

2016 UGANDA DEMOGRAPHIC AND HEALTH SURVEY  
 BIOMARKER QUESTIONNAIRE

UGANDA  
 UGANDA BUREAU OF STATISTICS

IDENTIFICATION																	
EA 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>													
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FIELDWORKER VISITS																	
	1	2	3	FINAL VISIT													
DATE	_____	_____	_____	DAY <table border="1" style="width: 40px; height: 20px; float: right;"></table>													
FIELDWORKER'S NAME	_____	_____	_____	MONTH <table border="1" style="width: 40px; height: 20px; float: right;"></table>													
				YEAR <table border="1" style="width: 40px; height: 20px; float: right;"></table>													
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px; float: right;"></table>													
TIME	_____	_____															
NOTES: _____ _____ _____ _____				TOTAL ELIGIBLE WOMEN <table border="1" style="width: 40px; height: 20px; float: right;"></table> TOTAL ELIGIBLE MEN <table border="1" style="width: 40px; height: 20px; float: right;"></table> TOTAL ELIGIBLE CHILDREN <table border="1" style="width: 40px; height: 20px; float: right;"></table>													
LANGUAGE OF QUESTIONNAIRE**	<table border="1" style="width: 30px; height: 20px;"><tr><td>0</td><td>1</td></tr></table>	0	1	LANGUAGE OF INTERVIEW**	<table border="1" style="width: 30px; height: 20px;"><tr><td> </td><td> </td></tr></table>			NATIVE LANGUAGE OF RESPONDENT**	<table border="1" style="width: 30px; height: 20px;"><tr><td> </td><td> </td></tr></table>			TRANSLATOR (YES = 1, NO = 2)	<table border="1" style="width: 30px; height: 20px;"><tr><td> </td></tr></table>				
0	1																
LANGUAGE OF QUESTIONNAIRE**	<b>ENGLISH</b>		**LANGUAGE CODES: 01 ENGLISH      06 NGAKARIMOJONG 02 LUGANDA      07 RUNYANKOLE/RUKIGA 03 LUO            08 RUNYORO/RUTORO 04 LUGBARA      09 LUSOGA 05 ATESO        96 OTHER _____ <div style="text-align: right;">(SPECIFY)</div>														
SUPERVISOR		CAPI MANAGER		INTERVIEWER													
NAME	<table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>					NAME	<table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>					NAME	<table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>				
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WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND MALARIA, VITAMIN A 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	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 2011-2016?	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 107A) ←	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996 (SKIP TO 107A) ←	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996 (SKIP TO 107A) ←
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
107A	OBSERVE: IS THE CHILD AN ALBINO?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8  NOT PRESENT ..... 4 OTHER ..... 6	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8  NOT PRESENT ..... 4 OTHER ..... 6	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8  NOT PRESENT ..... 4 OTHER ..... 6
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 114) ← OLDER ..... 2	0-5 MONTHS ..... 1 (SKIP TO 114) ← OLDER ..... 2	0-5 MONTHS ..... 1 (SKIP TO 114) ← OLDER ..... 2
110	NAME OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD.	_____ NAME	_____ NAME	_____ NAME

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).			
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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.	<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 2011 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?</p>		
112	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 NOT PRESENT/OTHER . 3	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 NOT PRESENT/OTHER . 3	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 NOT PRESENT/OTHER . 3
112A	ASK CONSENT FOR MALARIA TEST FROM PARENT/OTHER ADULT.	<p>As part of this survey, we are asking children all over the country to take a test to see if they have malaria. Malaria is a serious illness caused by a parasite transmitted by a mosquito bite. This survey will assist the government to develop programs to prevent malaria.</p> <p>We ask that all children born in 2011 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. 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>		
112B	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 NOT PRESENT/OTHER . 3	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 NOT PRESENT/OTHER . 3	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 NOT PRESENT/OTHER . 3

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	ASK CONSENT FOR VITAMIN A TEST FROM PARENT/OTHER ADULT.	<p>As part of this survey, we are asking people all over the country to take a vitamin A deficiency test. Vitamin A deficiency is a serious health problem that usually results from poor nutrition. This survey will assist the government to develop programs to prevent and treat vitamin A deficiency. We ask that all children born in 2011 or later take part in vitamin A deficiency testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>A few blood drops will be collected on a paper card and taken to a laboratory for testing. 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 the test results either.</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 vitamin A deficiency test?</p>		
112D	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 NOT PRESENT/OTHER . 3	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 NOT PRESENT/OTHER . 3	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 NOT PRESENT/OTHER . 3
112E	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/OTHER ADULT.	<p>We ask you to allow the Uganda Bureau of Statistics/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 vitamin A testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>		
112F	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 NOT PRESENT/OTHER . 3	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 NOT PRESENT/OTHER . 3	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 NOT PRESENT/OTHER . 3
112G	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
112H	ADDITIONAL TESTS.	CHECK 112F  IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	CHECK 112F  IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	CHECK 112F  IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.

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		CHILD 1	CHILD 2	CHILD 3
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112I	PLACE BAR CODE LABEL.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">                     PUT THE 1ST BAR CODE LABEL HERE.                 </div> NOT PRESENT IN 112D ..... 99994 REFUSED ..... 99995 OTHER ..... 99996  PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">                     PUT THE 1ST BAR CODE LABEL HERE.                 </div> NOT PRESENT IN 112D ..... 99994 REFUSED ..... 99995 OTHER ..... 99996  PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">                     PUT THE 1ST BAR CODE LABEL HERE.                 </div> NOT PRESENT IN 112D ..... 99994 REFUSED ..... 99995 OTHER ..... 99996  PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
113	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA AND MALARIA 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
113A	CIRCLE THE CODE FOR THE MALARIA RDT.	TESTED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6 (SKIP TO 113C) ←	TESTED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6 (SKIP TO 113C) ←	TESTED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6 (SKIP TO 113C) ←
113B	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE ANEMIA AND MALARIA PAMPHLET.	P.F. ONLY ..... 1 P.V. ONLY ..... 2 BOTH ..... 3 (SKIP TO 113E) ← NEGATIVE ..... 4 OTHER ..... 6	P.F. ONLY ..... 1 P.V. ONLY ..... 2 BOTH ..... 3 (SKIP TO 113E) ← NEGATIVE ..... 4 OTHER ..... 6	P.F. ONLY ..... 1 P.V. ONLY ..... 2 BOTH ..... 3 (SKIP TO 113E) ← NEGATIVE ..... 4 OTHER ..... 6
113C	CHECK 113: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT ..... 3 REFUSED ..... 4 OTHER ..... 6 (SKIP TO 114) ←	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT ..... 3 REFUSED ..... 4 OTHER ..... 6 (SKIP TO 114) ←	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT ..... 3 REFUSED ..... 4 OTHER ..... 6 (SKIP TO 114) ←
113D	<b><u>SEVERE ANEMIA REFERRAL</u></b>  RECORD THE RESULT OF THE ANEMIA TEST ON THE REFERRAL FORM.	The anemia test shows that (NAME OF CHILD) has severe anemia. Your child is very ill and must be taken to a health facility immediately.  (SKIP TO 114)		

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113E	Does (NAME) suffer from any of the following illnesses or symptoms:	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>a) Extreme weakness?</td> <td>a) EXTREME WEAKNESS</td> <td>1 2</td> </tr> <tr> <td>b) Heart problems?</td> <td>b) HEART PROBLEMS</td> <td>1 2</td> </tr> <tr> <td>c) Loss of consciousness?</td> <td>c) LOSS OF CONSCIOUS.</td> <td>1 2</td> </tr> <tr> <td>d) Rapid or difficult breathing?</td> <td>d) RAPID BREATHING</td> <td>1 2</td> </tr> <tr> <td>e) Seizures?</td> <td>e) SEIZURES</td> <td>1 2</td> </tr> <tr> <td>f) Abnormal bleeding?</td> <td>f) BLEEDING</td> <td>1 2</td> </tr> <tr> <td>g) Jaundice or yellow skin?</td> <td>g) JAUNDICE</td> <td>1 2</td> </tr> <tr> <td>h) Dark urine?</td> <td>h) DARK URINE</td> <td>1 2</td> </tr> </table>		YES	NO	a) Extreme weakness?	a) EXTREME WEAKNESS	1 2	b) Heart problems?	b) HEART PROBLEMS	1 2	c) Loss of consciousness?	c) LOSS OF CONSCIOUS.	1 2	d) Rapid or difficult breathing?	d) RAPID BREATHING	1 2	e) Seizures?	e) SEIZURES	1 2	f) Abnormal bleeding?	f) BLEEDING	1 2	g) Jaundice or yellow skin?	g) JAUNDICE	1 2	h) Dark urine?	h) DARK URINE	1 2	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>a) Extreme weakness?</td> <td>a) EXTREME WEAKNESS</td> <td>1 2</td> </tr> <tr> <td>b) Heart problems?</td> <td>b) HEART PROBLEMS</td> <td>1 2</td> </tr> <tr> <td>c) Loss of consciousness?</td> <td>c) LOSS OF CONSCIOUS.</td> <td>1 2</td> </tr> <tr> <td>d) Rapid or difficult breathing?</td> <td>d) RAPID BREATHING</td> <td>1 2</td> </tr> <tr> <td>e) Seizures?</td> <td>e) SEIZURES</td> <td>1 2</td> </tr> <tr> <td>f) Abnormal bleeding?</td> <td>f) BLEEDING</td> <td>1 2</td> </tr> <tr> <td>g) Jaundice or yellow skin?</td> <td>g) JAUNDICE</td> <td>1 2</td> </tr> <tr> <td>h) Dark urine?</td> <td>h) DARK URINE</td> <td>1 2</td> </tr> </table>		YES	NO	a) Extreme weakness?	a) EXTREME WEAKNESS	1 2	b) Heart problems?	b) HEART PROBLEMS	1 2	c) Loss of consciousness?	c) LOSS OF CONSCIOUS.	1 2	d) Rapid or difficult breathing?	d) RAPID BREATHING	1 2	e) Seizures?	e) SEIZURES	1 2	f) Abnormal bleeding?	f) BLEEDING	1 2	g) Jaundice or yellow skin?	g) JAUNDICE	1 2	h) Dark urine?	h) DARK URINE	1 2	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>a) Extreme weakness?</td> <td>a) EXTREME WEAKNESS</td> <td>1 2</td> </tr> <tr> <td>b) Heart problems?</td> <td>b) HEART PROBLEMS</td> <td>1 2</td> </tr> <tr> <td>c) Loss of consciousness?</td> <td>c) LOSS OF CONSCIOUS.</td> <td>1 2</td> </tr> <tr> <td>d) Rapid or difficult breathing?</td> <td>d) RAPID BREATHING</td> <td>1 2</td> </tr> <tr> <td>e) Seizures?</td> <td>e) SEIZURES</td> <td>1 2</td> </tr> <tr> <td>f) Abnormal bleeding?</td> <td>f) BLEEDING</td> <td>1 2</td> </tr> <tr> <td>g) Jaundice or yellow skin?</td> <td>g) JAUNDICE</td> <td>1 2</td> </tr> <tr> <td>h) Dark urine?</td> <td>h) DARK URINE</td> <td>1 2</td> </tr> </table>		YES	NO	a) Extreme weakness?	a) EXTREME WEAKNESS	1 2	b) Heart problems?	b) HEART PROBLEMS	1 2	c) Loss of consciousness?	c) LOSS OF CONSCIOUS.	1 2	d) Rapid or difficult breathing?	d) RAPID BREATHING	1 2	e) Seizures?	e) SEIZURES	1 2	f) Abnormal bleeding?	f) BLEEDING	1 2	g) Jaundice or yellow skin?	g) JAUNDICE	1 2	h) Dark urine?	h) DARK URINE	1 2
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113F	CHECK 113E: ANY 'YES' CIRCLED?	NO <input type="checkbox"/> YES <input type="checkbox"/> ↓ (SKIP TO 113I) ←	NO <input type="checkbox"/> YES <input type="checkbox"/> ↓ (SKIP TO 113I) ←	NO <input type="checkbox"/> YES <input type="checkbox"/> ↓ (SKIP TO 113I) ←																																																																																	
113G	CHECK 113: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 (SKIP TO 113I) ← 8.0 G/DL OR ABOVE ... 2 NOT PRESENT ..... 3 REFUSED ..... 4 OTHER ..... 6	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 (SKIP TO 113I) ← 8.0 G/DL OR ABOVE ... 2 NOT PRESENT ..... 3 REFUSED ..... 4 OTHER ..... 6	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 (SKIP TO 113I) ← 8.0 G/DL OR ABOVE ... 2 NOT PRESENT ..... 3 REFUSED ..... 4 OTHER ..... 6																																																																																	
113H	In the past two weeks has (NAME) taken or is taking COARTEM/ACT given by a doctor or health center to treat the malaria?  VERIFY BY ASKING TO SEE TREATMENT	YES ..... 1 (SKIP TO 113J) ← NO ..... 2 (SKIP TO 113K) ←	YES ..... 1 (SKIP TO 113J) ← NO ..... 2 (SKIP TO 113K) ←	YES ..... 1 (SKIP TO 113J) ← NO ..... 2 (SKIP TO 113K) ←																																																																																	
113I	<b>SEVERE MALARIA REFERRAL</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 113O)																																																																																			
113J	ALREADY TAKING COARTEM/ACT REFERRAL STATEMENT	You have told me that (NAME OF CHILD) had already received COARTEM/ACT for malaria. Therefore, I cannot give you additional COARTEM/ACT. However, the test shows that he/she has malaria. If your child has a fever for two days after the last dose of COARTEM/ACT, you should take the child to the nearest health facility for further examination.  (SKIP TO 114)																																																																																			
113K	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/OTHER ADULT.	The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called COARTEM/ACT. COARTEM/ACT is very effective and in a few days it should get rid of the fever and other symptoms. You do not have to accept the medicine. This is up to you. Please tell me whether you accept the medicine or not.																																																																																			

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 _____												
113L	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	ACCEPTED MEDICINE . 1 _____ (SIGN) ← REFUSED ..... 2 OTHER ..... 6	ACCEPTED MEDICINE . 1 _____ (SIGN) ← REFUSED ..... 2 OTHER ..... 6	ACCEPTED MEDICINE . 1 _____ (SIGN) ← REFUSED ..... 2 OTHER ..... 6												
113M	CHECK 113L: MEDICATION ACCEPTED	ACCEPTED MEDICINE . 1 REFUSED ..... 2 OTHER ..... 6 (SKIP TO 114) ←	ACCEPTED MEDICINE . 1 REFUSED ..... 2 OTHER ..... 6 (SKIP TO 114) ←	ACCEPTED MEDICINE . 1 REFUSED ..... 2 OTHER ..... 6 (SKIP TO 114) ←												
113N	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/OTHER ADULT.	<table border="1"> <thead> <tr> <th colspan="2">TREATMENT WITH COARTEM/ACT</th> </tr> <tr> <th>Weight (in Kg) – Approximate age</th> <th>Dosage *</th> </tr> </thead> <tbody> <tr> <td>Under 4 months</td> <td>Refer to health facility</td> </tr> <tr> <td>5 kgs. to 14 kgs. (from 4 months up to 3 years)</td> <td>1 tablet twice daily for 3 days</td> </tr> <tr> <td>15 kgs. to 24 kgs. (from 3 years up to 7 years)</td> <td>2 tablets twice daily for 3 days</td> </tr> <tr> <td colspan="2">* Co-formulated tablets containing 20 mg Artemether and 120 mg Lumefantrine per tablet</td> </tr> </tbody> </table> <p>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). Take the medicine (crushed for smaller children) with high fat food or drinks like milk.</p> <p>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, you will need to get additional tablets and repeat the dose.</p> <p>ALSO TELL THE PARENT/ADULT RESPONSIBLE FOR THE CHILD: If [NAME] has a high fever, fast or difficult breathing, is not able to drink or breastfeed, gets sicker or does not get better in two days, you should take him/her to a health professional for treatment right away.</p> <p style="text-align: center;">↓ SKIP TO 114</p>			TREATMENT WITH COARTEM/ACT		Weight (in Kg) – Approximate age	Dosage *	Under 4 months	Refer to health facility	5 kgs. to 14 kgs. (from 4 months up to 3 years)	1 tablet twice daily for 3 days	15 kgs. to 24 kgs. (from 3 years up to 7 years)	2 tablets twice daily for 3 days	* Co-formulated tablets containing 20 mg Artemether and 120 mg Lumefantrine per tablet	
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113O	CHECK 113: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6 (SKIP TO 114) ←	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6 (SKIP TO 114) ←	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6 (SKIP TO 114) ←												
113P	<b>SEVERE ANEMIA REFERRAL</b>  RECORD THE RESULT OF THE ANEMIA TEST ON THE REFERRAL FORM.	The anemia test shows that (NAME OF CHILD) has severe anemia. Your child is very ill and must be taken to a health facility immediately.														
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, HEMOGLOBIN MEASUREMENT AND MALARIA, VITAMIN A 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	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 2011-2016?	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 107A) ←	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996 (SKIP TO 107A) ←	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996 (SKIP TO 107A) ←
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
107A	OBSERVE: IS THE CHILD AN ALBINO?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8  NOT PRESENT ..... 4 OTHER ..... 6	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8  NOT PRESENT ..... 4 OTHER ..... 6	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8  NOT PRESENT ..... 4 OTHER ..... 6
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 114) ← OLDER ..... 2	0-5 MONTHS ..... 1 (SKIP TO 114) ← OLDER ..... 2	0-5 MONTHS ..... 1 (SKIP TO 114) ← OLDER ..... 2
110	NAME OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD.	_____ NAME	_____ NAME	_____ NAME



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 _____

111	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We ask that all children born in 2011 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?</p>		
112	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 NOT PRESENT/OTHER . 3	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 NOT PRESENT/OTHER . 3	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 NOT PRESENT/OTHER . 3
112A	ASK CONSENT FOR MALARIA TEST FROM PARENT/OTHER ADULT.	<p>As part of this survey, we are asking children all over the country to take a test to see if they have malaria. Malaria is a serious illness caused by a parasite transmitted by a mosquito bite. This survey will assist the government to develop programs to prevent malaria.</p> <p>We ask that all children born in 2011 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. 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>		
112B	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 NOT PRESENT/OTHER . 3	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 NOT PRESENT/OTHER . 3	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 NOT PRESENT/OTHER . 3

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	ASK CONSENT FOR VITAMIN A TEST FROM PARENT/OTHER ADULT.	<p>As part of this survey, we are asking people all over the country to take a vitamin A deficiency test. Vitamin A deficiency is a serious health problem that usually results from poor nutrition. This survey will assist the government to develop programs to prevent and treat vitamin A deficiency. We ask that all children born in 2011 or later take part in vitamin A deficiency testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>A few blood drops will be collected on a paper card and taken to a laboratory for testing. 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 the test results either.</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 vitamin A deficiency test?</p>		
112D	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 NOT PRESENT/OTHER . 3	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 NOT PRESENT/OTHER . 3	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 NOT PRESENT/OTHER . 3
112E	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/OTHER ADULT.	<p>We ask you to allow the Uganda Bureau of Statistics/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 vitamin A testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>		
112F	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 NOT PRESENT/OTHER . 3	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 NOT PRESENT/OTHER . 3	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 NOT PRESENT/OTHER . 3
112G	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
112H	ADDITIONAL TESTS.	CHECK 112F  IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	CHECK 112F  IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	CHECK 112F  IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.

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 _____
112I	PLACE BAR CODE LABEL.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">                     PUT THE 1ST BAR CODE LABEL HERE.                 </div> NOT PRESENT IN 112D ..... 99994 REFUSED ..... 99995 OTHER ..... 99996  PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">                     PUT THE 1ST BAR CODE LABEL HERE.                 </div> NOT PRESENT IN 112D ..... 99994 REFUSED ..... 99995 OTHER ..... 99996  PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">                     PUT THE 1ST BAR CODE LABEL HERE.                 </div> NOT PRESENT IN 112D ..... 99994 REFUSED ..... 99995 OTHER ..... 99996  PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
113	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA AND MALARIA 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
113A	CIRCLE THE CODE FOR THE MALARIA RDT.	TESTED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6 (SKIP TO 113C) ←	TESTED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6 (SKIP TO 113C) ←	TESTED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6 (SKIP TO 113C) ←
113B	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE ANEMIA AND MALARIA PAMPHLET.	P.F. ONLY ..... 1 P.V. ONLY ..... 2 BOTH ..... 3 (SKIP TO 113E) ← NEGATIVE ..... 4 OTHER ..... 6	P.F. ONLY ..... 1 P.V. ONLY ..... 2 BOTH ..... 3 (SKIP TO 113E) ← NEGATIVE ..... 4 OTHER ..... 6	P.F. ONLY ..... 1 P.V. ONLY ..... 2 BOTH ..... 3 (SKIP TO 113E) ← NEGATIVE ..... 4 OTHER ..... 6
113C	CHECK 113: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT ..... 3 REFUSED ..... 4 OTHER ..... 6 (SKIP TO 114) ←	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT ..... 3 REFUSED ..... 4 OTHER ..... 6 (SKIP TO 114) ←	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT ..... 3 REFUSED ..... 4 OTHER ..... 6 (SKIP TO 114) ←
113D	<b><u>SEVERE ANEMIA REFERRAL</u></b>  RECORD THE RESULT OF THE ANEMIA TEST ON THE REFERRAL FORM.	The anemia test shows that (NAME OF CHILD) has severe anemia. Your child is very ill and must be taken to a health facility immediately.  (SKIP TO 114)		

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).																																																																																				
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113E	Does (NAME) suffer from any of the following illnesses or symptoms:	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>a) Extreme weakness?</td> <td>a) EXTREME WEAKNESS</td> <td>1 2</td> </tr> <tr> <td>b) Heart problems?</td> <td>b) HEART PROBLEMS</td> <td>1 2</td> </tr> <tr> <td>c) Loss of consciousness?</td> <td>c) LOSS OF CONSCIOUS.</td> <td>1 2</td> </tr> <tr> <td>d) Rapid or difficult breathing?</td> <td>d) RAPID BREATHING</td> <td>1 2</td> </tr> <tr> <td>e) Seizures?</td> <td>e) SEIZURES</td> <td>1 2</td> </tr> <tr> <td>f) Abnormal bleeding?</td> <td>f) BLEEDING</td> <td>1 2</td> </tr> <tr> <td>g) Jaundice or yellow skin?</td> <td>g) JAUNDICE</td> <td>1 2</td> </tr> <tr> <td>h) Dark urine?</td> <td>h) DARK URINE</td> <td>1 2</td> </tr> </table>		YES	NO	a) Extreme weakness?	a) EXTREME WEAKNESS	1 2	b) Heart problems?	b) HEART PROBLEMS	1 2	c) Loss of consciousness?	c) LOSS OF CONSCIOUS.	1 2	d) Rapid or difficult breathing?	d) RAPID BREATHING	1 2	e) Seizures?	e) SEIZURES	1 2	f) Abnormal bleeding?	f) BLEEDING	1 2	g) Jaundice or yellow skin?	g) JAUNDICE	1 2	h) Dark urine?	h) DARK URINE	1 2	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>a) Extreme weakness?</td> <td>a) EXTREME WEAKNESS</td> <td>1 2</td> </tr> <tr> <td>b) Heart problems?</td> <td>b) HEART PROBLEMS</td> <td>1 2</td> </tr> <tr> <td>c) Loss of consciousness?</td> <td>c) LOSS OF CONSCIOUS.</td> <td>1 2</td> </tr> <tr> <td>d) Rapid or difficult breathing?</td> <td>d) RAPID BREATHING</td> <td>1 2</td> </tr> <tr> <td>e) Seizures?</td> <td>e) SEIZURES</td> <td>1 2</td> </tr> <tr> <td>f) Abnormal bleeding?</td> <td>f) BLEEDING</td> <td>1 2</td> </tr> <tr> <td>g) Jaundice or yellow skin?</td> <td>g) JAUNDICE</td> <td>1 2</td> </tr> <tr> <td>h) Dark urine?</td> <td>h) DARK URINE</td> <td>1 2</td> </tr> </table>		YES	NO	a) Extreme weakness?	a) EXTREME WEAKNESS	1 2	b) Heart problems?	b) HEART PROBLEMS	1 2	c) Loss of consciousness?	c) LOSS OF CONSCIOUS.	1 2	d) Rapid or difficult breathing?	d) RAPID BREATHING	1 2	e) Seizures?	e) SEIZURES	1 2	f) Abnormal bleeding?	f) BLEEDING	1 2	g) Jaundice or yellow skin?	g) JAUNDICE	1 2	h) Dark urine?	h) DARK URINE	1 2	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>a) Extreme weakness?</td> <td>a) EXTREME WEAKNESS</td> <td>1 2</td> </tr> <tr> <td>b) Heart problems?</td> <td>b) HEART PROBLEMS</td> <td>1 2</td> </tr> <tr> <td>c) Loss of consciousness?</td> <td>c) LOSS OF CONSCIOUS.</td> <td>1 2</td> </tr> <tr> <td>d) Rapid or difficult breathing?</td> <td>d) RAPID BREATHING</td> <td>1 2</td> </tr> <tr> <td>e) Seizures?</td> <td>e) SEIZURES</td> <td>1 2</td> </tr> <tr> <td>f) Abnormal bleeding?</td> <td>f) BLEEDING</td> <td>1 2</td> </tr> <tr> <td>g) Jaundice or yellow skin?</td> <td>g) JAUNDICE</td> <td>1 2</td> </tr> <tr> <td>h) Dark urine?</td> <td>h) DARK URINE</td> <td>1 2</td> </tr> </table>		YES	NO	a) Extreme weakness?	a) EXTREME WEAKNESS	1 2	b) Heart problems?	b) HEART PROBLEMS	1 2	c) Loss of consciousness?	c) LOSS OF CONSCIOUS.	1 2	d) Rapid or difficult breathing?	d) RAPID BREATHING	1 2	e) Seizures?	e) SEIZURES	1 2	f) Abnormal bleeding?	f) BLEEDING	1 2	g) Jaundice or yellow skin?	g) JAUNDICE	1 2	h) Dark urine?	h) DARK URINE	1 2
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d) Rapid or difficult breathing?	d) RAPID BREATHING	1 2																																																																																			
e) Seizures?	e) SEIZURES	1 2																																																																																			
f) Abnormal bleeding?	f) BLEEDING	1 2																																																																																			
g) Jaundice or yellow skin?	g) JAUNDICE	1 2																																																																																			
h) Dark urine?	h) DARK URINE	1 2																																																																																			
	YES	NO																																																																																			
a) Extreme weakness?	a) EXTREME WEAKNESS	1 2																																																																																			
b) Heart problems?	b) HEART PROBLEMS	1 2																																																																																			
c) Loss of consciousness?	c) LOSS OF CONSCIOUS.	1 2																																																																																			
d) Rapid or difficult breathing?	d) RAPID BREATHING	1 2																																																																																			
e) Seizures?	e) SEIZURES	1 2																																																																																			
f) Abnormal bleeding?	f) BLEEDING	1 2																																																																																			
g) Jaundice or yellow skin?	g) JAUNDICE	1 2																																																																																			
h) Dark urine?	h) DARK URINE	1 2																																																																																			
	YES	NO																																																																																			
a) Extreme weakness?	a) EXTREME WEAKNESS	1 2																																																																																			
b) Heart problems?	b) HEART PROBLEMS	1 2																																																																																			
c) Loss of consciousness?	c) LOSS OF CONSCIOUS.	1 2																																																																																			
d) Rapid or difficult breathing?	d) RAPID BREATHING	1 2																																																																																			
e) Seizures?	e) SEIZURES	1 2																																																																																			
f) Abnormal bleeding?	f) BLEEDING	1 2																																																																																			
g) Jaundice or yellow skin?	g) JAUNDICE	1 2																																																																																			
h) Dark urine?	h) DARK URINE	1 2																																																																																			
113F	CHECK 113E: ANY 'YES' CIRCLED?	NO <input type="checkbox"/> YES <input type="checkbox"/> ↓ (SKIP TO 113I) ←	NO <input type="checkbox"/> YES <input type="checkbox"/> ↓ (SKIP TO 113I) ←	NO <input type="checkbox"/> YES <input type="checkbox"/> ↓ (SKIP TO 113I) ←																																																																																	
113G	CHECK 113: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 (SKIP TO 113I) ← 8.0 G/DL OR ABOVE ... 2 NOT PRESENT ..... 3 REFUSED ..... 4 OTHER ..... 6	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 (SKIP TO 113I) ← 8.0 G/DL OR ABOVE ... 2 NOT PRESENT ..... 3 REFUSED ..... 4 OTHER ..... 6	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 (SKIP TO 113I) ← 8.0 G/DL OR ABOVE ... 2 NOT PRESENT ..... 3 REFUSED ..... 4 OTHER ..... 6																																																																																	
113H	In the past two weeks has (NAME) taken or is taking COARTEM/ACT given by a doctor or health center to treat the malaria?  VERIFY BY ASKING TO SEE TREATMENT	YES ..... 1 (SKIP TO 113J) ← NO ..... 2 (SKIP TO 113K) ←	YES ..... 1 (SKIP TO 113J) ← NO ..... 2 (SKIP TO 113K) ←	YES ..... 1 (SKIP TO 113J) ← NO ..... 2 (SKIP TO 113K) ←																																																																																	
113I	<b>SEVERE MALARIA REFERRAL</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 113O)																																																																																			
113J	ALREADY TAKING COARTEM/ACT REFERRAL STATEMENT	You have told me that (NAME OF CHILD) had already received COARTEM/ACT for malaria. Therefore, I cannot give you additional COARTEM/ACT. However, the test shows that he/she has malaria. If your child has a fever for two days after the last dose of COARTEM/ACT, you should take the child to the nearest health facility for further examination.  (SKIP TO 114)																																																																																			
113K	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/OTHER ADULT.	The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called COARTEM/ACT. COARTEM/ACT is very effective and in a few days it should get rid of the fever and other symptoms. You do not have to accept the medicine. This is up to you. Please tell me whether you accept the medicine or not.																																																																																			

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 _____												
113L	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	ACCEPTED MEDICINE . 1 _____ (SIGN) ← REFUSED ..... 2 OTHER ..... 6	ACCEPTED MEDICINE . 1 _____ (SIGN) ← REFUSED ..... 2 OTHER ..... 6	ACCEPTED MEDICINE . 1 _____ (SIGN) ← REFUSED ..... 2 OTHER ..... 6												
113M	CHECK 113L: MEDICATION ACCEPTED	ACCEPTED MEDICINE . 1 REFUSED ..... 2 OTHER ..... 6 (SKIP TO 114) ←	ACCEPTED MEDICINE . 1 REFUSED ..... 2 OTHER ..... 6 (SKIP TO 114) ←	ACCEPTED MEDICINE . 1 REFUSED ..... 2 OTHER ..... 6 (SKIP TO 114) ←												
113N	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/OTHER ADULT.	<table border="1"> <thead> <tr> <th colspan="2">TREATMENT WITH COARTEM/ACT</th> </tr> <tr> <th>Weight (in Kg) – Approximate age</th> <th>Dosage *</th> </tr> </thead> <tbody> <tr> <td>Under 4 months</td> <td>Refer to health facility</td> </tr> <tr> <td>5 kgs. to 14 kgs. (from 4 months up to 3 years)</td> <td>1 tablet twice daily for 3 days</td> </tr> <tr> <td>15 kgs. to 24 kgs. (from 3 years up to 7 years)</td> <td>2 tablets twice daily for 3 days</td> </tr> <tr> <td colspan="2">* Co-formulated tablets containing 20 mg Artemether and 120 mg Lumefantrine per tablet</td> </tr> </tbody> </table> <p>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). Take the medicine (crushed for smaller children) with high fat food or drinks like milk.</p> <p>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, you will need to get additional tablets and repeat the dose.</p> <p>ALSO TELL THE PARENT/ADULT RESPONSIBLE FOR THE CHILD: If [NAME] has a high fever, fast or difficult breathing, is not able to drink or breastfeed, gets sicker or does not get better in two days, you should take him/her to a health professional for treatment right away.</p> <p style="text-align: center;">↓ SKIP TO 114</p>			TREATMENT WITH COARTEM/ACT		Weight (in Kg) – Approximate age	Dosage *	Under 4 months	Refer to health facility	5 kgs. to 14 kgs. (from 4 months up to 3 years)	1 tablet twice daily for 3 days	15 kgs. to 24 kgs. (from 3 years up to 7 years)	2 tablets twice daily for 3 days	* Co-formulated tablets containing 20 mg Artemether and 120 mg Lumefantrine per tablet	
TREATMENT WITH COARTEM/ACT																
Weight (in Kg) – Approximate age	Dosage *															
Under 4 months	Refer to health facility															
5 kgs. to 14 kgs. (from 4 months up to 3 years)	1 tablet twice daily for 3 days															
15 kgs. to 24 kgs. (from 3 years up to 7 years)	2 tablets twice daily for 3 days															
* Co-formulated tablets containing 20 mg Artemether and 120 mg Lumefantrine per tablet																
113O	CHECK 113: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6 (SKIP TO 114) ←	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6 (SKIP TO 114) ←	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6 (SKIP TO 114) ←												
113P	<b>SEVERE ANEMIA REFERRAL</b>  RECORD THE RESULT OF THE ANEMIA TEST ON THE REFERRAL FORM.	The anemia test shows that (NAME OF CHILD) has severe anemia. Your child is very ill and must be taken to a health facility immediately.														
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 AND HEIGHT AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15-49

201	CHECK COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE WOMEN IN 202, 203, AND 204. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		WOMAN 1	WOMAN 2	WOMAN 3
202	CHECK HOUSEHOLD QUESTIONNAIRE:  LINE NUMBER FROM COLUMN 9.  NAME FROM COLUMN 2.	LINE NUMBER ..... <input type="text"/> <input type="text"/>  NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/>  NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/>  NAME _____
203	CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 7 (AGE):	15-17 YEARS ..... 1 18-49 YEARS ..... 2	15-17 YEARS ..... 1 18-49 YEARS ..... 2	15-17 YEARS ..... 1 18-49 YEARS ..... 2
204	CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 8 (MARITAL STATUS):	CODE 4 (NEVER IN UNION) . 1 OTHER ..... 2	CODE 4 (NEVER IN UNION) . 1 OTHER ..... 2	CODE 4 (NEVER IN UNION) . 1 OTHER ..... 2
205	WEIGHT IN KILOGRAMS.	KG. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	KG. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	KG. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996
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
206A	OBSERVE: IS THE WOMAN AN ALBINO?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
207	MEASURER: ENTER YOUR FIELDWORKER NUMBER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER
208	CHECK 203: AGE	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (SKIP TO 210) ←	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (SKIP TO 210) ←	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (SKIP TO 210) ←
209	CHECK 204: MARITAL STATUS	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 216) ← OTHER ..... 2	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 216) ← OTHER ..... 2	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 216) ← OTHER ..... 2

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

ADULT RESPONDENT CONSENT FOR ANEMIA TEST					
ADULT RESPONDENT CONSENT	210	ASK CONSENT FOR ANEMIA TEST.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you take the anemia test?</p>		
	211	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF REFUSED, SKIP TO 231) NOT PRESENT/OTHER ..... 3 (SKIP TO 231)	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF REFUSED, SKIP TO 231) NOT PRESENT/OTHER ..... 3 (SKIP TO 231)	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF REFUSED, SKIP TO 231) NOT PRESENT/OTHER ..... 3 (SKIP TO 231)
	211A	Are you pregnant?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 _____ SKIP TO 231	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 _____ SKIP TO 231	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 _____ SKIP TO 231

216	RECORD NAME OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT.	_____	_____	_____
		NAME	NAME	NAME

PARENTAL/RESPONSIBLE ADULT CONSENT FOR ANEMIA TEST					
PARENT 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? 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>		
	218	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 231) NOT PRESENT/OTHER ..... 3 (SKIP TO 231)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 231) NOT PRESENT/OTHER ..... 3 (SKIP TO 231)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 231) NOT PRESENT/OTHER ..... 3 (SKIP TO 231)

		WOMAN 1	WOMAN 2	WOMAN 3	
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____	
<b>MINOR RESPONDENT CONSENT FOR ANEMIA TEST</b>					
<b>MINOR RESPONDENT CONSENT</b>	219	<p>ASK CONSENT FOR ANEMIA TEST FROM RESPONDENT.</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 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>			
	220	<p>CIRCLE THE CODE AND SIGN YOUR NAME.</p> <p>GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2</p> <p>_____ (SIGN) (IF REFUSED, SKIP TO 231)</p> <p>NOT PRESENT/OTHER ..... 3 (SKIP TO 231)</p>	<p>GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2</p> <p>_____ (SIGN) (IF REFUSED, SKIP TO 231)</p> <p>NOT PRESENT/OTHER ..... 3 (SKIP TO 231)</p>	<p>GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2</p> <p>_____ (SIGN) (IF REFUSED, SKIP TO 231)</p> <p>NOT PRESENT/OTHER ..... 3 (SKIP TO 231)</p>	
	220A	<p>Are you pregnant?</p> <p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>	<p>YES ..... 1 NO ..... 2 DON'T KNOW ..... 8</p>	
	231	<p>RECORD HEMOGLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET.</p> <p>G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/></p> <p>NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996</p>	<p>G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/></p> <p>NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996</p>	<p>G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/></p> <p>NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996</p>	
	232	<p>CHECK 231: HEMOGLOBIN RESULT</p> <p>BELOW 8.0 G/DL, SEVERE ANEMIA ..... 1 8.0 G/DL OR ABOVE ..... 2 NOT PRESENT ..... 3 REFUSED ..... 4 OTHER ..... 6 (SKIP TO 234)</p>	<p>BELOW 8.0 G/DL, SEVERE ANEMIA ..... 1 8.0 G/DL OR ABOVE ..... 2 NOT PRESENT ..... 3 REFUSED ..... 4 OTHER ..... 6 (SKIP TO 234)</p>	<p>BELOW 8.0 G/DL, SEVERE ANEMIA ..... 1 8.0 G/DL OR ABOVE ..... 2 NOT PRESENT ..... 3 REFUSED ..... 4 OTHER ..... 6 (SKIP TO 234)</p>	
	233	<p><b>SEVERE ANEMIA REFERRAL</b></p> <p>RECORD THE RESULT OF THE ANEMIA TEST ON THE REFERRAL FORM.</p>	<p>The anemia test shows that (you have/(NAME) has) severe anemia. (You are/(NAME) is) very ill and must be taken to a health facility immediately.</p>	<p>The anemia test shows that (you have/(NAME) has) severe anemia. (You are/(NAME) is) very ill and must be taken to a health facility immediately.</p>	<p>The anemia test shows that (you have/(NAME) has) severe anemia. (You are/(NAME) is) very ill and must be taken to a health facility immediately.</p>
	234	<p>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.</p>			



WEIGHT WEIGHT AND HEMOGLOBIN MEASUREMENT FOR MEN AGE 15-54

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 18-54 YEARS ..... 2	15-17 YEARS ..... 1 18-54 YEARS ..... 2	15-17 YEARS ..... 1 18-54 YEARS ..... 2
304	CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 8 (MARITAL STATUS):	CODE 4 (NEVER IN UNION) . 1 OTHER ..... 2	CODE 4 (NEVER IN UNION) . 1 OTHER ..... 2	CODE 4 (NEVER IN UNION) . 1 OTHER ..... 2
305	WEIGHT IN KILOGRAMS.	KG. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	KG. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	KG. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996
306	HEIGHT IN CENTIMETERS.	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> 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
306A	OBSERVE: IS THE MAN AN ALBINO?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
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 18-54 YEARS ..... 2 (SKIP TO 310) ←	15-17 YEARS ..... 1 18-54 YEARS ..... 2 (SKIP TO 310) ←	15-17 YEARS ..... 1 18-54 YEARS ..... 2 (SKIP TO 310) ←
309	CHECK 304: MARITAL STATUS	CODE 4 (NEVER IN UNION) . 1 OTHER ..... 2 (SKIP TO 316) ←	CODE 4 (NEVER IN UNION) . 1 OTHER ..... 2 (SKIP TO 316) ←	CODE 4 (NEVER IN UNION) . 1 OTHER ..... 2 (SKIP TO 316) ←

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

**ADULT RESPONDENT CONSENT FOR ANEMIA TEST**

ADULT RESPONDENT CONSENT	310	ASK CONSENT FOR ANEMIA TEST.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you take the anemia test?</p>		
	311	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (SKIP TO 331) NOT PRESENT/OTHER ..... 3 (SKIP TO 331)	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (SKIP TO 331) NOT PRESENT/OTHER ..... 3 (SKIP TO 331)	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (SKIP TO 331) NOT PRESENT/OTHER ..... 3 (SKIP TO 331)

316	RECORD NAME OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT.	NAME _____	NAME _____	NAME _____
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**PARENTAL/RESPONSIBLE ADULT CONSENT FOR ANEMIA TEST**

PARENT RESPONSIBLE ADULT CONSENT	317	ASK CONSENT FOR ANEMIA TEST FROM PARENT/ADULT.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF MINOR) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF MINOR) to take the anemia test?</p>		
	318	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 331) NOT PRESENT/OTHER ..... 3 (SKIP TO 331)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 331) NOT PRESENT/OTHER ..... 3 (SKIP TO 331)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 331) NOT PRESENT/OTHER ..... 3 (SKIP TO 331)

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

**MINOR RESPONDENT CONSENT FOR ANEMIA TEST**

MINOR RESPONDENT CONSENT	319	ASK CONSENT FOR ANEMIA TEST FROM RESPONDENT.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF PARENT/RESPONSIBLE ADULT) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you take the anemia test?</p>		
	320	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) (SKIP TO 331) NOT PRESENT/OTHER ..... 3 (SKIP TO 331)	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) (SKIP TO 331) NOT PRESENT/OTHER ..... 3 (SKIP TO 331)	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) (SKIP TO 331) NOT PRESENT/OTHER ..... 3 (SKIP TO 331)
	331	RECORD HEMOGLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET.	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996
	332	CHECK 331: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA ..... 1 8.0 G/DL OR ABOVE ..... 2 NOT PRESENT ..... 3 REFUSED ..... 4 OTHER ..... 6 (SKIP TO 334)	BELOW 8.0 G/DL, SEVERE ANEMIA ..... 1 8.0 G/DL OR ABOVE ..... 2 NOT PRESENT ..... 3 REFUSED ..... 4 OTHER ..... 6 (SKIP TO 334)	BELOW 8.0 G/DL, SEVERE ANEMIA ..... 1 8.0 G/DL OR ABOVE ..... 2 NOT PRESENT ..... 3 REFUSED ..... 4 OTHER ..... 6 (SKIP TO 334)
	333	<b><u>SEVERE ANEMIA REFERRAL</u></b>  RECORD THE RESULT OF THE ANEMIA TEST ON THE REFERRAL FORM.	The anemia test shows that (you have/(NAME) has) severe anemia. (You are/(NAME) is) very ill and must be taken to a health facility immediately.	The anemia test shows that (you have/(NAME) has) severe anemia. (You are/(NAME) is) very ill and must be taken to a health facility immediately.	The anemia test shows that (you have/(NAME) has) severe anemia. (You are/(NAME) is) very ill and must be taken to a health facility immediately.
	334	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.			

