

DEMOGRAPHIC AND HEALTH SURVEYS
 MODEL BIOMARKER QUESTIONNAIRE

[NAME OF COUNTRY]
 [NAME OF ORGANIZATION]

IDENTIFICATION (1)														
PLACE NAME _____														
NAME OF HOUSEHOLD HEAD _____														
CLUSTER NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>										
HOUSEHOLD NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>										
HOUSEHOLD SELECTED FOR MAN'S SURVEY? (1=YES, 2=NO)														
FIELDWORKER VISITS														
	1	2	3	FINAL VISIT										
DATE	_____	_____	_____	DAY <table border="1" style="width: 40px; height: 20px; float: right;"></table>										
FIELDWORKER'S NAME	_____	_____	_____	MONTH <table border="1" style="width: 40px; height: 20px; float: right;"></table>										
				YEAR <table border="1" style="width: 60px; height: 20px; float: right;"></table>										
NEXT VISIT: DATE TIME	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px; float: right;"></table>										
NOTES: _____ _____ _____ _____				TOTAL ELIGIBLE WOMEN <table border="1" style="width: 40px; height: 20px; float: right;"></table>										
				TOTAL ELIGIBLE MEN <table border="1" style="width: 40px; height: 20px; float: right;"></table>										
				TOTAL ELIGIBLE CHILDREN <table border="1" style="width: 40px; height: 20px; float: right;"></table>										
LANGUAGE OF QUESTIONNAIRE**	<table border="1" style="width: 40px; height: 20px;"><tr><td style="text-align: center;">0</td><td style="text-align: center;">1</td></tr></table>	0	1	LANGUAGE OF INTERVIEW**	<table border="1" style="width: 40px; height: 20px;"><tr><td> </td><td> </td></tr></table>			NATIVE LANGUAGE OF RESPONDENT**	<table border="1" style="width: 40px; height: 20px;"><tr><td> </td><td> </td></tr></table>			TRANSLATOR (YES = 1, NO = 2)	<table border="1" style="width: 40px; height: 20px;"><tr><td> </td></tr></table>	
0	1													
LANGUAGE OF QUESTIONNAIRE**	ENGLISH		**LANGUAGE CODES:											
			01 ENGLISH	03 LANGUAGE 3	05 LANGUAGE 5									
			02 LANGUAGE 2	04 LANGUAGE 4	06 LANGUAGE 6									
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR	KEYED BY									
_____		_____		_____	_____									
NAME	NUMBER	NAME	NUMBER	NUMBER	NUMBER									

Note: Questions with blue highlighting in the question number column are HIV-related questions that may be deleted in some circumstances (see footnotes). Brackets [] indicate items that should be adapted on a country-specific basis.

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

101	CHECK COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 102; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM BIRTH HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
104 (2)	CHECK 103: CHILD BORN IN 2010-2015?	YES 1 NO 2 (SKIP TO 114) ←	YES 1 NO 2 (SKIP TO 114) ←	YES 1 NO 2 (SKIP TO 114) ←
105 (3)	WEIGHT IN KILOGRAMS.	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT9994 REFUSED9995 OTHER9996	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT9994 REFUSED9995 OTHER9996	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT9994 REFUSED9995 OTHER9996
106	HEIGHT IN CENTIMETERS.	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT9994 REFUSED9995 OTHER9996 (SKIP TO 108) ←	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT9994 REFUSED9995 OTHER9996 (SKIP TO 108) ←	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT9994 REFUSED9995 OTHER9996 (SKIP TO 108) ←
107	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2
108	MEASURER: ENTER YOUR FIELDWORKER NUMBER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER

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

101	CHECK COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 102; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
109	CHECK 103: CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR 5 PREVIOUS MONTHS?	0-5 MONTHS 1] (SKIP TO 114) ← OLDER 2	0-5 MONTHS 1] (SKIP TO 114) ← OLDER 2	0-5 MONTHS 1] (SKIP TO 114) ← OLDER 2
110	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD FROM COLUMN 1 OF HOUSEHOLD SCHEDULE.	LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)
111 (2)	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 2010 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?</p>		
112	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1] _____ (SIGN) ← REFUSED 2] NOT PRESENT/OTHER . 3] (SKIP TO 114) ←	GRANTED 1] _____ (SIGN) ← REFUSED 2] NOT PRESENT/OTHER . 3] (SKIP TO 114) ←	GRANTED 1] _____ (SIGN) ← REFUSED 2] NOT PRESENT/OTHER . 3] (SKIP TO 114) ←
113	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED 995 OTHER 996
114	GO BACK TO 103 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 201.			

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

		CHILD 4	CHILD 5	CHILD 6
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM 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 (2)	CHECK 103: CHILD BORN IN 2010-2015?	YES 1 NO 2 (SKIP TO 114) ←	YES 1 NO 2 (SKIP TO 114) ←	YES 1 NO 2 (SKIP TO 114) ←
105 (3)	WEIGHT IN KILOGRAMS.	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT9994 REFUSED9995 OTHER9996	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT9994 REFUSED9995 OTHER9996	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT9994 REFUSED9995 OTHER9996
106	HEIGHT IN CENTIMETERS.	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT9994 REFUSED9995 OTHER9996 (SKIP TO 108) ←	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT9994 REFUSED9995 OTHER9996 (SKIP TO 108) ←	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT9994 REFUSED9995 OTHER9996 (SKIP TO 108) ←
107	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2
108	MEASURER: ENTER YOUR FIELDWORKER NUMBER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER

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

		CHILD 4	CHILD 5	CHILD 6
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
109	CHECK 103: CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR 5 PREVIOUS MONTHS?	0-5 MONTHS 1] (SKIP TO 114) ← OLDER 2	0-5 MONTHS 1] (SKIP TO 114) ← OLDER 2	0-5 MONTHS 1] (SKIP TO 114) ← OLDER 2
110	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD FROM COLUMN 1 OF HOUSEHOLD SCHEDULE.	LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)
111 (2)	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 2010 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?</p>		
112	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1] _____ (SIGN) ← REFUSED 2] NOT PRESENT/OTHER . 3] (SKIP TO 114) ←	GRANTED 1] _____ (SIGN) ← REFUSED 2] NOT PRESENT/OTHER . 3] (SKIP TO 114) ←	GRANTED 1] _____ (SIGN) ← REFUSED 2] NOT PRESENT/OTHER . 3] (SKIP TO 114) ←
113	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 995 OTHER 996
114	GO BACK TO 103 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 201.			

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

201	CHECK COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE WOMEN IN 202, 203, AND 204. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		WOMAN 1	WOMAN 2	WOMAN 3
202	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 9: NAME FROM COLUMN 2.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
203	CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 7 (AGE):	15-17 YEARS 1 18-49 YEARS 2	15-17 YEARS 1 18-49 YEARS 2	15-17 YEARS 1 18-49 YEARS 2
204	CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 8 (MARITAL STATUS):	CODE 4 (NEVER IN UNION) . 1 OTHER 2	CODE 4 (NEVER IN UNION) . 1 OTHER 2	CODE 4 (NEVER IN UNION) . 1 OTHER 2
205 (3)	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 <input type="checkbox"/> (SKIP TO 210) ←	15-17 YEARS 1 18-49 YEARS 2 <input type="checkbox"/> (SKIP TO 210) ←	15-17 YEARS 1 18-49 YEARS 2 <input type="checkbox"/> (SKIP TO 210) ←
209	CHECK 204: MARITAL STATUS	CODE 4 (NEVER IN UNION) . 1 <input type="checkbox"/> (SKIP TO 216) ← OTHER 2	CODE 4 (NEVER IN UNION) . 1 <input type="checkbox"/> (SKIP TO 216) ← OTHER 2	CODE 4 (NEVER IN UNION) . 1 <input type="checkbox"/> (SKIP TO 216) ← OTHER 2

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____
ADULT RESPONDENT CONSENT FOR ANEMIA TEST				
ADULT RESPONDENT CONSENT	210	<p>ASK CONSENT FOR ANEMIA TEST.</p> <p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you take the anemia test?</p>		
	211	<p>CIRCLE THE CODE AND SIGN YOUR NAME.</p> <p>GRANTED 1 } RESPONDENT REFUSED... 2 } _____ } (SIGN) } (IF REFUSED, SKIP TO 212) } NOT PRESENT/OTHER 3 } (SKIP TO 212) } ←</p>	<p>GRANTED 1 } RESPONDENT REFUSED... 2 } _____ } (SIGN) } (IF REFUSED, SKIP TO 212) } NOT PRESENT/OTHER 3 } (SKIP TO 212) } ←</p>	<p>GRANTED 1 } RESPONDENT REFUSED... 2 } _____ } (SIGN) } (IF REFUSED, SKIP TO 212) } NOT PRESENT/OTHER 3 } (SKIP TO 212) } ←</p>
	211A	<p>CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant?</p> <p>YES 1 NO 2 DON'T KNOW 8</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>

ADULT RESPONDENT CONSENT FOR DBS COLLECTION				
ADULT RESPONDENT CONSENT	212 (4)	<p>ASK CONSENT FOR DBS COLLECTION.</p> <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. If you want to know whether you have HIV, I can 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>		
	213 (4)	<p>CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.</p> <p>GRANTED 1 } RESPONDENT REFUSED... 2 } _____ } (SIGN AND ENTER YOUR FIELDWORKER NUMBER) } [][][][] } (IF REFUSED, SKIP TO 229) } NOT PRESENT/OTHER 3 } (SKIP TO 229) } ←</p>	<p>GRANTED 1 } RESPONDENT REFUSED... 2 } _____ } (SIGN AND ENTER YOUR FIELDWORKER ID NUMBER) } [][][][] } (IF REFUSED, SKIP TO 229) } NOT PRESENT/OTHER 3 } (SKIP TO 229) } ←</p>	<p>GRANTED 1 } RESPONDENT REFUSED... 2 } _____ } (SIGN AND ENTER YOUR FIELDWORKER ID NUMBER) } [][][][] } (IF REFUSED, SKIP TO 229) } NOT PRESENT/OTHER 3 } (SKIP TO 229) } ←</p>

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

ADULT RESPONDENT CONSENT FOR ADDITIONAL TESTING					
ADULT RESPONDENT CONSENT	214 (4)	ASK CONSENT FOR ADDITIONAL TESTING.	<p>We ask you to allow [SURVEY IMPLEMENTING ORGANIZATION/MINISTRY OF HEALTH] to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>		
	215 (4)	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED..... 1 RESPONDENT REFUSED... 2 _____ (SIGN AND SKIP TO 229)	GRANTED..... 1 RESPONDENT REFUSED... 2 _____ (SIGN AND SKIP TO 229)	GRANTED..... 1 RESPONDENT REFUSED... 2 _____ (SIGN AND SKIP TO 229)

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____
216	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <div style="text-align: center;"> <input type="text"/> <input type="text"/> </div> (RECORD '00' IF NOT LISTED)	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <div style="text-align: center;"> <input type="text"/> <input type="text"/> </div> (RECORD '00' IF NOT LISTED)	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <div style="text-align: center;"> <input type="text"/> <input type="text"/> </div> (RECORD '00' IF NOT LISTED)

PARENTAL/RESPONSIBLE ADULT CONSENT FOR ANEMIA TEST

P A R E N T R E S P O N S I B L E A D U L T C O N S E N T	217	ASK CONSENT FOR ANEMIA TEST FROM PARENT/ADULT.	As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. 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. 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?		
	218	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 221) NOT PRESENT/OTHER 3 (SKIP TO 221)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 221) NOT PRESENT/OTHER 3 (SKIP TO 221)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 221) NOT PRESENT/OTHER 3 (SKIP TO 221)

MINOR RESPONDENT CONSENT FOR ANEMIA TEST

M I N O R R E S P O N D E N T C O N S E N T	219	ASK CONSENT FOR ANEMIA TEST FROM RESPONDENT.	As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF PARENT/RESPONSIBLE ADULT) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes or no. It is up to you to decide. Will you take the anemia test?		
	220	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 221) NOT PRESENT/OTHER 3 (SKIP TO 221)	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 221) NOT PRESENT/OTHER 3 (SKIP TO 221)	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 221) NOT PRESENT/OTHER 3 (SKIP TO 221)
	220A	CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8

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

PARENTAL/RESPONSIBLE ADULT CONSENT FOR DBS COLLECTION

PARENT RESPONSIBLE ADULT CONSENT	221 (4)	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. If (NAME OF MINOR) wants to know her HIV status, I can 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>		
	222 (4)	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	<p>GRANTED 1</p> <p>PARENT/OTHER RESPONSIBLE ADULT REFUSED 2</p> <p>_____ ←</p> <p>(SIGN AND ENTER YOUR FIELDWORKER NUMBER)</p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>(IF REFUSED, SKIP TO 229)</p> <p>NOT PRESENT/OTHER 3</p> <p>(SKIP TO 229) ←</p>	<p>GRANTED 1</p> <p>PARENT/OTHER RESPONSIBLE ADULT REFUSED 2</p> <p>_____ ←</p> <p>(SIGN AND ENTER YOUR FIELDWORKER NUMBER)</p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>(IF REFUSED, SKIP TO 229)</p> <p>NOT PRESENT/OTHER 3</p> <p>(SKIP TO 229) ←</p>	<p>GRANTED 1</p> <p>PARENT/OTHER RESPONSIBLE ADULT REFUSED 2</p> <p>_____ ←</p> <p>(SIGN AND ENTER YOUR FIELDWORKER NUMBER)</p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>(IF REFUSED, SKIP TO 229)</p> <p>NOT PRESENT/OTHER 3</p> <p>(SKIP TO 229) ←</p>

MINOR RESPONDENT CONSENT FOR DBS COLLECTION

MINOR RESPONDENT CONSENT	223 (4)	ASK CONSENT 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. If you want to know whether you have HIV, I can 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>		
	224 (4)	CIRCLE THE CODE AND SIGN YOUR NAME.	<p>GRANTED 1</p> <p>MINOR RESPONDENT REFUSED 2</p> <p>_____ ←</p> <p>(SIGN)</p> <p>(IF REFUSED, SKIP TO 229)</p> <p>NOT PRESENT/OTHER 3</p> <p>(SKIP TO 229) ←</p>	<p>GRANTED 1</p> <p>MINOR RESPONDENT REFUSED 2</p> <p>_____ ←</p> <p>(SIGN)</p> <p>(IF REFUSED, SKIP TO 229)</p> <p>NOT PRESENT/OTHER 3</p> <p>(SKIP TO 229) ←</p>	<p>GRANTED 1</p> <p>MINOR RESPONDENT REFUSED 2</p> <p>_____ ←</p> <p>(SIGN)</p> <p>(IF REFUSED, SKIP TO 229)</p> <p>NOT PRESENT/OTHER 3</p> <p>(SKIP TO 229) ←</p>

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

PARENTAL/RESPONSIBLE ADULT CONSENT FOR ADDITIONAL TESTING					
P A R E N T R E S P A D U L T C O N S E N T	225 (4)	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/ADULT.	<p>We ask you to allow [SURVEY IMPLEMENTING ORGANIZATION/MINISTRY OF HEALTH] to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify (NAME OF MINOR). You do not have to agree. If you do not want the blood sample stored for additional testing, (NAME OF MINOR) can still participate in the HIV testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>		
	226 (4)	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 229)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 229)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 229)

MINOR RESPONDENT CONSENT FOR ADDITIONAL TESTING					
M I N O R R E S P O N D E N T C O N S E N T	227 (4)	ASK CONSENT FOR ADDITIONAL TESTING FROM MINOR RESPONDENT.	<p>We ask you to allow [SURVEY IMPLEMENTING ORGANIZATION/MINISTRY OF HEALTH] to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>		
	228 (4)	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN)	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN)	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN)

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

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____
229 (4)	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
230 (4)	ADDITIONAL TESTS.	IF ADULT RESPONDENT, CHECK 215; IF MINOR RESPONDENT, CHECK 226 AND 228. IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	IF ADULT RESPONDENT, CHECK 215; IF MINOR RESPONDENT, CHECK 226 AND 228. IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	IF ADULT RESPONDENT, CHECK 215; IF MINOR RESPONDENT, CHECK 226 AND 228. IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.
231	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
232 (4)	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 THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
233	GO BACK TO 202 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, GO TO 301.			

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND HIV TESTING FOR MEN AGE 15-[49]

301	CHECK COLUMN 10 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE MEN IN 302, 303, AND 304. IF THERE ARE MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		MAN 1	MAN 2	MAN 3
302	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 10. NAME FROM COLUMN 2.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
303	CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 7 (AGE):	15-17 YEARS 1 18-[49] YEARS 2	15-17 YEARS 1 18-[49] YEARS 2	15-17 YEARS 1 18-[49] YEARS 2
304	CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 8 (MARITAL STATUS):	CODE 4 (NEVER IN UNION) . 1 OTHER 2	CODE 4 (NEVER IN UNION) . 1 OTHER 2	CODE 4 (NEVER IN UNION) . 1 OTHER 2

305 (3)	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996
306	HEIGHT IN CENTIMETERS.	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
307	MEASURER: ENTER YOUR FIELDWORKER NUMBER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER
308	CHECK 303: AGE	15-17 YEARS 1 18-[49] YEARS 2 (SKIP TO 310) ←	15-17 YEARS 1 18-[49] YEARS 2 (SKIP TO 310) ←	15-17 YEARS 1 18-[49] YEARS 2 (SKIP TO 310) ←
309	CHECK 304: MARITAL STATUS	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 316) ← OTHER 2	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 316) ← OTHER 2	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 316) ← OTHER 2

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

ADULT RESPONDENT CONSENT FOR ANEMIA TEST

ADULT RESPONDENT CONSENT	310	ASK CONSENT FOR ANEMIA TEST.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you take the anemia test?</p>		
	311	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED..... 1 RESPONDENT REFUSED... 2 _____ (SIGN) NOT PRESENT/OTHER..... 3	GRANTED..... 1 RESPONDENT REFUSED... 2 _____ (SIGN) NOT PRESENT/OTHER..... 3	GRANTED..... 1 RESPONDENT REFUSED... 2 _____ (SIGN) NOT PRESENT/OTHER..... 3

ADULT RESPONDENT CONSENT FOR DBS COLLECTION

ADULT RESPONDENT CONSENT	312 (4)	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. If you want to know whether you have HIV, I can 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>		
	313 (4)	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED..... 1 RESPONDENT REFUSED... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) [][][][] (IF REFUSED, SKIP TO 329) NOT PRESENT/OTHER..... 3 (SKIP TO 329)	GRANTED..... 1 RESPONDENT REFUSED... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) [][][][] (IF REFUSED, SKIP TO 329) NOT PRESENT/OTHER..... 3 (SKIP TO 329)	GRANTED..... 1 RESPONDENT REFUSED... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) [][][][] (IF REFUSED, SKIP TO 329) NOT PRESENT/OTHER..... 3 (SKIP TO 329)

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

ADULT RESPONDENT CONSENT FOR ADDITIONAL TESTING					
ADULT RESPONDENT CONSENT	314 (4)	ASK CONSENT FOR ADDITIONAL TESTING.	<p>We ask you to allow [SURVEY IMPLEMENTING ORGANIZATION/MINISTRY OF HEALTH] to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>		
	315 (4)	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED..... 1 RESPONDENT REFUSED... 2 _____ (SIGN AND SKIP TO 329)	GRANTED..... 1 RESPONDENT REFUSED... 2 _____ (SIGN AND SKIP TO 329)	GRANTED..... 1 RESPONDENT REFUSED... 2 _____ (SIGN AND SKIP TO 329)

		MAN 1	MAN 2	MAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____
316	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <div style="text-align: center;"> <input type="text"/> <input type="text"/> </div> (RECORD '00' IF NOT LISTED)	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <div style="text-align: center;"> <input type="text"/> <input type="text"/> </div> (RECORD '00' IF NOT LISTED)	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <div style="text-align: center;"> <input type="text"/> <input type="text"/> </div> (RECORD '00' IF NOT LISTED)

PARENTAL/RESPONSIBLE ADULT CONSENT FOR ANEMIA TEST

P A R E N T R E S P O N S I B L E A D U L T C O N S E N T	317	ASK CONSENT FOR ANEMIA TEST FROM PARENT/ADULT.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF MINOR) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF MINOR) to take the anemia test?</p>		
	318	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 321) NOT PRESENT/OTHER 3 (SKIP TO 321)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 321) NOT PRESENT/OTHER 3 (SKIP TO 321)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 321) NOT PRESENT/OTHER 3 (SKIP TO 321)

MINOR RESPONDENT CONSENT FOR ANEMIA TEST

M I N O R R E S P O N D E N T C O N S E N T	319	ASK CONSENT FOR ANEMIA TEST FROM RESPONDENT.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF PARENT/RESPONSIBLE ADULT) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you take the anemia test?</p>		
	320	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) NOT PRESENT/OTHER 3	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) NOT PRESENT/OTHER 3	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) NOT PRESENT/OTHER 3

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

PARENTAL/RESPONSIBLE ADULT CONSENT FOR DBS COLLECTION

PARENT RESPONSIBLE ADULT CONSENT	321 (4)	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 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 (NAME OF MINOR)'s test results either. If (NAME OF MINOR) wants to know his HIV status, I can provide a list of [nearby] facilities offering counseling and testing for HIV. I will also give him 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>		
	322 (4)	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	<p>GRANTED 1</p> <p>PARENT/OTHER RESPONSIBLE ADULT REFUSED 2</p> <p>_____ ←</p> <p>(SIGN AND ENTER YOUR FIELDWORKER NUMBER)</p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>(IF REFUSED, SKIP TO 329)</p> <p>NOT PRESENT/OTHER 3</p> <p>(SKIP TO 329) ←</p>	<p>GRANTED 1</p> <p>PARENT/OTHER RESPONSIBLE ADULT REFUSED 2</p> <p>_____ ←</p> <p>(SIGN AND ENTER YOUR FIELDWORKER NUMBER)</p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>(IF REFUSED, SKIP TO 329)</p> <p>NOT PRESENT/OTHER 3</p> <p>(SKIP TO 329) ←</p>	<p>GRANTED 1</p> <p>PARENT/OTHER RESPONSIBLE ADULT REFUSED 2</p> <p>_____ ←</p> <p>(SIGN AND ENTER YOUR FIELDWORKER NUMBER)</p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>(IF REFUSED, SKIP TO 329)</p> <p>NOT PRESENT/OTHER 3</p> <p>(SKIP TO 329) ←</p>

MINOR RESPONDENT CONSENT FOR DBS COLLECTION

MINOR RESPONDENT CONSENT	323 (4)	ASK CONSENT 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 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 your test results either. If you want to know whether you have HIV, I can 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>		
	324 (4)	CIRCLE THE CODE AND SIGN YOUR NAME.	<p>GRANTED 1</p> <p>MINOR RESPONDENT REFUSED 2</p> <p>_____ ←</p> <p>(SIGN)</p> <p>(IF REFUSED, SKIP TO 329)</p> <p>NOT PRESENT/OTHER 3</p> <p>(SKIP TO 329) ←</p>	<p>GRANTED 1</p> <p>MINOR RESPONDENT REFUSED 2</p> <p>_____ ←</p> <p>(SIGN)</p> <p>(IF REFUSED, SKIP TO 329)</p> <p>NOT PRESENT/OTHER 3</p> <p>(SKIP TO 329) ←</p>	<p>GRANTED 1</p> <p>MINOR RESPONDENT REFUSED 2</p> <p>_____ ←</p> <p>(SIGN)</p> <p>(IF REFUSED, SKIP TO 329)</p> <p>NOT PRESENT/OTHER 3</p> <p>(SKIP TO 329) ←</p>

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

PARENTAL/RESPONSIBLE ADULT CONSENT FOR ADDITIONAL TESTING					
PARENT RESPONSIBLE ADULT CONSENT	325 (4)	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/ADULT.	<p>We ask you to allow [SURVEY IMPLEMENTING ORGANIZATION/MINISTRY OF HEALTH] to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify (NAME OF MINOR). You do not have to agree. If you do not want the blood sample stored for additional testing, (NAME OF MINOR) can still participate in the HIV testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>		
	326 (4)	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 329)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 329)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 329)

MINOR RESPONDENT CONSENT FOR ADDITIONAL TESTING					
MINOR RESPONDENT CONSENT	327 (4)	ASK CONSENT FOR ADDITIONAL TESTING FROM MINOR RESPONDENT.	<p>We ask you to allow [SURVEY IMPLEMENTING ORGANIZATION/MINISTRY OF HEALTH] to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>		
	328 (4)	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN)	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN)	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN)

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND HIV TESTING FOR MEN AGE 15-149]

		MAN 1	MAN 2	MAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____
329 (4)	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
330 (4)	ADDITIONAL TESTS.	IF ADULT RESPONDENT, CHECK 315; IF MINOR RESPONDENT, CHECK 326 AND 328. IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	IF ADULT RESPONDENT, CHECK 315; IF MINOR RESPONDENT, CHECK 326 AND 328. IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	IF ADULT RESPONDENT, CHECK 315; IF MINOR RESPONDENT, CHECK 326 AND 328. IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.
331	RECORD HEMOGLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET.	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996
332 (4)	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 THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
333	GO BACK TO 302 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE MEN, END INTERVIEW.			

BIOMARKER: FOOTNOTES

- (1) This section should be adapted for country-specific survey design.
- (2) Year of fieldwork is assumed to be 2015. For fieldwork beginning in 2016, all references to calendar years should be increased by one; for example, 2009 should be changed to 2010, 2010 should be changed to 2011, 2011 should be changed to 2012, and similarly for all years throughout the questionnaire.
- (3) In countries where the weighing scale shows the weight to only one decimal place, retain only one box after the decimal point and delete the first '9' from the other three codes.
- (4) Questions should be omitted in countries in which HIV testing is not a component of the survey.