

NEPAL DEMOGRAPHIC AND HEALTH SURVEY 2016
 BIOMARKER QUESTIONNAIRE

NEPAL
 MINISTRY OF HEALTH

| IDENTIFICATION | | | | | | | | | | | | | | |
|---|---|-------|-------------------|--|---|---|---|---------------------------------|---|--|--|------------------------------|---|--|
| NAME AND CODE OF DISTRICT _____ | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> | | | | | | | | | | | | | |
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| NAME AND CODE OF VILLAGE/MUNICIPALITY _____ | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| WARD NUMBER | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| NAME OF HOUSEHOLD HEAD _____ | | | | | | | | | | | | | | |
| CLUSTER NUMBER | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> | | | | | | | | | | | | | |
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| HOUSEHOLD NUMBER | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| HOUSEHOLD SELECTED FOR MAN'S SURVEY? (1=YES, 2=NO) | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| ALTITUDE (METERS) | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| FIELDWORKER VISITS | | | | | | | | | | | | | | |
| | 1 | 2 | 3 | FINAL VISIT | | | | | | | | | | |
| DATE | _____ | _____ | _____ | DAY | | | | | | | | | | |
| FIELDWORKER'S NAME | _____ | _____ | _____ | MONTH | | | | | | | | | | |
| | | | | YEAR | | | | | | | | | | |
| | | | | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">7</td><td style="width: 20px; height: 20px;"></td></tr> </table> | 2 | 0 | 7 | | | | | | | |
| 2 | 0 | 7 | | | | | | | | | | | | |
| NEXT VISIT: DATE | _____ | _____ | | TOTAL NUMBER OF VISITS | | | | | | | | | | |
| TIME | _____ | _____ | | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table> | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| NOTES: | | | | | | | | | | | | | | |
| _____ | | | | TOTAL ELIGIBLE WOMEN | | | | | | | | | | |
| _____ | | | | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| _____ | | | | TOTAL ELIGIBLE MEN | | | | | | | | | | |
| _____ | | | | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| _____ | | | | TOTAL ELIGIBLE CHILDREN | | | | | | | | | | |
| _____ | | | | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| LANGUAGE OF QUESTIONNAIRE** | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">1</td></tr> </table> | 0 | 1 | LANGUAGE OF INTERVIEW** | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> | | | NATIVE LANGUAGE OF RESPONDENT** | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> | | | TRANSLATOR (YES = 1, NO = 2) | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table> | |
| 0 | 1 | | | | | | | | | | | | | |
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| LANGUAGE OF QUESTIONNAIRE** | ENGLISH | | **LANGUAGE CODES: | | | | | | | | | | | |
| | | | 01 ENGLISH | 03 MAITHILI | | | | | | | | | | |
| | | | 02 NEPALI | 04 BHOJPURI | 05 OTHER | | | | | | | | | |
| SUPERVISOR | OFFICE EDITOR | | KEYED BY | | | | | | | | | | | |
| _____ | _____ | | _____ | | | | | | | | | | | |
| NAME | NUMBER | | NUMBER | | | | | | | | | | | |
| <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> | | | | | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> | | | | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> | | | | | |
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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 PREGNANCY 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 2068-2073? | YES 1 NO 2 (SKIP TO 114) ← | YES 1 NO 2 (SKIP TO 114) ← | YES 1 NO 2 (SKIP TO 114) ← |
| 105 | WEIGHT IN KILOGRAMS. | KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 | KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 | KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 |
| 106 | HEIGHT IN CENTIMETERS. | CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 108) ← | CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 108) ← | CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 108) ← |
| 107 | MEASURED LYING DOWN OR STANDING UP? | LYING DOWN 1 STANDING UP 2 | LYING DOWN 1 STANDING UP 2 | LYING DOWN 1 STANDING UP 2 |
| 108 | MEASURER: ENTER YOUR FIELDWORKER NUMBER. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER |

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

| | | | | |
|-----|--|---|--|--|
| 101 | CHECK COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 102; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). | | | |
| | | CHILD 1 | CHILD 2 | CHILD 3 |
| 102 | CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11. | LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ | LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ | LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ |
| 109 | CHECK 103: CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR 5 PREVIOUS MONTHS? | 0-5 MONTHS 1 } (SKIP TO 114) ← OLDER 2 | 0-5 MONTHS 1 } (SKIP TO 114) ← OLDER 2 | 0-5 MONTHS 1 } (SKIP TO 114) ← OLDER 2 |
| 110 | LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD FROM COLUMN 1 OF HOUSEHOLD SCHEDULE. | LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED) | LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED) | LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED) |
| 111 | ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT. | 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 2068 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. 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. 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? | | |
| 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 | 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 PREGNANCY 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 2068-2073? | YES 1 NO 2 (SKIP TO 114) ← | YES 1 NO 2 (SKIP TO 114) ← | YES 1 NO 2 (SKIP TO 114) ← |
| 105 | WEIGHT IN KILOGRAMS. | KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 | KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 | KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 |
| 106 | HEIGHT IN CENTIMETERS. | CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 108) ← | CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 108) ← | CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 108) ← |
| 107 | MEASURED LYING DOWN OR STANDING UP? | LYING DOWN 1 STANDING UP 2 | LYING DOWN 1 STANDING UP 2 | LYING DOWN 1 STANDING UP 2 |
| 108 | MEASURER: ENTER YOUR FIELDWORKER NUMBER. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER |

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 | ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER 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. We ask that all children born in 2068 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. 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. 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? | | |
| 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 | 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, AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15 AND ABOVE

| | | | | |
|-----|---|---|---|---|
| 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 | 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 | 15-17 YEARS 1 18-49 YEARS 2 50 YEARS AND ABOVE 3 | 15-17 YEARS 1 18 YEARS AND ABOVE 2 50 YEARS AND ABOVE 3 | 15-17 YEARS 1 18 YEARS AND ABOVE 2 50 YEARS AND ABOVE 3 |
| 204 | CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 8 | CODE 4 (NEVER IN UNION) . 1 OTHER 2 | CODE 4 (NEVER IN UNION) . 1 OTHER 2 | CODE 4 (NEVER IN UNION) . 1 OTHER 2 |
| 205 | WEIGHT IN KILOGRAMS. | KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 (GO TO 203 FOR NEXT WOMAN OR, IF NO MORE WOMEN, GO TO 303) 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 (GO TO 203 FOR NEXT WOMAN OR, IF NO MORE WOMEN, GO TO 303) 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 (GO TO 203 FOR NEXT WOMAN OR, IF NO MORE WOMEN, GO TO 303) REFUSED 99995 OTHER 99996 |
| 206 | HEIGHT IN CENTIMETERS. | CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 | CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 | CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 |
| 207 | MEASURER: ENTER YOUR FIELDWORKER | <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 50 AND ABOVE 3 (SKIP TO 213) ← | 15-17 YEARS 1 18-49 YEARS 2 50 AND ABOVE 3 (SKIP TO 213) ← | 15-17 YEARS 1 18-49 YEARS 2 50 AND ABOVE 3 (SKIP TO 213) ← |
| 209 | CHECK 204: MARITAL STATUS | CODE 4 (NEVER IN UNION) ... 1 OTHER 2 (SKIP TO 213) ← | CODE 4 (NEVER IN UNION) ... 1 OTHER 2 (SKIP TO 213) ← | CODE 4 (NEVER IN UNION) ... 1 OTHER 2 (SKIP TO 213) ← |

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15 AND ABOVE

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

PARENTAL/RESPONSIBLE ADULT CONSENT FOR BLOOD PRESSURE MEASUREMENT

| | | | | |
|-----|---|---|---|---|
| 210 | RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT. | LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> (RECORD '00' IF NOT LISTED) | LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> (RECORD '00' IF NOT LISTED) | LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> (RECORD '00' IF NOT LISTED) |
| 211 | ASK CONSENT FOR BLOOD PRESSURE FROM PARENT/ OTHER ADULT IDENTIFIED IN 210 AS RESPONSIBLE FOR NEVER MARRIED WOMEN AGE 15-17. | <p>I would like to measure (NAME OF ADOLESCENT)'s blood pressure. This will be done three times, with an interval of about five minutes between measurements. This is a harmless procedure. Blood pressure measurement is used to find out if a person has high blood pressure. If not treated, high blood pressure may eventually cause serious damage to the heart. The results of this blood pressure measurement will be given to you and (NAME OF ADOLESCENT) after the measurement process is completed. The results of blood pressure measurement will be explained to you. If (NAME OF ADOLESCENT)'s blood pressure is high, we will suggest that (NAME OF ADOLESCENT) consult a health facility or doctor since we cannot provide any further testing or treatment during the survey. You can also decide at any time not to participate in the blood pressure measurement. 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 to the test for (NAME OF ADOLESCENT) or you can say no. It is up to you to decide. Will you allow me to measure (NAME OF ADOLESCENT)'s blood pressure?</p> | | |
| 212 | CIRCLE THE CODE AND SIGN YOUR NAME. | GRANTED 1] PARENT/OTHER RESPONSIBLE ADULT REFUSED 2] _____ (SIGN) (IF REFUSED, SKIP TO 249) | GRANTED 1] PARENT/OTHER RESPONSIBLE ADULT REFUSED 2] _____ (SIGN) (IF REFUSED, SKIP TO 249) | GRANTED 1] PARENT/OTHER RESPONSIBLE ADULT REFUSED 2] _____ (SIGN) (IF REFUSED, SKIP TO 249) |

ADULT RESPONDENT CONSENT FOR BLOOD PRESSURE MEASUREMENT

| | | | | |
|-----|---|--|---|---|
| 213 | ASK CONSENT FOR BLOOD PRESSURE FROM RESPONDENT. | <p>I would like to measure your blood pressure. This will be done three times, with an interval of about five minutes between measurements. This is a harmless procedure. Blood pressure measurement is used to find out if a person has high blood pressure. If not treated, high blood pressure may eventually cause serious damage to the heart. The results of this blood pressure measurement will be given to you after the measurement process is completed. The results of blood pressure measurement will be explained to you. If your blood pressure is high, we will suggest that you consult a health facility or doctor since we cannot provide any further testing or treatment during the survey. You can also decide at any time not to participate in the blood pressure measurement. 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 to the test or you can say no. It is up to you to decide. Will you allow me to measure your blood pressure?</p> | | |
| 214 | CIRCLE THE CODE AND SIGN YOUR NAME. | GRANTED 1] RESPONDENT REFUSED ... 2] _____ (SIGN) (IF REFUSED, SKIP TO 243) | GRANTED 1] RESPONDENT REFUSED ... 2] _____ (SIGN) (IF REFUSED, SKIP TO 243) | GRANTED 1] RESPONDENT REFUSED ... 2] _____ (SIGN) (IF REFUSED, SKIP TO 243) |

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15 AND ABOVE

| | | WOMAN 1 | WOMAN 2 | WOMAN 3 |
|-----|--|---|---|---|
| | NAME FROM COLUMN 2. | NAME _____ | NAME _____ | NAME _____ |
| 215 | Before taking your blood pressure, I would like to ask a few questions about things that may affect these measurements. Have you done any of the following within the past 30 minutes: | | | |
| | | YES NO | YES NO | YES NO |
| a) | Eaten anything? | EATEN 1 2 | EATEN 1 2 | EATEN 1 2 |
| b) | Had coffee, tea, cola or other drink that has caffeine? | HAD CAFFEINATED DRINK 1 2 | HAD CAFFEINATED DRINK 1 2 | HAD CAFFEINATED DRINK 1 2 |
| c) | Smoked or used any tobacco | SMOKED 1 2 | SMOKED 1 2 | SMOKED 1 2 |
| d) | Took alcohol? | TOOK ALCHOHOL 1 2 | TOOK ALCHOHOL 1 2 | TOOK ALCHOHOL 1 2 |
| 216 | May I begin the process of measuring your blood pressure? I will begin by measuring the circumference of your arm to make sure that I use the right equipment. | ARM CIRCUMFERENCE (IN CENTIMETRES) . <input type="text"/> <input type="text"/> MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN CENTIMETRES. | ARM CIRCUMFERENCE (IN CENTIMETRES) . <input type="text"/> <input type="text"/> MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN | ARM CIRCUMFERENCE (IN CENTIMETRES) . <input type="text"/> <input type="text"/> MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN |
| 217 | USE THE ARM CIRCUMFERENCE MEASUREMENT TO SELECT THE APPROPRIATE BLOOD PRESSURE MONITOR CUFF SIZE. CIRCLE THE CODE FOR THE CUFF SIZE. | SMALL: 16 CM – 24 CM 1 UNIVERSAL: 22 CM - 42 CM ... 2 LARGE: 36 CM – 45 CM 3 | SMALL: 16 CM – 24 CM 1 UNIVERSAL: 22 CM - 42 2 LARGE: 36 CM – 45 CM 3 | SMALL: 16 CM – 24 CM 1 UNIVERSAL: 22 CM - 42 2 LARGE: 36 CM – 45 CM 3 |
| 218 | RECORD TIME OF FIRST BP READING | HOURS MINUTES TIME <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> | HOURS MINUTES TIME <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> | HOURS MINUTES TIME <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> |
| 219 | TAKE THE FIRST BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE. | FIRST BP MEASURE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 994 TECHNICAL PROBLEM: ... 995 OTHER 996 IF NOT MEASURED, GO TO 243) ← | FIRST BP MEASURE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 994 TECHNICAL PROBLEM: ... 995 OTHER 996 IF NOT MEASURED, GO TO 243) ← | FIRST BP MEASURE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 994 TECHNICAL PROBLEM: ... 995 OTHER 996 IF NOT MEASURED, GO TO 243) ← |

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15 AND ABOVE

| | | WOMAN 1 | WOMAN 2 | WOMAN 3 |
|-----|---|--|--|--|
| | NAME FROM COLUMN 2. | NAME _____ | NAME _____ | NAME _____ |
| 220 | Before this survey, has your blood pressure ever been checked? | YES 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 |
| 221 | Were you told on two or more different occasions by a doctor or other health professional that you had hypertension or high blood pressure? | YES 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 |
| 222 | To lower your blood pressure, are you now taking a prescribed medicine? | YES 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 |
| 223 | CHECK THAT IT HAS BEEN AT LEAST 5 MINUTES BEFORE TAKING THE SECOND BLOOD PRESSURE MEASUREMENT | | | |
| 224 | May I take your blood pressure at this time? | YES 1 NO 2 (GO TO 236) ← | YES 1 NO 2 (GO TO 236) ← | YES 1 NO 2 (GO TO 236) ← |
| 225 | RECORD TIME OF SECOND BP READING | HOURS MINUTES TIME [] [] : [] [] | HOURS MINUTES TIME [] [] : [] [] | HOURS MINUTES TIME [] [] : [] [] |
| 226 | TAKE THE SECOND BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE. | SECOND BP MEASURE SYSTOLIC [] [] [] DIASTOLIC [] [] [] REFUSED 994 TECHNICAL PROBLEM: ... 995 OTHER 996 IF NOT MEASURED, GO TO 236) ← | SECOND BP MEASURE SYSTOLIC [] [] [] DIASTOLIC [] [] [] REFUSED 994 TECHNICAL PROBLEM: ... 995 OTHER 996 IF NOT MEASURED, GO TO 236) ← | SECOND BP MEASURE SYSTOLIC [] [] [] DIASTOLIC [] [] [] REFUSED 994 TECHNICAL PROBLEM: ... 995 OTHER 996 IF NOT MEASURED, GO TO 236) ← |
| 227 | CHECK THAT IT HAS BEEN AT LEAST 5 MINUTES BEFORE TAKING THE THIRD BLOOD PRESSURE MEASUREMENT | | | |
| 228 | May I take your blood pressure at this time? | YES 1 NO 2 (GO TO 239) ← | YES 1 NO 2 (GO TO 239) ← | YES 1 NO 2 (GO TO 239) ← |
| 229 | RECORD TIME OF THIRD BP READING | HOURS MINUTES TIME [] [] : [] [] | HOURS MINUTES TIME [] [] : [] [] | HOURS MINUTES TIME [] [] : [] [] |
| 230 | TAKE THE THIRD BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE. | THIRD BP MEASURE SYSTOLIC [] [] [] DIASTOLIC [] [] [] REFUSED 994 TECHNICAL PROBLEM: ... 995 OTHER 996 IF NOT MEASURED, GO TO 239) ← | THIRD BP MEASURE SYSTOLIC [] [] [] DIASTOLIC [] [] [] REFUSED 994 TECHNICAL PROBLEM: ... 995 OTHER 996 IF NOT MEASURED, GO TO 239) ← | THIRD BP MEASURE SYSTOLIC [] [] [] DIASTOLIC [] [] [] REFUSED 994 TECHNICAL PROBLEM: ... 995 OTHER 996 IF NOT MEASURED, GO TO 239) ← |

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15 AND ABOVE

| | | WOMAN 1 | WOMAN 2 | WOMAN 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------|--|--|---|---|---------|-------|-------|---------|------|-------------------------|--|--|--|--|--|--|------|---|---|---|---|---|---|------|---|---|---|---|---|---|---------|---|---|---|---|---|---|---------|---|---|---|---|---|---|---------|---|---|---|---|---|---|------|---|---|---|---|---|---|--|--|-----|-----|-------|-------|---------|------|-------------------------|--|--|--|--|--|--|------|---|---|---|---|---|---|------|---|---|---|---|---|---|---------|---|---|---|---|---|---|---------|---|---|---|---|---|---|---------|---|---|---|---|---|---|------|---|---|---|---|---|---|--|--|-----|-----|-------|-------|---------|------|-------------------------|--|--|--|--|--|--|------|---|---|---|---|---|---|------|---|---|---|---|---|---|---------|---|---|---|---|---|---|---------|---|---|---|---|---|---|---------|---|---|---|---|---|---|------|---|---|---|---|---|---|
| | NAME FROM COLUMN 2. | NAME _____ | NAME _____ | NAME _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 231 | RECORD THE SUM OF THE SYSTOLIC MEASURES FROM 226 AND 230. | SUM SYSTOLIC [][] | SUM SYSTOLIC [][] | SUM SYSTOLIC [][] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 232 | CALCULATE THE AVERAGE SYSTOLIC PRESSURES BY DIVIDING THE SUM IN 231 BY 2. | AVERAGE SYSTOLIC [][] CIRCLE IN 241 | AVERAGE SYSTOLIC [][] CIRCLE IN 241 | AVERAGE SYSTOLIC [][] CIRCLE IN 241 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 233 | RECORD THE SUM OF THE DIASTOLIC MEASURES FROM 226 AND 230. | SUM DIASTOLIC [][] | SUM DIASTOLIC [][] | SUM DIASTOLIC [][] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 234 | CALCULATE THE AVERAGE DIASTOLIC PRESSURES BY DIVIDING THE SUM IN 233 BY 2. | AVERAGE DIASTOLIC [][] CIRCLE IN 241 AND SKIP TO 241 | AVERAGE DIASTOLIC [][] CIRCLE IN 241 AND SKIP TO 241 | AVERAGE DIASTOLIC [][] CIRCLE IN 241 AND SKIP TO 241 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 235 | IF ONLY ONE MEASUREMENT WAS TAKEN, RECORD THE FIRST SYSTOLIC AND DIASTOLIC NUMBERS HERE. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 236 | RECORD THE SYSTOLIC MEASURE FROM 219. | SYSTOLIC [][] CIRCLE IN 241 | SYSTOLIC [][] CIRCLE IN 241 | SYSTOLIC [][] CIRCLE IN 241 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 237 | RECORD THE DIASTOLIC MEASURE FROM 219. | DIASTOLIC [][] CIRCLE IN 241 AND SKIP TO 241 | DIASTOLIC [][] CIRCLE IN 241 AND SKIP TO 241 | DIASTOLIC [][] CIRCLE IN 241 AND SKIP TO 241 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 238 | IF ONLY TWO MEASUREMENTS WERE TAKEN, RECORD THE SECOND SYSTOLIC AND DIASTOLIC NUMBERS HERE. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 239 | RECORD THE SYSTOLIC MEASURE FROM 226. | SYSTOLIC [][] CIRCLE IN 241 | SYSTOLIC [][] CIRCLE IN 241 | SYSTOLIC [][] CIRCLE IN 241 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 240 | RECORD THE DIASTOLIC MEASURE FROM 226. | DIASTOLIC [][] CIRCLE IN 241 | DIASTOLIC [][] CIRCLE IN 241 | DIASTOLIC [][] CIRCLE IN 241 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 241 | CIRCLE THE SINGLE NUMBER WHERE THE AVERAGE DIASTOLIC AND SYSTOLIC MEASURES MEET. | <p>AVERAGE DIASTOLIC</p> <table border="0"> <tr> <td></td> <td><80</td> <td><85</td> <td>85-89</td> <td>90-99</td> <td>100-109</td> <td>≥110</td> </tr> <tr> <td>AVERAGE SYSTOLIC</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><120</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td><130</td> <td>2</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>130-139</td> <td>3</td> <td>3</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>140-159</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>160-179</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>6</td> </tr> <tr> <td>≥180</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> </tr> </table> | | <80 | <85 | 85-89 | 90-99 | 100-109 | ≥110 | AVERAGE SYSTOLIC | | | | | | | <120 | 1 | 2 | 3 | 4 | 5 | 6 | <130 | 2 | 2 | 3 | 4 | 5 | 6 | 130-139 | 3 | 3 | 3 | 4 | 5 | 6 | 140-159 | 4 | 4 | 4 | 4 | 5 | 6 | 160-179 | 5 | 5 | 5 | 5 | 5 | 6 | ≥180 | 6 | 6 | 6 | 6 | 6 | 6 | <p>AVERAGE DIASTOLIC</p> <table border="0"> <tr> <td></td> <td><80</td> <td><85</td> <td>85-89</td> <td>90-99</td> <td>100-109</td> <td>≥110</td> </tr> <tr> <td>AVERAGE SYSTOLIC</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><120</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td><130</td> <td>2</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>130-139</td> <td>3</td> <td>3</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>140-159</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>160-179</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>6</td> </tr> <tr> <td>≥180</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> </tr> </table> | | <80 | <85 | 85-89 | 90-99 | 100-109 | ≥110 | AVERAGE SYSTOLIC | | | | | | | <120 | 1 | 2 | 3 | 4 | 5 | 6 | <130 | 2 | 2 | 3 | 4 | 5 | 6 | 130-139 | 3 | 3 | 3 | 4 | 5 | 6 | 140-159 | 4 | 4 | 4 | 4 | 5 | 6 | 160-179 | 5 | 5 | 5 | 5 | 5 | 6 | ≥180 | 6 | 6 | 6 | 6 | 6 | 6 | <p>AVERAGE DIASTOLIC</p> <table border="0"> <tr> <td></td> <td><80</td> <td><85</td> <td>85-89</td> <td>90-99</td> <td>100-109</td> <td>≥110</td> </tr> <tr> <td>AVERAGE SYSTOLIC</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><120</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td><130</td> <td>2</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>130-139</td> <td>3</td> <td>3</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>140-159</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>160-179</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>6</td> </tr> <tr> <td>≥180</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> </tr> </table> | | <80 | <85 | 85-89 | 90-99 | 100-109 | ≥110 | AVERAGE SYSTOLIC | | | | | | | <120 | 1 | 2 | 3 | 4 | 5 | 6 | <130 | 2 | 2 | 3 | 4 | 5 | 6 | 130-139 | 3 | 3 | 3 | 4 | 5 | 6 | 140-159 | 4 | 4 | 4 | 4 | 5 | 6 | 160-179 | 5 | 5 | 5 | 5 | 5 | 6 | ≥180 | 6 | 6 | 6 | 6 | 6 | 6 |
| | <80 | <85 | 85-89 | 90-99 | 100-109 | ≥110 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AVERAGE SYSTOLIC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <120 | 1 | 2 | 3 | 4 | 5 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <130 | 2 | 2 | 3 | 4 | 5 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 130-139 | 3 | 3 | 3 | 4 | 5 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 140-159 | 4 | 4 | 4 | 4 | 5 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 160-179 | 5 | 5 | 5 | 5 | 5 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ≥180 | 6 | 6 | 6 | 6 | 6 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <80 | <85 | 85-89 | 90-99 | 100-109 | ≥110 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AVERAGE SYSTOLIC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <120 | 1 | 2 | 3 | 4 | 5 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <130 | 2 | 2 | 3 | 4 | 5 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 130-139 | 3 | 3 | 3 | 4 | 5 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 140-159 | 4 | 4 | 4 | 4 | 5 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 160-179 | 5 | 5 | 5 | 5 | 5 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ≥180 | 6 | 6 | 6 | 6 | 6 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <80 | <85 | 85-89 | 90-99 | 100-109 | ≥110 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AVERAGE SYSTOLIC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <120 | 1 | 2 | 3 | 4 | 5 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <130 | 2 | 2 | 3 | 4 | 5 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 130-139 | 3 | 3 | 3 | 4 | 5 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 140-159 | 4 | 4 | 4 | 4 | 5 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 160-179 | 5 | 5 | 5 | 5 | 5 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ≥180 | 6 | 6 | 6 | 6 | 6 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | WOMAN 1 | WOMAN 2 | WOMAN 3 | | | | | | | | | | | | | | | | | | | | | |
|-----------------------|--|--|---|---|-----------------------|--------------------------------------|---|---|------------------|--------|---|----------------------|--------|---|--------------------------|----------|---|----------------------------|---------|---|--------------------------------|--------|---|------------------------------|-------------|
| | NAME FROM COLUMN 2. | NAME _____ | NAME _____ | NAME _____ | | | | | | | | | | | | | | | | | | | | | |
| 242 | RECORD THE NUMBER YOU CIRCLED IN 241 IN THE CHART BELOW. THEN USE THE INSTRUCTIONS TO THE RIGHT OF THAT NUMBER TO COMPLETE A BLOOD PRESSURE REPORT AND REFERRAL FORM FOR THE RESPONDENT. GIVE THE FORM TO THE RESPONDENT AND ANSWER ANY QUESTIONS. | <table border="1"> <thead> <tr> <th>NUMBER CIRCLED IN 241</th> <th>RESPONDENT'S BLOOD PRESSURE CATEGORY</th> <th>CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>NORMAL (OPTIMAL)</td> <td>1 YEAR</td> </tr> <tr> <td>2</td> <td>NORMAL (MILDLY HIGH)</td> <td>1 YEAR</td> </tr> <tr> <td>3</td> <td>NORMAL (MODERATELY HIGH)</td> <td>2 MONTHS</td> </tr> <tr> <td>4</td> <td>ABNORMAL (MILDLY ELEVATED)</td> <td>1 MONTH</td> </tr> <tr> <td>5</td> <td>ABNORMAL (MODERATELY ELEVATED)</td> <td>1 WEEK</td> </tr> <tr> <td>6</td> <td>ABNORMAL (SEVERELY ELEVATED)</td> <td>IMMEDIATELY</td> </tr> </tbody> </table> | | | NUMBER CIRCLED IN 241 | RESPONDENT'S BLOOD PRESSURE CATEGORY | CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE | 1 | NORMAL (OPTIMAL) | 1 YEAR | 2 | NORMAL (MILDLY HIGH) | 1 YEAR | 3 | NORMAL (MODERATELY HIGH) | 2 MONTHS | 4 | ABNORMAL (MILDLY ELEVATED) | 1 MONTH | 5 | ABNORMAL (MODERATELY ELEVATED) | 1 WEEK | 6 | ABNORMAL (SEVERELY ELEVATED) | IMMEDIATELY |
| NUMBER CIRCLED IN 241 | RESPONDENT'S BLOOD PRESSURE CATEGORY | CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | NORMAL (OPTIMAL) | 1 YEAR | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | NORMAL (MILDLY HIGH) | 1 YEAR | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | NORMAL (MODERATELY HIGH) | 2 MONTHS | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | ABNORMAL (MILDLY ELEVATED) | 1 MONTH | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | ABNORMAL (MODERATELY ELEVATED) | 1 WEEK | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | ABNORMAL (SEVERELY ELEVATED) | IMMEDIATELY | | | | | | | | | | | | | | | | | | | | | | | |
| 243 | CHECK 203: AGE | 15-17 YEARS 1 18-49 YEARS 2 (SKIP TO 245) ← 50 YEARS AND ABOVE 3 (GO TO 203 FOR NEXT WOMAN OR, IF NO MORE WOMEN, GO TO 303) ← | 15-17 YEARS 1 18-49 YEARS 2 (SKIP TO 245) ← 50 YEARS AND ABOVE 3 (GO TO 203 FOR NEXT WOMAN OR, IF NO MORE WOMEN, GO TO 303) ← | 15-17 YEARS 1 18-49 YEARS 2 (SKIP TO 245) ← 50 YEARS AND ABOVE 3 (GO TO 203 FOR NEXT WOMAN OR, IF NO MORE WOMEN, GO TO 303) ← | | | | | | | | | | | | | | | | | | | | | |
| 244 | CHECK 204: MARITAL STATUS | CODE 4 (NEVER IN UNION) ... 1 (SKIP TO 248) ← OTHER 2 | CODE 4 (NEVER IN UNION) ... 1 (SKIP TO 248) ← OTHER 2 | CODE 4 (NEVER IN UNION) ... 1 (SKIP TO 248) ← OTHER 2 | | | | | | | | | | | | | | | | | | | | | |

ADULT RESPONDENT CONSENT FOR ANEMIA TEST

| | | | | | |
|--------------------------|-----|--|--|---|---|
| ADULT RESPONDENT CONSENT | 245 | 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> | | |
| | 246 | CIRCLE THE CODE AND SIGN YOUR NAME. | GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF REFUSED, SKIP TO 256) NOT PRESENT/OTHER 3 (SKIP TO 256) ← | GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF REFUSED, SKIP TO 256) NOT PRESENT/OTHER 3 (SKIP TO 256) ← | GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF REFUSED, SKIP TO 256) NOT PRESENT/OTHER 3 (SKIP TO 256) ← |
| | 247 | CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant? | YES 1 NO 2 DON'T KNOW 8 (SKIP TO 254) ← | YES 1 NO 2 DON'T KNOW 8 (SKIP TO 254) ← | YES 1 NO 2 DON'T KNOW 8 (SKIP TO 254) ← |
| | 248 | RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT. | LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT [][] (RECORD '00' IF NOT LISTED) | LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT [][] (RECORD '00' IF NOT LISTED) | LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT [][] (RECORD '00' IF NOT LISTED) |

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15 AND ABOVE

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

| 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 | 249 | 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 anaemia test. Anaemia 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 anaemia. For the anaemia 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.</p> <p>The blood will be tested for anaemia immediately, and the result will be told to you and (NAME OF ADOLESCENT) 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 to the test for (NAME OF ADOLESCENT), or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to take the anaemia test?</p> | | |
| | 250 | CIRCLE THE CODE AND SIGN YOUR NAME. | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 256) NOT PRESENT/OTHER 3 (SKIP TO 256) | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 256) NOT PRESENT/OTHER 3 (SKIP TO 256) | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 256) NOT PRESENT/OTHER 3 (SKIP TO 256) |

| 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 | 251 | 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> | | |
| | 252 | CIRCLE THE CODE AND SIGN YOUR NAME. | GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 256) NOT PRESENT/OTHER 3 (SKIP TO 256) | GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 256) NOT PRESENT/OTHER 3 (SKIP TO 256) | GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 256) NOT PRESENT/OTHER 3 (SKIP TO 256) |

| | | | | |
|-----|--|---|---|---|
| 253 | 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 |
|-----|--|---|---|---|

254 PREPARE EQUIPMENT AND SUPPLIES FOR ANEMIA TEST AND PROCEED WITH THE TEST.

| | | | | |
|-----|--|--|--|--|
| 255 | 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 |
|-----|--|--|--|--|

256 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, AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15 AND ABOVE

| | | | | |
|-----|---|--|--|--|
| 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 4 | WOMAN 5 | WOMAN 6 |
| 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 50 YEARS AND ABOVE 3 | 15-17 YEARS 1 18-49 YEARS 2 50 YEARS AND ABOVE 3 | 15-17 YEARS 1 18-49 YEARS 2 50 YEARS AND ABOVE 3 |
| 204 | CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 8 (MARITAL STATUS): | CODE 4 (NEVER IN UNION) . 1 OTHER 2 | CODE 4 (NEVER IN UNION) . 1 OTHER 2 | CODE 4 (NEVER IN UNION) . 1 OTHER 2 |
| 205 | WEIGHT IN KILOGRAMS. | KG. ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 (GO TO 203 FOR NEXT WOMAN OR, IF NO MORE WOMEN, GO TO 303) 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 (GO TO 203 FOR NEXT WOMAN OR, IF NO MORE WOMEN, GO TO 303) 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 (GO TO 203 FOR NEXT WOMAN OR, IF NO MORE WOMEN, GO TO 303) REFUSED 99995 OTHER 99996 |
| 206 | HEIGHT IN CENTIMETERS. | CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 | CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 | CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 |
| 207 | MEASURER: ENTER YOUR FIELDWORKER NUMBER. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER |
| 208 | CHECK 203: AGE | 15-17 YEARS 1 18-49 YEARS 2 50 YEARS AND ABOVE 3 (SKIP TO 213) ← | 15-17 YEARS 1 18-49 YEARS 2 50 YEARS AND ABOVE 3 (SKIP TO 213) ← | 15-17 YEARS 1 18-49 YEARS 2 50 YEARS AND ABOVE 3 (SKIP TO 213) ← |
| 209 | CHECK 204: MARITAL STATUS | CODE 4 (NEVER IN UNION) ... 1 OTHER 2 (SKIP TO 213) ← | CODE 4 (NEVER IN UNION) ... 1 OTHER 2 (SKIP TO 213) ← | CODE 4 (NEVER IN UNION) ... 1 OTHER 2 (SKIP TO 213) ← |

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15 AND ABOVE

| | | | | |
|--|---------------------|------------|------------|------------|
| | | WOMAN 4 | WOMAN 5 | WOMAN 6 |
| | NAME FROM COLUMN 2. | NAME _____ | NAME _____ | NAME _____ |

PARENTAL/RESPONSIBLE ADULT CONSENT FOR BLOOD PRESSURE MEASUREMENT

| | | | | |
|-----|---|--|--|--|
| 210 | 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) |
| 211 | ASK CONSENT FOR BLOOD PRESSURE FROM PARENT/ OTHER ADULT IDENTIFIED IN 210 AS RESPONSIBLE FOR NEVER MARRIED WOMEN AGE 15-17. | I would like to measure (NAME OF ADOLESCENT)'s blood pressure. This will be done three times, with an interval of about five minutes between measurements. This is a harmless procedure. Blood pressure measurement is used to find out if a person has high blood pressure. If not treated, high blood pressure may eventually cause serious damage to the heart. The results of this blood pressure measurement will be given to you and (NAME OF ADOLESCENT) after the measurement process is completed. The results of blood pressure measurement will be explained to you. If (NAME OF ADOLESCENT)'s blood pressure is high, we will suggest that (NAME OF ADOLESCENT) consult a health facility or doctor since we cannot provide any further testing or treatment during the survey. You can also decide at any time not to participate in the blood pressure measurement. 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 to the test for (NAME OF ADOLESCENT) or you can say no. It is up to you to decide. Will you allow me to measure (NAME OF ADOLESCENT)'s blood pressure? | | |
| 212 | CIRCLE THE CODE AND SIGN YOUR NAME. | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 <div style="text-align: center;"> _____ (SIGN) (IF REFUSED, SKIP TO 249) </div> | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 <div style="text-align: center;"> _____ (SIGN) (IF REFUSED, SKIP TO 249) </div> | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 <div style="text-align: center;"> _____ (SIGN) (IF REFUSED, SKIP TO 249) </div> |

ADULT RESPONDENT CONSENT FOR BLOOD PRESSURE MEASUREMENT

| | | | | |
|-----|---|---|--|--|
| 213 | ASK CONSENT FOR BLOOD PRESSURE FROM RESPONDENT. | I would like to measure your blood pressure. This will be done three times, with an interval of about five minutes between measurements. This is a harmless procedure. Blood pressure measurement is used to find out if a person has high blood pressure. If not treated, high blood pressure may eventually cause serious damage to the heart. The results of this blood pressure measurement will be given to you after the measurement process is completed. The results of blood pressure measurement will be explained to you. If your blood pressure is high, we will suggest that you consult a health facility or doctor since we cannot provide any further testing or treatment during the survey. You can also decide at any time not to participate in the blood pressure measurement. 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 to the test or you can say no. It is up to you to decide. Will you allow me to measure your blood pressure? | | |
| 214 | CIRCLE THE CODE AND SIGN YOUR NAME. | GRANTED 1 RESPONDENT REFUSED ... 2 <div style="text-align: center;"> _____ (SIGN) (IF REFUSED, SKIP TO 243) </div> | GRANTED 1 RESPONDENT REFUSED ... 2 <div style="text-align: center;"> _____ (SIGN) (IF REFUSED, SKIP TO 243) </div> | GRANTED 1 RESPONDENT REFUSED ... 2 <div style="text-align: center;"> _____ (SIGN) (IF REFUSED, SKIP TO 243) </div> |

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15 AND ABOVE

| | | WOMAN 4 | WOMAN 5 | WOMAN 6 |
|-----|--|---|---|---|
| | NAME FROM COLUMN 2. | NAME _____ | NAME _____ | NAME _____ |
| 215 | <p>Before taking your blood pressure, I would like to ask a few questions about things that may affect these measurements. Have you done any of the following within the past 30 minutes:</p> <p>a) Eaten anything?</p> <p>b) Had coffee, tea, cola or other drink that has caffeine?</p> <p>c) Smoked or used any tobacco</p> <p>d) Took alcohol?</p> | <p>YES NO</p> <p>EATEN 1 2</p> <p>HAD CAFFEINATED DRINK 1 2</p> <p>SMOKED 1 2</p> <p>TOOK ALCHOHOL 1 2</p> | <p>YES NO</p> <p>EATEN 1 2</p> <p>HAD CAFFEINATED DRINK 1 2</p> <p>SMOKED 1 2</p> <p>TOOK ALCHOHOL 1 2</p> | <p>YES NO</p> <p>EATEN 1 2</p> <p>HAD CAFFEINATED DRINK 1 2</p> <p>SMOKED 1 2</p> <p>TOOK ALCHOHOL 1 2</p> |
| 216 | <p>May I begin the process of measuring your blood pressure? I will begin by measuring the circumference of your arm to make sure that I use the right equipment.</p> | <p>ARM CIRCUMFERENCE (IN CENTIMETRES) <input type="text"/> <input type="text"/></p> <p>MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN</p> | <p>ARM CIRCUMFERENCE (IN CENTIMETRES) <input type="text"/> <input type="text"/></p> <p>MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE</p> | <p>ARM CIRCUMFERENCE (IN CENTIMETRES) <input type="text"/> <input type="text"/></p> <p>MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE</p> |
| 217 | <p>USE THE ARM CIRCUMFERENCE MEASUREMENT TO SELECT THE APPROPRIATE BLOOD PRESSURE MONITOR CUFF SIZE. CIRCLE THE CODE FOR THE CUFF SIZE.</p> | <p>SMALL: 16 CM – 24 CM 1</p> <p>UNIVERSAL: 22 CM - 42 CM ... 2</p> <p>LARGE: 36 CM – 45 CM 3</p> | <p>SMALL: 16 CM – 24 CM 1</p> <p>UNIVERSAL: 22 CM - 42 CM ... 2</p> <p>LARGE: 36 CM – 45 CM 3</p> | <p>SMALL: 16 CM – 24 CM 1</p> <p>UNIVERSAL: 22 CM - 42 CM ... 2</p> <p>LARGE: 36 CM – 45 CM 3</p> |
| 218 | <p>RECORD TIME OF FIRST BP READING</p> | <p>HOURS MINUTES</p> <p>TIME <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/></p> | <p>HOURS MINUTES</p> <p>TIME <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/></p> | <p>HOURS MINUTES</p> <p>TIME <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/></p> |
| 219 | <p>TAKE THE FIRST BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE.</p> | <p>FIRST BP MEASURE</p> <p>SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/></p> <p>REFUSED 994</p> <p>TECHNICAL PROBLEM: ... 995</p> <p>OTHER 996</p> <p>(IF NOT MEASURED, GO TO 243) ←</p> | <p>FIRST BP MEASURE</p> <p>SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/></p> <p>REFUSED 994</p> <p>TECHNICAL PROBLEM: ... 995</p> <p>OTHER 996</p> <p>(IF NOT MEASURED, GO TO 243) ←</p> | <p>FIRST BP MEASURE</p> <p>SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/></p> <p>REFUSED 994</p> <p>TECHNICAL PROBLEM: ... 995</p> <p>OTHER 996</p> <p>(IF NOT MEASURED, GO TO 243) ←</p> |

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15 AND ABOVE

| | | WOMAN 4 | WOMAN 5 | WOMAN 6 |
|-----|---|---|---|---|
| | NAME FROM COLUMN 2. | NAME _____ | NAME _____ | NAME _____ |
| 220 | Before this survey, has your blood pressure ever been checked? | YES 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 |
| 221 | Were you told on two or more different occasions by a doctor or other health professional that you had hypertension or high blood pressure? | YES 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 |
| 222 | To lower your blood pressure, are you now taking a prescribed medicine? | YES 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 |
| 223 | CHECK THAT IT HAS BEEN AT LEAST 5 MINUTES BEFORE TAKING THE SECOND BLOOD PRESSURE MEASUREMENT | | | |
| 224 | May I take your blood pressure at this time? | YES 1 NO 2 (GO TO 236) ← | YES 1 NO 2 (GO TO 236) ← | YES 1 NO 2 (GO TO 236) ← |
| 225 | RECORD TIME OF SECOND BP READING | HOURS MINUTES TIME <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> | HOURS MINUTES TIME <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> | HOURS MINUTES TIME <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> |
| 226 | TAKE THE SECOND BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE. | SECOND BP MEASURE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 994 TECHNICAL PROBLEM: ... 995 OTHER 996 (IF NOT MEASURED, GO TO 236) ← | SECOND BP MEASURE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 994 TECHNICAL PROBLEM: ... 995 OTHER 996 (IF NOT MEASURED, GO TO 236) ← | SECOND BP MEASURE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 994 TECHNICAL PROBLEM: ... 995 OTHER 996 (IF NOT MEASURED, GO TO 236) ← |
| 227 | CHECK THAT IT HAS BEEN AT LEAST 5 MINUTES BEFORE TAKING THE THIRD BLOOD PRESSURE MEASUREMENT | | | |
| 228 | May I take your blood pressure at this time? | YES 1 NO 2 (GO TO 239) ← | YES 1 NO 2 (GO TO 239) ← | YES 1 NO 2 (GO TO 239) ← |
| 229 | RECORD TIME OF THIRD BP READING | HOURS MINUTES TIME <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> | HOURS MINUTES TIME <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> | HOURS MINUTES TIME <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> |
| 230 | TAKE THE THIRD BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE. | THIRD BP MEASURE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 994 TECHNICAL PROBLEM: ... 995 OTHER 996 (IF NOT MEASURED, GO TO 239) ← | THIRD BP MEASURE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 994 TECHNICAL PROBLEM: ... 995 OTHER 996 (IF NOT MEASURED, GO TO 239) ← | THIRD BP MEASURE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 994 TECHNICAL PROBLEM: ... 995 OTHER 996 (IF NOT MEASURED, GO TO 239) ← |

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15 AND ABOVE

| | | WOMAN 4 | WOMAN 5 | WOMAN 6 |
|-----|--|---|---|---|
| | NAME FROM COLUMN 2. | NAME _____ | NAME _____ | NAME _____ |
| 231 | RECORD THE SUM OF THE SYSTOLIC MEASURES FROM 226 AND 230. | SUM SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> | SUM SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> | SUM SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> |
| 232 | CALCULATE THE AVERAGE SYSTOLIC PRESSURES BY DIVIDING THE SUM | AVERAGE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 241 | AVERAGE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 241 | AVERAGE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 241 |
| 233 | RECORD THE SUM OF THE DIASTOLIC MEASURES FROM 226 AND 230. | SUM DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> | SUM DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> | SUM DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> |
| 234 | CALCULATE THE AVERAGE DIASTOLIC PRESSURES BY DIVIDING THE SUM IN 233 BY 2. | AVERAGE DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 241 AND SKIP TO 241 | AVERAGE DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 241 AND SKIP TO 241 | AVERAGE DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 241 AND SKIP TO 241 |
| 235 | IF ONLY ONE MEASUREMENT WAS TAKEN, RECORD THE FIRST SYSTOLIC AND DIASTOLIC NUMBERS HERE. | | | |
| 236 | RECORD THE SYSTOLIC MEASURE FROM 219. | SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 241 | SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 241 | SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 241 |
| 237 | RECORD THE DIASTOLIC MEASURE FROM 219. | DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 241 AND SKIP TO 241 | DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 241 AND SKIP TO 241 | DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 241 AND SKIP TO 241 |
| 238 | IF ONLY TWO MEASUREMENTS WERE TAKEN, RECORD THE SECOND SYSTOLIC AND DIASTOLIC NUMBERS HERE. | | | |
| 239 | RECORD THE SYSTOLIC MEASURE FROM 226. | SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 241 | SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 241 | SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 241 |
| 240 | RECORD THE DIASTOLIC MEASURE FROM 226. | DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 241 | DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 241 | DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 241 |

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15 AND ABOVE

| | | WOMAN 4 | | | | | | WOMAN 5 | | | | | | WOMAN 6 | | | | | |
|-----|---|--------------------------|-----|-------|-------|---------|------|--------------------------|-----|-------|-------|---------|------|--------------------------|-----|-------|-------|---------|------|
| | NAME FROM COLUMN 2. | NAME _____ | | | | | | NAME _____ | | | | | | NAME _____ | | | | | |
| 241 | CIRCLE THE SINGLE NUMBER WHERE THE AVERAGE DIASTOLIC AND SYSTOLIC MEASURES MEET | AVERAGE DIASTOLIC | | | | | | AVERAGE DIASTOLIC | | | | | | AVERAGE DIASTOLIC | | | | | |
| | AVERAGE SYSTOLIC | <80 | <85 | 85-89 | 90-99 | 100-109 | ≥110 | <80 | <85 | 85-89 | 90-99 | 100-109 | ≥110 | <80 | <85 | 85-89 | 90-99 | 100-109 | ≥110 |
| | <120 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |
| | <130 | 2 | 2 | 3 | 4 | 5 | 6 | 2 | 2 | 3 | 4 | 5 | 6 | 2 | 2 | 3 | 4 | 5 | 6 |
| | 130-139 | 3 | 3 | 3 | 4 | 5 | 6 | 3 | 3 | 3 | 4 | 5 | 6 | 3 | 3 | 3 | 4 | 5 | 6 |
| | 140-159 | 4 | 4 | 4 | 4 | 5 | 6 | 4 | 4 | 4 | 4 | 5 | 6 | 4 | 4 | 4 | 4 | 5 | 6 |
| | 160-179 | 5 | 5 | 5 | 5 | 5 | 6 | 5 | 5 | 5 | 5 | 5 | 6 | 5 | 5 | 5 | 5 | 5 | 6 |
| | ≥180 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |

| | |
|-----|--|
| 242 | RECORD THE NUMBER YOU CIRCLED IN 241 IN THE CHART BELOW. THEN USE THE INSTRUCTIONS TO THE RIGHT OF THAT NUMBER TO COMPLETE A BLOOD PRESSURE REPORT AND REFERRAL FORM FOR THE RESPONDENT. GIVE THE FORM TO THE RESPONDENT AND ANSWER ANY QUESTIONS. |
|-----|--|

| NUMBER CIRCLED IN 241 | RESPONDENT'S BLOOD PRESSURE CATEGORY | CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE |
|-----------------------|--------------------------------------|---|
| 1 | NORMAL (OPTIMAL) | 1 YEAR |
| 2 | NORMAL (MILDLY HIGH) | 1 YEAR |
| 3 | NORMAL (MODERATELY HIGH) | 2 MONTHS |
| 4 | ABNORMAL (MILDLY ELEVATED) | 1 MONTH |
| 5 | ABNORMAL (MODERATELY ELEVATED) | 1 WEEK |
| 6 | ABNORMAL (SEVERELY ELEVATED) | IMMEDIATELY |

| | | | | |
|-----|----------------|---|---|---|
| 243 | CHECK 203: AGE | 15-17 YEARS 1 18-49 YEARS 2 (SKIP TO 245) ← 50 YEARS AND ABOVE 3 (GO TO 203 FOR NEXT WOMAN OR, IF NO MORE WOMEN, GO TO 303) ← | 15-17 YEARS 1 18-49 YEARS 2 (SKIP TO 245) ← 50 YEARS AND ABOVE 3 (GO TO 203 FOR NEXT WOMAN OR, IF NO MORE WOMEN, GO TO 303) ← | 15-17 YEARS 1 18-49 YEARS 2 (SKIP TO 245) ← 50 YEARS AND ABOVE 3 (GO TO 203 FOR NEXT WOMAN OR, IF NO MORE WOMEN, GO TO 303) ← |
|-----|----------------|---|---|---|

| | | | | |
|-----|---------------------------|---|---|---|
| 244 | CHECK 204: MARITAL STATUS | CODE 4 (NEVER IN UNION) ... 1 (SKIP TO 248) ← OTHER 2 | CODE 4 (NEVER IN UNION) ... 1 (SKIP TO 248) ← OTHER 2 | CODE 4 (NEVER IN UNION) ... 1 (SKIP TO 248) ← OTHER 2 |
|-----|---------------------------|---|---|---|

ADULT RESPONDENT CONSENT FOR ANEMIA TEST

| | | |
|------------------|-----|--|
| ADULT RESPONDENT | 245 | <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> |
|------------------|-----|--|

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15 AND ABOVE

| | | WOMAN 4 | WOMAN 5 | WOMAN 6 |
|----------------|---------------------|--|---|---|
| | NAME FROM COLUMN 2. | NAME _____ | NAME _____ | NAME _____ |
| PARENT CONSENT | 246 | CIRCLE THE CODE AND SIGN YOUR NAME. GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF REFUSED, SKIP TO 256) NOT PRESENT/OTHER 3 (SKIP TO 256) ← | GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF REFUSED, SKIP TO 256) NOT PRESENT/OTHER 3 (SKIP TO 256) ← | GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF REFUSED, SKIP TO 256) NOT PRESENT/OTHER 3 (SKIP TO 256) ← |
| | 247 | CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant? YES 1 NO 2 DON'T KNOW 8 (SKIP TO 254) ← | YES 1 NO 2 DON'T KNOW 8 (SKIP TO 254) ← | YES 1 NO 2 DON'T KNOW 8 (SKIP TO 254) ← |

| | | | | |
|-----|--|---|---|---|
| 248 | RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT. | LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT [][] (RECORD '00' IF NOT LISTED) | LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT [][] (RECORD '00' IF NOT LISTED) | LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT [][] (RECORD '00' IF NOT LISTED) |
|-----|--|---|---|---|

PARENTAL/RESPONSIBLE ADULT CONSENT FOR ANEMIA TEST

| | | | | |
|----------------------------------|-----|---|---|---|
| PARENT RESPONSIBLE ADULT CONSENT | 249 | ASK CONSENT FOR ANEMIA TEST FROM PARENT/ADULT. As part of this survey, we are asking people all over the country to take an anaemia test. Anaemia 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 anaemia. For the anaemia 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 anaemia immediately, and the result will be told to you and (NAME OF ADOLESCENT) 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 to the test for (NAME OF ADOLESCENT), or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to take the anaemia test? | | |
| | 250 | CIRCLE THE CODE AND SIGN YOUR NAME. GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 256) NOT PRESENT/OTHER 3 (SKIP TO 256) ← | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 256) NOT PRESENT/OTHER 3 (SKIP TO 256) ← | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 256) NOT PRESENT/OTHER 3 (SKIP TO 256) ← |

MINOR RESPONDENT CONSENT FOR ANEMIA TEST

| | | | | |
|------------------|-----|--|--|--|
| MINOR RESPONDENT | 251 | 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? | | |
|------------------|-----|--|--|--|

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15 AND ABOVE

| | | WOMAN 4 | WOMAN 5 | WOMAN 6 |
|---------------------------------------|---|--|--|--|
| | NAME FROM COLUMN 2. | NAME _____ | NAME _____ | NAME _____ |
| IN C O N S E N T | 252 CIRCLE THE CODE AND SIGN YOUR NAME. | GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 256) NOT PRESENT/OTHER 3 (SKIP TO 256) | GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 256) NOT PRESENT/OTHER 3 (SKIP TO 256) | GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 256) NOT PRESENT/OTHER 3 (SKIP TO 256) |
| | 253 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 |
| 254 | PREPARE EQUIPMENT AND SUPPLIES FOR ANEMIA TEST AND PROCEED WITH THE TEST. | | | |
| 255 | 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 |
| 256 | 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, AND BLOOD PRESSURE MEASUREMENT FOR MEN AGE 15 AND ABOVE

| | | | | |
|-----|--|---|---|---|
| 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 YEARS AND ABOVE 2 | 15-17 YEARS 1 18 YEARS AND ABOVE 2 | 15-17 YEARS 1 18 YEARS AND ABOVE 2 |
| 304 | CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 8 | CODE 4 (NEVER IN UNION) . 1 OTHER 2 | CODE 4 (NEVER IN UNION) . 1 OTHER 2 | CODE 4 (NEVER IN UNION) . 1 OTHER 2 |

| | | | | |
|-----|--|--|--|--|
| 305 | WEIGHT IN KILOGRAMS. | KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 (GO TO 303 FOR NEXT MAN OR, IF NO MORE MEN, END INTERVIEW) REFUSED 99995 OTHER 99996 | KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 (GO TO 303 FOR NEXT MAN OR, IF NO MORE MEN, END INTERVIEW) REFUSED 99995 OTHER 99996 | KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 (GO TO 303 FOR NEXT MAN OR, IF NO MORE MEN, END INTERVIEW) REFUSED 99995 OTHER 99996 |
| 306 | HEIGHT IN CENTIMETERS. | CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 | CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 | CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 |
| 307 | MEASURER: ENTER YOUR FIELDWORKER NUMBER. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER |
| 308 | CHECK 303: AGE | 15-17 YEARS 1 18 YEARS AND ABOVE 2 (SKIP TO 313) ← | 15-17 YEARS 1 18 YEARS AND ABOVE 2 (SKIP TO 313) ← | 15-17 YEARS 1 18 YEARS AND ABOVE 2 (SKIP TO 313) ← |
| 309 | CHECK 304: MARITAL STATUS | CODE 4 (NEVER IN UNION) ... 1 OTHER 2 (SKIP TO 313) ← | CODE 4 (NEVER IN UNION) ... 1 OTHER 2 (SKIP TO 313) ← | CODE 4 (NEVER IN UNION) ... 1 OTHER 2 (SKIP TO 313) ← |

WEIGHT, HEIGHT, AND BLOOD PRESSURE MEASUREMENT FOR MEN AGE 15 AND ABOVE

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

PARENTAL/RESPONSIBLE ADULT CONSENT FOR BLOOD PRESSURE MEASUREMENT

| | | | | |
|-----|---|---|--|--|
| 310 | RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT. | LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <div style="display: flex; justify-content: center; gap: 10px;"> <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> (RECORD '00' IF NOT LISTED) | LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <div style="display: flex; justify-content: center; gap: 10px;"> <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> (RECORD '00' IF NOT LISTED) | LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <div style="display: flex; justify-content: center; gap: 10px;"> <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> (RECORD '00' IF NOT LISTED) |
| 311 | ASK CONSENT FOR BLOOD PRESSURE FROM PARENT/ OTHER ADULT IDENTIFIED IN 410 AS RESPONSIBLE FOR NEVER MARRIED WOMEN AGE 15-17. | <p>I would like to measure (NAME OF ADOLESCENT)'s blood pressure. This will be done three times, with an interval of about five minutes between measurements. This is a harmless procedure. Blood pressure measurement is used to find out if a person has high blood pressure. If not treated, high blood pressure may eventually cause serious damage to the heart. The results of this blood pressure measurement will be given to you and (NAME OF ADOLESCENT) after the measurement process is completed. The results of blood pressure measurement will be explained to you. If (NAME OF ADOLESCENT)'s blood pressure is high, we will suggest that (NAME OF ADOLESCENT) consult a health facility or doctor since we cannot provide any further testing or treatment during the survey. You can also decide at any time not to participate in the blood pressure measurement. 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 to the test for (NAME OF ADOLESCENT) or you can say no. It is up to you to decide. Will you allow me to measure (NAME OF ADOLESCENT)'s blood pressure?</p> | | |
| 312 | CIRCLE THE CODE AND SIGN YOUR NAME. | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 <div style="text-align: right; margin-right: 20px;">←</div> _____ (SIGN) (IF REFUSED, SKIP TO 343) | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 <div style="text-align: right; margin-right: 20px;">←</div> _____ (SIGN) (IF REFUSED, SKIP TO 343) | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 <div style="text-align: right; margin-right: 20px;">←</div> _____ (SIGN) (IF REFUSED, SKIP TO 343) |

ADULT RESPONDENT CONSENT FOR BLOOD PRESSURE MEASUREMENT

| | | | | |
|-----|---|--|--|--|
| 313 | ASK CONSENT FOR BLOOD PRESSURE FROM RESPONDENT. | <p>I would like to measure your blood pressure. This will be done three times, with an interval of about five minutes between measurements. This is a harmless procedure. Blood pressure measurement is used to find out if a person has high blood pressure. If not treated, high blood pressure may eventually cause serious damage to the heart. The results of this blood pressure measurement will be given to you after the measurement process is completed. The results of blood pressure measurement will be explained to you. If your blood pressure is high, we will suggest that you consult a health facility or doctor since we cannot provide any further testing or treatment during the survey. You can also decide at any time not to participate in the blood pressure measurement. 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 to the test or you can say no. It is up to you to decide. Will you allow me to measure your blood pressure?</p> | | |
| 314 | CIRCLE THE CODE AND SIGN YOUR NAME. | GRANTED 1 RESPONDENT REFUSED ... 2 <div style="text-align: right; margin-right: 20px;">←</div> _____ (SIGN) (IF REFUSED, SKIP TO 343) | GRANTED 1 RESPONDENT REFUSED ... 2 <div style="text-align: right; margin-right: 20px;">←</div> _____ (SIGN) (IF REFUSED, SKIP TO 343) | GRANTED 1 RESPONDENT REFUSED ... 2 <div style="text-align: right; margin-right: 20px;">←</div> _____ (SIGN) (IF REFUSED, SKIP TO 343) |

WEIGHT, HEIGHT, AND BLOOD PRESSURE MEASUREMENT FOR MEN AGE 15 AND ABOVE

| | | MAN 1 | MAN 2 | MAN 3 |
|-----|--|--|---|---|
| | NAME FROM COLUMN 2. | NAME _____ | NAME _____ | NAME _____ |
| 315 | Before taking your blood pressure, I would like to ask a few questions about things that may affect these measurements. Have you done any of the following within the past 30 minutes: | | | |
| | | YES NO | YES NO | YES NO |
| a) | Eaten anything? | EATEN 1 2 | EATEN 1 2 | EATEN 1 2 |
| b) | Had coffee, tea, cola or other drink that has caffeine? | HAD CAFFEINATED DRINK 1 2 | HAD CAFFEINATED DRINK 1 2 | HAD CAFFEINATED DRINK 1 2 |
| c) | Smoked or used any tobacco | SMOKED 1 2 | SMOKED 1 2 | SMOKED 1 2 |
| d) | Took alcohol? | TOOK ALCHOHOL 1 2 | TOOK ALCHOHOL 1 2 | TOOK ALCHOHOL 1 2 |
| 316 | May I begin the process of measuring your blood pressure? I will begin by measuring the circumference of your arm to make sure that I use the right equipment. | ARM CIRCUMFERENCE (IN CENTIMETRES). <input type="text"/> <input type="text"/> MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN CENTIMETRES. | ARM CIRCUMFERENCE (IN CENTIMETRES). <input type="text"/> <input type="text"/> MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN | ARM CIRCUMFERENCE (IN CENTIMETRES). <input type="text"/> <input type="text"/> MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN |
| 317 | USE THE ARM CIRCUMFERENCE MEASUREMENT TO SELECT THE APPROPRIATE BLOOD PRESSURE MONITOR CUFF SIZE. CIRCLE THE CODE FOR THE CUFF SIZE. | SMALL: 16 CM – 24 CM 1 UNIVERSAL: 22 CM - 42 CM ... 2 LARGE: 36 CM – 45 CM 3 | SMALL: 16 CM – 24 CM 1 UNIVERSAL: 22 CM - 42 CM ... 2 LARGE: 36 CM – 45 CM 3 | SMALL: 16 CM – 24 CM 1 UNIVERSAL: 22 CM - 42 CM ... 2 LARGE: 36 CM – 45 CM 3 |
| 318 | RECORD TIME OF FIRST BP READING | HOURS MINUTES TIME <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> | HOURS MINUTES TIME <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> | HOURS MINUTES TIME <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> |

WEIGHT, HEIGHT, AND BLOOD PRESSURE MEASUREMENT FOR MEN AGE 15 AND ABOVE

| | | MAN 1 | MAN 2 | MAN 3 |
|-----|---|--|--|--|
| | NAME FROM COLUMN 2. | NAME _____ | NAME _____ | NAME _____ |
| 319 | TAKE THE FIRST BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE. | <p align="center">FIRST BP MEASURE</p> SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 994 TECHNICAL PROBLEM: ... 995 OTHER 996 (IF NOT MEASURED, GO TO 343) ← | <p align="center">FIRST BP MEASURE</p> SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 994 TECHNICAL PROBLEM: ... 995 OTHER 996 (IF NOT MEASURED, GO TO 343) ← | <p align="center">FIRST BP MEASURE</p> SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 994 TECHNICAL PROBLEM: ... 995 OTHER 996 (IF NOT MEASURED, GO TO 343) ← |
| 320 | Before this survey, has your blood pressure ever been checked? | YES 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 |
| 321 | Were you told on two or more different occasions by a doctor or other health professional that you had hypertension or high blood pressure? | YES 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 |
| 322 | To lower your blood pressure, are you now taking a prescribed medicine? | YES 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 |
| 323 | CHECK THAT IT HAS BEEN AT LEAST 5 MINUTES BEFORE TAKING THE SECOND BLOOD PRESSURE MEASUREMENT | | | |
| 324 | May I take your blood pressure at this time? | YES 1 NO 2 (GO TO 336) ← | YES 1 NO 2 (GO TO 336) ← | YES 1 NO 2 (GO TO 336) ← |
| 325 | RECORD TIME OF SECOND BP READING | HOURS MINUTES TIME <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> | HOURS MINUTES TIME <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> | HOURS MINUTES TIME <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> |
| 326 | TAKE THE SECOND BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE. | <p align="center">SECOND BP MEASURE</p> SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 994 TECHNICAL PROBLEM: ... 995 OTHER 996 (IF NOT MEASURED, GO TO 336) ← | <p align="center">SECOND BP MEASURE</p> SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 994 TECHNICAL PROBLEM: ... 995 OTHER 996 (IF NOT MEASURED, GO TO 336) ← | <p align="center">SECOND BP MEASURE</p> SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 994 TECHNICAL PROBLEM: ... 995 OTHER 996 (IF NOT MEASURED, GO TO 336) ← |

WEIGHT, HEIGHT, AND BLOOD PRESSURE MEASUREMENT FOR MEN AGE 15 AND ABOVE

| | | MAN 1 | MAN 2 | MAN 3 |
|-----|---|--|--|--|
| | NAME FROM COLUMN 2. | NAME _____ | NAME _____ | NAME _____ |
| 327 | CHECK THAT IT HAS BEEN AT LEAST 5 MINUTES BEFORE TAKING THE THIRD BLOOD PRESSURE MEASUREMENT | | | |
| 328 | May I take your blood pressure at this time? | YES 1 NO 2 (GO TO 339) ← | YES 1 NO 2 (GO TO 339) ← | YES 1 NO 2 (GO TO 339) ← |
| 329 | RECORD TIME OF THIRD BP READING | HOURS MINUTES TIME <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> | HOURS MINUTES TIME <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> | HOURS MINUTES TIME <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> |
| 330 | TAKE THE THIRD BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE. | THIRD BP MEASURE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 994 TECHNICAL PROBLEM: ... 995 OTHER 996 (IF NOT MEASURED, GO TO 339) ← | THIRD BP MEASURE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 994 TECHNICAL PROBLEM: ... 995 OTHER 996 (IF NOT MEASURED, GO TO 339) ← | THIRD BP MEASURE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 994 TECHNICAL PROBLEM: ... 995 OTHER 996 (IF NOT MEASURED, GO TO 339) ← |
| 331 | RECORD THE SUM OF THE SYSTOLIC MEASURES FROM 326 AND 330. | SUM SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> | SUM SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> | SUM SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> |
| 332 | CALCULATE THE AVERAGE SYSTOLIC PRESSURES BY DIVIDING THE SUM IN 331 BY 2. | AVERAGE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 341 | AVERAGE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 341 | AVERAGE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 341 |
| 333 | RECORD THE SUM OF THE DIASTOLIC MEASURES FROM 326 AND 330. | SUM DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> | SUM DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> | SUM DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> |
| 334 | CALCULATE THE AVERAGE DIASTOLIC PRESSURES BY DIVIDING THE SUM IN 333 BY 2. | AVERAGE DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 341 AND SKIP TO 341 | AVERAGE DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 341 AND SKIP TO 341 | AVERAGE DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 341 AND SKIP TO 341 |
| 335 | IF ONLY ONE MEASUREMENT WAS TAKEN, RECORD THE FIRST SYSTOLIC AND DIASTOLIC NUMBERS HERE. | | | |
| 336 | RECORD THE SYSTOLIC MEASURE FROM 319. | SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 341 | SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 341 | SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 341 |
| 337 | RECORD THE DIASTOLIC MEASURE FROM 319. | DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 341 AND SKIP TO 341 | DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 341 AND SKIP TO 341 | DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 341 AND SKIP TO 341 |
| 338 | IF ONLY TWO MEASUREMENTS WERE TAKEN, RECORD THE SECOND SYSTOLIC AND DIASTOLIC NUMBERS HERE. | | | |

WEIGHT, HEIGHT, AND BLOOD PRESSURE MEASUREMENT FOR MEN AGE 15 AND ABOVE

| | | MAN 1 | MAN 2 | MAN 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------|--|--|-------------------|------------|---------|--|-------------------|-----|-------------------|--|---------|------|-------------------|-----|-------------------|-------|---------|------|--|--|-----|-----|-------|-------|---------|------|-----|-----|-------|-------|---------|------|-----|-----|-------|-------|---------|------|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|
| | NAME FROM COLUMN 2. | NAME _____ | NAME _____ | NAME _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 339 | RECORD THE SYSTOLIC MEASURE FROM 326. | SYSTOLIC <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> </tr> </table> CIRCLE IN 341 | | | | SYSTOLIC <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> </tr> </table> CIRCLE IN 341 | | | | SYSTOLIC <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> </tr> </table> CIRCLE IN 341 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 340 | RECORD THE DIASTOLIC MEASURE FROM 326. | DIASTOLIC <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> </tr> </table> CIRCLE IN 341 | | | | DIASTOLIC <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> </tr> </table> CIRCLE IN 341 | | | | DIASTOLIC <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> </tr> </table> CIRCLE IN 341 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 341 | CIRCLE THE SINGLE NUMBER WHERE THE AVERAGE DIASTOLIC AND SYSTOLIC MEASURES MEET. <table border="1" style="width:100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th rowspan="2" style="width:15%;">AVERAGE SYSTOLIC</th> <th colspan="6">AVERAGE DIASTOLIC</th> <th colspan="6">AVERAGE DIASTOLIC</th> <th colspan="6">AVERAGE DIASTOLIC</th> </tr> <tr> <th><80</th> <th><85</th> <th>85-89</th> <th>90-99</th> <th>100-109</th> <th>≥110</th> <th><80</th> <th><85</th> <th>85-89</th> <th>90-99</th> <th>100-109</th> <th>≥110</th> <th><80</th> <th><85</th> <th>85-89</th> <th>90-99</th> <th>100-109</th> <th>≥110</th> </tr> </thead> <tbody> <tr> <td><120</td> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td> </tr> <tr> <td><130</td> <td>2</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td> <td>2</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td> <td>2</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td> </tr> <tr> <td>130-139</td> <td>3</td><td>3</td><td>3</td><td>4</td><td>5</td><td>6</td> <td>3</td><td>3</td><td>3</td><td>4</td><td>5</td><td>6</td> <td>3</td><td>3</td><td>3</td><td>4</td><td>5</td><td>6</td> </tr> <tr> <td>140-159</td> <td>4</td><td>4</td><td>4</td><td>4</td><td>5</td><td>6</td> <td>4</td><td>4</td><td>4</td><td>4</td><td>5</td><td>6</td> <td>4</td><td>4</td><td>4</td><td>4</td><td>5</td><td>6</td> </tr> <tr> <td>160-179</td> <td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>6</td> <td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>6</td> <td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>6</td> </tr> <tr> <td>≥180</td> <td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td> <td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td> <td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td> </tr> </tbody> </table> | AVERAGE SYSTOLIC | AVERAGE DIASTOLIC | | | | | | AVERAGE DIASTOLIC | | | | | | AVERAGE DIASTOLIC | | | | | | <80 | <85 | 85-89 | 90-99 | 100-109 | ≥110 | <80 | <85 | 85-89 | 90-99 | 100-109 | ≥110 | <80 | <85 | 85-89 | 90-99 | 100-109 | ≥110 | <120 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | <130 | 2 | 2 | 3 | 4 | 5 | 6 | 2 | 2 | 3 | 4 | 5 | 6 | 2 | 2 | 3 | 4 | 5 | 6 | 130-139 | 3 | 3 | 3 | 4 | 5 | 6 | 3 | 3 | 3 | 4 | 5 | 6 | 3 | 3 | 3 | 4 | 5 | 6 | 140-159 | 4 | 4 | 4 | 4 | 5 | 6 | 4 | 4 | 4 | 4 | 5 | 6 | 4 | 4 | 4 | 4 | 5 | 6 | 160-179 | 5 | 5 | 5 | 5 | 5 | 6 | 5 | 5 | 5 | 5 | 5 | 6 | 5 | 5 | 5 | 5 | 5 | 6 | ≥180 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | | | |
| AVERAGE SYSTOLIC | AVERAGE DIASTOLIC | | | | | | AVERAGE DIASTOLIC | | | | | | AVERAGE DIASTOLIC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <80 | <85 | 85-89 | 90-99 | 100-109 | ≥110 | <80 | <85 | 85-89 | 90-99 | 100-109 | ≥110 | <80 | <85 | 85-89 | 90-99 | 100-109 | ≥110 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <130 | 2 | 2 | 3 | 4 | 5 | 6 | 2 | 2 | 3 | 4 | 5 | 6 | 2 | 2 | 3 | 4 | 5 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 130-139 | 3 | 3 | 3 | 4 | 5 | 6 | 3 | 3 | 3 | 4 | 5 | 6 | 3 | 3 | 3 | 4 | 5 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 160-179 | 5 | 5 | 5 | 5 | 5 | 6 | 5 | 5 | 5 | 5 | 5 | 6 | 5 | 5 | 5 | 5 | 5 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ≥180 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| 342 | RECORD THE NUMBER YOU CIRCLED IN 341 IN THE CHART BELOW. THEN USE THE INSTRUCTIONS TO THE RIGHT OF THAT NUMBER TO COMPLETE A BLOOD PRESSURE REPORT AND REFERRAL FORM FOR THE RESPONDENT. GIVE THE FORM TO THE RESPONDENT AND ANSWER ANY QUESTIONS. | | | | | | | | | | | | | | | | | | | | | | |
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| | <table border="1" style="width:100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th style="width:15%;">NUMBER CIRCLED IN 441</th> <th style="width:45%;">RESPONDENT'S BLOOD PRESSURE CATEGORY</th> <th style="width:40%;">CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE</th> </tr> </thead> <tbody> <tr> <td align="center">1</td> <td align="center">NORMAL (OPTIMAL)</td> <td align="center">1 YEAR</td> </tr> <tr> <td align="center">2</td> <td align="center">NORMAL (MILDLY HIGH)</td> <td align="center">1 YEAR</td> </tr> <tr> <td align="center">3</td> <td align="center">NORMAL (MODERATELY HIGH)</td> <td align="center">2 MONTHS</td> </tr> <tr> <td align="center">4</td> <td align="center">ABNORMAL (MILDLY ELEVATED)</td> <td align="center">1 MONTH</td> </tr> <tr> <td align="center">5</td> <td align="center">ABNORMAL (MODERATELY ELEVATED)</td> <td align="center">1 WEEK</td> </tr> <tr> <td align="center">6</td> <td align="center">ABNORMAL (SEVERELY ELEVATED)</td> <td align="center">IMMEDIATELY</td> </tr> </tbody> </table> | NUMBER CIRCLED IN 441 | RESPONDENT'S BLOOD PRESSURE CATEGORY | CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE | 1 | NORMAL (OPTIMAL) | 1 YEAR | 2 | NORMAL (MILDLY HIGH) | 1 YEAR | 3 | NORMAL (MODERATELY HIGH) | 2 MONTHS | 4 | ABNORMAL (MILDLY ELEVATED) | 1 MONTH | 5 | ABNORMAL (MODERATELY ELEVATED) | 1 WEEK | 6 | ABNORMAL (SEVERELY ELEVATED) | IMMEDIATELY | |
| NUMBER CIRCLED IN 441 | RESPONDENT'S BLOOD PRESSURE CATEGORY | CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE | | | | | | | | | | | | | | | | | | | | | |
| 1 | NORMAL (OPTIMAL) | 1 YEAR | | | | | | | | | | | | | | | | | | | | | |
| 2 | NORMAL (MILDLY HIGH) | 1 YEAR | | | | | | | | | | | | | | | | | | | | | |
| 3 | NORMAL (MODERATELY HIGH) | 2 MONTHS | | | | | | | | | | | | | | | | | | | | | |
| 4 | ABNORMAL (MILDLY ELEVATED) | 1 MONTH | | | | | | | | | | | | | | | | | | | | | |
| 5 | ABNORMAL (MODERATELY ELEVATED) | 1 WEEK | | | | | | | | | | | | | | | | | | | | | |
| 6 | ABNORMAL (SEVERELY ELEVATED) | IMMEDIATELY | | | | | | | | | | | | | | | | | | | | | |

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| 343 | 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. |
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