

2015-16 TANZANIZ DEMOGRAPHIC AND HEALTH AND MALARIA INDICATORS SURVEYS  
BIOMARKER QUESTIONNAIRE

THE UNITED REPUBLIC OF TANZANIA  
NATIONAL BUREAU OF STATISTICS

IDENTIFICATION												
PLACE NAME _____												
NAME OF HOUSEHOLD HEAD _____												
CLUSTER NUMBER .....				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>								
HOUSEHOLD NUMBER .....				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>								
HOUSEHOLD SELECTED FOR MAN'S SURVEY, SALT AND URINE TESTING? (1=YES, 2=NC.....)												
INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table>								
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table>								
				YEAR <table border="1" style="width: 20px; height: 20px; display: inline-table; text-align: center;">2</table> <table border="1" style="width: 20px; height: 20px; display: inline-table; text-align: center;">0</table>								
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table>								
TIME	_____	_____										
NOTES: _____ _____ _____ _____				TOTAL ELIGIBLE WOMEN <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table>								
				TOTAL ELIGIBLE CHILDREN <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table>								
LANGUAGE OF QUESTIONNAIRE** <table border="1" style="width: 20px; height: 20px; display: inline-table; text-align: center;">0</table> <table border="1" style="width: 20px; height: 20px; display: inline-table; text-align: center;">1</table>		LANGUAGE OF INTERVIEW** <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table>		TRANSLATOR (YES = 1, NO = 2) <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table>								
LANGUAGE OF QUESTIONNAIRE** <b>ENGLISH</b>		**LANGUAGE CODES: 01 ENGLISH      03 LANGUAGE 3      05 LANGUAGE 5 02 KISWAHILI    04 LANGUAGE 4      06 LANGUAGE 6										
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR								
NAME	NUMBER	NAME	NUMBER	NUMBER								
_____	<table border="1" style="width: 20px; height: 20px; display: inline-table;"></table> <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table> <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table> <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table>	_____	<table border="1" style="width: 20px; height: 20px; display: inline-table;"></table> <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table> <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table> <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table>	<table border="1" style="width: 20px; height: 20px; display: inline-table;"></table> <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table>								

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

101	CHECK COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 102; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM BIRTH HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
104	CHECK 103: CHILD BORN IN 2010-2016	YES ..... 1 NO ..... 2 (SKIP TO 130) ←	YES ..... 1 NO ..... 2 (SKIP TO 130) ←	YES ..... 1 NO ..... 2 (SKIP TO 130) ←
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 109) ←	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996 (SKIP TO 109) ←	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996 (SKIP TO 109) ←
107	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2
108	MEASURER: ENTER YOUR FIELDWORKER NUMBER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER
109	CHECK 103: CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR 5 PREVIOUS MONTHS?	0-5 MONTHS ..... 1 (SKIP TO 130) ← OLDER ..... 2	0-5 MONTHS ..... 1 (SKIP TO 130) ← OLDER ..... 2	0-5 MONTHS ..... 1 (SKIP TO 130) ← 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)

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND MALARIA TESTING 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 _____

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 2010 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. 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.	(SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRANTED ..... 1 REFUSED ..... 2 NOT PRESENT/OTHER . 3 112B ←	(SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRANTED ..... 1 REFUSED ..... 2 NOT PRESENT/OTHER . 3 112B ←	(SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRANTED ..... 1 REFUSED ..... 2 NOT PRESENT/OTHER . 3 112B ←
112A	ASK CONSENT FOR MALARIA TEST FROM PARENT/OTHER ADULT.	As part of this survey, we are asking children all over the country to take a test to see if they have malaria. Malaria is a serious illness caused by a parasite transmitted by a mosquito bite. This survey will assist the government to develop programs to prevent malaria.  We ask that all children born in 2010 or later take part in malaria testing in this survey and give a few drops of blood from a finger or heel. One blood drop will be tested for malaria immediately, and the result will be told to you right away. A few blood drops will be collected on slide(s) and taken to a laboratory for testing. You will not be told the results of the laboratory testing. All results will be kept strictly confidential and will not be shared with anyone other than members of our survey team.  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 malaria test?		
112B	CIRCLE THE CODE AND SIGN YOUR NAME.	(SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> GRANTED ..... 1 REFUSED ..... 2 NOT PRESENT/OTHER 3	(SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> GRANTED ..... 1 REFUSED ..... 2 NOT PRESENT/OTHER 3	(SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> GRANTED ..... 1 REFUSED ..... 2 NOT PRESENT/OTHER 3

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND MALARIA TESTING 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 _____
112C	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
112D	PLACE BAR CODE LABEL FOR MALARIA LAB TEST.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> NOT PRESENT..... 99994 REFUSED ..... 99995 OTHER ..... 99996  PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> NOT PRESENT..... 99994 REFUSED ..... 99995 OTHER ..... 99996  PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> NOT PRESENT..... 99994 REFUSED ..... 99995 OTHER ..... 99996  PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.
113	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL ..... <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT..... 994 REFUSED ..... 995 OTHER ..... 996	G/DL ..... <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT..... 994 REFUSED ..... 995 OTHER ..... 996	G/DL ..... <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT..... 994 REFUSED ..... 995 OTHER ..... 996
114	CIRCLE THE CODE FOR THE MALARIA RDT.	TESTED..... 1 NOT PRESENT..... 2 REFUSED ..... 3 OTHER ..... 6 (SKIP TO 116) ←	TESTED..... 1 NOT PRESENT..... 2 REFUSED ..... 3 OTHER ..... 6 (SKIP TO 116) ←	TESTED..... 1 NOT PRESENT..... 2 REFUSED ..... 3 OTHER ..... 6 (SKIP TO 116) ←
115	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE ANEMIA AND MALARIA PAMPHLET.	POSITIVE (SKIP TO 117A) ← 1 NEGATIVE ..... 2 OTHER ..... 6	POSITIVE (SKIP TO 117A) ← 1 NEGATIVE ..... 2 OTHER ..... 6	POSITIVE (SKIP TO 117A) ← 1 NEGATIVE ..... 2 OTHER ..... 6
116	CHECK 113: HEMOGLOBIN RESULT	BELOW 7.0 G/DL, SEVERE ANEMIA..... 1 7.0 G/DL OR ABOVE ... 2 NOT PRESENT..... 3 REFUSED ..... 4 OTHER ..... 6 (SKIP TO 130) ←	BELOW 7.0 G/DL, SEVERE ANEMIA..... 1 7.0 G/DL OR ABOVE ... 2 NOT PRESENT..... 3 REFUSED ..... 4 OTHER ..... 6 (SKIP TO 130) ←	BELOW 7.0 G/DL, SEVERE ANEMIA..... 1 7.0 G/DL OR ABOVE ... 2 NOT PRESENT..... 3 REFUSED ..... 4 OTHER ..... 6 (SKIP TO 130) ←
117	<b>SEVERE ANEMIA REFERRAL</b> RECORD THE RESULT OF THE ANEMIA TEST ON THE REFERRAL	The anemia test shows that (NAME OF CHILD) has severe anemia. Your child is very ill and must be taken to a health facility immediately. (SKIP TO 130)		
117A	LOCATION OF INTERVIEW:	ZANZIBAR <input type="checkbox"/>	MAINLAND TANZANIA <input type="checkbox"/>	→ SKIP TP Q118
117B	<b>MALARIA REFERRAL</b> RECORD THE RESULT OF THE MALARIA TEST ON THE REFERRAL FORM.	The malaria test shows that (NAME OF CHILD) has smalaria. Your child is ill and must be taken to a health facility immediately. (SKIP TO 130)		

**WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND MALARIA TESTING 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 _____

118	Does (NAME) suffer from any of the following illnesses or symptoms:  Extreme weakness? Heart problems? Loss of consciousness?  Rapid or difficult breathing? Seizures? Abnormal bleeding? Jaundice or yellow skin? Dark urine?  IF NONE OF THE ABOVE SYMPTOMS, CIRCLE CODE Y	EXTREME WEAKNESS .. A HEART PROBLEMS ..... B LOSS OF CONSCIOUSNESS ... C RAPID BREATHING..... D SEIZURES ..... E BLEEDING ..... F JAUNDICE ..... G DARK URINE ..... H  NONE OF THE ABOVE SYMPTOMS ..... Y	EXTREME WEAKNESS .. A HEART PROBLEMS ..... B LOSS OF CONSCIOUSNESS ... C RAPID BREATHING ..... D SEIZURES ..... E BLEEDING ..... F JAUNDICE ..... G DARK URINE ..... H  NONE OF THE ABOVE SYMPTOMS ..... Y	EXTREME WEAKNESS .. A HEART PROBLEMS ..... B LOSS OF CONSCIOUSNESS ... C RAPID BREATHING..... D SEIZURES ..... E BLEEDING ..... F JAUNDICE ..... G DARK URINE ..... H  NONE OF THE ABOVE SYMPTOMS ..... Y
119	CHECK 118:  ANY CODE A-H CIRCLED?	ONLY CODE Y CIRCLED ..... 1 ANY CODE A-H CIRCLED ..... 2 (SKIP TO 122) ←	ONLY CODE Y CIRCLED ..... 1 ANY CODE A-H CIRCLED ..... 2 (SKIP TO 122) ←	ONLY CODE Y CIRCLED ..... 1 ANY CODE A-H CIRCLED ..... 2 (SKIP TO 122) ←
120	CHECK 113:  HEMOGLOBIN RESULT	BELOW 7.0 G/DL, SEVERE ANEMIA 1 (SKIP TO 122) ← 7.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6	BELOW 7.0 G/DL, SEVERE ANEMIA 1 (SKIP TO 122) ← 7.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6	BELOW 7.0 G/DL, SEVERE ANEMIA 1 (SKIP TO 122) ← 7.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6
121	In the past two weeks has (NAME) taken or is taking ALU given by a doctor or health center to treat the malaria?  VERIFY BY ASKING TO SEE TREATMENT	YES ..... 1 (SKIP TO 123) ←  NO ..... 2 (SKIP TO 124) ←	YES ..... 1 (SKIP TO 123) ←  NO ..... 2 (SKIP TO 124) ←	YES ..... 1 (SKIP TO 123) ←  NO ..... 2 (SKIP TO 124) ←
122	<b><u>SEVERE MALARIA REFERRAL</u></b>  RECORD THE RESULT OF THE MALARIA RDT ON THE REFERRAL FORM.	The malaria test shows that (NAME OF CHILD) has malaria. Your child also has symptoms of severe malaria. The malaria treatment I have will not help your child, and I cannot give you the medication. Your child is very ill and must be taken to a health facility right away.  (SKIP TO 130)		
123	<b><u>ALREADY TAKING [FIRST LINE MEDICATION] REFERRAL STATEMENT</u></b>	You have told me that (NAME OF CHILD) had already received ALU for malaria. Therefore, I cannot give you additional ALU. However, the test shows that he/she has malaria. If your child has a fever for two days after the last dose of ALU, you should take the child to the nearest health facility for further examination.  (SKIP TO 130)		

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

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		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 _____
124	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/OTHER	The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called [FIRST LINE OF MEDICATION]. [FIRST LINE OF MEDICATION] is very effective and in a few days it should get rid of the fever and other symptoms. You do not have to give the child the medicine. This is up to you. Please tell me whether you accept the medicine or not.		
125	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	ACCEPTED MEDICINE 1 _____ (SIGN) REFUSED ..... 2 OTHER ..... 6	ACCEPTED MEDICINE 1 _____ (SIGN) REFU ..... 2 OTHER ..... 6	ACCEPTED MEDICINE 1 _____ (SIGN) REFUSED ..... 2 OTHER ..... 6
126	CHECK 125: MEDICATION ACCEPTED	ACCEPTED MEDICINE 1 REFUSED ..... 2 OTHER ..... 6 (SKIP TO 130) ←	ACCEPTED MEDICINE 1 REFUSED ..... 2 OTHER ..... 6 (SKIP TO 130) ←	ACCEPTED MEDICINE 1 REFUSED ..... 2 OTHER ..... 6 (SKIP TO 130) ←
127	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/OTHER ADULT.	<b>Weight (in Kg) – Approximate Age</b> 5 to less than 15 – under 3 years of age <hr/> 15 to less than 25 – 3 to 8 years of age		<b>Dosage *</b> 1 tablet ALu twice daily for 3 days <hr/> 2 tablets ALu twice daily for 3 days
		ALSO TELL THE PARENT/OTHER ADULT: First day starts by taking first dose followed by the second one 8 hours later; on subsequent days the recommendation is simply "morning" and "evening" (usually around 12 hours apart). Put the tablet in a little water, mix water and tablet well, and give to the child with fatty food or drinks like milk or breast milk. Make sure that the FULL 3 days treatment is taken at the recommended times, otherwise the infection may return. If your child vomits within an hour of taking the medicine, repeat the dose and get additional tablets. If [NAME] has a high fever, fast or difficult breathing, is not able to drink or breastfeed, gets sicker or does not get better in two days, you should take him/her to a health professional for treatment right away. with fatty food or drinks like milk or breast milk. Make sure that the FULL 3 days treatment is taken		
130	GO BACK TO 103 IN NEXT COLUMN OF THIS PAGE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 201.			

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND MALARIA TESTING 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 4	CHILD 5	CHILD 6
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM BIRTH HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
104	CHECK 103: CHILD BORN IN 2010-2016	YES ..... 1 NO ..... 2 (SKIP TO 130) ←	YES ..... 1 NO ..... 2 (SKIP TO 130) ←	YES ..... 1 NO ..... 2 (SKIP TO 130) ←
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
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107	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2
108	MEASURER: ENTER YOUR FIELDWORKER NUMBER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER
109	CHECK 103: CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR 5 PREVIOUS MONTHS?	0-5 MONTHS ..... 1 (SKIP TO 130) ← OLDER ..... 2	0-5 MONTHS ..... 1 (SKIP TO 130) ← OLDER ..... 2	0-5 MONTHS ..... 1 (SKIP TO 130) ← 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)

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		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 _____

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 2010 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. 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?		
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112	CIRCLE THE CODE AND SIGN YOUR NAME.	(SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRANTED ..... 1 REFUSED ..... 2 NOT PRESENT/OTHER . 3 112B ←	(SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRANTED ..... 1 REFUSED ..... 2 NOT PRESENT/OTHER . 3 112B ←	(SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRANTED ..... 1 REFUSED ..... 2 NOT PRESENT/OTHER . 3 112B ←
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112A	ASK CONSENT FOR MALARIA TEST FROM PARENT/OTHER ADULT.	As part of this survey, we are asking children all over the country to take a test to see if they have malaria. Malaria is a serious illness caused by a parasite transmitted by a mosquito bite. This survey will assist the government to develop programs to prevent malaria.  We ask that all children born in 2010 or later take part in malaria testing in this survey and give a few drops of blood from a finger or heel. One blood drop will be tested for malaria immediately, and the result will be told to you right away. A few blood drops will be collected on slide(s) and taken to a laboratory for testing. You will not be told the results of the laboratory testing. All results will be kept strictly confidential and will not be shared with anyone other than members of our survey team.  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 malaria test?		
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112B	CIRCLE THE CODE AND SIGN YOUR NAME.	(SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> GRANTED ..... 1 REFUSED ..... 2 NOT PRESENT/OTHER 3	(SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> GRANTED ..... 1 REFUSED ..... 2 NOT PRESENT/OTHER 3	(SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> GRANTED ..... 1 REFUSED ..... 2 NOT PRESENT/OTHER 3
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WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND MALARIA TESTING 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 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 _____

112C	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).
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112D	PLACE BAR CODE LABEL FOR MALARIA LAB TEST.	<div style="border: 2px dashed black; padding: 5px; text-align: center;">                 PUT THE 1ST BAR CODE LABEL HERE.             </div> NOT PRESENT..... 99994 REFUSED ..... 99995 OTHER ..... 99996  PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 2px dashed black; padding: 5px; text-align: center;">                 PUT THE 1ST BAR CODE LABEL HERE.             </div> NOT PRESENT..... 99994 REFUSED ..... 99995 OTHER ..... 99996  PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 2px dashed black; padding: 5px; text-align: center;">                 PUT THE 1ST BAR CODE LABEL HERE.             </div> NOT PRESENT..... 99994 REFUSED ..... 99995 OTHER ..... 99996  PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.
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113	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT..... 994 REFUSED ..... 995 OTHER ..... 996	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT..... 994 REFUSED ..... 995 OTHER ..... 996	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT..... 994 REFUSED ..... 995 OTHER ..... 996
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114	CIRCLE THE CODE FOR THE MALARIA RDT.	TESTED..... 1 NOT PRESENT..... 2 REFUSED ..... 3 OTHER ..... 6 (SKIP TO 116) ←	TESTED..... 1 NOT PRESENT..... 2 REFUSED ..... 3 OTHER ..... 6 (SKIP TO 116) ←	TESTED..... 1 NOT PRESENT..... 2 REFUSED ..... 3 OTHER ..... 6 (SKIP TO 116) ←
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115	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE ANEMIA AND MALARIA PAMPHLET.	POSITIVE (SKIP TO 117A) ← 1 NEGATIVE ..... 2 OTHER ..... 6	POSITIVE (SKIP TO 117A) ← 1 NEGATIVE ..... 2 OTHER ..... 6	POSITIVE (SKIP TO 117A) ← 1 NEGATIVE ..... 2 OTHER ..... 6
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116	CHECK 113: HEMOGLOBIN RESULT	BELOW 7.0 G/DL, SEVERE ANEMIA..... 1 7.0 G/DL OR ABOVE ... 2 NOT PRESENT..... 3 REFUSED ..... 4 OTHER ..... 6 (SKIP TO 130) ←	BELOW 7.0 G/DL, SEVERE ANEMIA..... 1 7.0 G/DL OR ABOVE ... 2 NOT PRESENT..... 3 REFUSED ..... 4 OTHER ..... 6 (SKIP TO 130) ←	BELOW 7.0 G/DL, SEVERE ANEMIA..... 1 7.0 G/DL OR ABOVE ... 2 NOT PRESENT..... 3 REFUSED ..... 4 OTHER ..... 6 (SKIP TO 130) ←
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117	<b>SEVERE ANEMIA REFERRAL</b> RECORD THE RESULT OF THE ANEMIA TEST ON THE REFERRAL	The anemia test shows that (NAME OF CHILD) has severe anemia. Your child is very ill and must be taken to a health facility immediately. (SKIP TO 130)
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117A	LOCATION OF INTERVIEW: ZANZIBAR <input type="checkbox"/> ↓ MAINLAND TANZANIA <input type="checkbox"/> → SKIP TP Q118
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117B	<b>MALARIA REFERRAL</b> RECORD THE RESULT OF THE MALARIA TEST ON THE REFERRAL FORM.	The malaria test shows that (NAME OF CHILD) has smalaria. Your child is ill and must be taken to a health facility immediately. (SKIP TO 130)
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WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND MALARIA TESTING 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 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 _____

118	Does (NAME) suffer from any of the following illnesses or symptoms:  Extreme weakness? Heart problems? Loss of consciousness?  Rapid or difficult breathing? Seizures? Abnormal bleeding? Jaundice or yellow skin? Dark urine?  IF NONE OF THE ABOVE SYMPTOMS, CIRCLE CODE Y	EXTREME WEAKNESS .. A HEART PROBLEMS ..... B LOSS OF CONSCIOUSNESS ... C RAPID BREATHING..... D SEIZURES ..... E BLEEDING ..... F JAUNDICE ..... G DARK URINE ..... H  NONE OF THE ABOVE SYMPTOMS ..... Y	EXTREME WEAKNESS .. A HEART PROBLEMS ..... B LOSS OF CONSCIOUSNESS ... C RAPID BREATHING ..... D SEIZURES ..... E BLEEDING ..... F JAUNDICE ..... G DARK URINE ..... H  NONE OF THE ABOVE SYMPTOMS ..... Y	EXTREME WEAKNESS .. A HEART PROBLEMS ..... B LOSS OF CONSCIOUSNESS ... C RAPID BREATHING..... D SEIZURES ..... E BLEEDING ..... F JAUNDICE ..... G DARK URINE ..... H  NONE OF THE ABOVE SYMPTOMS ..... Y
119	CHECK 118:  ANY CODE A-H CIRCLED?	ONLY CODE Y CIRCLED ..... 1 ANY CODE A-H CIRCLED ..... 2 (SKIP TO 122) ←	ONLY CODE Y CIRCLED ..... 1 ANY CODE A-H CIRCLED ..... 2 (SKIP TO 122) ←	ONLY CODE Y CIRCLED ..... 1 ANY CODE A-H CIRCLED ..... 2 (SKIP TO 122) ←
120	CHECK 113:  HEMOGLOBIN RESULT	BELOW 7.0 G/DL, SEVERE ANEMIA 1 (SKIP TO 122) ← 7.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6	BELOW 7.0 G/DL, SEVERE ANEMIA 1 (SKIP TO 122) ← 7.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6	BELOW 7.0 G/DL, SEVERE ANEMIA 1 (SKIP TO 122) ← 7.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6
121	In the past two weeks has (NAME) taken or is taking ALU given by a doctor or health center to treat the malaria?  VERIFY BY ASKING TO SEE TREATMENT	YES ..... 1 (SKIP TO 123) ←  NO ..... 2 (SKIP TO 124) ←	YES ..... 1 (SKIP TO 123) ←  NO ..... 2 (SKIP TO 124) ←	YES ..... 1 (SKIP TO 123) ←  NO ..... 2 (SKIP TO 124) ←
122	<b><u>SEVERE MALARIA REFERRAL</u></b>  RECORD THE RESULT OF THE MALARIA RDT ON THE REFERRAL FORM.	The malaria test shows that (NAME OF CHILD) has malaria. Your child also has symptoms of severe malaria. The malaria treatment I have will not help your child, and I cannot give you the medication. Your child is very ill and must be taken to a health facility right away.  (SKIP TO 130)		
123	<b><u>ALREADY TAKING [FIRST LINE MEDICATION] REFERRAL STATEMENT</u></b>	You have told me that (NAME OF CHILD) had already received ALU for malaria. Therefore, I cannot give you additional ALU. However, the test shows that he/she has malaria. If your child has a fever for two days after the last dose of ALU, you should take the child to the nearest health facility for further examination.  (SKIP TO 130)		

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND MALARIA TESTING 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 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 _____
124	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/OTHER	The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called [FIRST LINE OF MEDICATION]. [FIRST LINE OF MEDICATION] is very effective and in a few days it should get rid of the fever and other symptoms. You do not have to give the child the medicine. This is up to you. Please tell me whether you accept the medicine or not.		
125	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	ACCEPTED MEDICINE 1 _____ (SIGN) REFUSED ..... 2 OTHER ..... 6	ACCEPTED MEDICINE 1 _____ (SIGN) REFU ..... 2 OTHER ..... 6	ACCEPTED MEDICINE 1 _____ (SIGN) REFUSED ..... 2 OTHER ..... 6
126	CHECK 125: MEDICATION ACCEPTED	ACCEPTED MEDICINE 1 REFUSED ..... 2 OTHER ..... 6 (SKIP TO 130) ←	ACCEPTED MEDICINE 1 REFUSED ..... 2 OTHER ..... 6 (SKIP TO 130) ←	ACCEPTED MEDICINE 1 REFUSED ..... 2 OTHER ..... 6 (SKIP TO 130) ←
127	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/OTHER ADULT.	<b>Weight (in Kg) – Approximate Age</b> 5 to less than 15 – under 3 years of age <hr/> 15 to less than 25 – 3 to 8 years of age		<b>Dosage *</b> 1 tablet ALu twice daily for 3 days <hr/> 2 tablets ALu twice daily for 3 days
		ALSO TELL THE PARENT/OTHER ADULT: First day starts by taking first dose followed by the second one 8 hours later; on subsequent days the recommendation is simply "morning" and "evening" (usually around 12 hours apart). Put the tablet in a little water, mix water and tablet well, and give to the child with fatty food or drinks like milk or breast milk. Make sure that the FULL 3 days treatment is taken at the recommended times, otherwise the infection may return. If your child vomits within an hour of taking the medicine, repeat the dose and get additional tablets. If [NAME] has a high fever, fast or difficult breathing, is not able to drink or breastfeed, gets sicker or does not get better in two days, you should take him/her to a health professional for treatment right away. with fatty food or drinks like milk or breast milk. Make sure that the FULL 3 days treatment is taken		
130	GO BACK TO 103 IN NEXT COLUMN OF THIS PAGE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 201.			

WEIGHT AND HEIGHT MEASUREMENT, HEMOGLOBIN AND URINE (FOR IODINE) TEST FOR WOMEN AGE 15-49

201	CHECK COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE WOMEN IN 202, 203, AND 204. IF THERE ARE MORE THAN THREE WOMEN. USE ADDITIONAL QUESTIONNAIRE(S).			
		WOMAN 1	WOMAN 2	WOMAN 3
202	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 9.	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	15-17 YEARS ..... 1 18-49 YEARS ..... 2	15-17 YEARS ..... 1 18-49 YEARS ..... 2	15-17 YEARS ..... 1 18-49 YEARS ..... 2
204	CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 8 (MARITAL STATUS):	CODE 4 (NEVER IN UNION) . . . 1 OTHER . . . . . 2	CODE 4 (NEVER IN UNION) . . . 1 OTHER . . . . . 2	CODE 4 (NEVER IN UNION) . . . 1 OTHER . . . . . 2
204A	CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 3 (RELATIONSHIP)	CODE 1 (HEAD OF HH) . 1 OTHER . . . . . 2	CODE 1 (HEAD OF HH) . 1 OTHER . . . . . 2	CODE 1 (HEAD OF HH) . 1 OTHER . . . . . 2
205	WEIGHT IN KILOGRAMS.	KG.. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESEN . . . . .99994 REFUSE . . . . . 99995 OTHEI . . . . . 99996	KG.. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESEN . . . . .99994 REFUSE . . . . . 99995 OTHEI . . . . . 99996	KG.. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESEN . . . . .99994 REFUSE . . . . . 99995 OTHEI . . . . . 99996
206	HEIGHT IN CENTIMETERS.	CM..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESEN . . . . .9994 REFUSE . . . . . 9995 OTHER . . . . . 9996	CM..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESEN . . . . .9994 REFUSE . . . . . 9995 OTHER . . . . . 9996	CM..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESEN . . . . .9994 REFUSE . . . . . 9995 OTHER . . . . . 9996
207	MEASURER: ENTER YOUR INTERVIEWER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> INTERVIEWER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> INTERVIEWER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> INTERVIEWER NUMBER
208	CHECK 203: AGE	15-17 YEARS . . . . . 1 18-49 YEARS . . . . . 2 (SKIP TO 210) ← ]	15-17 YEARS . . . . . 1 18-49 YEARS . . . . . 2 (SKIP TO 210) ← ]	15-17 YEARS . . . . . 1 18-49 YEARS . . . . . 2 (SKIP TO 210) ← ]
209	CHECK 204: MARITAL STATUS	NEVER IN UNION . . . . 1 OTHER . . . . . 2 (SKIP TO 210) ← ]	NEVER IN UNION . . . . 1 OTHER . . . . . 2 (SKIP TO 210) ← ]	NEVER IN UNION . . . . 1 OTHER . . . . . 2 (SKIP TO 210) ← ]
209A	CHECK 204A: RELATIONSHIP	HEAD OF HH . . . . . 1 OTHER . . . . . 2 (SKIP TO 216) ← ]	HEAD OF HH . . . . . 1 OTHER . . . . . 2 (SKIP TO 216) ← ]	HEAD OF HH . . . . . 1 OTHER . . . . . 2 (SKIP TO 216) ← ]

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

**ADULT RESPONDENT CONSENT FOR ANEMIA TEST**

ADULT RESPONDENT CONSENT	210	ASK CONSENT FOR ANEMIA TEST	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide.</p>		
	211	CIRCLE THE CODE AND SIGN YOUR	<p>(SIGN AND ENTER YOUR FIELDWORKER)</p> <p>GRANTED ..... 1 RESPONDENT REFUSED 2 NOT PRESENT/OTHER 3 (SKIP TO 221)</p>	<p>(SIGN AND ENTER YOUR FIELDWORKER)</p> <p>GRANTED ..... 1 RESPONDENT REFUSED 2 NOT PRESENT/OTHER 3 (SKIP TO 221)</p>	<p>(SIGN AND ENTER YOUR FIELDWORKER)</p> <p>GRANTED ..... 1 RESPONDENT REFUSED 2 NOT PRESENT/OTHER 3 (SKIP TO 221)</p>
	211A	CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant?	<p>YES ..... 1 NO ..... 2 DON'T KNO ..... 8 (SKIP TO 221)</p>	<p>YES ..... 1 NO ..... 2 DON'T KNO ..... 8 (SKIP TO 221)</p>	<p>YES ..... 1 NO ..... 2 DON'T KNO ..... 8 (SKIP TO 221)</p>
	216	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT	<p>LINE NUMBER OF PARENT OR OTHER RESPONSIBLE</p> <p>RECORD '00' IF NOT LISTED</p>	<p>LINE NUMBER OF PARENT OR OTHER RESPONSIBLE</p> <p>RECORD '00' IF NOT LISTED</p>	<p>LINE NUMBER OF PARENT OR OTHER RESPONSIBLE</p> <p>RECORD '00' IF NOT LISTED</p>

**PARENTAL/RESPONSIBLE ADULT CONSENT FOR ANEMIA TEST**

PARENTAL/RESPONSIBLE ADULT CONSENT	217	ASK CONSENT FOR ANEMIA TEST FROM PARENT/ADULT	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF MINOR) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions?</p>		
	218	CIRCLE THE CODE AND SIGN YOUR NAME.	<p>(SIGN AND ENTER YOUR)</p> <p>GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSEI... 2 NOT PRESENT/OTHER 3 (SKIP TO 221)</p>	<p>(SIGN AND ENTER YOUR)</p> <p>GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSEI... 2 NOT PRESENT/OTHER 3 (SKIP TO 221)</p>	<p>(SIGN AND ENTER YOUR)</p> <p>GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSEI... 2 NOT PRESENT/OTHER 3 (SKIP TO 221)</p>

WEIGHT AND HEIGHT MEASUREMENT, HEMOGLOBIN AND URINE (FOR IODINE) TEST FOR WOMEN AGE 15-49

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

MINOR RESPONDENT CONSENT FOR ANEMIA TEST				
219	ASK CONSENT FOR ANEMIA TEST FROM RESPONDENT.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF PARENT/RESPONSIBLE ADULT) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p>		
220	CIRCLE THE CODE AND SIGN YOUR	_____ (SIGN) GRANTEC . . . . . 1 MINOR RESPONDENT REFUSEL . . . . . 2 NOT PRESENT/OTHER 3 (SKIP TO 221) ←	_____ (SIGN) GRANTEC . . . . . 1 MINOR RESPONDENT REFUSEL . . . . . 2 NOT PRESENT/OTHER 3 (SKIP TO 221) ←	_____ (SIGN) GRANTEC . . . . . 1 MINOR RESPONDENT REFUSEL . . . . . 2 NOT PRESENT/OTHER 3 (SKIP TO 221) ←
220A	CHECK 226 IN WOMAN'S QUESTIONNAIR F OR ASK: Are you pregnant?	YES . . . . . 1 NO . . . . . 2 DON'T KNO . . . . . 8	YES . . . . . 1 NO . . . . . 2 DON'T KNO . . . . . 8	YES . . . . . 1 NO . . . . . 2 DON'T KNO . . . . . 8
221	CHECK COVER PAGE OF HOUSEHOLD QUESTIONNAIR E. HOUSEHOLD SELECTED FOR MANS' SURVEY AND IODINE	SELECTED . . . . . 1 NOT SELECTED . . . . . 2 (SKIP TO 229B) ←	SELECTED . . . . . 1 NOT SELECTED . . . . . 2 (SKIP TO 229B) ←	SELECTED . . . . . 1 NOT SELECTED . . . . . 2 (SKIP TO 229B) ←
222	CHECK 203: AGE	15-17 YEARS . . . . . 1 18-49 YEARS . . . . . 2 (SKIP TO 224) ←	NOT EM. 15 . . . . . 1 18-49 YEARS . . . . . 2 (SKIP TO 224) ←	15-17 YEARS . . . . . 1 18-49 YEARS . . . . . 2 (SKIP TO 224) ←
223	CHECK 204: MARITAL	NEVER IN UNIO . . . . . 1 OTHER . . . . . 2 (SKIP TO 224) ←	NEVER IN UNIO . . . . . 1 OTHER . . . . . 2 (SKIP TO 224) ←	NEVER IN UNIO . . . . . 1 OTHER . . . . . 2 (SKIP TO 224) ←
223A	CHECK 204A: RELATIONSHIP	HEAD OF HH . . . . . 1 OTHER . . . . . 2 (SKIP TO 226) ←	HEAD OF HH . . . . . 1 OTHER . . . . . 2 (SKIP TO 226) ←	HEAD OF HH . . . . . 1 OTHER . . . . . 2 (SKIP TO 226) ←

		WOMAN 1	WOMAN 2	WOMAN 3
NAME FROM COLUMN 2.		NAME _____	NAME _____	NAME _____
<b>ADULT RESPONDENT CONSENT FOR URINARY IODINE TEST</b>				
ADULT RESPONDENT CONSENT	224	<p>ASK CONSENT FOR IODINE TEST.</p> <p>As part of this survey, we are also asking women all over the country to take test for iodine deficiency. Iodine deficiency is a health problem that usually results from poor nutrition. This survey will assist the government to develop programs to prevent and treat iodine deficiency.</p> <p>For the iodine test, we need a small amount of urine. The urine will be tested at the Tanzania Food and Nutrition Laboratory. 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.</p>		
	225	<p>(SIGN)</p> <p>GRANTED ..... 1 RESPONDENT REFUSED 2 NOT PRESENT/OTHER 3 (SKIP TO 229B) ←</p>	<p>(SIGN)</p> <p>GRANTED ..... 1 RESPONDENT REFUS... 2 NOT PRESENT/OTHER 3 (SKIP TO 229B) ←</p>	<p>(SIGN)</p> <p>GRANTED ..... 1 RESPONDENT REFUS... 2 NOT PRESENT/OTHER 3 (SKIP TO 229B) ←</p>
	226	<p>RECORD LINE NUMBER OF PARENT/OTHER RESPONSIBLE FOR</p> <p>LINE NUMBER OF PARENT OR OTHER RESPONSIBLE</p> <p>□ □</p> <p>RECORD '00' IF NOT LISTED</p>	<p>LINE NUMBER OF PARENT OR OTHER RESPONSIBLE</p> <p>□ □</p> <p>RECORD '00' IF NOT LISTED</p>	<p>LINE NUMBER OF PARENT OR OTHER RESPONSIBLE</p> <p>□ □</p> <p>RECORD '00' IF NOT LISTED</p>
<b>PARENTAL/RESPONSIBLE ADULT CONSENT FOR URINARY IODINE TEST</b>				
PARENTAL/RESPONSIBLE ADULT CONSENT	227	<p>ASK CONSENT FOR IODINE TEST FROM PARENT/ADULT .</p> <p>As part of this survey, we are also asking women all over the country to take test for iodine deficiency. Iodine deficiency is a health problem that usually results from poor nutrition. This survey will assist the government to develop programs to prevent and treat iodine deficiency.</p> <p>For the iodine test, we need a small amount of urine. The urine will be tested at the Tanzania Food and Nutrition Laboratory. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF MINOR) to provide us with a small amount of urine?</p>		
	228	<p>(SIGN)</p> <p>GRANTF..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 NOT PRESENT/OTHER 3 SKIP TO 229B ←</p>	<p>(SIGN)</p> <p>GRANTF..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 NOT PRESENT/OTHER 3 SKIP TO 229B ←</p>	<p>(SIGN)</p> <p>GRANTF..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 NOT PRESENT/OTHER 3 SKIP TO 229B ←</p>







BIOMARKER: FOOTNOTES

(3) In countries where the weighing scale shows the weight to only one decimal place, retain only one box after the decimal point and delete the first '9' from the other three codes.

	<b>ENGLISH</b>	<b>KISWAHILI</b>	<b>LANGUAGE 3</b>
Translation Date	23 Oct 2014		
Language Code	01	02	03
103	What is (NAME)'s date of birth?		
111	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We ask that all children born in 2010 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. 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?</p>		
112A	<p>As part of this survey, we are asking children all over the country to take a test to see if they have malaria. Malaria is a serious illness caused by a parasite transmitted by a mosquito bite. This survey will assist the government to develop programs to prevent malaria.</p> <p>We ask that all children born in 2010 or later take part in malaria testing in this survey and give a few drops of blood from a finger or heel. One blood drop will be tested for malaria immediately, and the result will be told to you right away. A few blood drops will be collected on slide(s) and taken to a laboratory for testing. You will not be told the results of the laboratory testing. All results will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the malaria test?</p>		

	ENGLISH	KISWAHILI	LANGUAGE 3
210	<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>		
211A	Are you pregnant?		
212	<p>As part of the survey we also are asking people all over the country to give blood for HIV testing. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV.</p> <p>For the HIV testing, we need a few (more) drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. No names will be attached so we will not be able to tell you the test results. No one else will be able to know your test results either. If you want to know whether you have HIV, I can provide you with a list of [nearby] facilities offering counseling and testing for HIV. I will also give you a voucher for free services for you (and for your partner if you want) that you can use at any of these facilities.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood for the HIV testing?</p>		

	ENGLISH	KISWAHILI	LANGUAGE 3
214	<p>We ask you to allow [SURVEY IMPLEMENTING ORGANIZATION/MINISTRY OF HEALTH] to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>		
217	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF MINOR) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF MINOR) to take the anemia test?</p>		

	<b>ENGLISH</b>	<b>KISWAHILI</b>	<b>LANGUAGE 3</b>
219	<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>		
220A	Are you pregnant?		
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223			
224	<p>As part of this survey, we are also asking women all over the country to take test for iodine deficiency. Iodine deficiency is a health problem that usually results from poor nutrition. This survey will assist the government to develop programs to prevent and treat iodine deficiency.</p> <p>For the iodine test, we need a small amount of urine. The urine will be tested at the Tanzania Food and Nutrition Laboratory. 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 provide us with a small amount of urine?</p>		
224C	Are you pregnant?		

	<b>ENGLISH</b>	<b>KISWAHILI</b>	<b>LANGUAGE 3</b>
227	<p>As part of this survey, we are also asking women all over the country to take test for iodine deficiency. Iodine deficiency is a health problem that usually results from poor nutrition. This survey will assist the government to develop programs to prevent and treat iodine deficiency.</p> <p>For the iodine test, we need a small amount of urine. The urine will be tested at the Tanzania Food and Nutrition Laboratory. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions?  You can say yes or no. It is up to you to decide.  Will you allow (NAME OF MINOR) to provide us with a small amount of urine?</p>		
229	<p>As part of this survey, we are also asking women all over the country to take test for iodine deficiency. Iodine deficiency is a health problem that usually results from poor nutrition. This survey will assist the government to develop programs to prevent and treat iodine deficiency.</p> <p>For the iodine test, we need a small amount of urine. The urine will be tested at the Tanzania Food and Nutrition Laboratory. 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 provide us with a small amount of urine?</p>		

	<b>ENGLISH</b>	<b>LANGUAGE 4</b>	<b>LANGUAGE 5</b>
Translation Date	23 Oct 2014		
Language Code	01	04	05
103	What is (NAME)'s date of birth?		
111	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We ask that all children born in 2010 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. 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?</p>		
112A	<p>As part of this survey, we are asking children all over the country to take a test to see if they have malaria. Malaria is a serious illness caused by a parasite transmitted by a mosquito bite. This survey will assist the government to develop programs to prevent malaria.</p> <p>We ask that all children born in 2010 or later take part in malaria testing in this survey and give a few drops of blood from a finger or heel. One blood drop will be tested for malaria immediately, and the result will be told to you right away. A few blood drops will be collected on slide(s) and taken to a laboratory for testing. You will not be told the results of the laboratory testing. All results will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the malaria test?</p>		



	ENGLISH	LANGUAGE 4	LANGUAGE 5
210	<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>		
211A	Are you pregnant?		
212	<p>As part of the survey we also are asking people all over the country to give blood for HIV testing. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV.</p> <p>For the HIV testing, we need a few (more) drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. No names will be attached so we will not be able to tell you the test results. No one else will be able to know your test results either. If you want to know whether you have HIV, I can provide you with a list of [nearby] facilities offering counseling and testing for HIV. I will also give you a voucher for free services for you (and for your partner if you want) that you can use at any of these facilities.</p> <p>Do you have any questions?  You can say yes or no. It is up to you to decide.  Will you give blood for the HIV testing?</p>		

	<b>ENGLISH</b>	<b>LANGUAGE 4</b>	<b>LANGUAGE 5</b>
214	<p>We ask you to allow [SURVEY IMPLEMENTING ORGANIZATION/MINISTRY OF HEALTH] to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>		
217	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF MINOR) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF MINOR) to take the anemia test?</p>		

	<b>ENGLISH</b>	<b>LANGUAGE 4</b>	<b>LANGUAGE 5</b>
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220A	Are you pregnant?		
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223			
224	<p>As part of this survey, we are also asking women all over the country to take test for iodine deficiency. Iodine deficiency is a health problem that usually results from poor nutrition. This survey will assist the government to develop programs to prevent and treat iodine deficiency.</p> <p>For the iodine test, we need a small amount of urine. The urine will be tested at the Tanzania Food and Nutrition Laboratory. 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 provide us with a small amount of urine?</p>		
224C	Are you pregnant?		

	<b>ENGLISH</b>	<b>LANGUAGE 4</b>	<b>LANGUAGE 5</b>
227	<p>As part of this survey, we are also asking women all over the country to take test for iodine deficiency. Iodine deficiency is a health problem that usually results from poor nutrition. This survey will assist the government to develop programs to prevent and treat iodine deficiency.</p> <p>For the iodine test, we need a small amount of urine. The urine will be tested at the Tanzania Food and Nutrition Laboratory. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions?  You can say yes or no. It is up to you to decide.  Will you allow (NAME OF MINOR) to provide us with a small amount of urine?</p>		
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	<b>ENGLISH</b>	<b>LANGUAGE 6</b>
Translation Date	23 Oct 2014	
Language Code	01	06
103	What is (NAME)'s date of birth?	
111	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We ask that all children born in 2010 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. 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?</p>	
112A	<p>As part of this survey, we are asking children all over the country to take a test to see if they have malaria. Malaria is a serious illness caused by a parasite transmitted by a mosquito bite. This survey will assist the government to develop programs to prevent malaria.</p> <p>We ask that all children born in 2010 or later take part in malaria testing in this survey and give a few drops of blood from a finger or heel. One blood drop will be tested for malaria immediately, and the result will be told to you right away. A few blood drops will be collected on slide(s) and taken to a laboratory for testing. You will not be told the results of the laboratory testing. All results will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the malaria test?</p>	

	ENGLISH	LANGUAGE 6
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220A	Are you pregnant?	
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224C	Are you pregnant?	



	ENGLISH	LANGUAGE 6
227	<p>As part of this survey, we are also asking women all over the country to take test for iodine deficiency. Iodine deficiency is a health problem that usually results from poor nutrition. This survey will assist the government to develop programs to prevent and treat iodine deficiency.</p> <p>For the iodine test, we need a small amount of urine. The urine will be tested at the Tanzania Food and Nutrition Laboratory. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions?  You can say yes or no. It is up to you to decide.  Will you allow (NAME OF MINOR) to provide us with a small amount of urine?</p>	
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<b>YEAR OF FIELDWORK:</b>	2015
<b>FIVE YEARS BEFORE SURVEY:</b>	2010
<b>CHILD OLDER THAN 5:</b>	2009
<b>CHILD UNDER 4:</b>	2012
<b>CHILD UNDER 3:</b>	2013
<b>CHILD UNDER 16:</b>	2000

		Artesunate + Amodiaquine Fixed Dose Combination* in addition to low dose of tablet Primaquine (0.25mg/kg body			
Weight (kg)	Age	Tablet Dosing Strength	Day 1	Day 2	Day 3
≤ 10 kg	<12 months. (Infants)	AS: 25 mg AQ: 67.5 mg	1 tablet	1 tablet	1 tablet
10-20 kg	1-6 years (Young Children)	AS: 50 mg AQ: 135 mg	1 tablet	1 tablet	1 tablet



