

CAPILLARY BLOOD

NATIONAL INSTITUTE OF STATISTICS OF RWANDA

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> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
HOUSEHOLD NUMBER				<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
HOUSEHOLD SELECTED FOR MAN'S SURVEY AND BIOMARKERS? (1=YES, 2=NO)				
BIOMARKER 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>
BIOMARKER'S NAME	_____	_____	_____	MONTH <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
				YEAR <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></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> <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> <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="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; width: 20px; height: 20px; display: inline-block; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center;">1</div></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;"> <div>LANGUAGE OF QUESTIONNAIRE** ENGLISH</div> <div> **LANGUAGE CODES: 01 ENGLISH 02 KINYARWANDA </div> </div>				
<div style="text-align: center;">SUPERVISOR</div> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> <div style="border-bottom: 1px solid black; width: 150px;"></div> <div style="text-align: center;"> <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> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>NAME</div> <div>NUMBER</div> </div>				

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

101	INTERVIEWER TO COMPLETE Q. 102-103 USING TABLET REPORT USE THE INTERVIEWER'S MENU AND SELECT THE APPROPRIATE OPTION TO LIST ALL CHILDREN AGE 0-5 ELIGIBLE FOR BIOMARKER TESTING. RECORD THE COMPLETE NAME, AGE AND THE LINE NUMBER AS THEY APPEAR IN THE REPORT ON YOUR TABLET. LIST EACH CHILD IN THE SAME ORDER SHOWN IN THE REPORT. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). WRITE THE NAME OF EACH ELIGIBLE CHILD ON EACH SUBSEQUENT PAGES.			
		CHILD 1	CHILD 2	CHILD 3
102	FROM TABLET'S REPORT: WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>
103	FROM TABLET'S REPORT: 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 2014-2019?	YES 1 NO 2 (SKIP TO 133) ←	YES 1 NO 2 (SKIP TO 133) ←	YES 1 NO 2 (SKIP TO 133) ←
104A	MEASURER AND ASSISTANT START FROM HERE			
105	ASSISTANT TO RECORD 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	ASSISTANT TO RECORD HEIGHT/LENGTH 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
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
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 133) ← OLDER 2	0-5 MONTHS 1 (SKIP TO 133) ← OLDER 2	0-5 MONTHS 1 (SKIP TO 114) ← OLDER 2

		CHILD 1	CHILD 2	CHILD 3
102	FROM TABLET'S REPORT: WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>
110	WRITE THE NAME OF THE PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD	NAME OF PARENT/ADULT RESPONSIBLE NAME _____	NAME OF PARENT/ADULT RESPONSIBLE NAME _____	NAME OF PARENT/ADULT RESPONSIBLE 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 2014 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, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED 1 REFUSED 2 (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER 3	GRANTED 1 REFUSED 2 (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER 3	GRANTED 1 REFUSED 2 (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER 3
113	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 2014 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. A few blood drops will be collected on slide(s) and taken to a laboratory for testing. You will not be told the results of the laboratory testing. 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 take a malaria rapid test and give drops on slide for Laboratory analysis?</p>		
114	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED 1 REFUSED 2 (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER 3	GRANTED 1 REFUSED 2 (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER 3	GRANTED 1 REFUSED 2 (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER 3

		CHILD 1	CHILD 2	CHILD 3
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114A	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
115	PLACE BAR CODE LABEL FOR MALARIA LAB TEST.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE SLIDE 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 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE SLIDE 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 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.
116	RECORD HEMOGLOBIN LEVEL HERE AND IN THE 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
RESULTS OF MALARIA RDT TEST				
117	CIRCLE THE CODE FOR THE MALARIA RDT.	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 119) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 119) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 119) ←
118	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE PAMPHLET.	POSITIVE 1 (SKIP TO 121) ← NEGATIVE 2 OTHER 6	POSITIVE 1 (SKIP TO 121) ← NEGATIVE 2 OTHER 6	POSITIVE 1 (SKIP TO 121) ← NEGATIVE 2 OTHER 6
119	CHECK 116: 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 133) ←	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT 3 REFUSED 4 OTHER 6 (SKIP TO 133) ←	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT 3 REFUSED 4 OTHER 6 (SKIP TO 133) ←
120	<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 133)		

		CHILD 1	CHILD 2	CHILD 3																																																																																	
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121	Does (NAME) suffer from any of the following illnesses or symptoms:	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <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> </tbody> </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 border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <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> </tbody> </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 border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <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> </tbody> </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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122	CHECK 121: ANY 'YES' CIRCLED?	NO <input type="checkbox"/> YES <input type="checkbox"/> ↓ (SKIP TO 125) ←	NO <input type="checkbox"/> YES <input type="checkbox"/> ↓ (SKIP TO 125) ←	NO <input type="checkbox"/> YES <input type="checkbox"/> ↓ (SKIP TO 125) ←																																																																																	
123	CHECK 116: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 (SKIP TO 125) ← 8.0 G/DL OR ABOVE ... 2 NOT PRESENT 3 REFUSED 4 OTHER 6	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 (SKIP TO 125) ← 8.0 G/DL OR ABOVE ... 2 NOT PRESENT 3 REFUSED 4 OTHER 6	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 (SKIP TO 125) ← 8.0 G/DL OR ABOVE ... 2 NOT PRESENT 3 REFUSED 4 OTHER 6																																																																																	
124	In the past two weeks has (NAME) taken or is taking ACT given by a doctor or health center to treat the malaria? VERIFY BY ASKING TO SEE TREATMENT	YES 1 (SKIP TO 126) ← NO 2 (SKIP TO 127) ←	YES 1 (SKIP TO 126) ← NO 2 (SKIP TO 127) ←	YES 1 (SKIP TO 126) ← NO 2 (SKIP TO 127) ←																																																																																	
125	<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, if the child has already taken a treatment for malaria please take him to the nearest health facility for a check up, to determine if the malaria is cured. (SKIP TO 131)																																																																																			

		CHILD 1	CHILD 2	CHILD 3															
102	FROM TABLET'S REPORT: WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>															
126	ALREADY TAKING ACT REFERRAL STATEMENT	You have told me that (NAME OF CHILD) had already received ACT for malaria. Therefore, I cannot give you additional ACT. However, the test shows that he/she has malaria. If your child has a fever for two days after the last dose of ACT, you should take the child to the nearest health facility for further examination. (SKIP TO 133)																	
127	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 ACT. ACT is very effective and in a few days it should get rid of the fever and other symptoms. You do not have to give the child the medicine. This is up to you. Please tell me whether you accept the medicine or not.																	
128	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															
129	CHECK 128: MEDICATION ACCEPTED	ACCEPTED MEDICINE . 1 REFUSED 2 OTHER 6 (SKIP TO 133) ←	ACCEPTED MEDICINE . 1 REFUSED 2 OTHER 6 (SKIP TO 133) ←	ACCEPTED MEDICINE . 1 REFUSED 2 OTHER 6 (SKIP TO 133) ←															
130	TREATMENT FOR CHILDREN WITH POSITIVE MALARIA TESTS	<table border="1"> <thead> <tr> <th colspan="3">TREATMENT WITH ACT</th> </tr> <tr> <th>WEIGHT (in kg)</th> <th>AGE</th> <th>ARTEMETHER-LUMEFANTRINE</th> </tr> </thead> <tbody> <tr> <td>LESS THAN 5 KGS</td> <td>NOTHING</td> <td>NOTHING</td> </tr> <tr> <td>5-14 KGS</td> <td>6 MONTHS - 3 YEARS</td> <td>1 TAB TWICE A DAY FOR 3 DAYS</td> </tr> <tr> <td>15-25 KGS</td> <td>4 - 8 YEARS</td> <td>2 TABS TWICE A DAY FOR 3 DAYS</td> </tr> </tbody> </table> <p>IF CHILD WEIGHS LESS THAN 5 KGS, DO NOT LEAVE DRUGS. TELL PARENTS TO TAKE CHILD TO HEALTH FACILITY.</p> <p>ALSO TELL THE PARENT/OTHER ADULT: 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. (SKIP TO 133)</p>			TREATMENT WITH ACT			WEIGHT (in kg)	AGE	ARTEMETHER-LUMEFANTRINE	LESS THAN 5 KGS	NOTHING	NOTHING	5-14 KGS	6 MONTHS - 3 YEARS	1 TAB TWICE A DAY FOR 3 DAYS	15-25 KGS	4 - 8 YEARS	2 TABS TWICE A DAY FOR 3 DAYS
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WEIGHT (in kg)	AGE	ARTEMETHER-LUMEFANTRINE																	
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131	CHECK 116: 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 133) ←	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6 (SKIP TO 133) ←	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6 (SKIP TO 133) ←															
132	<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.																	
133	GO BACK TO 102 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, AND MALARIA TESTING FOR CHILDREN AGE 0-5

101	INTERVIEWER TO COMPLETE Q. 102-103 USING TABLET REPORT USE THE INTERVIEWER'S MENU AND SELECT THE APPROPRIATE OPTION TO LIST ALL CHILDREN AGE 0-5 ELIGIBLE FOR BIOMARKER TESTING. RECORD THE COMPLETE NAME, AGE AND THE LINE NUMBER AS THEY APPEAR IN THE REPORT ON YOUR TABLET. LIST EACH CHILD IN THE SAME ORDER SHOWN IN THE REPORT. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). WRITE THE NAME OF EACH ELIGIBLE CHILD ON EACH SUBSEQUENT PAGES.			
		CHILD 4	CHILD 5	CHILD 6
102	FROM TABLET'S REPORT: WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>
103	FROM TABLET'S REPORT: 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 2014-2019?	YES 1 NO 2 (SKIP TO 133) ←	YES 1 NO 2 (SKIP TO 133) ←	YES 1 NO 2 (SKIP TO 133) ←
104A	MEASURER AND ASSISTANT START FROM HERE			
105	ASSISTANT TO RECORD 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	ASSISTANT TO RECORD HEIGHT/LENGTH 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
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
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 133) ← OLDER 2	0-5 MONTHS 1 (SKIP TO 133) ← OLDER 2	0-5 MONTHS 1 (SKIP TO 114) ← OLDER 2

		CHILD 4	CHILD 5	CHILD 6
102	FROM TABLET'S REPORT: WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE <input type="text"/> <input type="text"/> NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE <input type="text"/> <input type="text"/> NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE <input type="text"/> <input type="text"/> NUMBER
110	WRITE THE NAME OF THE PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD	NAME OF PARENT/ADULT RESPONSIBLE NAME _____	NAME OF PARENT/ADULT RESPONSIBLE NAME _____	NAME OF PARENT/ADULT RESPONSIBLE 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 2014 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, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED 1 REFUSED 2 (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER 3	GRANTED 1 REFUSED 2 (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER 3	GRANTED 1 REFUSED 2 (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER 3
113	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 2014 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. A few blood drops will be collected on slide(s) and taken to a laboratory for testing. You will not be told the results of the laboratory testing. 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 take a malaria rapid test and give drops on slide for Laboratory analysis?</p>		
114	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED 1 REFUSED 2 (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER 3	GRANTED 1 REFUSED 2 (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER 3	GRANTED 1 REFUSED 2 (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER 3

		CHILD 4	CHILD 5	CHILD 6
102	FROM TABLET'S REPORT: WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE <input type="text"/> <input type="text"/> NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE <input type="text"/> <input type="text"/> NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE <input type="text"/> <input type="text"/> NUMBER
114A	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
115	PLACE BAR CODE LABEL FOR MALARIA LAB TEST.	<div style="border: 1px dashed black; padding: 5px; margin-bottom: 10px;">PUT THE 1ST BAR CODE LABEL HERE.</div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; margin-bottom: 10px;">PUT THE 1ST BAR CODE LABEL HERE.</div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; margin-bottom: 10px;">PUT THE 1ST BAR CODE LABEL HERE.</div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.
116	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED 995 OTHER 996
RESULTS OF MALARIA RDT TEST				
117	CIRCLE THE CODE FOR THE MALARIA RDT.	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 119) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 119) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 119) ←
118	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE PAMPHLET.	POSITIVE 1 (SKIP TO 121) ← NEGATIVE 2 OTHER 6	POSITIVE 1 (SKIP TO 121) ← NEGATIVE 2 OTHER 6	POSITIVE 1 (SKIP TO 121) ← NEGATIVE 2 OTHER 6
119	CHECK 116: 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 133) ←	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT 3 REFUSED 4 OTHER 6 (SKIP TO 133) ←	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT 3 REFUSED 4 OTHER 6 (SKIP TO 133) ←
120	<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 133)		

		CHILD 4	CHILD 5	CHILD 6
102	FROM TABLET'S REPORT: WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE <input type="text"/> <input type="text"/> NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE <input type="text"/> <input type="text"/> NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE <input type="text"/> <input type="text"/> NUMBER
121	Does (NAME) suffer from any of the following illnesses or symptoms: a) Extreme weakness? b) Heart problems? c) Loss of consciousness? d) Rapid or difficult breathing? e) Seizures? f) Abnormal bleeding? g) Jaundice or yellow skin? h) Dark urine?	<div style="text-align: right;">YES NO</div> 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	<div style="text-align: right;">YES NO</div> 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	<div style="text-align: right;">YES NO</div> 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
122	CHECK 121: ANY 'YES' CIRCLED?	<div style="text-align: right;">NO YES <input type="checkbox"/></div> <div style="text-align: center;"> <input type="checkbox"/> </div> <div style="text-align: right;">(SKIP TO 125) ←</div>	<div style="text-align: right;">NO YES <input type="checkbox"/></div> <div style="text-align: center;"> <input type="checkbox"/> </div> <div style="text-align: right;">(SKIP TO 125) ←</div>	<div style="text-align: right;">NO YES <input type="checkbox"/></div> <div style="text-align: center;"> <input type="checkbox"/> </div> <div style="text-align: right;">(SKIP TO 125) ←</div>
123	CHECK 116: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 (SKIP TO 125) ← <input type="checkbox"/> 8.0 G/DL OR ABOVE ... 2 NOT PRESENT 3 REFUSED 4 OTHER 6	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 (SKIP TO 125) ← <input type="checkbox"/> 8.0 G/DL OR ABOVE ... 2 NOT PRESENT 3 REFUSED 4 OTHER 6	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 (SKIP TO 125) ← <input type="checkbox"/> 8.0 G/DL OR ABOVE ... 2 NOT PRESENT 3 REFUSED 4 OTHER 6
124	In the past two weeks has (NAME) taken or is taking ACT given by a doctor or health center to treat the malaria? VERIFY BY ASKING TO SEE TREATMENT	YES 1 (SKIP TO 126) ← <input type="checkbox"/> NO 2 (SKIP TO 127) ← <input type="checkbox"/>	YES 1 (SKIP TO 126) ← <input type="checkbox"/> NO 2 (SKIP TO 127) ← <input type="checkbox"/>	YES 1 (SKIP TO 126) ← <input type="checkbox"/> NO 2 (SKIP TO 127) ← <input type="checkbox"/>
125	<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, if the child has already taken a treatment for malaria please take him to the nearest health facility for a check up, to determine if the (SKIP TO 131)		

		CHILD 4	CHILD 5	CHILD 6															
102	FROM TABLET'S REPORT: WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>															
126	ALREADY TAKING ACT REFERRAL STATEMENT	<p>You have told me that (NAME OF CHILD) had already received ACT for malaria. Therefore, I cannot give you additional ACT. However, the test shows that he/she has malaria. If your child has a fever for two days after the last dose of ACT, you should take the child to the nearest health facility for further examination.</p> <p>(SKIP TO 133)</p>																	
127	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/OTHER ADULT.	<p>The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called ACT. ACT is very effective and in a few days it should get rid of the fever and other symptoms. You do not have to give the child the medicine. This is up to you. Please tell me whether you accept the medicine or not.</p>																	
128	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															
129	CHECK 128: MEDICATION ACCEPTED	ACCEPTED MEDICINE . 1 REFUSED 2 OTHER 6 (SKIP TO 133)	ACCEPTED MEDICINE . 1 REFUSED 2 OTHER 6 (SKIP TO 133)	ACCEPTED MEDICINE . 1 REFUSED 2 OTHER 6 (SKIP TO 133)															
130	TREATMENT FOR CHILDREN WITH POSITIVE MALARIA TESTS	<table border="1"> <thead> <tr> <th colspan="3">TREATMENT WITH ACT</th> </tr> <tr> <th>WEIGHT (in kg)</th> <th>AGE</th> <th>ARTEMETHER-LUMEFANTRINE</th> </tr> </thead> <tbody> <tr> <td>LESS THAN 5 KGS</td> <td>NOTHING</td> <td>NOTHING</td> </tr> <tr> <td>5-14 KGS</td> <td>6 MONTHS - 3 YEARS</td> <td>1 TAB TWICE A DAY FOR 3 DAYS</td> </tr> <tr> <td>15-25 KGS</td> <td>4 - 8 YEARS</td> <td>2 TABS TWICE A DAY FOR 3 DAYS</td> </tr> </tbody> </table> <p>IF CHILD WEIGHS LESS THAN 5 KGS, DO NOT LEAVE DRUGS. TELL PARENTS TO TAKE CHILD TO HEALTH FACILITY.</p> <p>ALSO TELL THE PARENT/OTHER ADULT: 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>(SKIP TO 133)</p>			TREATMENT WITH ACT			WEIGHT (in kg)	AGE	ARTEMETHER-LUMEFANTRINE	LESS THAN 5 KGS	NOTHING	NOTHING	5-14 KGS	6 MONTHS - 3 YEARS	1 TAB TWICE A DAY FOR 3 DAYS	15-25 KGS	4 - 8 YEARS	2 TABS TWICE A DAY FOR 3 DAYS
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131	CHECK 116: 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 133)	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6 (SKIP TO 133)	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6 (SKIP TO 133)															
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133	GO BACK TO 102 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 201.																		

201	INTERVIEWER TO COMPLETE Q. 202-204A USING TABLET REPORT USE THE APPROPRIATE OPTION FROM THE INTERVIEWER'S MENU TO LIST ALL WOMEN AGE 15-49 ELIGIBLE FOR BIOMARKER TESTING. IN EACH COLUMN, WRITE THE COMPLETE NAME, AGE AND LINE NUMBER AS THEY APPEAR IN THE REPORT ON YOUR TABLET. ALSO CIRCLE THE APPROPRIATE CODE FOR QUESTION 203. IF THE WOMAN'S AGE IS 15-17, COMPLETE QUESTION 204 USING THE MARITAL STATUS INFORMATION PRINTED IN THE TABLET'S REPORT. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		WOMAN 1	WOMAN 2	WOMAN 3
202	FROM TABLET'S REPORT: WRITE WOMAN'S AGE WRITE WOMAN'S LINE NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>
203	FROM TABLET'S REPORT: CIRCLE CODE FOR AGE GROUP.	15-17 YEARS 1 18-49 YEARS 2 SKIP TO 204A ←	15-17 YEARS 1 18-49 YEARS 2 SKIP TO 204A ←	15-17 YEARS 1 18-49 YEARS 2 SKIP TO 204A ←
204	FROM TABLET'S REPORT: CIRCLE CODE FOR MARITAL STATUS	CODE 6 (NEVER IN UNION) . 1 OTHER 2	CODE 6 (NEVER IN UNION) . 1 OTHER 2	CODE 6 (NEVER IN UNION) . 1 OTHER 2
204A	FROM TABLET'S REPORT: PREGNANCY 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
204B	BIOMARKER START FROM HERE: BEFORE PROCEEDING WITH THE CONSENT STATEMENTS, ASK THE RESPONDENT HER AGE AND MARITAL STATUS TO CONFIRM THE INFORMATION IN Q203/Q204. IF THERE ARE ANY DISCREPANCIES THAT AFFECT THE INFORMED CONSENT PATTERN (MINOR VS. ADULT); GO BACK TO Q203/Q204 AND MAKE CORRECTIONS. PLEASE INFORM THE INTERVIEWER OF NEEDED ADJUSTMENTS IN THE HOUSEHOLD SCHEDULE (QH07/QH08), IF NECESSARY.			
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"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
207	MEASURER: ENTER YOUR FIELDWORKER NUMBER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER
208	CHECK 203: AGE	15-17 YEARS 1 18-49 YEARS 2 (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 218) ← OTHER 2	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 218) ← OTHER 2	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 218) ← OTHER 2

		WOMAN 1	WOMAN 2	WOMAN 3
202	FROM TABLET'S REPORT: WRITE WOMAN'S AGE WRITE WOMAN'S LINE NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>

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	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 AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER 3	GRANTED 1 RESPONDENT REFUSED ... 2 (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER 3	GRANTED 1 RESPONDENT REFUSED ... 2 (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER 3

ADULT RESPONDENT CONSENT FOR MALARIA TESTING

A D U L T R E S P O N D E N T C O N S E N T	212	ASK CONSENT FOR MALARIA TESTING.	<p>As part of this survey, we are asking women 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 women take part in malaria testing in this survey and give a few drops of blood from a finger. One blood drop will be tested for malaria immediately, and the result will be told to you right away. A few blood drops will be collected on slide(s) and taken to a laboratory for testing. You will not be told the results of the laboratory testing. 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 take the malaria rapid test and give drops on slide for Laboratory analysis?</p>		
	213	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED ... 2 (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER 3	GRANTED 1 RESPONDENT REFUSED ... 2 (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER 3	GRANTED 1 RESPONDENT REFUSED ... 2 (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER 3

		WOMAN 1	WOMAN 2	WOMAN 3
202	FROM TABLET'S REPORT: WRITE WOMAN'S AGE WRITE WOMAN'S LINE NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>

ADULT RESPONDENT CONSENT FOR DBS COLLECTION

A D U L T R E S P O N D E N T C O N S E N T	214	ASK CONSENT FOR DBS COLLECTION.	<p>As part of the survey we also are asking people all over the country to give blood for HIV testing. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV.</p> <p>For the HIV testing, we need a few (more) 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. 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 your test results either. I will provide you with a list of [nearby] facilities offering counseling and testing for HIV. I will also give you a voucher for free services for you (and for your partner if you want) that you can use at any of these facilities.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood for the HIV testing?</p>		
	215	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	<p>GRANTED 1 RESPONDENT REFUSED ... 2</p> <p>(SIGN AND ENTER YOUR FIELDWORKER NUMBER)</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>NOT PRESENT/OTHER 3</p>	<p>GRANTED 1 RESPONDENT REFUSED ... 2</p> <p>(SIGN AND ENTER YOUR FIELDWORKER ID NUMBER)</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>NOT PRESENT/OTHER 3</p>	<p>GRANTED 1 RESPONDENT REFUSED ... 2</p> <p>(SIGN AND ENTER YOUR FIELDWORKER ID NUMBER)</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>NOT PRESENT/OTHER 3</p>

ADULT RESPONDENT CONSENT FOR HIVRDT TESTING

A D U L T R E S P O N D E N T C O N S E N T	216	ASK CONSENT FOR HIV RDT TEST.	<p>If you want to know your HIV status right now, we can do a rapid diagnostic test and tell you the result. The testing is free and we will offer counseling before and after the test.</p> <p>For the rapid HIV test, we need a few (more) drops of blood from a finger. We will use the same rapid tests used in hospitals in Rwanda. 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 result of the test will be available in 20-30 minutes.</p> <p>I will give you a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood for rapid HIV testing?</p>		
	217	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	<p>GRANTED 1 RESPONDENT REFUSED ... 2</p> <p>(SIGN, ENTER YOUR FIELDWORKER NUMBER, AND SKIP TO 235)</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>NOT PRESENT/OTHER 3 (SKIP TO 235)</p>	<p>GRANTED 1 RESPONDENT REFUSED ... 2</p> <p>(SIGN, ENTER YOUR FIELDWORKER NUMBER, AND SKIP TO 235)</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>NOT PRESENT/OTHER 3 (SKIP TO 235)</p>	<p>GRANTED 1 RESPONDENT REFUSED ... 2</p> <p>(SIGN, ENTER YOUR FIELDWORKER NUMBER, AND SKIP TO 235)</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>NOT PRESENT/OTHER 3 (SKIP TO 235)</p>

		WOMAN 1	WOMAN 2	WOMAN 3
202	FROM TABLET'S REPORT: WRITE WOMAN'S AGE WRITE WOMAN'S LINE NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>
218	WRITE THE NAME OF THE PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT	NAME _____	NAME _____	NAME _____

PARENTAL/RESPONSIBLE ADULT CONSENT FOR ANEMIA TEST					
P A R E N T — R E S P A D U L T C O N S E N T	219	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>		
	220	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 ← _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 223) NOT PRESENT/OTHER 3 (SKIP TO 223) ←	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 ← _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 223) NOT PRESENT/OTHER 3 (SKIP TO 223) ←	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 ← _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 223) NOT PRESENT/OTHER 3 (SKIP TO 223) ←

MINOR RESPONDENT (15-17yrs) ASSENT FOR ANEMIA TEST					
M I N O R R E S P O N D E N T C O N S E N T	221	ASK ASSENT 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>		
	222	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

		WOMAN 1	WOMAN 2	WOMAN 3
202	FROM TABLET'S REPORT: WRITE WOMAN'S AGE WRITE WOMAN'S LINE NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>

PARENTAL/RESPONSIBLE ADULT CONSENT FOR MALARIA TESTING

P A R E N T — R E S P A D U L T C O N S E N T	223	ASK CONSENT FOR MALARIA TESTING FROM PARENT/ADULT.	<p>As part of this survey, we are asking women 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 women take part in malaria testing in this survey and give a few drops of blood from a finger. One blood drop will be tested for malaria immediately, and the result will be told to you and (NAME OF MINOR) right away. A few blood drops will be collected on slide(s) and taken to a laboratory for testing. You and (NAME OF MINOR) will not be told the results of the laboratory testing. 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 MINOR) to have a malaria rapid test and give drops on slide for laboratory analysis?</p>		
	224	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 227) NOT PRESENT/OTHER 3 (SKIP TO 227)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 227) NOT PRESENT/OTHER 3 (SKIP TO 227)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 227) NOT PRESENT/OTHER 3 (SKIP TO 227)

MINOR RESPONDENT (15-17yrs) ASSENT FOR MALARIA TESTING

M I N O R R E S P O N D E N T C O N S E N T	225	ASK ASSENT FOR ADDITIONAL TESTING FROM MINOR RESPONDENT.	<p>As part of this survey, we are asking women 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 women take part in malaria testing in this survey and give a few drops of blood from a finger. One blood drop will be tested for malaria immediately, and the result will be told to you and (NAME OF PARENT/RESPONSIBLE ADULT) right away. A few blood drops will be collected on slide(s) and taken to a laboratory for testing. You will not be told the results of the laboratory testing. 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 have a malaria rapid test and give drops on slide for laboratory analysis?</p>		
	226	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

		WOMAN 1	WOMAN 2	WOMAN 3
202	FROM TABLET'S REPORT: WRITE WOMAN'S AGE WRITE WOMAN'S LINE NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>

PARENTAL/RESPONSIBLE ADULT CONSENT FOR DBS COLLECTION					
P A R E N T — R E S P A D U L T C O N S E N T	227	ASK CONSENT FOR DBS COLLECTION FROM PARENT/ADULT.	<p>As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that can lead to AIDS. The HIV test is being done to see how many people have HIV.</p> <p>For the HIV test, we need a few (more) 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. 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 (NAME OF MINOR 15-17yrs)'s test results either. I will provide a list of [nearby] facilities offering counseling and testing for HIV. I will also give her a voucher for free services that can be used at any of these facilities.</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 15-17yrs) to give blood for the HIV testing?</p>		
	228	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 231) NOT PRESENT/OTHER 3 (SKIP TO 231)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 231) NOT PRESENT/OTHER 3 (SKIP TO 231)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 231) NOT PRESENT/OTHER 3 (SKIP TO 231)

MINOR RESPONDENT (15-17yrs) ASSENT FOR DBS COLLECTION					
M I N O R R E S P O N D E N T C O N S E N T	229	ASK ASSENT FOR DBS COLLECTION FROM MINOR RESPONDENT.	<p>As part of the survey we also are asking people all over the country to give blood for HIV testing. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV.</p> <p>For the HIV testing, we need a few (more) 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. 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 your test results either. I will provide you with a list of [nearby] facilities offering counseling and testing for HIV. I will also give you a voucher for free services for you (and for your partner if you want) that you can use at any of these facilities.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood for the HIV testing?</p>		
	230	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

		WOMAN 1	WOMAN 2	WOMAN 3
202	FROM TABLET'S REPORT: WRITE WOMAN'S AGE WRITE WOMAN'S LINE NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>

PARENTAL/RESPONSIBLE ADULT CONSENT FOR HIV RDT TESTING

P A R E N T — R E S P A D U L T C O N S E N T	231	ASK CONSENT FOR RDT TEST FROM PARENT/ADULT.	<p>If you want (NAME OF MINOR) to know her HIV status right now, we can do a rapid diagnostic test and tell you and (NAME OF MINOR) the result. The testing is free and we will offer counseling before and after the test.</p> <p>For the rapid HIV test, we need a few (more) drops of blood from a finger. We will use the same rapid tests used in hospitals in Rwanda. 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 result of the test will be available in 20-30 minutes.</p> <p>I will give (NAME OF MINOR) a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health.</p> <p>Do you have any questions?</p> <p>You can say yes or no. It is up to you to decide.</p> <p>Will you allow (NAME OF MINOR) to give blood for rapid HIV testing?</p>		
	232	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 235) NOT PRESENT/OTHER 3 (SKIP TO 235)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 235) NOT PRESENT/OTHER 3 (SKIP TO 235)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 235) NOT PRESENT/OTHER 3 (SKIP TO 235)

MINOR RESPONDENT (15-17yrs) ASSENT FOR HIV RDT TEST

M I N O R R E S P O N D E N T C O N S E N T	233	ASK ASSENT FOR RDT TEST FROM MINOR RESPONDENT.	<p>If you want to know your HIV status right now, we can do a rapid diagnostic test and tell you and (NAME OF PARENT/RESPONSIBLE ADULT) the result. The testing is free and we will offer counseling before and after the test.</p> <p>For the rapid HIV test, we need a few (more) drops of blood from a finger. We will use the same rapid tests used in hospitals in Rwanda. 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 result of the test will be available in 20-30 minutes.</p> <p>I will give you a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health.</p> <p>Do you have any questions?</p> <p>You can say yes or no. It is up to you to decide.</p> <p>Will you give blood for rapid HIV testing?</p>		
	234	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	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

		WOMAN 1	WOMAN 2	WOMAN 3
202	FROM TABLET'S REPORT: WRITE WOMAN'S AGE WRITE WOMAN'S LINE NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>
235	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
236	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 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON BLOOD SLIDE, THE 3RD ON FILTER PAPER, THE 4TH ON THE TRANSMITTAL FORM BLOOD SLIDE, AND THE 5TH ON THE DBS TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON BLOOD SLIDE, THE 3RD ON FILTER PAPER, THE 4TH ON THE TRANSMITTAL FORM BLOOD SLIDE, AND THE 5TH ON THE DBS TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON BLOOD SLIDE, THE 3RD ON FILTER PAPER, THE 4TH ON THE TRANSMITTAL FORM BLOOD SLIDE, AND THE 5TH ON THE DBS TRANSMITTAL FORM.
237	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
238	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE PAMPHLET.	POSITIVE 1 NEGATIVE 2 NOT PRESENT 3 REFUSED 4 OTHER 5	POSITIVE 1 NEGATIVE 2 NOT PRESENT 3 REFUSED 4 OTHER 5	POSITIVE 1 NEGATIVE 2 NOT PRESENT 3 REFUSED 4 OTHER 5
238A	RECORD THE RESULT OF THE MALARIA BLOOD SLIDE COLLECTION	COLLECTED 1 NOT PRESENT 3 REFUSED 4 OTHER 5	COLLECTED 1 NOT PRESENT 3 REFUSED 4 OTHER 5	COLLECTED 1 NOT PRESENT 3 REFUSED 4 OTHER 5
239	RECORD THE RESULT OF THE HIV DBS COLLECTION	COLLECTED 1 NOT PRESENT 3 REFUSED 4 OTHER 5	COLLECTED 1 NOT PRESENT 3 REFUSED 4 OTHER 5	COLLECTED 1 NOT PRESENT 3 REFUSED 4 OTHER 5
240	RECORD THE RESULT OF THE "HIV COMBO SET" HERE.	POSITIVE 1 NEGATIVE 2 (SKIP TO 244) ← NOT PRESENT 3 REFUSED 4 OTHER 5 (SKIP TO 245) ←	POSITIVE 1 NEGATIVE 2 (SKIP TO 244) ← NOT PRESENT 3 REFUSED 4 OTHER 5 (SKIP TO 245) ←	POSITIVE 1 NEGATIVE 2 (SKIP TO 244) ← NOT PRESENT 3 REFUSED 4 OTHER 5 (SKIP TO 245) ←
241	RECORD THE RESULT OF THE "HIV 1/2 STAT-PAK" HERE.	POSITIVE 1 NEGATIVE 2 (SKIP TO 243) ← NOT PRESENT 3 REFUSED 4 OTHER 5 (SKIP TO 245) ←	POSITIVE 1 NEGATIVE 2 (SKIP TO 243) ← NOT PRESENT 3 REFUSED 4 OTHER 5 (SKIP TO 245) ←	POSITIVE 1 NEGATIVE 2 (SKIP TO 243) ← NOT PRESENT 3 REFUSED 4 OTHER 5 (SKIP TO 245) ←

		WOMAN 1	WOMAN 2	WOMAN 3
202	FROM TABLET'S REPORT: WRITE WOMAN'S AGE WRITE WOMAN'S LINE NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>
242	<p>IF 240 AND 241 ARE POSITIVE <u>RESPONDENT IS HIV POSITIVE:</u></p> <p>INFORM SURVEY PARTICIPANT ABOUT POSITIVE HIV STATUS AND PROVIDE POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV CARE AND TREATMENT SERVICES ARE AVAILABLE.</p> <p>SKIP TO 245</p>			
243	<p>IF 240 IS POSTIVE AND 241 IS NEGATIVE <u>RESPONDENT RESULTS ARE INCONCLUSIVE:</u></p> <p>INFORM SURVEY PARTICIPANT RESULTS ARE NOT CONCLUSIVE AND PROVIDE POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY AFTER 4 WEEKS FOR FURTHER EXAMS.</p> <p>SKIP TO 245</p>			
244	<p>IF 240 IS NEGATIVE <u>RESPONDENT IS HIV NEGATIVE:</u></p> <p>INFORM THE RESPONDENT OF NEGATIVE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY FOR FURTHER COUNSELING</p>			
245	WHILE TESTING THIS PERSON, WAS ANY RDT INVALID/DID ANY RDT FAIL TO RUN, THAT IS, THE CONTROL BAND DID NOT APPEAR?	RDT CONDUCTED, YES ANY INVALID 1 RDT CONDUCTED, NONE INVALID 2 NO RDT CONDUCTED 3 (SKIP TO 248) ←	RDT CONDUCTED, YES ANY INVALID 1 RDT CONDUCTED, NONE INVALID 2 NO RDT CONDUCTED 3 (SKIP TO 248) ←	RDT CONDUCTED, YES ANY INVALID 1 RDT CONDUCTED, NONE INVALID 2 NO RDT CONDUCTED 3 (SKIP TO 248) ←
246	RECORD NUMBER OF INVALID RESULTS USING "HIV COMBO SET"	<input type="text"/> <input type="text"/> RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00	<input type="text"/> <input type="text"/> RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00	<input type="text"/> <input type="text"/> RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00
247	RECORD NUMBER OF INVALID RESULTS USING "HIV 1/2 STAT-PAK"	<input type="text"/> <input type="text"/> RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00	<input type="text"/> <input type="text"/> RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00	<input type="text"/> <input type="text"/> RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00

		WOMAN 1	WOMAN 2	WOMAN 3
202	FROM TABLET'S REPORT: WRITE WOMAN'S AGE WRITE WOMAN'S LINE NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>
248	CHECK 238:	CODE '1' IS CIRCLED <input type="checkbox"/> CODE '2 TO 5' IS CIRCLED <input type="checkbox"/> ↓ (SKIP TO 257) ←	CODE '1' IS CIRCLED <input type="checkbox"/> CODE '2 TO 5' IS CIRCLED <input type="checkbox"/> ↓ (SKIP TO 257) ←	CODE '1' IS CIRCLED <input type="checkbox"/> CODE '2 TO 5' IS CIRCLED <input type="checkbox"/> ↓ (SKIP TO 257) ←
249	In the past two weeks has you taken or is taking Coartem given by a doctor or health center to treat the malaria? VERIFY BY ASKING TO SEE TREATMENT	YES 1 (SKIP TO 250) ← NO 2 (SKIP TO 251) ←	YES 1 (SKIP TO 250) ← NO 2 (SKIP TO 251) ←	YES 1 (SKIP TO 250) ← NO 2 (SKIP TO 251) ←
250	ALREADY TAKING [FIRST LINE MEDICATION] REFERRAL STATEMENT	You have told me that you had already received Coartem for malaria. Therefore, I cannot give you additional Coartem. However, the test shows that you has malaria. If you has a fever for two days after the last dose of Coartem, you should go to the nearest health facility for further examination. (SKIP TO 257)		
251	CHECK 204a: PREGNANCY STATUS	YES 1 (GO TO 256) ← OTHER 2	YES 1 (GO TO 256) ← OTHER 2	YES 1 (GO TO 256) ← OTHER 2
252	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/OTHER ADULT.	The malaria test shows that you has malaria. We can give you free medicine. The medicine is called Coartem is very effective and in a few days it should get rid of the fever and other symptoms. You do not have to take the medicine. This is up to you. Please tell me whether you accept the medicine or not.		
253	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
254	CHECK 253: MEDICATION ACCEPTED	ACCEPTED MEDICINE . 1 REFUSED 2 OTHER 6 (SKIP TO 257) ←	ACCEPTED MEDICINE . 1 REFUSED 2 OTHER 6 (SKIP TO 257) ←	ACCEPTED MEDICINE . 1 REFUSED 2 OTHER 6 (SKIP TO 257) ←
255	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/ OTHER ADULT.	<p>≥ 35 kg≥ 15 years 20 mg AS + 120 mg AQ 4 tablets twice a day for 3 days</p> <p>ALSO TELL THE ADULT: If you have a high fever, fast or difficult breathing, is not able to drink, gets sicker or does not get better in two days, you should go to see a health professional for treatment right away.</p>		
256	READ INFORMATION FOR MALARIA REFERRAL STATEMENT TO A PREGNANT WOMAN.	The test shows that you has malaria. However, you have told me that you are currently pregnant. Therefore, I cannot give you Coartem. You should go to the nearest health facility for further examination and treatment.		
257	GO BACK TO 202 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE WOMEN, GO TO 301.			

HIV TESTING FOR MEN AGE 15-59

301	INTERVIEWER TO COMPLETE Q. 302-304 USING TABLET REPORT USE THE APPROPRIATE OPTION FROM THE INTERVIEWER'S MENU TO LIST ALL MEN AGE 15-59 ELIGIBLE FOR BIOMARKER TESTING. IN EACH COLUMN, WRITE THE COMPLETE NAME, AGE AND LINE NUMBER AS THEY APPEAR IN THE REPORT ON YOUR TABLET. ALSO CIRCLE THE APPROPRIATE CODE FOR QUESTION 303. IF THE MAN'S AGE IS 15-17, COMPLETE QUESTION 304 USING THE MARITAL STATUS INFORMATION PRINTED IN THE TABLET'S REPORT. IF THERE ARE MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		MAN 1	MAN 2	MAN 3
302	FROM TABLET'S REPORT: WRITE MAN'S AGE WRITE MAN'S LINE NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>
303	FROM TABLET'S REPORT: CIRCLE CODE FOR AGE GROUP.	15-17 YEARS 1 18-49 YEARS 2 SKIP TO 304A ←	15-17 YEARS 1 18-49 YEARS 2 SKIP TO 304A ←	15-17 YEARS 1 18-49 YEARS 2 SKIP TO 304A ←
304	FROM TABLET'S REPORT: CIRCLE CODE FOR MARITAL STATUS	CODE 6 (NEVER IN UNION) . 1 OTHER 2	CODE 6 (NEVER IN UNION) . 1 OTHER 2	CODE 6 (NEVER IN UNION) . 1 OTHER 2

304A	BIOMARKER START FROM HERE: BEFORE PROCEEDING WITH THE CONSENT STATEMENTS, ASK THE RESPONDENT HIS AGE AND MARITAL STATUS TO CONFIRM THE INFORMATION IN Q303/Q304. IF THERE ARE ANY DISCREPANCIES THAT AFFECT THE INFORMED CONSENT PATTERN (MINOR VS. ADULT); GO BACK TO Q303/Q304 AND MAKE CORRECTIONS. PLEASE INFORM THE INTERVIEWER OF NEEDED ADJUSTMENTS IN THE HOUSEHOLD SCHEDULE (QH07/QH08), IF NECESSARY.			
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 6 (NEVER IN UNION) . 1 (SKIP TO 316) ← OTHER 2	CODE 6 (NEVER IN UNION) . 1 (SKIP TO 316) ← OTHER 2	CODE 6 (NEVER IN UNION) . 1 (SKIP TO 316) ← OTHER 2

		MAN 1	MAN 2	MAN 3
302	FROM TABLET'S REPORT:	NAME _____	NAME _____	NAME _____
	WRITE MAN'S AGE	AGE <input type="text"/> <input type="text"/>	AGE <input type="text"/> <input type="text"/>	AGE <input type="text"/> <input type="text"/>
	WRITE MAN'S LINE NUMBER	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>

ADULT RESPONDENT CONSENT FOR DBS COLLECTION

A D U L T R E S P O N D E N T C O N S E N T	310	ASK CONSENT FOR DBS COLLECTION.	<p>As part of the survey we also are asking people all over the country to give blood for HIV testing. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV.</p> <p>For the HIV testing, we 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. 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 your test results either. I will provide you with a list of facilities offering counseling and testing for HIV. I will also give you a voucher for free services for you (and for your partner if you want) that you can use at any of these facilities.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood for the HIV testing?</p>		
	311	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER 3	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER ID NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER 3	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER ID NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER 3

ADULT RESPONDENT CONSENT FOR RDT TESTING

A D U L T R E S P O N D E N T C O N S E N T	314	ASK CONSENT FOR HIV RDT TEST.	<p>If you want to know your HIV status right now, we can do a rapid diagnostic test and tell you the result. The testing is free and we will offer counseling before and after the test.</p> <p>For the rapid HIV test, we need a few (more) drops of blood from a finger. We will use the same rapid tests used in hospitals in Rwanda. 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 result of the test will be available in 20-30 minutes.</p> <p>I will give you a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood for rapid HIV testing?</p>		
	315	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN, ENTER YOUR FIELDWORKER NUMBER, AND SKIP TO 329) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER 3 (SKIP TO 329)	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN, ENTER YOUR FIELDWORKER NUMBER, AND SKIP TO 329) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER 3 (SKIP TO 329)	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN, ENTER YOUR FIELDWORKER NUMBER, AND SKIP TO 329) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER 3 (SKIP TO 329)

		MAN 1	MAN 2	MAN 3
302	FROM TABLET'S REPORT: WRITE MAN'S AGE WRITE MAN'S LINE NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>

316	WRITE THE NAME OF THE PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT	NAME _____	NAME _____	NAME _____
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PARENTAL/RESPONSIBLE ADULT CONSENT FOR DBS COLLECTION

P A R E N T — R E S P A D U L T C O N S E N T	317	ASK CONSENT FOR DBS COLLECTION FROM PARENT/ADULT.	<p>As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that can lead to AIDS. The HIV test is being done to see how many people have HIV.</p> <p>For the HIV test, we need a few (more) 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. 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 (NAME OF MINOR)'s test results either. I will provide a list of [nearby] facilities offering counseling and testing for HIV. I will also give her a voucher for free services that can be used at any of these facilities.</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 give blood for the HIV testing?</p>		
	318	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 325) NOT PRESENT/OTHER 3 (SKIP TO 325)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 325) NOT PRESENT/OTHER 3 (SKIP TO 325)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 325) NOT PRESENT/OTHER 3 (SKIP TO 325)

MINOR RESPONDENT (15-17yrs) ASSENT FOR DBS COLLECTION

M I N O R R E S P O N D E N T C O N S E N T	319	ASK ASSENT FOR DBS COLLECTION FROM MINOR RESPONDENT.	<p>As part of the survey we also are asking people all over the country to give blood for HIV testing. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV.</p> <p>For the HIV testing, we need a few (more) 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. 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 your test results either. I will provide you with a list of [nearby] facilities offering counseling and testing for HIV. I will also give you a voucher for free services for you (and for your partner if you want) that you can use at any of these facilities.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood for the HIV testing?</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

		MAN 1	MAN 2	MAN 3
302	FROM TABLET'S REPORT:	NAME _____	NAME _____	NAME _____
	WRITE MAN'S AGE	AGE <input type="text"/> <input type="text"/>	AGE <input type="text"/> <input type="text"/>	AGE <input type="text"/> <input type="text"/>
	WRITE MAN'S LINE NUMBER	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>

PARENTAL/RESPONSIBLE ADULT CONSENT FOR RDT TESTING

P A R E N T — R E S P A D U L T C O N S E N T	325	ASK CONSENT FOR RDT TEST FROM PARENT/ADULT.	<p>If you want (NAME OF MINOR) to know her HIV status right now, we can do a rapid diagnostic test and tell you and (NAME OF MINOR) the result. The testing is free and we will offer counseling before and after the test.</p> <p>For the rapid HIV test, we need a few (more) drops of blood from a finger. We will use the same rapid tests used in hospitals in Rwanda. 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 result of the test will be available in 20-30 minutes.</p> <p>I will give (NAME OF MINOR) a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health.</p> <p>Do you have any questions?</p> <p>You can say yes or no. It is up to you to decide.</p> <p>Will you allow (NAME OF MINOR) to give blood for rapid HIV testing?</p>		
	326	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 329) NOT PRESENT/OTHER 3 (SKIP TO 329)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 329) NOT PRESENT/OTHER 3 (SKIP TO 329)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 329) NOT PRESENT/OTHER 3 (SKIP TO 329)

MINOR RESPONDENT (15-17yrs) ASSENT FOR RDT TEST

M I N O R R E S P O N D E N T C O N S E N T	327	ASK ASSENT FOR RDT TEST FROM MINOR RESPONDENT.	<p>If you want to know your HIV status right now, we can do a rapid diagnostic test and tell you and (NAME OF PARENT/RESPONSIBLE ADULT) the result. The testing is free and we will offer counseling before and after the test.</p> <p>For the rapid HIV test, we need a few (more) drops of blood from a finger. We will use the same rapid tests used in hospitals in Rwanda. 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 result of the test will be available in 20-30 minutes.</p> <p>I will give you a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health.</p> <p>Do you have any questions?</p> <p>You can say yes or no. It is up to you to decide.</p> <p>Will you give blood for rapid HIV testing?</p>		
	328	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	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

		MAN 1	MAN 2	MAN 3
302	FROM TABLET'S REPORT: WRITE MAN'S AGE WRITE MAN'S LINE NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>
335	IF 332 AND 333 ARE POSITIVE <u>RESPONDENT IS HIV POSITIVE:</u> INFORM SURVEY PARTICIPANT ABOUT POSITIVE HIV STATUS AND PROVIDE POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV CARE AND TREATMENT SERVICES ARE AVAILABLE. SKIP TO 337			
335A	IF 332 IS POSITIVE AND 333 IS NEGATIVE RESPONDENT RESULTS ARE INCONCLUSIVE: INFORM SURVEY PARTICIPANT RESULTS ARE NOT CONCLUSIVE AND PROVIDE POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY AFTER 4 WEEKS FOR FURTHER EXAMS. SKIP TO 337			
336	IF 332 IS NEGATIVE <u>RESPONDENT IS HIV NEGATIVE:</u> INFORM THE RESPONDENT OF NEGATIVE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY FOR FURTHER COUNSELING.			
337	WHILE TESTING THIS PERSON, WAS ANY RDT INVALID/DID ANY RDT FAIL TO RUN, THAT IS, THE CONTROL BAND DID NOT APPEAR?	RDT CONDUCTED, YES ANY INVALID 1 RDT CONDUCTED, NONE INVALID 2 NO RDT CONDUCTED 3 (SKIP TO 340) ←	RDT CONDUCTED, YES ANY INVALID 1 RDT CONDUCTED, NONE INVALID 2 NO RDT CONDUCTED 3 (SKIP TO 340) ←	RDT CONDUCTED, YES ANY INVALID 1 RDT CONDUCTED, NONE INVALID 2 NO RDT CONDUCTED 3 (SKIP TO 340) ←
338	RECORD NUMBER OF INVALID RESULTS USING "HIV COMBO SET"	<input type="text"/> <input type="text"/> RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00	<input type="text"/> <input type="text"/> RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00	<input type="text"/> <input type="text"/> RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00
339	RECORD NUMBER OF INVALID RESULTS USING "HIV 1/2 STAT-PAK"	<input type="text"/> <input type="text"/> RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00	<input type="text"/> <input type="text"/> RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00	<input type="text"/> <input type="text"/> RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00
340	GO BACK TO 302 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE MEN, END INTERVIEW.			

TO BE FILLED IN AFTER COMPLETING BIOMARKERS

This image shows a single sheet of white paper with horizontal blue 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.

BIOMARKER QUESTIONNAIRE

MINECOFIN

MINISTRY OF HEALTH

VENOUS BLOOD

NATIONAL INSTITUTE OF STATISTICS OF RWANDA

IDENTIFICATION					
PROVINCE: _____ DISTRICT: _____ SECTOR: _____					
NAME OF HOUSEHOLD HEAD _____					
CLUSTER NUMBER					<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
STRUCTURE NUMBER					<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
HOUSEHOLD NUMBER					<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
HOUSEHOLD SELECTED FOR MICRONUTRIENT/ ANEMIA / MALARIA TESTING? (1=YES, 2=NO					
BIOMARKER VISITS					
	1	2	3	FINAL VISIT	
DATE BIOMARKER'S NAME	_____ _____	_____ _____	_____ _____	DAY MONTH YEAR	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
NEXT VISIT: DATE TIME	_____ _____	_____ _____		TOTAL NUMBER OF VISITS <div style="border: 1px solid black; width: 30px; height: 20px; float: right;"></div>	
NOTES: _____ _____ _____ _____ _____				TOTAL ELIGIBLE WOMEN <div style="border: 1px solid black; width: 30px; height: 20px; float: right;"></div>	
				TOTAL ELIGIBLE CHILDREN <div style="border: 1px solid black; width: 30px; height: 20px; float: right;"></div>	
LANGUAGE OF QUESTIONNAIRE** <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center; vertical-align: middle;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center; vertical-align: middle;">1</div>		LANGUAGE OF INTERVIEW** <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center; vertical-align: middle;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center; vertical-align: middle;"></div>		NATIVE LANGUAGE OF RESPONDENT** <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center; vertical-align: middle;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center; vertical-align: middle;"></div>	
LANGUAGE OF QUESTIONNAIRE** <div style="border: 1px solid black; padding: 2px 10px; font-weight: bold;">ENGLISH</div>		**LANGUAGE CODES: 01 ENGLISH 02 KINYARWANDA			
TRANSLATOR (YES = 1, NO = 2) <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center; vertical-align: middle;"></div>					
SUPERVISOR <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border-bottom: 1px solid black; width: 150px;"></div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> NAME NUMBER </div>					

MICRONUTRIENT, WEIGHT, HEIGHT, HEMOGLOBIN, AND MALARIA TESTING FOR CHILDREN AGE 0-5

401	INTERVIEWER TO COMPLETE Q. 402-403 USING TABLET REPORT USE THE INTERVIEWER'S MENU AND SELECT THE APPROPRIATE OPTION TO LIST ALL CHILDREN AGE 0-5 ELIGIBLE FOR BIOMARKER TESTING. RECORD THE COMPLETE NAME, AGE AND THE LINE NUMBER AS THEY APPEAR IN THE REPORT ON YOUR TABLET. LIST EACH CHILD IN THE SAME ORDER SHOWN IN THE REPORT. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). WRITE THE NAME OF EACH ELIGIBLE CHILD ON EACH SUBSEQUENT PAGES.			
		CHILD 1	CHILD 2	CHILD 3
402	FROM TABLET'S REPORT: WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>
403	FROM TABLET'S REPORT: 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"/>
404	CHECK 403: CHILD BORN IN 2014-2019?	YES 1 NO 2 (SKIP TO 434) ←	YES 1 NO 2 (SKIP TO 434) ←	YES 1 NO 2 (SKIP TO 434) ←
404A	In the last week, has (NAME) been given NOOTRITOTO, SHISHA KIBONDO, SOSOMA fortified or CSB+?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
404B	At what time approximately did (NAME) his/her most recent meal or was breastfed? USING 24 HOURS SYSTEM	HOURS <input type="text"/> <input type="text"/> MINUTE <input type="text"/> <input type="text"/> DID NOT EAT TODAY 99	HOURS <input type="text"/> <input type="text"/> MINUTE <input type="text"/> <input type="text"/> DID NOT EAT TODAY 99	HOURS <input type="text"/> <input type="text"/> MINUTE <input type="text"/> <input type="text"/> DID NOT EAT TODAY 99
404C	MEASURER AND ASSISTANT START FROM HERE			
405	ASSISTANT TO RECORD 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
406	ASSISTANT TO RECORD HEIGHT/LENGTH 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
407	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2
408	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
409	CHECK 403: CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR 5 PREVIOUS MONTHS?	0-5 MONTHS 1 (SKIP TO 434) ← OLDER 2	0-5 MONTHS 1 (SKIP TO 434) ← OLDER 2	0-5 MONTHS 1 (SKIP TO 434) ← OLDER 2

		CHILD 1	CHILD 2	CHILD 3
402	FROM TABLET'S REPORT: WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>
410	WRITE THE NAME OF THE PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD	NAME OF PARENT/ADULT RESPONSIBLE NAME _____	NAME OF PARENT/ADULT RESPONSIBLE NAME _____	NAME OF PARENT/ADULT RESPONSIBLE NAME _____
411	ASK CONSENT FOR BLOOD BIOLOGICAL TESTING FROM PARENT/OTHER ADULT.	<p>As part of this survey, we are asking children all over the country to take a test for malaria, anemia, and vitamins and mineral levels. Malaria is a serious illness caused by a parasite transmitted from a mosquito bite. Anemia and vitamin and mineral deficiencies are serious health problems that usually result from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat these health problems.</p> <p>We ask that all children born in 2014 or later take part in testing in this survey by providing a small amount of blood. Taking a blood sample may cause some discomfort. 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 malaria and anemia immediately, and the results will be told to you right away. The results will be kept strictly confidential and will not be shared with anyone other than members of our survey team. The rest of the blood will be sent to a laboratory to be tested for vitamins and minerals. The results from these tests will not be reported back to you as it will take some time to process the blood. The results will be kept strictly confidential.</p> <p>You can say yes or no to each test. It is up to you to decide.</p> <p>Do you have any questions? Will you allow (NAME OF CHILD) to give blood?</p>		
412	CIRCLE THE CODE, ENTER YOUR FIELDWORKER NUMBER, AND SIGN YOUR NAME.	GRANTED 1 REFUSED 2 _____ (SIGN) FIELDWORKER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED SKIP TO 434) NOT PRESENT/OTHER 3 (SKIP TO 434)	GRANTED 1 REFUSED 2 _____ (SIGN) FIELDWORKER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED SKIP TO 434) NOT PRESENT/OTHER 3 (SKIP TO 434)	GRANTED 1 REFUSED 2 _____ (SIGN) FIELDWORKER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED SKIP TO 434) NOT PRESENT/OTHER 3 (SKIP TO 434)
413	Will you allow (NAME OF CHILD) to take the: CIRCLE THE CODE, ENTER YOUR FIELDWORKER NUMBER, AND SIGN YOUR NAME.	a) Malaria test? GRANTED 1 REFUSED 2 b) Anemia test? GRANTED 1 REFUSED 2 c) Vitamin and mineral test? GRANTED 1 REFUSED 2 _____ (SIGN) FIELDWORKER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	a) Malaria test? GRANTED 1 REFUSED 2 b) Anemia test? GRANTED 1 REFUSED 2 c) Vitamin and mineral test? GRANTED 1 REFUSED 2 _____ (SIGN) FIELDWORKER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	a) Malaria test? GRANTED 1 REFUSED 2 b) Anemia test? GRANTED 1 REFUSED 2 c) Vitamin and mineral test? GRANTED 1 REFUSED 2 _____ (SIGN) FIELDWORKER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

		CHILD 1	CHILD 2	CHILD 3
402	FROM TABLET'S REPORT: WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE <input type="text"/> <input type="text"/> NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE <input type="text"/> <input type="text"/> NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE <input type="text"/> <input type="text"/> NUMBER
413A	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
414	PURPLE TOP TUBE (EDTA) RECORD THE RESULT OF THE PURPLE TOP (EDTA) TUBE BLOOD SAMPLE COLLECTION	COLLECTED 1 INSUFFICIENT SAMPLE 2 NOT PRESENT 4 REFUSED 5 OTHER 6	COLLECTED 1 INSUFFICIENT SAMPLE 2 NOT PRESENT 4 REFUSED 5 OTHER 6	COLLECTED 1 INSUFFICIENT SAMPLE 2 NOT PRESENT 4 REFUSED 5 OTHER 6
415	RED TOP TUBE RECORD THE RESULT OF THE RED TOP TUBE BLOOD SAMPLE COLLECTION	COLLECTED 1 INSUFFICIENT SAMPLE 2 NOT PRESENT 4 REFUSED 5 OTHER 6	COLLECTED 1 INSUFFICIENT SAMPLE 2 NOT PRESENT 4 REFUSED 5 OTHER 6	COLLECTED 1 INSUFFICIENT SAMPLE 2 NOT PRESENT 4 REFUSED 5 OTHER 6
415a	CHECK Q414 and Q415:	Q414 (4, 5 or 6) AND Q415 (4, 5, or 6) 1 (SKIP TO 434) ← OTHER 2	414 (4, 5 or 6) AND 415 (4, 5, or 6) 1 (SKIP TO 434) ← OTHER 2	414 (4, 5 or 6) AND 415 (4, 5, or 6) 1 (SKIP TO 434) ← OTHER 2
416	PLACE BAR CODE LABEL. CONFIRM BAR CODE PLACED BASED ON THE TUBES AND TRANSMITTAL FORM	<div style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> PURPLE TUBE A RED TUBE B TRANSMITTAL FORM C	<div style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> PURPLE TUBE A RED TUBE B TRANSMITTAL FORM C	<div style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> PURPLE TUBE A RED TUBE B TRANSMITTAL FORM C
417	DATE BLOOD SAMPLE TAKEN	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"/>
418	TIME BLOOD DRAWN USING 24 HOURS SYSTEM	HOURS <input type="text"/> <input type="text"/> MINUTE <input type="text"/> <input type="text"/>	HOURS <input type="text"/> <input type="text"/> MINUTE <input type="text"/> <input type="text"/>	HOURS <input type="text"/> <input type="text"/> MINUTE <input type="text"/> <input type="text"/>
RESULTS OF HEMOGLOBIN TEST				
419	RECORD HEMOGLOBIN LEVEL HERE AND IN THE PAMPHLET.	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> INSUFFICIENT SAMPLE 992 NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> INSUFFICIENT SAMPLE 992 NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> INSUFFICIENT SAMPLE 992 NOT PRESENT 994 REFUSED 995 OTHER 996
RESULTS OF MALARIA RDT TEST				
420	CIRCLE THE CODE FOR THE MALARIA RDT.	TESTED 1 INSUFFICIENT SAMPLE 2 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 432) ←	TESTED 1 INSUFFICIENT SAMPLE 2 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 432) ←	TESTED 1 INSUFFICIENT SAMPLE 2 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 432) ←
421	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE PAMPHLET.	POSITIVE 1 NEGATIVE 2 OTHER 6 (SKIP TO 432) ←	POSITIVE 1 NEGATIVE 2 OTHER 6 (SKIP TO 432) ←	POSITIVE 1 NEGATIVE 2 OTHER 6 (SKIP TO 432) ←

		CHILD 1	CHILD 2	CHILD 3
402	FROM TABLET'S REPORT: WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE <input type="text"/> <input type="text"/> NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE <input type="text"/> <input type="text"/> NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE <input type="text"/> <input type="text"/> NUMBER
422	Does (NAME) suffer from any of the following illnesses or symptoms:	<p>YES NO</p> <p>a) EXTREME WEAKNESS 1 2</p> <p>b) HEART PROBLEMS 1 2</p> <p>c) LOSS OF CONSCIOUS. 1 2</p> <p>d) RAPID BREATHING 1 2</p> <p>e) SEIZURES 1 2</p> <p>f) BLEEDING 1 2</p> <p>g) JAUNDICE 1 2</p> <p>h) DARK URINE 1 2</p>	<p>YES NO</p> <p>a) EXTREME WEAKNESS 1 2</p> <p>b) HEART PROBLEMS 1 2</p> <p>c) LOSS OF CONSCIOUS. 1 2</p> <p>d) RAPID BREATHING 1 2</p> <p>e) SEIZURES 1 2</p> <p>f) BLEEDING 1 2</p> <p>g) JAUNDICE 1 2</p> <p>h) DARK URINE 1 2</p>	<p>YES NO</p> <p>a) EXTREME WEAKNESS 1 2</p> <p>b) HEART PROBLEMS 1 2</p> <p>c) LOSS OF CONSCIOUS. 1 2</p> <p>d) RAPID BREATHING 1 2</p> <p>e) SEIZURES 1 2</p> <p>f) BLEEDING 1 2</p> <p>g) JAUNDICE 1 2</p> <p>h) DARK URINE 1 2</p>
423	CHECK 422: ANY 'YES' CIRCLED?	<p>NO YES <input type="checkbox"/></p> <p><input type="checkbox"/> (SKIP TO 426) <input type="checkbox"/></p>	<p>NO YES <input type="checkbox"/></p> <p><input type="checkbox"/> (SKIP TO 426) <input type="checkbox"/></p>	<p>NO YES <input type="checkbox"/></p> <p><input type="checkbox"/> (SKIP TO 426) <input type="checkbox"/></p>
424	CHECK 419: HEMOGLOBIN RESULT	<p>BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 <input type="checkbox"/></p> <p>(SKIP TO 426) <input type="checkbox"/></p> <p>8.0 G/DL OR ABOVE ... 2</p> <p>NOT PRESENT 3</p> <p>REFUSED 4</p> <p>OTHER 6</p>	<p>BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 <input type="checkbox"/></p> <p>(SKIP TO 426) <input type="checkbox"/></p> <p>8.0 G/DL OR ABOVE ... 2</p> <p>NOT PRESENT 3</p> <p>REFUSED 4</p> <p>OTHER 6</p>	<p>BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 <input type="checkbox"/></p> <p>(SKIP TO 426) <input type="checkbox"/></p> <p>8.0 G/DL OR ABOVE ... 2</p> <p>NOT PRESENT 3</p> <p>REFUSED 4</p> <p>OTHER 6</p>
425	In the past two weeks has (NAME) taken or is taking ACT given by a doctor or health center to treat the malaria?	<p>YES 1 <input type="checkbox"/></p> <p>(SKIP TO 427) <input type="checkbox"/></p> <p>NO 2 <input type="checkbox"/></p> <p>(SKIP TO 428) <input type="checkbox"/></p>	<p>YES 1 <input type="checkbox"/></p> <p>(SKIP TO 427) <input type="checkbox"/></p> <p>NO 2 <input type="checkbox"/></p> <p>(SKIP TO 428) <input type="checkbox"/></p>	<p>YES 1 <input type="checkbox"/></p> <p>(SKIP TO 427) <input type="checkbox"/></p> <p>NO 2 <input type="checkbox"/></p> <p>(SKIP TO 428) <input type="checkbox"/></p>
426	<u>SEVERE MALARIA REFERRAL</u> RECORD THE RESULT OF THE MALARIA RDT ON THE REFERRAL FORM.	<p>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, if the child has already taken a treatment for malaria please take him to the nearest health facility for a checkup, to determine if the malaria is cured.</p> <p>(SKIP TO 432)</p>		
427	ALREADY TAKING ACT REFERRAL STATEMENT	<p>You have told me that (NAME OF CHILD) had already received ACT for malaria. Therefore, I cannot give you additional ACT. However, the test shows that he/she has malaria. If your child has a fever for two days after the last dose of ACT, you should take the child to the nearest health facility for further examination.</p> <p>(SKIP TO 432)</p>		

		CHILD 1	CHILD 2	CHILD 3															
402	FROM TABLET'S REPORT: WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE <input type="text"/> <input type="text"/> NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE <input type="text"/> <input type="text"/> NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE <input type="text"/> <input type="text"/> NUMBER															
428	READ INFORMATION FOR MALARIA TREATMENT AND	The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called ACT. ACT is very effective and in a few days it should get rid of the fever and other symptoms. You do not have to give the child the medicine. This is up to you. Please tell me whether you accept the medicine or not.																	
429	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															
430	CHECK 429: MEDICATION ACCEPTED	ACCEPTED MEDICINE . 1 REFUSED 2 OTHER 6 (SKIP TO 432) ←	ACCEPTED MEDICINE . 1 REFUSED 2 OTHER 6 (SKIP TO 432) ←	ACCEPTED MEDICINE . 1 REFUSED 2 OTHER 6 (SKIP TO 432) ←															
431	TREATMENT FOR CHILDREN WITH POSITIVE MALARIA TESTS	<table border="1"> <thead> <tr> <th colspan="3">TREATMENT WITH ACT</th> </tr> <tr> <th>WEIGHT (in kg)</th> <th>AGE</th> <th>ARTEMETHER-LUMEFANTRINE</th> </tr> </thead> <tbody> <tr> <td>LESS THAN 5 KGS</td> <td>NOTHING</td> <td>NOTHING</td> </tr> <tr> <td>5-14 KGS</td> <td>6 MONTHS - 3 YEARS</td> <td>1 TABLET TWICE A DAY FOR 3 DAYS</td> </tr> <tr> <td>15-25 KGS</td> <td>4 - 8 YEARS</td> <td>2 TABLETS TWICE A DAY FOR 3 DAYS</td> </tr> </tbody> </table> <p>IF CHILD WEIGHS LESS THAN 5 KGS, DO NOT LEAVE DRUGS. TELL PARENTS TO TAKE CHILD TO HEALTH FACILITY.</p> <p>ALSO TELL THE PARENT/OTHER ADULT: 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. (SKIP TO 432)</p>			TREATMENT WITH ACT			WEIGHT (in kg)	AGE	ARTEMETHER-LUMEFANTRINE	LESS THAN 5 KGS	NOTHING	NOTHING	5-14 KGS	6 MONTHS - 3 YEARS	1 TABLET TWICE A DAY FOR 3 DAYS	15-25 KGS	4 - 8 YEARS	2 TABLETS TWICE A DAY FOR 3 DAYS
TREATMENT WITH ACT																			
WEIGHT (in kg)	AGE	ARTEMETHER-LUMEFANTRINE																	
LESS THAN 5 KGS	NOTHING	NOTHING																	
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15-25 KGS	4 - 8 YEARS	2 TABLETS TWICE A DAY FOR 3 DAYS																	
432	CHECK 419: 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 434) ←	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6 (SKIP TO 434) ←	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6 (SKIP TO 434) ←															
433	SEVERE ANEMIA REFERRAL	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.																	
434	GO BACK TO 402 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 501.																		

MICRONUTRIENT, WEIGHT, HEIGHT, HEMOGLOBIN, AND MALARIA TESTING FOR CHILDREN AGE 0-5

401	INTERVIEWER TO COMPLETE Q. 402-403 USING TABLET REPORT USE THE INTERVIEWER'S MENU AND SELECT THE APPROPRIATE OPTION TO LIST ALL CHILDREN AGE 0-5 ELIGIBLE FOR BIOMARKER TESTING. RECORD THE COMPLETE NAME, AGE AND THE LINE NUMBER AS THEY APPEAR IN THE REPORT ON YOUR TABLET. LIST EACH CHILD IN THE SAME ORDER SHOWN IN THE REPORT. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). WRITE THE NAME OF EACH ELIGIBLE CHILD ON EACH SUBSEQUENT PAGES.			
		CHILD 1	CHILD 2	CHILD 3
402	FROM TABLET'S REPORT: WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>
403	FROM TABLET'S REPORT: 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"/>
404	CHECK 403: CHILD BORN IN 2014-2019?	YES 1 NO 2 (SKIP TO 434) ←	YES 1 NO 2 (SKIP TO 434) ←	YES 1 NO 2 (SKIP TO 434) ←
404A	In the last week, has (NAME) been given NOOTRITOTO, SHISHA KIBONDO, SOSOMA fortified or CSB+?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
404B	At what time approximately did (NAME) his/her most recent meal or was breastfed? USING 24 HOURS SYSTEM	HOURS <input type="text"/> <input type="text"/> MINUTE <input type="text"/> <input type="text"/> DID NOT EAT TODAY 99	HOURS <input type="text"/> <input type="text"/> MINUTE <input type="text"/> <input type="text"/> DID NOT EAT TODAY 99	HOURS <input type="text"/> <input type="text"/> MINUTE <input type="text"/> <input type="text"/> DID NOT EAT TODAY 99
404C	MEASURER AND ASSISTANT START FROM HERE			
405	ASSISTANT TO RECORD 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
406	ASSISTANT TO RECORD HEIGHT/LENGTH 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
407	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2
408	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
409	CHECK 403: CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR 5 PREVIOUS MONTHS?	0-5 MONTHS 1 (SKIP TO 434) ← OLDER 2	0-5 MONTHS 1 (SKIP TO 434) ← OLDER 2	0-5 MONTHS 1 (SKIP TO 434) ← OLDER 2

		CHILD 1	CHILD 2	CHILD 3
402	FROM TABLET'S REPORT: WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>
410	WRITE THE NAME OF THE PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD	NAME OF PARENT/ADULT RESPONSIBLE NAME _____	NAME OF PARENT/ADULT RESPONSIBLE NAME _____	NAME OF PARENT/ADULT RESPONSIBLE NAME _____
411	ASK CONSENT FOR BLOOD BIOLOGICAL TESTING FROM PARENT/OTHER ADULT.	<p>As part of this survey, we are asking children all over the country to take a test for malaria, anemia, and vitamins and mineral levels. Malaria is a serious illness caused by a parasite transmitted from a mosquito bite. Anemia and vitamin and mineral deficiencies are serious health problems that usually result from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat these health problems.</p> <p>We ask that all children born in 2014 or later take part in testing in this survey by providing a small amount of blood. Taking a blood sample may cause some discomfort. 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 malaria and anemia immediately, and the results will be told to you right away. The results will be kept strictly confidential and will not be shared with anyone other than members of our survey team. The rest of the blood will be sent to a laboratory to be tested for vitamins and minerals. The results from these tests will not be reported back to you as it will take some time to process the blood. The results will be kept strictly confidential. You can say yes or no to each test. It is up to you to decide.</p> <p>Do you have any questions? Will you allow (NAME OF CHILD) to give blood?</p>		
412	CIRCLE THE CODE, ENTER YOUR FIELDWORKER NUMBER, AND SIGN YOUR NAME.	GRANTED 1 REFUSED 2 _____ (SIGN) FIELDWORKER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED SKIP TO 434) NOT PRESENT/OTHER 3 (SKIP TO 434)	GRANTED 1 REFUSED 2 _____ (SIGN) FIELDWORKER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED SKIP TO 434) NOT PRESENT/OTHER 3 (SKIP TO 434)	GRANTED 1 REFUSED 2 _____ (SIGN) FIELDWORKER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED SKIP TO 434) NOT PRESENT/OTHER 3 (SKIP TO 434)
413	Will you allow (NAME OF CHILD) to take the: CIRCLE THE CODE, ENTER YOUR FIELDWORKER NUMBER, AND SIGN YOUR NAME.	a) Malaria test? GRANTED 1 REFUSED 2 b) Anemia test? GRANTED 1 REFUSED 2 c) Vitamin and mineral test? GRANTED 1 REFUSED 2 _____ (SIGN) FIELDWORKER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	a) Malaria test? GRANTED 1 REFUSED 2 b) Anemia test? GRANTED 1 REFUSED 2 c) Vitamin and mineral test? GRANTED 1 REFUSED 2 _____ (SIGN) FIELDWORKER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	a) Malaria test? GRANTED 1 REFUSED 2 b) Anemia test? GRANTED 1 REFUSED 2 c) Vitamin and mineral test? GRANTED 1 REFUSED 2 _____ (SIGN) FIELDWORKER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

		CHILD 1	CHILD 2	CHILD 3
402	FROM TABLET'S REPORT: WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE <input type="text"/> <input type="text"/> NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE <input type="text"/> <input type="text"/> NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE <input type="text"/> <input type="text"/> NUMBER
413A	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
414	PURPLE TOP TUBE (EDTA) RECORD THE RESULT OF THE PURPLE TOP (EDTA) TUBE BLOOD SAMPLE COLLECTION	COLLECTED 1 INSUFFICIENT SAMPLE 2 NOT PRESENT 4 REFUSED 5 OTHER 6	COLLECTED 1 INSUFFICIENT SAMPLE 2 NOT PRESENT 4 REFUSED 5 OTHER 6	COLLECTED 1 INSUFFICIENT SAMPLE 2 NOT PRESENT 4 REFUSED 5 OTHER 6
415	RED TOP TUBE RECORD THE RESULT OF THE RED TOP TUBE BLOOD SAMPLE COLLECTION	COLLECTED 1 INSUFFICIENT SAMPLE 2 NOT PRESENT 4 REFUSED 5 OTHER 6	COLLECTED 1 INSUFFICIENT SAMPLE 2 NOT PRESENT 4 REFUSED 5 OTHER 6	COLLECTED 1 INSUFFICIENT SAMPLE 2 NOT PRESENT 4 REFUSED 5 OTHER 6
415a	CHECK Q414 and Q415:	Q414 (4, 5 or 6) AND Q415 (4, 5, or 6) 1 (SKIP TO 434) ← OTHER 2	414 (4, 5 or 6) AND 415 (4, 5, or 6) 1 (SKIP TO 434) ← OTHER 2	414 (4, 5 or 6) AND 415 (4, 5, or 6) 1 (SKIP TO 434) ← OTHER 2
416	PLACE BAR CODE LABEL. CONFIRM BAR CODE PLACED BASED ON THE TUBES AND TRANSMITTAL FORM	<div style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> PURPLE TUBE A RED TUBE B TRANSMITTAL FORM C	<div style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> PURPLE TUBE A RED TUBE B TRANSMITTAL FORM C	<div style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> PURPLE TUBE A RED TUBE B TRANSMITTAL FORM C
417	DATE BLOOD SAMPLE TAKEN	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"/>
418	TIME BLOOD DRAWN USING 24 HOURS SYSTEM	HOURS <input type="text"/> <input type="text"/> MINUTE <input type="text"/> <input type="text"/>	HOURS <input type="text"/> <input type="text"/> MINUTE <input type="text"/> <input type="text"/>	HOURS <input type="text"/> <input type="text"/> MINUTE <input type="text"/> <input type="text"/>
RESULTS OF HEMOGLOBIN TEST				
419	RECORD HEMOGLOBIN LEVEL HERE AND IN THE PAMPHLET.	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> INSUFFICIENT SAMPLE 992 NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> INSUFFICIENT SAMPLE 992 NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> INSUFFICIENT SAMPLE 992 NOT PRESENT 994 REFUSED 995 OTHER 996
RESULTS OF MALARIA RDT TEST				
420	CIRCLE THE CODE FOR THE MALARIA RDT.	TESTED 1 INSUFFICIENT SAMPLE 2 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 432) ←	TESTED 1 INSUFFICIENT SAMPLE 2 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 432) ←	TESTED 1 INSUFFICIENT SAMPLE 2 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 432) ←
421	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE PAMPHLET.	POSITIVE 1 NEGATIVE 2 OTHER 6 (SKIP TO 432) ←	POSITIVE 1 NEGATIVE 2 OTHER 6 (SKIP TO 432) ←	POSITIVE 1 NEGATIVE 2 OTHER 6 (SKIP TO 432) ←

		CHILD 1	CHILD 2	CHILD 3
402	FROM TABLET'S REPORT: WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE <input type="text"/> <input type="text"/> NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE <input type="text"/> <input type="text"/> NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE <input type="text"/> <input type="text"/> NUMBER
422	Does (NAME) suffer from any of the following illnesses or symptoms:	<p>YES NO</p> <p>a) EXTREME WEAKNESS 1 2</p> <p>b) HEART PROBLEMS 1 2</p> <p>c) LOSS OF CONSCIOUS. 1 2</p> <p>d) RAPID BREATHING 1 2</p> <p>e) SEIZURES 1 2</p> <p>f) BLEEDING 1 2</p> <p>g) JAUNDICE 1 2</p> <p>h) DARK URINE 1 2</p>	<p>YES NO</p> <p>a) EXTREME WEAKNESS 1 2</p> <p>b) HEART PROBLEMS 1 2</p> <p>c) LOSS OF CONSCIOUS. 1 2</p> <p>d) RAPID BREATHING 1 2</p> <p>e) SEIZURES 1 2</p> <p>f) BLEEDING 1 2</p> <p>g) JAUNDICE 1 2</p> <p>h) DARK URINE 1 2</p>	<p>YES NO</p> <p>a) EXTREME WEAKNESS 1 2</p> <p>b) HEART PROBLEMS 1 2</p> <p>c) LOSS OF CONSCIOUS. 1 2</p> <p>d) RAPID BREATHING 1 2</p> <p>e) SEIZURES 1 2</p> <p>f) BLEEDING 1 2</p> <p>g) JAUNDICE 1 2</p> <p>h) DARK URINE 1 2</p>
423	CHECK 422: ANY 'YES' CIRCLED?	<p>NO YES <input type="checkbox"/></p> <p><input type="checkbox"/> (SKIP TO 426) <input type="checkbox"/></p>	<p>NO YES <input type="checkbox"/></p> <p><input type="checkbox"/> (SKIP TO 426) <input type="checkbox"/></p>	<p>NO YES <input type="checkbox"/></p> <p><input type="checkbox"/> (SKIP TO 426) <input type="checkbox"/></p>
424	CHECK 419: HEMOGLOBIN RESULT	<p>BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 <input type="checkbox"/></p> <p>(SKIP TO 426) <input type="checkbox"/></p> <p>8.0 G/DL OR ABOVE ... 2</p> <p>NOT PRESENT 3</p> <p>REFUSED 4</p> <p>OTHER 6</p>	<p>BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 <input type="checkbox"/></p> <p>(SKIP TO 426) <input type="checkbox"/></p> <p>8.0 G/DL OR ABOVE ... 2</p> <p>NOT PRESENT 3</p> <p>REFUSED 4</p> <p>OTHER 6</p>	<p>BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 <input type="checkbox"/></p> <p>(SKIP TO 426) <input type="checkbox"/></p> <p>8.0 G/DL OR ABOVE ... 2</p> <p>NOT PRESENT 3</p> <p>REFUSED 4</p> <p>OTHER 6</p>
425	In the past two weeks has (NAME) taken or is taking ACT given by a doctor or health center to treat the malaria? VERIFY BY ASKING TO SEE TREATMENT	<p>YES 1 <input type="checkbox"/></p> <p>(SKIP TO 427) <input type="checkbox"/></p> <p>NO 2 <input type="checkbox"/></p> <p>(SKIP TO 428) <input type="checkbox"/></p>	<p>YES 1 <input type="checkbox"/></p> <p>(SKIP TO 427) <input type="checkbox"/></p> <p>NO 2 <input type="checkbox"/></p> <p>(SKIP TO 428) <input type="checkbox"/></p>	<p>YES 1 <input type="checkbox"/></p> <p>(SKIP TO 427) <input type="checkbox"/></p> <p>NO 2 <input type="checkbox"/></p> <p>(SKIP TO 428) <input type="checkbox"/></p>
426	<u>SEVERE MALARIA REFERRAL</u> RECORD THE RESULT OF THE MALARIA RDT ON THE REFERRAL FORM.	<p>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, if the child has already taken a treatment for malaria please take him to the nearest health facility for a checkup, to determine if the malaria is cured.</p> <p>(SKIP TO 432)</p>		
427	ALREADY TAKING ACT REFERRAL STATEMENT	<p>You have told me that (NAME OF CHILD) had already received ACT for malaria. Therefore, I cannot give you additional ACT. However, the test shows that he/she has malaria. If your child has a fever for two days after the last dose of ACT, you should take the child to the nearest health facility for further examination.</p> <p>(SKIP TO 432)</p>		

		CHILD 1	CHILD 2	CHILD 3															
402	FROM TABLET'S REPORT: WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE <input type="text"/> <input type="text"/> NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE <input type="text"/> <input type="text"/> NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE <input type="text"/> <input type="text"/> NUMBER															
428	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 ACT. ACT is very effective and in a few days it should get rid of the fever and other symptoms. You do not have to give the child the medicine. This is up to you. Please tell me whether you accept the medicine or not.																	
429	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															
430	CHECK 429: MEDICATION ACCEPTED	ACCEPTED MEDICINE . 1 REFUSED 2 OTHER 6 (SKIP TO 432) ←	ACCEPTED MEDICINE . 1 REFUSED 2 OTHER 6 (SKIP TO 432) ←	ACCEPTED MEDICINE . 1 REFUSED 2 OTHER 6 (SKIP TO 432) ←															
431	TREATMENT FOR CHILDREN WITH POSITIVE MALARIA TESTS	<table border="1"> <thead> <tr> <th colspan="3">TREATMENT WITH ACT</th> </tr> <tr> <th>WEIGHT (in kg)</th> <th>AGE</th> <th>ARTEMETHER-LUMEFANTRINE</th> </tr> </thead> <tbody> <tr> <td>LESS THAN 5 KGS</td> <td>NOTHING</td> <td>NOTHING</td> </tr> <tr> <td>5-14 KGS</td> <td>6 MONTHS - 3 YEARS</td> <td>1 TABLET TWICE A DAY FOR 3 DAYS</td> </tr> <tr> <td>15-25 KGS</td> <td>4 - 8 YEARS</td> <td>2 TABLETS TWICE A DAY FOR 3 DAYS</td> </tr> </tbody> </table> <p>IF CHILD WEIGHS LESS THAN 5 KGS, DO NOT LEAVE DRUGS. TELL PARENTS TO TAKE CHILD TO HEALTH FACILITY.</p> <p>ALSO TELL THE PARENT/OTHER ADULT: 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. (SKIP TO 432)</p>			TREATMENT WITH ACT			WEIGHT (in kg)	AGE	ARTEMETHER-LUMEFANTRINE	LESS THAN 5 KGS	NOTHING	NOTHING	5-14 KGS	6 MONTHS - 3 YEARS	1 TABLET TWICE A DAY FOR 3 DAYS	15-25 KGS	4 - 8 YEARS	2 TABLETS TWICE A DAY FOR 3 DAYS
TREATMENT WITH ACT																			
WEIGHT (in kg)	AGE	ARTEMETHER-LUMEFANTRINE																	
LESS THAN 5 KGS	NOTHING	NOTHING																	
5-14 KGS	6 MONTHS - 3 YEARS	1 TABLET TWICE A DAY FOR 3 DAYS																	
15-25 KGS	4 - 8 YEARS	2 TABLETS TWICE A DAY FOR 3 DAYS																	
432	CHECK 419: 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 434) ←	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6 (SKIP TO 434) ←	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6 (SKIP TO 434) ←															
433	<u>SEVERE ANEMIA REFERRAL</u>	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.																	
434	GO BACK TO 402 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 501.																		

MICRONUTRIENT, WEIGHT, HEIGHT, HEMOGLOBIN, AND MALARIA TESTING FOR WOMEN AGE 15-49

501	INTERVIEWER TO COMPLETE Q.502-505 USING TABLET REPORT USE THE INTERVIEWER'S MENU AND SELECT THE APPROPRIATE OPTION TO LIST ALL WOMEN AGE 15-49 ELIGIBLE FOR BIOMARKER TESTING. RECORD THE COMPLETE NAME, AGE, THE LINE NUMBER, AND MARITAL STATUS AS THEY APPEAR IN THE REPORT ON YOUR TABLET. LIST EACH WOMAN IN THE SAME ORDER SHOWN IN THE REPORT. IF MORE THAN THREE WOMEN USE ADDITIONAL QUESTIONNAIRE(S). WRITE THE NAME OF EACH ELIGIBLE WOMAN ON EACH SUBSEQUENT PAGES.			
		WOMAN 1	WOMAN 2	WOMAN 3
502	FROM TABLET'S REPORT: WRITE WOMAN'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>
503	FROM TABLET'S REPORT: WOMAN'S 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
504	FROM TABLET'S REPORT: WOMAN'S MARITAL STATUS.	NEVER IN UNION 1 OTHER <input type="checkbox"/> 2	NEVER IN UNION 1 OTHER <input type="checkbox"/> 2	NEVER IN UNION 1 OTHER <input type="checkbox"/> 2
505	FROM TABLET'S REPORT: PREGNANCY IF NOT AVAILABLE FROM TABLET 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
505A	In the last 6 months did you receive a deworming treatment?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
505B	In the past week have you consumed Nootrimama, SHISHA KIBONDO, SOSOMA fortified or	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
505C	At what time approximately did you eat your most recent meal? USING 24 HOURS SYSTEM	HOURS <input type="text"/> <input type="text"/> MINUTE <input type="text"/> <input type="text"/> DID NOT EAT TODAY 99	HOURS <input type="text"/> <input type="text"/> MINUTE <input type="text"/> <input type="text"/> DID NOT EAT TODAY 99	HOURS <input type="text"/> <input type="text"/> MINUTE <input type="text"/> <input type="text"/> DID NOT EAT TODAY 99
505D	MEASURER AND ASSISTANT START FROM HERE			
506	ASSISTANT TO RECORD WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT99994 REFUSED99995 OTHER99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT99994 REFUSED99995 OTHER99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT99994 REFUSED99995 OTHER99996
507	ASSISTANT TO RECORD HEIGHT IN CENTIMETERS.	CM.... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED9995 OTHER9996	CM.... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED9995 OTHER9996	CM.... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT9994 REFUSED9995 OTHER9996
508	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
509	CHECK 503: AGE.	15-17 YEARS 1 18-49 YEARS 2 (SKIP TO 511) ←	15-17 YEARS 1 18-49 YEARS 2 (SKIP TO 511) ←	15-17 YEARS 1 18-49 YEARS 2 (SKIP TO 511) ←
510	CHECK 504: MARITAL STATUS.	NEVER IN UNION..... 1 (SKIP TO 516) ← OTHER 2	NEVER IN UNION..... 1 (SKIP TO 516) ← OTHER 2	NEVER IN UNION..... 1 (SKIP TO 516) ← OTHER 2

		WOMAN 1	WOMAN 2	WOMAN 3
502	FROM TABLET'S REPORT: WRITE WOMAN'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>
ADULT RESPONDENT CONSENT FOR BLOOD COLLECTION AND TESTING				
511	ASK CONSENT FOR BLOOD COLLECTION FROM RESPONDENT.	<p>As part of this survey, we are asking people all over the country to take a test for malaria, anemia, and vitamins and mineral levels. Malaria is a serious illness caused by a parasite transmitted from a mosquito bite. Anemia and vitamin and mineral deficiencies are serious health problems that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat these health problems.</p> <p>We ask that you provide a sample of your blood. Taking a blood sample may cause some discomfort. For all tests, the equipment used 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 malaria and anemia immediately, and the result will be told to you right away. The results will be kept strictly confidential and will not be shared with anyone other than members of our survey team. The rest of the blood will be sent to a laboratory to be tested for vitamins and minerals. The results from these tests will not be reported back to you and will only be used for survey purposes. The results will be kept strictly confidential.</p> <p>You can say yes or no to each test. It is up to you to decide.</p> <p>Do you have any questions? Will you give blood?</p>		
512	CIRCLE THE CODE, ENTER YOUR FIELDWORKER NUMBER, AND SIGN YOUR NAME.	GRANTED 1 REFUSED 2 _____ (SIGN) FIELDWORKER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED SKIP TO 514) NOT PRESENT/OTHER 3 (SKIP TO 514)	GRANTED 1 REFUSED 2 _____ (SIGN) FIELDWORKER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED SKIP TO 514) NOT PRESENT/OTHER 3 (SKIP TO 514)	GRANTED 1 REFUSED 2 _____ (SIGN) FIELDWORKER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED SKIP TO 514) NOT PRESENT/OTHER 3 (SKIP TO 514)
513	Will you take the: CIRCLE THE CODE, ENTER YOUR FIELDWORKER NUMBER, AND SIGN YOUR NAME.	Malaria test? GRANTED 1 REFUSED 2 Anemia test? GRANTED 1 REFUSED 2 Vitamin and mineral test? GRANTED 1 REFUSED 2 _____ (SIGN)	Malaria test? GRANTED 1 REFUSED 2 Anemia test? GRANTED 1 REFUSED 2 Vitamin and mineral test? GRANTED 1 REFUSED 2 _____ (SIGN)	Malaria test? GRANTED 1 REFUSED 2 Anemia test? GRANTED 1 REFUSED 2 Vitamin and mineral test? GRANTED 1 REFUSED 2 _____ (SIGN)

		WOMAN 1	WOMAN 2	WOMAN 3
502	FROM TABLET'S REPORT: WRITE WOMAN'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>

ADULT RESPONDENT CONSENT FOR URINE COLLECTION AND TESTING				
ADULT RESPONDENT CONSENT	514	ASK CONSENT FOR URINE COLLECTION AND TESTING FROM RESPONDENT.	<p>As part of this survey, we are asking people all over the country to take a test for iodine deficiency. Iodine deficiency can cause goiter and other health problems. This survey will assist the government to develop programs to prevent and treat these health problems.</p> <p>We ask that you provide a sample of your urine. The equipment used is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The urine will be sent to a laboratory to be tested for iodine deficiency. The results from this test will not be reported back to you and will only be used for survey purposes. The results will be kept strictly confidential.</p> <p>You can say yes or no. It is up to you to decide.</p> <p>Do you have any questions?</p> <p>Will you give urine for the iodine testing?</p>	
	515	CIRCLE THE CODE, ENTER YOUR FIELDWORKER NUMBER, AND SIGN YOUR NAME.	GRANTED 1 REFUSED 2 _____ (SIGN) FIELDWORKER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (SKIP TO 526) NOT PRESENT/OTHER 3 (SKIP TO 526)	GRANTED 1 REFUSED 2 _____ (SIGN) FIELDWORKER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (SKIP TO 526) NOT PRESENT/OTHER 3 (SKIP TO 526)

		WOMAN 1	WOMAN 2	WOMAN 3
502	FROM TABLET'S REPORT: WRITE WOMAN'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>
515a	WRITE THE NAME OF THE PARENT/OTHER ADULT RESPONSIBLE FOR THE ADOLESCENT.	NAME OF PARENT/ADULT RESPONSIBLE NAME _____	NAME OF PARENT/ADULT RESPONSIBLE NAME _____	NAME OF PARENT/ADULT RESPONSIBLE NAME _____

P A R E N T / R E S P O N S I B L E C O N S E N T					PARENT/RESPONSIBLE ADULT C O N S E N T F O R B L O O D C O L L E C T I O N A N D T E S T I N G				
516	ASK CONSENT FOR BLOOD COLLECTION FROM PARENT/ADULT.	<p>As part of this survey, we are asking people all over the country to take a test for malaria, anemia, and vitamins and mineral levels. Malaria is a serious illness caused by a parasite transmitted from a mosquito bite. Anemia and vitamin and mineral deficiencies are serious health problems that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat these health problems.</p> <p>For the tests we will need a sample of [NAME OF MINOR]'s blood. Taking a blood sample may cause some discomfort. For all tests, the equipment used 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 malaria and anemia immediately, and the result will be told to you and [NAME OF MINOR] right away. The results will be kept strictly confidential and will not be shared with anyone other than members of our survey team. The rest of the blood will be sent to a laboratory to be tested for vitamins and minerals. The results from these tests will not be reported back to you and [NAME OF MINOR] and will only be used for survey purposes. The results will be kept strictly confidential.</p> <p>You can say yes or no to each test. It is up to you to decide. Do you have any questions? Will you allow (NAME OF MINOR) to give blood?</p>							
517	CIRCLE THE CODE, ENTER YOUR FIELDWORKER NUMBER, AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ... 2 _____ (SIGN) FIELDWORKER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED SKIP TO 522) NOT PRESENT/OTHER 3 (SKIP TO 522) ←	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ... 2 _____ (SIGN) FIELDWORKER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED SKIP TO 522) NOT PRESENT/OTHER 3 (SKIP TO 522) ←	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ... 2 _____ (SIGN) FIELDWORKER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED SKIP TO 522) NOT PRESENT/OTHER 3 (SKIP TO 522) ←					
518	Will you allow (MINOR) to take the: CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	Malaria test? GRANTED 1 REFUSED 2 Anemia test? GRANTED 1 REFUSED 2 Vitamin and mineral test? GRANTED 1 REFUSED 2 _____ (SIGN)	Malaria test? GRANTED 1 REFUSED 2 Anemia test? GRANTED 1 REFUSED 2 Vitamin and mineral test? GRANTED 1 REFUSED 2 _____ (SIGN)	Malaria test? GRANTED 1 REFUSED 2 Anemia test? GRANTED 1 REFUSED 2 Vitamin and mineral test? GRANTED 1 REFUSED 2 _____ (SIGN)					

		WOMAN 1	WOMAN 2	WOMAN 3
502	FROM TABLET'S REPORT: WRITE WOMAN'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE <input type="text"/> <input type="text"/> NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE <input type="text"/> <input type="text"/> NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE <input type="text"/> <input type="text"/> NUMBER

MINOR RESPONDENT CONSENT FOR BLOOD COLLECTION AND TESTING					
MINOR RESPONDENT CONSENT	519	ASK CONSENT FOR BLOOD COLLECTION FROM MINOR RESPONDENT.	<p>As part of this survey, we are asking people all over the country to take a test for malaria, anemia, and vitamins and mineral levels. Malaria is a serious illness caused by a parasite transmitted from a mosquito bite. Anemia and vitamin and mineral deficiencies are serious health problems that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat these health problems.</p> <p>We ask that you provide a sample of your blood. Taking a blood sample may cause some discomfort. For all tests, the equipment used 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 malaria and anemia immediately, and the result will be told to you and [PARENT/RESPONSIBLE ADULT] right away. The results will be kept strictly confidential and will not be shared with anyone other than members of our survey team. The rest of the blood will be sent to a laboratory to be tested for vitamins and minerals. The results from these tests will not be reported back to you and [PARENT/RESPONSIBLE ADULT] and will only be used for survey purposes. The results will be kept strictly confidential.</p> <p>You can say yes or no to each test. It is up to you to decide.</p> <p>Do you have any questions?</p> <p>Will you give blood?</p>		
	520	CIRCLE THE CODE, ENTER YOUR FIELDWORKER NUMBER, AND SIGN YOUR NAME.	GRANTED 1 REFUSED 2 _____ (SIGN) FIELDWORKER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED SKIP TO 522) NOT PRESENT/OTHER 3 (SKIP TO 522)	GRANTED 1 REFUSED 2 _____ (SIGN) FIELDWORKER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED SKIP TO 522) NOT PRESENT/OTHER 3 (SKIP TO 522)	GRANTED 1 REFUSED 2 _____ (SIGN) FIELDWORKER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED SKIP TO 522) NOT PRESENT/OTHER 3 (SKIP TO 522)
	521	Will you take the: CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	Malaria test? GRANTED 1 REFUSED 2 Anemia test? GRANTED 1 REFUSED 2 Vitamin and mineral test? GRANTED 1 REFUSED 2 _____ (SIGN)	Malaria test? GRANTED 1 REFUSED 2 Anemia test? GRANTED 1 REFUSED 2 Vitamin and mineral test? GRANTED 1 REFUSED 2 _____ (SIGN)	Malaria test? GRANTED 1 REFUSED 2 Anemia test? GRANTED 1 REFUSED 2 Vitamin and mineral test? GRANTED 1 REFUSED 2 _____ (SIGN)

		WOMAN 1	WOMAN 2	WOMAN 3
502	FROM TABLET'S REPORT: WRITE WOMAN'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>

P A R E N T / R E S P O N S I B L E C O N S E N T				
PARENT/RESPONSIBLE ADULT C O N S E N T F O R URINE COLLECTION AND TESTING				
522	ASK CONSENT FOR URINE AND TESTING FROM PARENT/ADULT.	<p>As part of this survey, we are asking people all over the country to take a test for iodine deficiency. Iodine deficiency can cause goiter and other health problems. This survey will assist the government to develop programs to prevent and treat these health problems.</p> <p>For the test we will need a sample of [NAME OF MINOR]'s urine. The equipment used is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The urine will be sent to a laboratory to be tested for iodine deficiency. The results from this test will not be reported back to you and [NAME OF MINOR] and will only be used for survey purposes. The results will be kept strictly confidential.</p> <p>You can say yes or no. Do you have any questions? Will you allow [NAME OF MINOR] to provide urine for the iodine testing?</p>		
523	CIRCLE THE CODE, ENTER YOUR FIELDWORKER NUMBER, AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ... 2 (SIGN) ← FIELDWORKER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED SKIP TO 526) NOT PRESENT/OTHER 3 (SKIP TO 526) ←	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ... 2 (SIGN) ← FIELDWORKER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED SKIP TO 526) NOT PRESENT/OTHER 3 (SKIP TO 526) ←	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ... 2 (SIGN) ← FIELDWORKER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED SKIP TO 526) NOT PRESENT/OTHER 3 (SKIP TO 526) ←

M I N O R R E S P O N D E N T C O N S E N T				
MINOR RESPONDENT CONSENT FOR URINE COLLECTION AND TESTING				
524	ASK CONSENT FOR URINE COLLECTION AND TESTING FROM MINOR RESPONDENT.	<p>As part of this survey, we are asking people all over the country to take a test for iodine deficiency. Iodine deficiency can cause goiter and other health problems. This survey will assist the government to develop programs to prevent and treat these health problems.</p> <p>We ask that you provide a sample of your urine. The equipment used is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The urine will be sent to a laboratory to be tested for iodine deficiency. The results from this test will not be reported back to you and [PARENT/RESPONSIBLE ADULT] and will only be used for survey purposes. The results will be kept strictly confidential.</p> <p>You can say yes or no. It is up to you to decide. Do you have any questions? Will you give urine for the iodine testing?</p>		
525	CIRCLE THE CODE, ENTER YOUR FIELDWORKER NUMBER, AND SIGN YOUR NAME.	GRANTED 1 REFUSED 2 (SIGN) ← FIELDWORKER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER 3	GRANTED 1 REFUSED 2 (SIGN) ← FIELDWORKER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER 3	GRANTED 1 REFUSED 2 (SIGN) ← FIELDWORKER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER 3

		WOMAN 1	WOMAN 2	WOMAN 3
502	FROM TABLET'S REPORT: WRITE WOMAN'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>
526	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
527	PURPLE TOP TUBE (EDTA) RECORD THE RESULT OF THE PURPLE TOP (EDTA) TUBE BLOOD SAMPLE COLLECTION.	COLLECTED 1 INSUFFICIENT SAMPLE 2 NOT PRESENT 4 REFUSED 5 OTHER 6	COLLECTED 1 INSUFFICIENT SAMPLE 2 NOT PRESENT 4 REFUSED 5 OTHER 6	COLLECTED 1 INSUFFICIENT SAMPLE 2 NOT PRESENT 4 REFUSED 5 OTHER 6
528	RED TOP TUBE RECORD THE RESULT OF THE RED TOP TUBE BLOOD SAMPLE COLLECTION.	COLLECTED 1 INSUFFICIENT SAMPLE 2 NOT PRESENT 4 REFUSED 5 OTHER 6	COLLECTED 1 INSUFFICIENT SAMPLE 2 NOT PRESENT 4 REFUSED 5 OTHER 6	COLLECTED 1 INSUFFICIENT SAMPLE 2 NOT PRESENT 4 REFUSED 5 OTHER 6
528a	CHECK Q527 and Q528:	Q527 (4, 5 or 6) AND Q528 (4, 5, or 6) 1 (SKIP TO 537) ← OTHER 2	Q527 (4, 5 or 6) AND Q528 (4, 5, or 6) 1 (SKIP TO 537) ← OTHER 2	Q527 (4, 5 or 6) AND Q528 (4, 5, or 6) 1 (SKIP TO 537) ← OTHER 2
529	PLACE BAR CODE LABEL. CONFIRM BAR CODE PLACED ON THE CONTAINER, TUBES, AND TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> CONTAINER A PURPLE TUBE B RED TUBE C TRANSMITTAL FORM D	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> CONTAINER A PURPLE TUBE B RED TUBE C TRANSMITTAL FORM D	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> CONTAINER A PURPLE TUBE B RED TUBE C TRANSMITTAL FORM... D
530	DATE BLOOD SAMPLE TAKEN.	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"/>
531	TIME BLOOD DRAWN. USING 24 HOURS SYSTEM	HOURS <input type="text"/> <input type="text"/> MINUTE <input type="text"/> <input type="text"/>	HOURS <input type="text"/> <input type="text"/> MINUTE <input type="text"/> <input type="text"/>	HOURS <input type="text"/> <input type="text"/> MINUTE <input type="text"/> <input type="text"/>

		WOMAN 1	WOMAN 2	WOMAN 3
502	FROM TABLET'S REPORT: WRITE WOMAN'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>
RESULTS OF HEMOGLOBIN TEST				
532	RECORD HEMOGLOBIN LEVEL HERE AND IN THE PAMPHLET.	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT ENOUGH BLOOD 992 NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT ENOUGH BLOOD 992 NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT ENOUGH BLOOD 992 NOT PRESENT 994 REFUSED 995 OTHER 996
RESULTS OF MALARIA RDT TEST				
533	CIRCLE THE CODE FOR THE MALARIA RDT	TESTED 1 NOT ENOUGH BLOOD 2 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 535) ←	TESTED 1 NOT ENOUGH BLOOD 2 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 535) ←	TESTED 1 NOT ENOUGH BLOOD 2 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 535) ←
534	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE PAMPHLET.	POSITIVE 1 NEGATIVE 2 OTHER 6	POSITIVE 1 NEGATIVE 2 OTHER 6	POSITIVE 1 NEGATIVE 2 OTHER 6
535	URINE SPECIMEN RECORD THE RESULT OF THE URINE SPECIMEN COLLECTION	COLLECTED 1 INSUFFICIENT SAMPLE. 2 NOT PRESENT 4 REFUSED 5 OTHER 6	COLLECTED 1 INSUFFICIENT SAMPLE. 2 NOT PRESENT 4 REFUSED 5 OTHER 6	COLLECTED 1 INSUFFICIENT SAMPLE. 2 NOT PRESENT 4 REFUSED 5 OTHER 6
536	DATE URINE SAMPLE TAKEN	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"/>
537	CHECK 534:	CODE '1' IS CIRCLED <input type="checkbox"/> CODE '2 OR 6' IS CIRCLED <input type="checkbox"/> (SKIP TO 546) ←	CODE '1' IS CIRCLED <input type="checkbox"/> CODE '2 OR 6' IS CIRCLED <input type="checkbox"/> (SKIP TO 546) ←	CODE '1' IS CIRCLED <input type="checkbox"/> CODE '2 OR 6' IS CIRCLED <input type="checkbox"/> (SKIP TO 546) ←
538	In the past two weeks has you taken or is taking Coartem given by a doctor or health center to treat the malaria? VERIFY BY ASKING TO SEE TREATMENT	YES 1 (SKIP TO 539) ← NO 2 (SKIP TO 540) ←	YES 1 (SKIP TO 539) ← NO 2 (SKIP TO 540) ←	YES 1 (SKIP TO 539) ← NO 2 (SKIP TO 540) ←
539	ALREADY TAKING [FIRST LINE MEDICATION] REFERRAL STATEMENT	You have told me that you had already received Coartem for malaria. Therefore, I cannot give you additional Coartem. However, the test shows that you has malaria. If you has a fever for two days after the last dose of Coartem, you should go to the nearest health facility for further examination. (SKIP TO 546)		

		WOMAN 1	WOMAN 2	WOMAN 3
502	FROM TABLET'S REPORT: WRITE WOMAN'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>
540	CHECK 505 FOR PREGNANCY STATUS	YES 1 (GO TO 545) ← OTHER 2	YES 1 (GO TO 545) ← OTHER 2	YES 1 (GO TO 545) ← OTHER 2
541	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/OTHER ADULT.	The malaria test shows that you has malaria. We can give you free medicine. The medicine is called Coartem is very effective and in a few days it should get rid of the fever and other symptoms. You do not have to take the medicine. This is up to you. Please tell me whether you accept the medicine or not.		
542	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
543	CHECK542: MEDICATION ACCEPTED	ACCEPTED MEDICINE . 1 REFUSED 2 OTHER 6 (GO TO 546) ←	ACCEPTED MEDICINE . 1 REFUSED 2 OTHER 6 (GO TO 546) ←	ACCEPTED MEDICINE . 1 REFUSED 2 OTHER 6 (GO TO 546) ←
544	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO ADULT.	[INSERT DOSAGE INSTRUCTIONS] ALSO TELL THE ADULT: If you have a high fever, fast or difficult breathing, is not able to drink, gets sicker or does not get better in two days, you should go to see a health professional for treatment right away.		
545	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PREGNANT WOMAN.	The test shows that you has malaria. However, you have told me that you are currently pregnant. Therefore, I cannot give you Coartem. You should go to the nearest health facility for further examination and treatment.		
546	GO BACK TO 502 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, END INTERVIEW.			