table>		YES	NO	a) EXTREME WEAKNESS	1	2	b) HEART PROBLEMS	1	2	c) LOSS OF CONSCIOUS.	1	2	d) RAPID BREATHING	1	2	e) SEIZURES	1	2	f) BLEEDING	1	2	g) JAUNDICE	1	2	h) DARK URINE	1	2	<table> <tr><th></th><th>YES</th><th>NO</th></tr> <tr><td>a) EXTREME WEAKNESS</td><td>1</td><td>2</td></tr> <tr><td>b) HEART PROBLEMS</td><td>1</td><td>2</td></tr> <tr><td>c) LOSS OF CONSCIOUS.</td><td>1</td><td>2</td></tr> <tr><td>d) RAPID BREATHING</td><td>1</td><td>2</td></tr> <tr><td>e) SEIZURES</td><td>1</td><td>2</td></tr> <tr><td>f) BLEEDING</td><td>1</td><td>2</td></tr> <tr><td>g) JAUNDICE</td><td>1</td><td>2</td></tr> <tr><td>h) DARK URINE</td><td>1</td><td>2</td></tr> </table>		YES	NO	a) EXTREME WEAKNESS	1	2	b) HEART PROBLEMS	1	2	c) LOSS OF CONSCIOUS.	1	2	d) RAPID BREATHING	1	2	e) SEIZURES	1	2	f) BLEEDING	1	2	g) JAUNDICE	1	2	h) DARK URINE	1	2
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h) DARK URINE	1	2																																																																																			
113F	CHECK 113E: ANY 'YES' CIRCLED?	NO <input type="checkbox"/> YES <input type="checkbox"/> (SKIP TO 113I) ←	NO <input type="checkbox"/> YES <input type="checkbox"/> (SKIP TO 113I) ←	NO <input type="checkbox"/> YES <input type="checkbox"/> (SKIP TO 113I) ←																																																																																	
113G	CHECK 113: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 (SKIP TO 113I) ← 8.0 G/DL OR ABOVE ... 2 NOT PRESENT ... 3 REFUSED ... 4 OTHER ... 6	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 (SKIP TO 113I) ← 8.0 G/DL OR ABOVE ... 2 NOT PRESENT ... 3 REFUSED ... 4 OTHER ... 6	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 (SKIP TO 113I) ← 8.0 G/DL OR ABOVE ... 2 NOT PRESENT ... 3 REFUSED ... 4 OTHER ... 6																																																																																	
113H	In the past two weeks has (NAME) taken or is taking COARTEM/ACT given by a doctor or health center to treat the malaria? VERIFY BY ASKING TO SEE TREATMENT	YES 1 (SKIP TO 113J) ← NO 2 (SKIP TO 113K) ←	YES 1 (SKIP TO 113J) ← NO 2 (SKIP TO 113K) ←	YES 1 (SKIP TO 113J) ← NO 2 (SKIP TO 113K) ←																																																																																	
113I	<u>SEVERE MALARIA REFERRAL</u> RECORD THE RESULT OF THE MALARIA RDT ON THE REFERRAL FORM.	The malaria test shows that (NAME OF CHILD) has malaria. Your child also has symptoms of severe malaria. The malaria treatment I have will not help your child, and I cannot give you the medication. Your child is very ill and must be taken to a health facility right away. (SKIP TO 113O)																																																																																			
113J	ALREADY TAKING COARTEM/ACT REFERRAL STATEMENT	You have told me that (NAME OF CHILD) had already received COARTEM/ACT for malaria. Therefore, I cannot give you additional COARTEM/ACT. However, the test shows that he/she has malaria. If your child has a fever for two days after the last dose of COARTEM/ACT, you should take the child to the nearest health facility for further examination. (SKIP TO 114)																																																																																			
113K	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/OTHER ADULT.	The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called COARTEM/ACT. COARTEM/ACT is very effective and in a few days it should get rid of the fever and other symptoms. You do not have to accept the medicine. This is up to you. Please tell me whether you accept the medicine or not.																																																																																			

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND MALARIA, VITAMIN A TESTING 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 _____

113L	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	ACCEPTED MEDICINE . 1 _____ (SIGN) REFUSED 2 OTHER 6	ACCEPTED MEDICINE . 1 _____ (SIGN) REFUSED 2 OTHER 6	ACCEPTED MEDICINE . 1 _____ (SIGN) REFUSED 2 OTHER 6								
113M	CHECK 113L: MEDICATION ACCEPTED	ACCEPTED MEDICINE . 1 REFUSED 2 OTHER 6 (SKIP TO 114) ←	ACCEPTED MEDICINE . 1 REFUSED 2 OTHER 6 (SKIP TO 114) ←	ACCEPTED MEDICINE . 1 REFUSED 2 OTHER 6 (SKIP TO 114) ←								
113N	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/OTHER ADULT.	<div style="border: 1px solid black; padding: 5px;"> <p align="center">TREATMENT WITH COARTEM/ACT</p> <table border="0"> <thead> <tr> <th align="left">Weight (in Kg) – Approximate age</th><th align="left">Dosage *</th></tr> </thead> <tbody> <tr> <td>Under 4 months</td><td>Refer to health facility</td></tr> <tr> <td>5 kgs. to 14 kgs. (from 4 months up to 3 years)</td><td>1 tablet twice daily for 3 days</td></tr> <tr> <td>15 kgs. to 24 kgs. (from 3 years up to 7 years)</td><td>2 tablets twice daily for 3 days</td></tr> </tbody> </table> <p>* Co-formulated tablets containing 20 mg Artemether and 120 mg Lumefantrine per tablet</p> </div> <p>First day starts by taking first dose followed by the second one 8 hours later; on subsequent days the recommendation is simply “morning” and “evening” (usually around 12 hours apart). Take the medicine (crushed for smaller children) with high fat food or drinks like milk.</p> <p>Make sure that the FULL 3 days treatment is taken at the recommended times, otherwise the infection may return. If your child vomits within an hour of taking the medicine, you will need to get additional tablets and repeat the dose.</p> <p>ALSO TELL THE PARENT/ADULT RESPONSIBLE FOR THE CHILD: If [NAME] has a high fever, fast or difficult breathing, is not able to drink or breastfeed, gets sicker or does not get better in two days, you should take him/her to a health professional for treatment right away.</p> <p align="center">↓ SKIP TO 114</p>			Weight (in Kg) – Approximate age	Dosage *	Under 4 months	Refer to health facility	5 kgs. to 14 kgs. (from 4 months up to 3 years)	1 tablet twice daily for 3 days	15 kgs. to 24 kgs. (from 3 years up to 7 years)	2 tablets twice daily for 3 days
Weight (in Kg) – Approximate age	Dosage *											
Under 4 months	Refer to health facility											
5 kgs. to 14 kgs. (from 4 months up to 3 years)	1 tablet twice daily for 3 days											
15 kgs. to 24 kgs. (from 3 years up to 7 years)	2 tablets twice daily for 3 days											
113O	CHECK 113: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6 (SKIP TO 114) ←	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6 (SKIP TO 114) ←	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6 (SKIP TO 114) ←								
113P	<u>SEVERE ANEMIA REFERRAL</u> RECORD THE RESULT OF THE ANEMIA TEST ON THE REFERRAL FORM.	The anemia test shows that (NAME OF CHILD) has severe anemia. Your child is very ill and must be taken to a health facility immediately.										
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, HEMOGLOBIN MEASUREMENT AND MALARIA, VITAMIN A TESTING 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 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	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 2011-2016?	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 107A) ←	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 107A) ←	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 107A) ←
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
107A	OBSERVE: IS THE CHILD AN ALBINO?	YES 1 NO 2 DON'T KNOW 8 NOT PRESENT 4 OTHER 6	YES 1 NO 2 DON'T KNOW 8 NOT PRESENT 4 OTHER 6	YES 1 NO 2 DON'T KNOW 8 NOT PRESENT 4 OTHER 6
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
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	NAME OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD.	_____ NAME	_____ NAME	_____ NAME

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND MALARIA, VITAMIN A TESTING 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 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 _____

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 2011 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.</p> <p>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 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	GRANTED 1 _____ (SIGN) _____ REFUSED 2 NOT PRESENT/OTHER . 3	GRANTED 1 _____ (SIGN) _____ REFUSED 2 NOT PRESENT/OTHER . 3
112A	ASK CONSENT FOR MALARIA TEST FROM PARENT/OTHER ADULT.	<p>As part of this survey, we are asking children all over the country to take a test to see if they have malaria. Malaria is a serious illness caused by a parasite transmitted by a mosquito bite. This survey will assist the government to develop programs to prevent malaria.</p> <p>We ask that all children born in 2011 or later take part in malaria testing in this survey and give a few drops of blood from a finger or heel. One blood drop will be tested for malaria immediately, and the result will be told to you right away. All results 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 allow (NAME OF CHILD) to participate in the malaria test?</p>		
112B	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ (SIGN) _____ REFUSED 2 NOT PRESENT/OTHER . 3	GRANTED 1 _____ (SIGN) _____ REFUSED 2 NOT PRESENT/OTHER . 3	GRANTED 1 _____ (SIGN) _____ REFUSED 2 NOT PRESENT/OTHER . 3

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND MALARIA, VITAMIN A TESTING 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 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 _____

112C	ASK CONSENT FOR VITAMIN A TEST FROM PARENT/OTHER ADULT.	<p>As part of this survey, we are asking people all over the country to take a vitamin A deficiency test. Vitamin A deficiency is a serious health problem that usually results from poor nutrition. This survey will assist the government to develop programs to prevent and treat vitamin A deficiency. We ask that all children born in 2011 or later take part in vitamin A deficiency 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.</p> <p>A few blood drops will be collected on a paper card and taken to a laboratory for testing. No names will be attached so we will not be able to tell you the test results. No one else will be able to know the test results either.</p> <p>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 vitamin A deficiency test?</p>		
112D	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ (SIGN) _____ REFUSED 2 NOT PRESENT/OTHER . 3	GRANTED 1 _____ (SIGN) _____ REFUSED 2 NOT PRESENT/OTHER . 3	GRANTED 1 _____ (SIGN) _____ REFUSED 2 NOT PRESENT/OTHER . 3
112E	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/OTHER ADULT.	<p>We ask you to allow the Uganda Bureau of Statistics/Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the vitamin A testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>		
112F	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ (SIGN) _____ REFUSED 2 NOT PRESENT/OTHER . 3	GRANTED 1 _____ (SIGN) _____ REFUSED 2 NOT PRESENT/OTHER . 3	GRANTED 1 _____ (SIGN) _____ REFUSED 2 NOT PRESENT/OTHER . 3
112G	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
112H	ADDITIONAL TESTS.	CHECK 112F IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	CHECK 112F IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	CHECK 112F IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND MALARIA, VITAMIN A TESTING 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 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 _____

112I	PLACE BAR CODE LABEL.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> NOT PRESENT IN 112D 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> NOT PRESENT IN 112D 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> NOT PRESENT IN 112D 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
113	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA AND MALARIA PAMPHLET.	G/DL <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"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996
113A	CIRCLE THE CODE FOR THE MALARIA RDT.	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 113C) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 113C) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 113C) ←
113B	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE ANEMIA AND MALARIA PAMPHLET.	P.F. ONLY 1 P.V. ONLY 2 BOTH 3 (SKIP TO 113E) ← NEGATIVE 4 OTHER 6	P.F. ONLY 1 P.V. ONLY 2 BOTH 3 (SKIP TO 113E) ← NEGATIVE 4 OTHER 6	P.F. ONLY 1 P.V. ONLY 2 BOTH 3 (SKIP TO 113E) ← NEGATIVE 4 OTHER 6
113C	CHECK 113: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT 3 REFUSED 4 OTHER 6 (SKIP TO 114) ←	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT 3 REFUSED 4 OTHER 6 (SKIP TO 114) ←	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT 3 REFUSED 4 OTHER 6 (SKIP TO 114) ←
113D	<u>SEVERE ANEMIA REFERRAL</u> RECORD THE RESULT OF THE ANEMIA TEST ON THE REFERRAL FORM.	The anemia test shows that (NAME OF CHILD) has severe anemia. Your child is very ill and must be taken to a health facility immediately. (SKIP TO 114)		

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND MALARIA, VITAMIN A TESTING 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 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 _____

113E	Does (NAME) suffer from any of the following illnesses or symptoms:	<table> <tr><th></th><th>YES</th><th>NO</th></tr> <tr><td>a) EXTREME WEAKNESS</td><td>1</td><td>2</td></tr> <tr><td>b) HEART PROBLEMS</td><td>1</td><td>2</td></tr> <tr><td>c) LOSS OF CONSCIOUS.</td><td>1</td><td>2</td></tr> <tr><td>d) RAPID BREATHING</td><td>1</td><td>2</td></tr> <tr><td>e) SEIZURES</td><td>1</td><td>2</td></tr> <tr><td>f) BLEEDING</td><td>1</td><td>2</td></tr> <tr><td>g) JAUNDICE</td><td>1</td><td>2</td></tr> <tr><td>h) DARK URINE</td><td>1</td><td>2</td></tr> </table>		YES	NO	a) EXTREME WEAKNESS	1	2	b) HEART PROBLEMS	1	2	c) LOSS OF CONSCIOUS.	1	2	d) RAPID BREATHING	1	2	e) SEIZURES	1	2	f) BLEEDING	1	2	g) JAUNDICE	1	2	h) DARK URINE	1	2	<table> <tr><th></th><th>YES</th><th>NO</th></tr> <tr><td>a) EXTREME WEAKNESS</td><td>1</td><td>2</td></tr> <tr><td>b) HEART PROBLEMS</td><td>1</td><td>2</td></tr> <tr><td>c) LOSS OF CONSCIOUS.</td><td>1</td><td>2</td></tr> <tr><td>d) RAPID BREATHING</td><td>1</td><td>2</td></tr> <tr><td>e) SEIZURES</td><td>1</td><td>2</td></tr> <tr><td>f) BLEEDING</td><td>1</td><td>2</td></tr> <tr><td>g) JAUNDICE</td><td>1</td><td>2</td></tr> <tr><td>h) DARK URINE</td><td>1</td><td>2</td></tr> </table>		YES	NO	a) EXTREME WEAKNESS	1	2	b) HEART PROBLEMS	1	2	c) LOSS OF CONSCIOUS.	1	2	d) RAPID BREATHING	1	2	e) SEIZURES	1	2	f) BLEEDING	1	2	g) JAUNDICE	1	2	h) DARK URINE	1	2	<table> <tr><th></th><th>YES</th><th>NO</th></tr> <tr><td>a) EXTREME WEAKNESS</td><td>1</td><td>2</td></tr> <tr><td>b) HEART PROBLEMS</td><td>1</td><td>2</td></tr> <tr><td>c) LOSS OF CONSCIOUS.</td><td>1</td><td>2</td></tr> <tr><td>d) RAPID BREATHING</td><td>1</td><td>2</td></tr> <tr><td>e) SEIZURES</td><td>1</td><td>2</td></tr> <tr><td>f) BLEEDING</td><td>1</td><td>2</td></tr> <tr><td>g) JAUNDICE</td><td>1</td><td>2</td></tr> <tr><td>h) DARK URINE</td><td>1</td><td>2</td></tr> </table>		YES	NO	a) EXTREME WEAKNESS	1	2	b) HEART PROBLEMS	1	2	c) LOSS OF CONSCIOUS.	1	2	d) RAPID BREATHING	1	2	e) SEIZURES	1	2	f) BLEEDING	1	2	g) JAUNDICE	1	2	h) DARK URINE	1	2
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h) DARK URINE	1	2																																																																																			
113F	CHECK 113E: ANY 'YES' CIRCLED?	NO <input type="checkbox"/> YES <input type="checkbox"/> (SKIP TO 113I) ←	NO <input type="checkbox"/> YES <input type="checkbox"/> (SKIP TO 113I) ←	NO <input type="checkbox"/> YES <input type="checkbox"/> (SKIP TO 113I) ←																																																																																	
113G	CHECK 113: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 (SKIP TO 113I) ← 8.0 G/DL OR ABOVE ... 2 NOT PRESENT ... 3 REFUSED ... 4 OTHER ... 6	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 (SKIP TO 113I) ← 8.0 G/DL OR ABOVE ... 2 NOT PRESENT ... 3 REFUSED ... 4 OTHER ... 6	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 (SKIP TO 113I) ← 8.0 G/DL OR ABOVE ... 2 NOT PRESENT ... 3 REFUSED ... 4 OTHER ... 6																																																																																	
113H	In the past two weeks has (NAME) taken or is taking COARTEM/ACT given by a doctor or health center to treat the malaria? VERIFY BY ASKING TO SEE TREATMENT	YES 1 (SKIP TO 113J) ← NO 2 (SKIP TO 113K) ←	YES 1 (SKIP TO 113J) ← NO 2 (SKIP TO 113K) ←	YES 1 (SKIP TO 113J) ← NO 2 (SKIP TO 113K) ←																																																																																	
113I	<u>SEVERE MALARIA REFERRAL</u> RECORD THE RESULT OF THE MALARIA RDT ON THE REFERRAL FORM.	The malaria test shows that (NAME OF CHILD) has malaria. Your child also has symptoms of severe malaria. The malaria treatment I have will not help your child, and I cannot give you the medication. Your child is very ill and must be taken to a health facility right away. (SKIP TO 113O)																																																																																			
113J	ALREADY TAKING COARTEM/ACT REFERRAL STATEMENT	You have told me that (NAME OF CHILD) had already received COARTEM/ACT for malaria. Therefore, I cannot give you additional COARTEM/ACT. However, the test shows that he/she has malaria. If your child has a fever for two days after the last dose of COARTEM/ACT, you should take the child to the nearest health facility for further examination. (SKIP TO 114)																																																																																			
113K	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/OTHER ADULT.	The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called COARTEM/ACT. COARTEM/ACT is very effective and in a few days it should get rid of the fever and other symptoms. You do not have to accept the medicine. This is up to you. Please tell me whether you accept the medicine or not.																																																																																			

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND MALARIA, VITAMIN A TESTING 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 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 _____

113L	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	ACCEPTED MEDICINE . 1 _____ (SIGN) _____ REFUSED 2 OTHER 6	ACCEPTED MEDICINE . 1 _____ (SIGN) _____ REFUSED 2 OTHER 6	ACCEPTED MEDICINE . 1 _____ (SIGN) _____ REFUSED 2 OTHER 6
113M	CHECK 113L: MEDICATION ACCEPTED	ACCEPTED MEDICINE . 1 REFUSED 2 OTHER 6 (SKIP TO 114) ←	ACCEPTED MEDICINE . 1 REFUSED 2 OTHER 6 (SKIP TO 114) ←	ACCEPTED MEDICINE . 1 REFUSED 2 OTHER 6 (SKIP TO 114) ←

113N	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/OTHER ADULT.	<div style="border: 1px solid black; padding: 5px;"> <p align="center">TREATMENT WITH COARTEM/ACT</p> <table border="0"> <thead> <tr> <th align="left">Weight (in Kg) – Approximate age</th> <th align="left">Dosage *</th> </tr> </thead> <tbody> <tr> <td>Under 4 months</td> <td>Refer to health facility</td> </tr> <tr> <td>5 kgs. to 14 kgs. (from 4 months up to 3 years)</td> <td>1 tablet twice daily for 3 days</td> </tr> <tr> <td>15 kgs. to 24 kgs. (from 3 years up to 7 years)</td> <td>2 tablets twice daily for 3 days</td> </tr> </tbody> </table> <p>* Co-formulated tablets containing 20 mg Artemether and 120 mg Lumefantrine per tablet</p> </div> <p>First day starts by taking first dose followed by the second one 8 hours later; on subsequent days the recommendation is simply “morning” and “evening” (usually around 12 hours apart). Take the medicine (crushed for smaller children) with high fat food or drinks like milk.</p> <p>Make sure that the FULL 3 days treatment is taken at the recommended times, otherwise the infection may return. If your child vomits within an hour of taking the medicine, you will need to get additional tablets and repeat the dose.</p> <p>ALSO TELL THE PARENT/ADULT RESPONSIBLE FOR THE CHILD: If [NAME] has a high fever, fast or difficult breathing, is not able to drink or breastfeed, gets sicker or does not get better in two days, you should take him/her to a health professional for treatment right away.</p> <div style="text-align: center; margin-top: 20px;"> ↓ SKIP TO 114 </div>			Weight (in Kg) – Approximate age	Dosage *	Under 4 months	Refer to health facility	5 kgs. to 14 kgs. (from 4 months up to 3 years)	1 tablet twice daily for 3 days	15 kgs. to 24 kgs. (from 3 years up to 7 years)	2 tablets twice daily for 3 days
Weight (in Kg) – Approximate age	Dosage *											
Under 4 months	Refer to health facility											
5 kgs. to 14 kgs. (from 4 months up to 3 years)	1 tablet twice daily for 3 days											
15 kgs. to 24 kgs. (from 3 years up to 7 years)	2 tablets twice daily for 3 days											

113O	CHECK 113: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6 (SKIP TO 114) ←	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6 (SKIP TO 114) ←	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6 (SKIP TO 114) ←
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113P	<u>SEVERE ANEMIA REFERRAL</u> RECORD THE RESULT OF THE ANEMIA TEST ON THE REFERRAL FORM.	The anemia test shows that (NAME OF CHILD) has severe anemia. Your child is very ill and must be taken to a health facility immediately.
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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.
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WEIGHT AND HEIGHT AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15-49

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 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	15-17 YEARS 1 18-49 YEARS 2	15-17 YEARS 1 18-49 YEARS 2
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 REFUSED 99995 OTHER 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996
206	HEIGHT IN CENTIMETERS.	CM. <input type="text"/> <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"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
206A	OBSERVE: IS THE WOMAN AN ALBINO?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
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 (SKIP TO 210) ←	15-17 YEARS 1 18-49 YEARS 2 (SKIP TO 210) ←	15-17 YEARS 1 18-49 YEARS 2 (SKIP TO 210) ←
209	CHECK 204: MARITAL STATUS	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 216) ← OTHER 2	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 216) ← OTHER 2	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 216) ← OTHER 2

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15-49

		WOMAN 1	WOMAN 2	WOMAN 3
		NAME _____	NAME _____	NAME _____
ADULT RESPONDENT CONSENT FOR ANEMIA TEST				
A D U L T R E S P O N D E N T C O N S E N T	210	<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>		
	211	<p>CIRCLE THE CODE AND SIGN YOUR NAME.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>GRANTED 1</p> <p>RESPONDENT REFUSED ... 2</p> <p align="right">←</p> <p>_____ (SIGN) (IF REFUSED, SKIP TO 231)</p> <p>NOT PRESENT/OTHER 3</p> <p align="right">(SKIP TO 231) ←</p> </div> <div style="width: 30%;"> <p>GRANTED 1</p> <p>RESPONDENT REFUSED ... 2</p> <p align="right">←</p> <p>_____ (SIGN) (IF REFUSED, SKIP TO 231)</p> <p>NOT PRESENT/OTHER 3</p> <p align="right">(SKIP TO 231) ←</p> </div> <div style="width: 30%;"> <p>GRANTED 1</p> <p>RESPONDENT REFUSED ... 2</p> <p align="right">←</p> <p>_____ (SIGN) (IF REFUSED, SKIP TO 231)</p> <p>NOT PRESENT/OTHER 3</p> <p align="right">(SKIP TO 231) ←</p> </div> </div>		
	211A	<p>Are you pregnant?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> <p align="right">SKIP TO 231 ←</p> </div> <div style="width: 30%;"> <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> <p align="right">SKIP TO 231 ←</p> </div> <div style="width: 30%;"> <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> <p align="right">SKIP TO 231 ←</p> </div> </div>		
216	<p>RECORD NAME OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT.</p> <p>_____</p> <p align="center">NAME</p>	<p>_____</p> <p align="center">NAME</p>	<p>_____</p> <p align="center">NAME</p>	
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	217	<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 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 each test. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF MINOR) 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 allow (NAME OF MINOR) to take the anemia test?</p>		
	218	<p>CIRCLE THE CODE AND SIGN YOUR NAME.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>GRANTED 1</p> <p>PARENT/OTHER RESPONSIBLE ADULT REFUSED 2</p> <p align="right">←</p> <p>_____ (SIGN) (IF REFUSED, SKIP TO 231)</p> <p>NOT PRESENT/OTHER 3</p> <p align="right">(SKIP TO 231) ←</p> </div> <div style="width: 30%;"> <p>GRANTED 1</p> <p>PARENT/OTHER RESPONSIBLE ADULT REFUSED 2</p> <p align="right">←</p> <p>_____ (SIGN) (IF REFUSED, SKIP TO 231)</p> <p>NOT PRESENT/OTHER 3</p> <p align="right">(SKIP TO 231) ←</p> </div> <div style="width: 30%;"> <p>GRANTED 1</p> <p>PARENT/OTHER RESPONSIBLE ADULT REFUSED 2</p> <p align="right">←</p> <p>_____ (SIGN) (IF REFUSED, SKIP TO 231)</p> <p>NOT PRESENT/OTHER 3</p> <p align="right">(SKIP TO 231) ←</p> </div> </div>		

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15-49

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____
MINOR RESPONDENT CONSENT FOR ANEMIA TEST				
MINOR RESPONDENT CONSENT	219	<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>		
	220	<p>CIRCLE THE CODE AND SIGN YOUR NAME.</p> <p>GRANTED 1 MINOR RESPONDENT REFUSED 2</p> <p align="right">←</p> <p>_____ (SIGN) (IF REFUSED, SKIP TO 231)</p> <p>NOT PRESENT/OTHER 3 (SKIP TO 231) ←</p>	<p>GRANTED 1 MINOR RESPONDENT REFUSED 2</p> <p align="right">←</p> <p>_____ (SIGN) (IF REFUSED, SKIP TO 231)</p> <p>NOT PRESENT/OTHER 3 (SKIP TO 231) ←</p>	<p>GRANTED 1 MINOR RESPONDENT REFUSED 2</p> <p align="right">←</p> <p>_____ (SIGN) (IF REFUSED, SKIP TO 231)</p> <p>NOT PRESENT/OTHER 3 (SKIP TO 231) ←</p>
	220A	<p>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>
	231	<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>
	232	<p>CHECK 231: HEMOGLOBIN RESULT</p> <p>BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6</p> <p align="right">(SKIP TO 234) ←</p>	<p>BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6</p> <p align="right">(SKIP TO 234) ←</p>	<p>BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6</p> <p align="right">(SKIP TO 234) ←</p>
	233	<p><u>SEVERE ANEMIA REFERRAL</u></p> <p>RECORD THE RESULT OF THE ANEMIA TEST ON THE REFERRAL FORM.</p>	<p>The anemia test shows that (you have/(NAME) has) severe anemia. (You are/(NAME) is) very ill and must be taken to a health facility immediately.</p>	<p>The anemia test shows that (you have/(NAME) has) severe anemia. (You are/(NAME) is) very ill and must be taken to a health facility immediately.</p>
234	<p>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.</p>			

WEIGHT WEIGHT AND HEMOGLOBIN MEASUREMENT FOR MEN AGE 15-54

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 18-54 YEARS 2	15-17 YEARS 1 18-54 YEARS 2	15-17 YEARS 1 18-54 YEARS 2
304	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

305	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996
306	HEIGHT IN CENTIMETERS.	CM. <input type="text"/> <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"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
306A	OBSERVE: IS THE MAN AN ALBINO?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
307	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
308	CHECK 303: AGE	15-17 YEARS 1 18-54 YEARS 2 (SKIP TO 310) ←	15-17 YEARS 1 18-54 YEARS 2 (SKIP TO 310) ←	15-17 YEARS 1 18-54 YEARS 2 (SKIP TO 310) ←
309	CHECK 304: MARITAL STATUS	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 316) ← OTHER 2	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 316) ← OTHER 2	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 316) ← OTHER 2

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR MEN AGE 15-54

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

ADULT RESPONDENT CONSENT FOR ANEMIA TEST

ADULT RESPONDENT CONSENT	310	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 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.</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>		
	311	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (SKIP TO 331) NOT PRESENT/OTHER 3 (SKIP TO 331)	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (SKIP TO 331) NOT PRESENT/OTHER 3 (SKIP TO 331)	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (SKIP TO 331) NOT PRESENT/OTHER 3 (SKIP TO 331)

316	RECORD NAME OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT.	NAME _____	NAME _____	NAME _____
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PARENTAL/RESPONSIBLE ADULT CONSENT FOR ANEMIA TEST

PARENTAL/RESPONSIBLE ADULT CONSENT	317	ASK CONSENT FOR ANEMIA TEST FROM PARENT/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.</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 each test. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF MINOR) 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 allow (NAME OF MINOR) to take the anemia test?</p>		
	318	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (SKIP TO 331) NOT PRESENT/OTHER 3 (SKIP TO 331)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (SKIP TO 331) NOT PRESENT/OTHER 3 (SKIP TO 331)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (SKIP TO 331) NOT PRESENT/OTHER 3 (SKIP TO 331)

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR MEN AGE 15-54

		MAN 1	MAN 2	MAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____
MINOR RESPONDENT CONSENT FOR ANEMIA TEST				
MINOR RESPONDENT CONSENT	319	<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>		
	320	<p>CIRCLE THE CODE AND SIGN YOUR NAME.</p> <p>GRANTED 1 MINOR RESPONDENT REFUSED 2</p> <p align="center">_____ (SIGN)</p> <p>NOT PRESENT/OTHER 3</p>	<p>GRANTED 1 MINOR RESPONDENT REFUSED 2</p> <p align="center">_____ (SIGN)</p> <p>NOT PRESENT/OTHER 3</p>	<p>GRANTED 1 MINOR RESPONDENT REFUSED 2</p> <p align="center">_____ (SIGN)</p> <p>NOT PRESENT/OTHER 3</p>
	331	<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>
	332	<p>CHECK 331: HEMOGLOBIN RESULT</p> <p>BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6</p> <p align="center">(SKIP TO 334) ←</p>	<p>BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6</p> <p align="center">(SKIP TO 334) ←</p>	<p>BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6</p> <p align="center">(SKIP TO 334) ←</p>
	333	<p><u>SEVERE ANEMIA REFERRAL</u></p> <p>RECORD THE RESULT OF THE ANEMIA TEST ON THE REFERRAL FORM.</p>	<p>The anemia test shows that (you have/(NAME) has) severe anemia. (You are/(NAME) is) very ill and must be taken to a health facility immediately.</p>	<p>The anemia test shows that (you have/(NAME) has) severe anemia. (You are/(NAME) is) very ill and must be taken to a health facility immediately.</p>
334	<p>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.</p>			

TO BE FILLED IN AFTER COMPLETING BIOMARKERS

SUPERVISOR'S OBSERVATIONS

EDITOR'S OBSERVATIONS

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