

STRICTLY CONFIDENTIAL**Batch Sequence No****Uganda Bureau of Statistics****THE UGANDA NATIONAL PANEL SURVEY 2019****I. BIOLOGICAL MEASUREMENTS – Women 15-49 years****THIS SECTION MUST BE COMPLETED BY THE ENUMERATOR FOR ALL WOMEN 15-49 YEARS**

Household Code:

Record the PID for this woman from the Household Questionnaire Roster (Section 2)

Name: _____

THIS SECTION MUST BE COMPLETED BY THE LABORATORY TECHNICIAN

I005	Code for Lab Technician <input type="text"/> <input type="text"/>	Name _____
I006	Consent obtained	YES.....1 (CONTINUE WITH SAMPLE COLLECTION) NO2 (STOP HERE)
I011	Date sample taken (Day/Month/Year) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Hemoglobin Level		
I012	Serial Number for Hemocue	_____ Serial Number
I013	Able to measure Hb level	YES 1 NO 2
I014	Value for hemoglobin	<input type="text"/> <input type="text"/> . <input type="text"/> g/dL
I015	Referral given if: The hemoglobin value for non-pregnant woman is <7.0 g/dL The hemoglobin value for pregnant woman is <9.0 g/dL	YES, REFERRAL GIVEN FOR ANEMIA.....1 NO.....2 NOT APPLICABLE (TEST NOT COMPLETED)..... 3
I016	Malaria Test Result	POSITIVE.....1 NEGATIVE.....2 INVALID.....3 NOT APPLICABLE (TEST NOT COMPLETED).....97
I017	Referral for Malaria	YES, REFERRAL GIVEN FOR MALARIA..... 1 NO.....2 INVALID.....3 NOT APPLICABLE (TEST NOT COMPLETED)..... 97

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Batch Sequence No _____

**Uganda Bureau of Statistics****THE UGANDA NATIONAL PANEL SURVEY 2019****L. BIOLOGICAL MEASUREMENTS – Children 6-59 months****THIS SECTION MUST BE COMPLETED BY THE ENUMERATOR FOR ALL CHILDREN 6-59 MONTHS****THIS SECTION MUST BE COMPLETED**

Household Code:

Record the PID for this child from the Household Questionnaire Roster (Section 2)

Name: _____

THIS SECTION MUST BE COMPLETED BY THE LABORATORY TECHNICIAN

L006	Code for Lab Technician <input type="text"/> <input type="text"/>	Name _____
L007	Consent obtained	YES.....1 (CONTINUE WITH SAMPLE COLLECTION)
		NO2 (STOP HERE)
L012	Date sample taken (Day/Month/Year) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Hemoglobin Level		
L013	Serial Number for Hemocue	_____ Serial Number
L014	Able to measure Hb level	YES 1 NO 2
L015	Value for hemoglobin	<input type="text"/> <input type="text"/> . <input type="text"/> g/dL
L016	Referral given if The hemoglobin value for child is <7.0 g/dL	YES, REFERRAL GIVEN FOR ANEMIA.....1 NO.....2 NOT APPLICABLE (TEST NOT COMPLETED)..... 97
L017	Malaria Test Result	POSITIVE.....1 NEGATIVE.....2 INVALID RESULT.....3 NOT APPLICABLE (TEST NOT COMPLETED).....97
L018	Referral for Malaria	YES, REFERRAL GIVEN FOR MALARIA..... 1 NO.....2 INVALID RESULT.....3 NOT APPLICABLE (TEST NOT COMPLETED).....97