

IDENTIFICATION							
PLACE NAME _____							
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>		
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>		
HOUSEHOLD SELECTED FOR MAN'S SURVEY? (1=YES, 2=NO)							
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;"></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>		
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>			
<div style="display: flex; justify-content: space-between;"> <div>LANGUAGE OF QUESTIONNAIRE** <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">1</div></div> <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></div> <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></div> <div>TRANSLATOR (YES = 1, NO = 2) <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></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 03 BAHASA 05 OTHER 02 TETUM 04 PORTUGUESE </div> </div>							
SUPERVISOR <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>NAME _____</div> <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> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> </div>		FIELD EDITOR <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>NAME _____</div> <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> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> </div>		OFFICE EDITOR <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>NUMBER</div> <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> </div>		KEYED BY <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>NUMBER</div> <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> </div>	

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 BIRTH 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 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"/> 0 NOT PRESENT 9994 REFUSED 9995 OTHER 9996	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 0 NOT PRESENT 9994 REFUSED 9995 OTHER 9996	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 0 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
108A	CHECK COVER PAGE:HOUSEHOLD SELECTED FOR MAN'S SURVEY? YES <input type="checkbox"/> NO <input type="checkbox"/> → 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

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 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 (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 PAMPHLET.	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 THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 201.			

		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 BIRTH 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 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"/> 0 NOT PRESENT 9994 REFUSED 9995 OTHER 9996	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 0 NOT PRESENT 9994 REFUSED 9995 OTHER 9996	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 0 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
108A	CHECK COVER PAGE:HOUSEHOLD SELECTED FOR MAN'S SURVEY? YES <input type="checkbox"/> NO <input type="checkbox"/> →	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.		

		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.	<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] (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 PAMPHLET.	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 15-49

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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <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"/> 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
207A	CHECK COVER PAGE:HOUSEHOLD SELECTED FOR MAN'S SURVEY YES <input type="checkbox"/> NO <input type="checkbox"/>  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 300.			
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

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

ADULT RESPONDENT CONSENT FOR ANEMIA TEST

ADULT RESPONDENT CONSENT	210	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>		
	211	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF REFUSED, SKIP TO 231) NOT PRESENT/OTHER 3 (SKIP TO 231)	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF REFUSED, SKIP TO 231) NOT PRESENT/OTHER 3 (SKIP TO 231)	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF REFUSED, SKIP TO 231) NOT PRESENT/OTHER 3 (SKIP TO 231)
	211A	CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant?	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 231)	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 231)	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 231)

216	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: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px;"></div> <div style="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; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px;"></div> <div style="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; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> </div> (RECORD '00' IF NOT LISTED)
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PARENTAL/RESPONSIBLE ADULT CONSENT FOR ANEMIA TEST

PARENTAL/RESPONSIBLE ADULT CONSENT	217	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>		
	218	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 231) NOT PRESENT/OTHER 3 (SKIP TO 231)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 231) NOT PRESENT/OTHER 3 (SKIP TO 231)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 231) NOT PRESENT/OTHER 3 (SKIP TO 231)

WEIGHT, HEIGHT, 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	ASK CONSENT FOR ANEMIA TEST FROM RESPONDENT.	<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	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 231) NOT PRESENT/OTHER 3 (SKIP TO 231)	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 231) NOT PRESENT/OTHER 3 (SKIP TO 231)	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 231) NOT PRESENT/OTHER 3 (SKIP TO 231)
	220A	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
	231	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
	233	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.			

300	CHECK COVER PAGE:HOUSEHOLD SELECTED FOR MAN'S SURVEY			
	YES <input type="checkbox"/> NO <input type="checkbox"/> → END			
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 18-59 YEARS 2	15-17 YEARS 1 18-59 YEARS 2	15-17 YEARS 1 18-59 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"/> <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"/> <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"/> <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"/> . 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 18-59 YEARS 2 (SKIP TO 310) ←	15-17 YEARS 1 18-59 YEARS 2 (SKIP TO 310) ←	15-17 YEARS 1 18-59 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

		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 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)
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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) (IF REFUSED, SKIP TO 331) NOT PRESENT/OTHER 3 (SKIP TO 331)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 331) NOT PRESENT/OTHER 3 (SKIP TO 331)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 331) NOT PRESENT/OTHER 3 (SKIP TO 331)

		MAN 1	MAN 2	MAN 3	
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____	
MINOR RESPONDENT CONSENT	MINOR RESPONDENT CONSENT FOR ANEMIA TEST				
	319	ASK CONSENT FOR ANEMIA TEST FROM RESPONDENT.	<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	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) NOT PRESENT/OTHER 3	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) NOT PRESENT/OTHER 3	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) NOT PRESENT/OTHER 3
	331	RECORD HEMOGLOBIN LEVEL HERE AND IN ANEMIA 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
333	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.				

TO BE FILLED IN AFTER COMPLETING BIOMARKERS

This image shows a single 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.
