

2016 SOUTH AFRICA DEMOGRAPHIC AND HEALTH SURVEY  
 BIOMARKER QUESTIONNAIRE

IDENTIFICATION												
PLACE NAME _____												
NAME OF HOUSEHOLD HEAD _____												
CLUSTER NUMBER .....	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>											
HOUSEHOLD NUMBER .....	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>											
HOUSEHOLD SELECTED FOR MALE SURVEY AND BIOMARKERS? (YES = 1; NO = 2) .....				<b>1</b>								
FIELDWORKER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
FIELDWORKER'S NAME	_____	_____	_____	MONTH <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
				YEAR <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px;"></td></tr></table>	2	0	1					
2	0	1										
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>								
TIME	_____	_____										
NOTES: _____ _____ _____ _____				TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
				TOTAL ELIGIBLE MEN <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
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LANGUAGE OF QUESTIONNAIRE** <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">1</td></tr></table>	0	1	LANGUAGE OF INTERVIEW** <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			HOME LANGUAGE OF RESPONDENT** <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			TRANSLATOR USED (YES = 1, NO = 2) <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>			
0	1											
LANGUAGE OF QUESTIONNAIRE** <b>ENGLISH</b>	**LANGUAGE CODES:											
	01 ENGLISH	05 seSOTHO	09 tshiVENDA									
	02 AFRIKAANS	06 seTSWANA	10 xiTSONGA									
	03 isiXHOSA	07 sePEDI	11 isiNDEBELE									
	04 isiZULU	08 siSWATI	12 OTHER									
SUPERVISOR												
NAME _____	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>											
	NUMBER											

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

101	FROM THE LIST OF PERSONS ELIGIBLE FOR BIOMARKERS, RECORD THE LINE NUMBER AND NAME OF ELIGIBLE CHILDREN AGE 0-5 IN THE SAME ORDER THEY APPEAR. IF THERE ARE MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
102	CHECK LIST OF CHILDREN ELIGIBLE FOR BIOMARKERS:  RECORD LINE NUMBER AND NAME.	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 BETWEEN 2011-2016?	YES ..... 1 NO ..... 2 (SKIP TO 114) ←	YES ..... 1 NO ..... 2 (SKIP TO 114) ←	YES ..... 1 NO ..... 2 (SKIP TO 114) ←
104A	RECORD NAME OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD.	NAME _____	NAME _____	NAME _____
104B	ASK CONSENT FOR ANTHROPOMETRY FROM PARENT/OTHER ADULT.	PROVIDE PARENT/RESPONSIBLE ADULT WITH PARENTAL CONSENT FORM.		
104C	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
105	WEIGHT IN KILOGRAMS.	KG. ... <input type="text"/> <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"/> <input type="text"/> NOT PRESENT .... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT .... 9994 REFUSED ..... 9995 OTHER ..... 9996
106	HEIGHT IN CENTIMETRES.	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT .... 9994 REFUSED ..... 9995 OTHER ..... 9996 (SKIP TO 108) ←	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT .... 9994 REFUSED ..... 9995 OTHER ..... 9996 (SKIP TO 108) ←	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT .... 9994 REFUSED ..... 9995 OTHER ..... 9996 (SKIP TO 108) ←
107	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2
108	MEASURER: ENTER YOUR FIELDWORKER NUMBER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER
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
111	ASK CONSENT FOR ANAEMIA TEST FROM PARENT/OTHER ADULT.	PROVIDE PARENT/RESPONSIBLE ADULT WITH PARENTAL CONSENT FORM.		
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
113	RECORD HAEMOGLOBIN LEVEL HERE AND IN THE CHILD HEALTH INFORMATIONAL BROCHURE.	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	GO BACK TO 103 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 201.			

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

		CHILD 4	CHILD 5	CHILD 6
102	CHECK LIST OF CHILDREN ELIGIBLE FOR BIOMARKERS:  RECORD LINE NUMBER AND NAME.	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 BETWEEN 2011-2016?	YES ..... 1 NO ..... 2 (SKIP TO 114) ←	YES ..... 1 NO ..... 2 (SKIP TO 114) ←	YES ..... 1 NO ..... 2 (SKIP TO 114) ←
104A	RECORD NAME OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD.	NAME _____	NAME _____	NAME _____
104B	ASK CONSENT FOR ANTHROPOMETRY FROM PARENT/OTHER ADULT.	PROVIDE PARENT/RESPONSIBLE ADULT WITH PARENTAL CONSENT FORM.		
104C	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
105	WEIGHT IN KILOGRAMS.	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 0 NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 0 NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 0 NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996
106	HEIGHT IN CENTIMETRES.	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996 (SKIP TO 108) ←	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996 (SKIP TO 108) ←	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996 (SKIP TO 108) ←
107	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2
108	MEASURER: ENTER YOUR FIELDWORKER NUMBER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER
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
111	ASK CONSENT FOR ANAEMIA TEST FROM PARENT/OTHER ADULT.	PROVIDE PARENT/RESPONSIBLE ADULT WITH PARENTAL CONSENT FORM.		
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
113	RECORD HAEMOGLOBIN LEVEL HERE AND IN THE CHILD HEALTH INFORMATIONAL BROCHURE.	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	GO BACK TO 103 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 201.			

201	FROM THE LIST OF PERSONS ELIGIBLE FOR BIOMARKERS, RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE WOMEN IN 202. WRITE THE NAME OF EACH WOMAN AT THE TOP OF THE FOLLOWING PAGES. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		WOMAN 1	WOMAN 2	WOMAN 3
202	CHECK LIST OF WOMEN ELIGIBLE FOR BIOMARKERS:  RECORD LINE NUMBER, NAME, AND AGE.  RECORD MARITAL STATUS.	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____ AGE ..... <input type="text"/> <input type="text"/> NEVER IN UNION ..... 1 OTHER ..... 2	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____ AGE ..... <input type="text"/> <input type="text"/> NEVER IN UNION ..... 1 OTHER ..... 2	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____ AGE ..... <input type="text"/> <input type="text"/> NEVER IN UNION ..... 1 OTHER ..... 2

202A	CHECK 202: AGE	15-17 YEARS ..... 1 18-95 YEARS ..... 2 (SKIP TO 202C) ←	15-17 YEARS ..... 1 18-95 YEARS ..... 2 (SKIP TO 202C) ←	15-17 YEARS ..... 1 18-95 YEARS ..... 2 (SKIP TO 202C) ←
202B	CHECK 202: MARITAL STATUS	NEVER IN UNION ..... 1 (SKIP TO 202E) ← OTHER ..... 2	NEVER IN UNION ..... 1 (SKIP TO 202E) ← OTHER ..... 2	NEVER IN UNION ..... 1 (SKIP TO 202E) ← OTHER ..... 2

**ADULT RESPONDENT CONSENT FOR ANTHROPOMETRY**

ADULT RESPONDENT CONSENT	202C	ASK CONSENT FOR ANTHROPOMETRY.	PROVIDE ADULT RESPONDENT WITH CONSENT FORM.		
	202D	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND SKIP TO 205) NOT PRESENT/OTHER ... 3 (SKIP TO 205) ←	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND SKIP TO 205) NOT PRESENT/OTHER ... 3 (SKIP TO 205) ←	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND SKIP TO 205) NOT PRESENT/OTHER ... 3 (SKIP TO 205) ←

202E	RECORD NAME OF PARENT/ADULT RESPONSIBLE FOR MINOR.	NAME _____	NAME _____	NAME _____
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**PARENTAL/RESPONSIBLE ADULT CONSENT FOR ANTHROPOMETRY**

PARENTAL/RESPONSIBLE ADULT CONSENT	202F	ASK CONSENT FOR ANTHROPOMETRY.	PROVIDE PARENT/RESPONSIBLE ADULT WITH PARENTAL CONSENT FORM.		
	202G	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 205) NOT PRESENT/OTHER ... 3 (SKIP TO 205) ←	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 205) NOT PRESENT/OTHER ... 3 (SKIP TO 205) ←	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 205) NOT PRESENT/OTHER ... 3 (SKIP TO 205) ←

**MINOR RESPONDENT CONSENT FOR ANTHROPOMETRY**

MINOR RESPONDENT CONSENT	202H	ASK CONSENT FOR ANTHROPOMETRY.	PROVIDE MINOR RESPONDENT WITH CONSENT FORM.		
	202I	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) NOT PRESENT/OTHER ... 3	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) NOT PRESENT/OTHER ... 3	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) NOT PRESENT/OTHER ... 3

WEIGHT, HEIGHT, WAIST, BLOOD PRESSURE, HAEMOGLOBIN MEASUREMENT, BLOOD COLLECTION FOR HBA1C AND HIV TESTING, AND RECORDING OF MEDICINES FOR WOMEN AGE 15-95

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM LIST.	NAME _____	NAME _____	NAME _____
205	WEIGHT IN KILOGRAMS.	KG. ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 0 NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 0 NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 0 NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996
206	HEIGHT IN CENTIMETRES.	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996
206A	WAIST CIRCUMFERENCE IN CENTIMETRES.	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996
207	MEASURER: ENTER YOUR FIELDWORKER NUMBER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER
208	CHECK 202: AGE	15-17 YEARS ..... 1 18-95 YEARS ..... 2 (SKIP TO 210) ←	15-17 YEARS ..... 1 18-95 YEARS ..... 2 (SKIP TO 210) ←	15-17 YEARS ..... 1 18-95 YEARS ..... 2 (SKIP TO 210) ←
209	CHECK 202: MARITAL STATUS	NEVER IN UNION ..... 1 (SKIP TO 213) ← OTHER ..... 2	NEVER IN UNION ..... 1 (SKIP TO 213) ← OTHER ..... 2	NEVER IN UNION ..... 1 (SKIP TO 213) ← OTHER ..... 2

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

ADULT RESPONDENT CONSENT FOR BLOOD PRESSURE MEASUREMENT					
ADULT RESPONDENT CONSENT	210	ASK CONSENT FOR BLOOD PRESSURE MEASUREMENT.	PROVIDE ADULT RESPONDENT WITH CONSENT FORM.		
	211	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ (SIGN) (IF GRANTED, SKIP TO 217; IF REFUSED, SKIP TO 247) NOT PRESENT/OTHER ... 3 (SKIP TO 247) ←	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ (SIGN) (IF GRANTED, SKIP TO 217; IF REFUSED, SKIP TO 247) NOT PRESENT/OTHER ... 3 (SKIP TO 247) ←	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ (SIGN) (IF GRANTED, SKIP TO 217; IF REFUSED, SKIP TO 247) NOT PRESENT/OTHER ... 3 (SKIP TO 247) ←

PARENTAL/RESPONSIBLE ADULT CONSENT FOR BLOOD PRESSURE MEASUREMENT					
PARENT-RESP ADULT CONSENT	213	ASK CONSENT FOR BLOOD PRESSURE MEASUREMENT.	PROVIDE PARENT/RESPONSIBLE ADULT WITH PARENTAL CONSENT FORM.		
	214	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2  _____ (SIGN) (IF REFUSED, SKIP TO 255) NOT PRESENT/OTHER ... 3 (SKIP TO 255) ←	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2  _____ (SIGN) (IF REFUSED, SKIP TO 255) NOT PRESENT/OTHER ... 3 (SKIP TO 255) ←	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2  _____ (SIGN) (IF REFUSED, SKIP TO 255) NOT PRESENT/OTHER ... 3 (SKIP TO 255) ←

MINOR RESPONDENT CONSENT FOR BLOOD PRESSURE MEASUREMENT					
MINOR RESPONDENT CONSENT	215	ASK CONSENT FOR BLOOD PRESSURE MEASUREMENT.	PROVIDE MINOR RESPONDENT WITH CONSENT FORM.		
	216	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2  _____ (SIGN) (IF REFUSED, SKIP TO 255) NOT PRESENT/OTHER ... 3 (SKIP TO 255) ←	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2  _____ (SIGN) (IF REFUSED, SKIP TO 255) NOT PRESENT/OTHER ... 3 (SKIP TO 255) ←	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2  _____ (SIGN) (IF REFUSED, SKIP TO 255) NOT PRESENT/OTHER ... 3 (SKIP TO 255) ←

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM LIST.	NAME _____	NAME _____	NAME _____
217	Before taking your blood pressure, I would like to ask a few questions about things that may affect these measurements. Have you done any of the following within the past 30 minutes:			
		YES NO	YES NO	YES NO
a)	Eaten anything?	EATEN ..... 1 2	EATEN ..... 1 2	EATEN ..... 1 2
b)	Had coffee, tea, cola or other drink that has caffeine?	HAD CAFFEINATED DRINK ..... 1 2	HAD CAFFEINATED DRINK ..... 1 2	HAD CAFFEINATED DRINK ..... 1 2
c)	Smoked any tobacco product?	SMOKED ..... 1 2	SMOKED ..... 1 2	SMOKED ..... 1 2
d)	Used any other type of tobacco such as chewing tobacco or snuff?	OTHER TOBACCO 1 2	OTHER TOBACCO 1 2	OTHER TOBACCO 1 2
218	May I begin the process of measuring your blood pressure? I will begin by measuring the circumference of your arm to make sure that I use the right equipment.	MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN CENTIMETRES.  ARM CIRCUMFERENCE (IN CENTIMETRES). <input type="text"/> <input type="text"/>	MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN CENTIMETRES.  ARM CIRCUMFERENCE (IN CENTIMETRES). <input type="text"/> <input type="text"/>	MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN CENTIMETRES.  ARM CIRCUMFERENCE (IN CENTIMETRES). <input type="text"/> <input type="text"/>
219	USE THE ARM CIRCUMFERENCE MEASUREMENT TO SELECT THE APPROPRIATE BLOOD PRESSURE MONITOR CUFF SIZE. CIRCLE THE CODE FOR THE CUFF SIZE.	SMALL: 17 CM – 22 CM ..... 1 MEDIUM: 23 CM – 31 CM ..... 2 LARGE: 32 CM – 42 CM ..... 3 EXTRA LARGE: ≥43 CM ..... 4	SMALL: 17 CM – 22 CM ..... 1 MEDIUM: 23 CM – 31 CM ..... 2 LARGE: 32 CM – 42 CM ..... 3 EXTRA LARGE: ≥43 CM ..... 4	SMALL: 17 CM – 22 CM ..... 1 MEDIUM: 23 CM – 31 CM ..... 2 LARGE: 32 CM – 42 CM ..... 3 EXTRA LARGE: ≥43 CM ..... 4
220	RECORD TIME OF FIRST BP READING	HOURS MINUTES <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	HOURS MINUTES <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	HOURS MINUTES <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
221	TAKE THE FIRST BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE AND PULSE (HEART RATE).	<b>FIRST BP MEASURE</b> SYSTOLIC ..... <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC ..... <input type="text"/> <input type="text"/> <input type="text"/> PULSE ..... <input type="text"/> <input type="text"/> <input type="text"/> TECHNICAL PROBLEMS . 994 REFUSED ..... 995 OTHER ..... 996 (IF NOT MEASURED, GO TO 245) ←	<b>FIRST BP MEASURE</b> SYSTOLIC ..... <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC ..... <input type="text"/> <input type="text"/> <input type="text"/> PULSE ..... <input type="text"/> <input type="text"/> <input type="text"/> TECHNICAL PROBLEMS . 994 REFUSED ..... 995 OTHER ..... 996 (IF NOT MEASURED, GO TO 245) ←	<b>FIRST BP MEASURE</b> SYSTOLIC ..... <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC ..... <input type="text"/> <input type="text"/> <input type="text"/> PULSE ..... <input type="text"/> <input type="text"/> <input type="text"/> TECHNICAL PROBLEMS . 994 REFUSED ..... 995 OTHER ..... 996 (IF NOT MEASURED, GO TO 245) ←

**WEIGHT, HEIGHT, WAIST, BLOOD PRESSURE, HAEMOGLOBIN MEASUREMENT, BLOOD COLLECTION FOR HBA1C AND HIV TESTING, AND RECORDING OF MEDICINES FOR WOMEN AGE 15-95**

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM LIST.	NAME _____	NAME _____	NAME _____
222	Before this survey, has your blood pressure ever been checked?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
223	Were you told on two or more different occasions by a doctor or other health professional that you had hypertension or high blood pressure?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
224	To lower your blood pressure, are you now taking a prescribed medicine?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
225	<b>CHECK THAT IT HAS BEEN AT LEAST 3 MINUTES BEFORE TAKING THE SECOND BLOOD PRESSURE MEASUREMENT</b>			
226	May I take your blood pressure at this time?	YES ..... 1 NO ..... 2 (GO TO 243) ←	YES ..... 1 NO ..... 2 (GO TO 243) ←	YES ..... 1 NO ..... 2 (GO TO 243) ←
227	RECORD TIME OF SECOND BP READING.	HOURS MINUTES □□ : □□	HOURS MINUTES □□ : □□	HOURS MINUTES □□ : □□
228	TAKE THE SECOND BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE AND PULSE (HEART RATE).	<b>SECOND BP MEASURE</b> SYSTOLIC ..... □□□ DIASTOLIC ..... □□□ PULSE ..... □□□ TECHNICAL PROBLEMS . 994 REFUSED ..... 995 OTHER ..... 996 (IF NOT MEASURED, GO TO 243) ←	<b>SECOND BP MEASURE</b> SYSTOLIC ..... □□□ DIASTOLIC ..... □□□ PULSE ..... □□□ TECHNICAL PROBLEMS . 994 REFUSED ..... 995 OTHER ..... 996 (IF NOT MEASURED, GO TO 243) ←	<b>SECOND BP MEASURE</b> SYSTOLIC ..... □□□ DIASTOLIC ..... □□□ PULSE ..... □□□ TECHNICAL PROBLEMS . 994 REFUSED ..... 995 OTHER ..... 996 (IF NOT MEASURED, GO TO 243) ←



		WOMAN 1	WOMAN 2	WOMAN 3																					
	NAME FROM LIST.	NAME _____	NAME _____	NAME _____																					
229	<b>CHECK THAT IT HAS BEEN AT LEAST 3 MINUTES BEFORE TAKING THE THIRD BLOOD PRESSURE MEASUREMENT</b>																								
230	May I take your blood pressure at this time?	YES ..... 1 NO ..... 2 (GO TO 243) ←	YES ..... 1 NO ..... 2 (GO TO 243) ←	YES ..... 1 NO ..... 2 (GO TO 243) ←																					
231	RECORD TIME OF THIRD BP READING	HOURS MINUTES [ ] [ ] . [ ] [ ]	HOURS MINUTES [ ] [ ] . [ ] [ ]	HOURS MINUTES [ ] [ ] . [ ] [ ]																					
232	TAKE THE THIRD BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE AND PULSE (HEART RATE).	<b>THIRD BP MEASURE</b> SYSTOLIC ..... [ ] [ ] [ ] DIASTOLIC ..... [ ] [ ] [ ] PULSE ..... [ ] [ ] [ ] TECHNICAL PROBLEMS . 994 REFUSED ..... 995 OTHER ..... 996	<b>THIRD BP MEASURE</b> SYSTOLIC ..... [ ] [ ] [ ] DIASTOLIC ..... [ ] [ ] [ ] PULSE ..... [ ] [ ] [ ] TECHNICAL PROBLEMS . 994 REFUSED ..... 995 OTHER ..... 996	<b>THIRD BP MEASURE</b> SYSTOLIC ..... [ ] [ ] [ ] DIASTOLIC ..... [ ] [ ] [ ] PULSE ..... [ ] [ ] [ ] TECHNICAL PROBLEMS . 994 REFUSED ..... 995 OTHER ..... 996																					
243	CIRCLE THE SINGLE NUMBER WHERE THE FINAL READING OF THE DIASTOLIC AND SYSTOLIC MEASURES MEET.	<b>FINAL DIASTOLIC</b> <80 <85 85-89 90-99 100-109 ≥110 <b>FINAL SYSTOLIC</b> <120 1 2 3 4 5 6 <130 2 2 3 4 5 6 130-139 3 3 3 4 5 6 140-159 4 4 4 4 5 6 160-179 5 5 5 5 5 6 ≥180 6 6 6 6 6 6	<b>FINAL DIASTOLIC</b> <80 <85 85-89 90-99 100-109 ≥110 1 2 3 4 5 6 2 2 3 4 5 6 3 3 3 4 5 6 4 4 4 4 5 6 5 5 5 5 5 6 6 6 6 6 6 6	<b>FINAL DIASTOLIC</b> <80 <85 85-89 90-99 100-109 ≥110 1 2 3 4 5 6 2 2 3 4 5 6 3 3 3 4 5 6 4 4 4 4 5 6 5 5 5 5 5 6 6 6 6 6 6 6																					
244	LOCATE THE NUMBER YOU CIRCLED IN 243 IN THE CHART BELOW. THEN USE THE INSTRUCTIONS TO THE RIGHT OF THAT NUMBER TO COMPLETE A BLOOD PRESSURE REPORT AND REFERRAL FORM FOR THE RESPONDENT. GIVE THE FORM TO THE RESPONDENT AND ANSWER ANY QUESTIONS.	<table border="1"> <thead> <tr> <th>NUMBER CIRCLED IN 243</th> <th>RESPONDENT'S BLOOD PRESSURE CATEGORY</th> <th>CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE WITHIN:</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>NORMAL (OPTIMAL)</td> <td>1 YEAR</td> </tr> <tr> <td>2</td> <td>NORMAL (MILDLY HIGH)</td> <td>1 YEAR</td> </tr> <tr> <td>3</td> <td>NORMAL (MODERATELY HIGH)</td> <td>2 MONTHS</td> </tr> <tr> <td>4</td> <td>ABNORMAL (MILDLY ELEVATED)</td> <td>1 MONTH</td> </tr> <tr> <td>5</td> <td>ABNORMAL (MODERATELY ELEVATED)</td> <td>1 DAY/IMMEDIATELY</td> </tr> <tr> <td>6</td> <td>ABNORMAL (SEVERELY ELEVATED)</td> <td>IMMEDIATELY</td> </tr> </tbody> </table>			NUMBER CIRCLED IN 243	RESPONDENT'S BLOOD PRESSURE CATEGORY	CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE WITHIN:	1	NORMAL (OPTIMAL)	1 YEAR	2	NORMAL (MILDLY HIGH)	1 YEAR	3	NORMAL (MODERATELY HIGH)	2 MONTHS	4	ABNORMAL (MILDLY ELEVATED)	1 MONTH	5	ABNORMAL (MODERATELY ELEVATED)	1 DAY/IMMEDIATELY	6	ABNORMAL (SEVERELY ELEVATED)	IMMEDIATELY
NUMBER CIRCLED IN 243	RESPONDENT'S BLOOD PRESSURE CATEGORY	CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE WITHIN:																							
1	NORMAL (OPTIMAL)	1 YEAR																							
2	NORMAL (MILDLY HIGH)	1 YEAR																							
3	NORMAL (MODERATELY HIGH)	2 MONTHS																							
4	ABNORMAL (MILDLY ELEVATED)	1 MONTH																							
5	ABNORMAL (MODERATELY ELEVATED)	1 DAY/IMMEDIATELY																							
6	ABNORMAL (SEVERELY ELEVATED)	IMMEDIATELY																							
245	CHECK 202: AGE	15-17 YEARS ..... 1 18-95 YEARS ..... 2 (SKIP TO 247) ←	15-17 YEARS ..... 1 18-95 YEARS ..... 2 (SKIP TO 247) ←	15-17 YEARS ..... 1 18-95 YEARS ..... 2 (SKIP TO 247) ←																					
246	CHECK 202: MARITAL STATUS	NEVER IN UNION ..... 1 (SKIP TO 255) ← OTHER ..... 2	NEVER IN UNION ..... 1 (SKIP TO 255) ← OTHER ..... 2	NEVER IN UNION ..... 1 (SKIP TO 255) ← OTHER ..... 2																					

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

ADULT RESPONDENT CONSENT FOR ANAEMIA TEST					
ADULT RESPONDENT CONSENT	247	ASK CONSENT FOR ANAEMIA TEST.	PROVIDE ADULT RESPONDENT WITH CONSENT FORM.		
	248	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF REFUSED, SKIP TO 249) NOT PRESENT/OTHER ... 3 (SKIP TO 249) ←	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF REFUSED, SKIP TO 249) NOT PRESENT/OTHER ... 3 (SKIP TO 249) ←	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF REFUSED, SKIP TO 249) NOT PRESENT/OTHER ... 3 (SKIP TO 249) ←
	248A	CHECK 202: AGE	15-49 YEARS ..... 1 50-95 YEARS ..... 2 (SKIP TO 249) ←	15-49 YEARS ..... 1 50-95 YEARS ..... 2 (SKIP TO 249) ←	15-49 YEARS ..... 1 50-95 YEARS ..... 2 (SKIP TO 249) ←
	248B	Are you pregnant?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8

ADULT RESPONDENT CONSENT FOR HBA1C TESTING					
ADULT RESPONDENT CONSENT	249	ASK CONSENT FOR HBA1C TESTING.	PROVIDE ADULT RESPONDENT WITH CONSENT FORM.		
	250	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ SIGN NOT PRESENT/OTHER ... 3 (SKIP TO 271) ←	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ SIGN NOT PRESENT/OTHER ... 3 (SKIP TO 271) ←	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ SIGN NOT PRESENT/OTHER ... 3 (SKIP TO 271) ←

ADULT RESPONDENT CONSENT FOR HIV TESTING					
ADULT RESPONDENT CONSENT	251	ASK CONSENT FOR HIV TESTING.	PROVIDE ADULT RESPONDENT WITH CONSENT FORM.		
	252	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) [ ][ ][ ][ ] (IF REFUSED, SKIP TO 271)	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) [ ][ ][ ][ ] (IF REFUSED, SKIP TO 271)	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) [ ][ ][ ][ ] (IF REFUSED, SKIP TO 271)

ADULT RESPONDENT CONSENT FOR ADDITIONAL TESTING					
ADULT RESPONDENT CONSENT	253	ASK CONSENT FOR ADDITIONAL TESTING.	PROVIDE ADULT RESPONDENT WITH CONSENT FORM.		
	254	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND SKIP TO 271)	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND SKIP TO 271)	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND SKIP TO 271)

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

PARENTAL/RESPONSIBLE ADULT CONSENT FOR ANAEMIA TEST					
P A R E N T — R E S P O N S I B L E  A D U L T  C O N S E N T	255	ASK CONSENT FOR ANAEMIA TEST FROM PARENT/ADULT.	PROVIDE PARENT/RESPONSIBLE ADULT WITH CONSENT FORM.		
	256	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 259) NOT PRESENT/OTHER ... 3 (SKIP TO 259) ←	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 259) NOT PRESENT/OTHER ... 3 (SKIP TO 259) ←	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 259) NOT PRESENT/OTHER ... 3 (SKIP TO 259) ←

MINOR RESPONDENT CONSENT FOR ANAEMIA TEST					
M I N O R  R E S P O N D E N T  C O N S E N T	257	ASK CONSENT FOR ANAEMIA TEST FROM MINOR RESPONDENT.	PROVIDE MINOR RESPONDENT WITH CONSENT FORM.		
	258	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 259) NOT PRESENT/OTHER ... 3 (SKIP TO 259) ←	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 259) NOT PRESENT/OTHER ... 3 (SKIP TO 259) ←	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 259) NOT PRESENT/OTHER ... 3 (SKIP TO 259) ←
	258A	Are you pregnant?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8

PARENTAL/RESPONSIBLE ADULT CONSENT FOR HBA1C TESTING					
P A R E N T — R E S P O N S I B L E  A D U L T  C O N S E N T	259	ASK CONSENT FOR HBA1C TESTING FROM PARENT/ADULT.	PROVIDE PARENT/RESPONSIBLE ADULT WITH CONSENT FORM.		
	260	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 263) NOT PRESENT/OTHER ... 3 (SKIP TO 271) ←	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 263) NOT PRESENT/OTHER ... 3 (SKIP TO 271) ←	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 263) NOT PRESENT/OTHER ... 3 (SKIP TO 271) ←

MINOR RESPONDENT CONSENT FOR HBA1C TESTING					
M I N O R  R E S P O N D E N T  C O N S E N T	261	ASK CONSENT FOR HBA1C TESTING FROM MINOR RESPONDENT.	PROVIDE MINOR RESPONDENT WITH CONSENT FORM.		
	262	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) NOT PRESENT/OTHER ... 3 (SKIP TO 271) ←	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) NOT PRESENT/OTHER ... 3 (SKIP TO 271) ←	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) NOT PRESENT/OTHER ... 3 (SKIP TO 271) ←

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

PARENTAL/RESPONSIBLE ADULT CONSENT FOR HIV TESTING					
P A R E N T - R E S P A D U L T C O N S E N T	263	ASK CONSENT FOR HIV TESTING FROM PARENT/ADULT.	PROVIDE PARENT/RESPONSIBLE ADULT WITH CONSENT FORM.		
	264	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 271)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 271)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 271)

MINOR RESPONDENT CONSENT FOR HIV TESTING					
M I N O R R E S P C O N S E N T	265	ASK CONSENT FOR HIV TESTING FROM MINOR RESPONDENT.	PROVIDE MINOR RESPONDENT WITH CONSENT FORM.		
	266	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 271)	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 271)	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 271)

PARENTAL/RESPONSIBLE ADULT CONSENT FOR ADDITIONAL TESTING					
P A R E N T - R E S P A D U L T C O N S E N T	267	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/ADULT.	PROVIDE PARENT/RESPONSIBLE ADULT WITH CONSENT FORM.		
	268	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 271)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 271)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 271)

MINOR RESPONDENT CONSENT FOR ADDITIONAL TESTING					
M I N O R R E S P C O N S E N T	269	ASK CONSENT FOR ADDITIONAL TESTING FROM MINOR RESPONDENT.	PROVIDE MINOR RESPONDENT WITH CONSENT FORM.		
	270	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN)	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN)	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN)

WEIGHT, HEIGHT, WAIST, BLOOD PRESSURE, HAEMOGLOBIN MEASUREMENT, BLOOD COLLECTION FOR HBA1C AND HIV TESTING, AND RECORDING OF MEDICINES FOR WOMEN AGE 15-95

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM LIST.	NAME _____	NAME _____	NAME _____
271	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
272	ADDITIONAL TESTS.	IF ADULT RESPONDENT, CHECK 254; IF MINOR RESPONDENT, CHECK 268 AND 270.  IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	IF ADULT RESPONDENT, CHECK 254; IF MINOR RESPONDENT, CHECK 268 AND 270.  IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	IF ADULT RESPONDENT, CHECK 254; IF MINOR RESPONDENT, CHECK 268 AND 270.  IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.
273	RECORD HAEMOGLOBIN LEVEL HERE AND IN THE ADULT HEALTH INFORMATIONAL BROCHURE.	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
274	HBA1C TESTING: PLACE BAR CODE LABEL.	PUT THE 1ST BAR CODE LABEL HERE.	PUT THE 1ST BAR CODE LABEL HERE.	PUT THE 1ST BAR CODE LABEL HERE.
		NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996
275	HIV TESTING: PLACE BAR CODE LABEL.	PUT THE 2ND BAR CODE LABEL HERE.	PUT THE 2ND BAR CODE LABEL HERE.	PUT THE 2ND BAR CODE LABEL HERE.
		NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996
275A	OFFER HIV SELF-TEST KIT TO RESPONDENT WHO CONSENTED TO HIV TESTING.	TEST KIT ACCEPTED ..... 1 TEST KIT REFUSED ..... 2 TEST KIT NOT OFFERRED 3 NOT PRESENT ..... 4 OTHER ..... 6	TEST KIT ACCEPTED ..... 1 TEST KIT REFUSED ..... 2 TEST KIT NOT OFFERRED 3 NOT PRESENT ..... 3 OTHER ..... 6	TEST KIT ACCEPTED ..... 1 TEST KIT REFUSED ..... 2 TEST KIT NOT OFFERRED 3 NOT PRESENT ..... 3 OTHER ..... 6
276	CHECK 274 AND 275: AT LEAST ONE BAR CODE LABEL PRESENT?	IF CONSENT GRANTED FOR EITHER TEST, PUT 3RD BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER CARD AND THE 4TH BAR CODE ON THE TRANSMITTAL FORM.	IF CONSENT GRANTED FOR EITHER TEST, PUT 3RD BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER CARD AND THE 4TH BAR CODE ON THE TRANSMITTAL FORM.	IF CONSENT GRANTED FOR EITHER TEST, PUT 3RD BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER CARD AND THE 4TH BAR CODE ON THE TRANSMITTAL FORM.

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM LIST.	NAME _____	NAME _____	NAME _____
277	Please show me all the prescribed medicines that you take regularly or daily.	MEDICINES SEEN ..... 1 NONE ..... 2 NOT PRESENT ..... 3 REFUSED ..... 4 OTHER ..... 6	MEDICINES SEEN ..... 1 NONE ..... 2 NOT PRESENT ..... 3 REFUSED ..... 4 OTHER ..... 6	MEDICINES SEEN ..... 1 NONE ..... 2 NOT PRESENT ..... 3 REFUSED ..... 4 OTHER ..... 6
	RECORD ALL MEDICATION/DRUG NAMES.	DRUG NAME _____ <input type="text"/>	DRUG NAME _____ <input type="text"/>	DRUG NAME _____ <input type="text"/>
		DRUG NAME _____ <input type="text"/>	DRUG NAME _____ <input type="text"/>	DRUG NAME _____ <input type="text"/>
		DRUG NAME _____ <input type="text"/>	DRUG NAME _____ <input type="text"/>	DRUG NAME _____ <input type="text"/>
		DRUG NAME _____ <input type="text"/>	DRUG NAME _____ <input type="text"/>	DRUG NAME _____ <input type="text"/>
		DRUG NAME _____ <input type="text"/>	DRUG NAME _____ <input type="text"/>	DRUG NAME _____ <input type="text"/>
		DRUG NAME _____ <input type="text"/>	DRUG NAME _____ <input type="text"/>	DRUG NAME _____ <input type="text"/>
		DRUG NAME _____ <input type="text"/>	DRUG NAME _____ <input type="text"/>	DRUG NAME _____ <input type="text"/>
		DRUG NAME _____ <input type="text"/>	DRUG NAME _____ <input type="text"/>	DRUG NAME _____ <input type="text"/>
		DRUG NAME _____ <input type="text"/>	DRUG NAME _____ <input type="text"/>	DRUG NAME _____ <input type="text"/>
		DRUG NAME _____ <input type="text"/>	DRUG NAME _____ <input type="text"/>	DRUG NAME _____ <input type="text"/>
		DRUG NAME _____ <input type="text"/>	DRUG NAME _____ <input type="text"/>	DRUG NAME _____ <input type="text"/>
		DRUG NAME _____ <input type="text"/>	DRUG NAME _____ <input type="text"/>	DRUG NAME _____ <input type="text"/>
278		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.		

301	FROM THE LIST OF PERSONS ELIGIBLE FOR BIOMARKERS, RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE MEN IN 302. WRITE THE NAME OF EACH MAN AT THE TOP OF THE FOLLOWING PAGES. IF THERE ARE MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		MAN 1	MAN 2	MAN 3
302	CHECK LIST OF MEN ELIGIBLE FOR BIOMARKERS:  RECORD LINE NUMBER, NAME, AND AGE.  RECORD MARITAL STATUS.	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____  AGE ..... <input type="text"/> <input type="text"/>  NEVER IN UNION ..... 1 OTHER ..... 2	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____  AGE ..... <input type="text"/> <input type="text"/>  NEVER IN UNION ..... 1 OTHER ..... 2	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____  AGE ..... <input type="text"/> <input type="text"/>  NEVER IN UNION ..... 1 OTHER ..... 2

302A	CHECK 302: AGE	15-17 YEARS ..... 1 18-95 YEARS ..... 2 (SKIP TO 302C) ←	15-17 YEARS ..... 1 18-95 YEARS ..... 2 (SKIP TO 302C) ←	15-17 YEARS ..... 1 18-95 YEARS ..... 2 (SKIP TO 302C) ←
302B	CHECK 302: MARITAL STATUS	NEVER IN UNION ..... 1 (SKIP TO 302E) ← OTHER ..... 2	NEVER IN UNION ..... 1 (SKIP TO 302E) ← OTHER ..... 2	NEVER IN UNION ..... 1 (SKIP TO 302E) ← OTHER ..... 2

**ADULT RESPONDENT CONSENT FOR ANTHROPOMETRY**

ADULT RESPONDENT CONSENT	302C	ASK CONSENT FOR ANTHROPOMETRY.	PROVIDE ADULT RESPONDENT WITH CONSENT FORM.		
	302D	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND SKIP TO 305) NOT PRESENT/OTHER ... 3 (SKIP TO 305) ←	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND SKIP TO 305) NOT PRESENT/OTHER ... 3 (SKIP TO 305) ←	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND SKIP TO 305) NOT PRESENT/OTHER ... 3 (SKIP TO 305) ←

302E	RECORD NAME OF PARENT/ADULT RESPONSIBLE FOR MINOR.	NAME _____	NAME _____	NAME _____
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**PARENTAL/RESPONSIBLE ADULT CONSENT FOR ANTHROPOMETRY**

PARENTAL/RESPONSIBLE ADULT CONSENT	302F	ASK CONSENT FOR ANTHROPOMETRY.	PROVIDE PARENT/RESPONSIBLE ADULT WITH PARENTAL CONSENT FORM.		
	302G	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 305) NOT PRESENT/OTHER ... 3 (SKIP TO 305) ←	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 305) NOT PRESENT/OTHER ... 3 (SKIP TO 305) ←	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 305) NOT PRESENT/OTHER ... 3 (SKIP TO 305) ←

**MINOR RESPONDENT CONSENT FOR ANTHROPOMETRY**

MINOR RESPONDENT CONSENT	302H	ASK CONSENT FOR ANTHROPOMETRY.	PROVIDE MINOR RESPONDENT WITH CONSENT FORM.		
	302I	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) NOT PRESENT/OTHER ... 3	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) NOT PRESENT/OTHER ... 3	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) NOT PRESENT/OTHER ... 3

WEIGHT, HEIGHT, WAIST, BLOOD PRESSURE, HAEMOGLOBIN MEASUREMENT, BLOOD COLLECTION FOR HBA1C AND HIV TESTING,  
AND RECORDING OF MEDICINES FOR MEN AGE 15-95

		MAN 1	MAN 2	MAN 3
	NAME FROM LIST.	NAME _____	NAME _____	NAME _____
305	WEIGHT IN KILOGRAMS.	KG. ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <b>0</b> 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"/> <b>0</b> 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"/> <b>0</b> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996
306	HEIGHT IN CENTIMETRES.	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996
306A	WAIST CIRCUMFERENCE IN CENTIMETRES.	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996
307	MEASURER: ENTER YOUR FIELDWORKER NUMBER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER
308	CHECK 302: AGE	15-17 YEARS ..... 1 18-95 YEARS ..... 2 (SKIP TO 310) ←	15-17 YEARS ..... 1 18-95 YEARS ..... 2 (SKIP TO 310) ←	15-17 YEARS ..... 1 18-95 YEARS ..... 2 (SKIP TO 310) ←
309	CHECK 302: MARITAL STATUS	NEVER IN UNION ..... 1 (SKIP TO 313) ← OTHER ..... 2	NEVER IN UNION ..... 1 (SKIP TO 313) ← OTHER ..... 2	NEVER IN UNION ..... 1 (SKIP TO 313) ← OTHER ..... 2



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

ADULT RESPONDENT CONSENT FOR BLOOD PRESSURE MEASUREMENT					
ADULT RESPONDENT CONSENT	310	ASK CONSENT FOR BLOOD PRESSURE MEASUREMENT.	PROVIDE ADULT RESPONDENT WITH CONSENT FORM.		
	311	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ (SIGN) (IF GRANTED, SKIP TO 317; IF REFUSED, SKIP TO 347) NOT PRESENT/OTHER ... 3 (SKIP TO 347) ←	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ (SIGN) (IF GRANTED, SKIP TO 317; IF REFUSED, SKIP TO 347) NOT PRESENT/OTHER ... 3 (SKIP TO 347) ←	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ (SIGN) (IF GRANTED, SKIP TO 317; IF REFUSED, SKIP TO 347) NOT PRESENT/OTHER ... 3 (SKIP TO 347) ←

PARENTAL/RESPONSIBLE ADULT CONSENT FOR BLOOD PRESSURE MEASUREMENT					
PARENT-RESP ADULT CONSENT	313	ASK CONSENT FOR BLOOD PRESSURE MEASUREMENT.	PROVIDE PARENT/RESPONSIBLE ADULT WITH PARENTAL CONSENT FORM.		
	314	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2  _____ (SIGN) (IF REFUSED, SKIP TO 355) NOT PRESENT/OTHER ... 3 (SKIP TO 355) ←	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2  _____ (SIGN) (IF REFUSED, SKIP TO 355) NOT PRESENT/OTHER ... 3 (SKIP TO 355) ←	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2  _____ (SIGN) (IF REFUSED, SKIP TO 355) NOT PRESENT/OTHER ... 3 (SKIP TO 355) ←

MINOR RESPONDENT CONSENT FOR BLOOD PRESSURE MEASUREMENT					
MINOR RESPONDENT CONSENT	315	ASK CONSENT FOR BLOOD PRESSURE MEASUREMENT.	PROVIDE MINOR RESPONDENT WITH CONSENT FORM.		
	316	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2  _____ (SIGN) (IF REFUSED, SKIP TO 355) NOT PRESENT ..... 3 (SKIP TO 355) ←	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2  _____ (SIGN) (IF REFUSED, SKIP TO 355) NOT PRESENT ..... 3 (SKIP TO 355) ←	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2  _____ (SIGN) (IF REFUSED, SKIP TO 355) NOT PRESENT ..... 3 (SKIP TO 355) ←

WEIGHT, HEIGHT, WAIST, BLOOD PRESSURE, HAEMOGLOBIN MEASUREMENT, BLOOD COLLECTION FOR HBA1C AND HIV TESTING,  
AND RECORDING OF MEDICINES FOR MEN AGE 15-95

		MAN 1	MAN 2	MAN 3
	NAME FROM LIST.	NAME _____	NAME _____	NAME _____
317	Before taking your blood pressure, I would like to ask a few questions about things that may affect these measurements. Have you done any of the following within the past 30 minutes:			
		YES NO	YES NO	YES NO
a)	Eaten anything?	EATEN ..... 1 2	EATEN ..... 1 2	EATEN ..... 1 2
b)	Had coffee, tea, cola or other drink that has caffeine?	HAD CAFFEINATED DRINK ..... 1 2	HAD CAFFEINATED DRINK ..... 1 2	HAD CAFFEINATED DRINK ..... 1 2
c)	Smoked any tobacco product?	SMOKED ..... 1 2	SMOKED ..... 1 2	SMOKED ..... 1 2
d)	Used any other type of tobacco such as chewing tobacco or snuff?	OTHER TOBACCO 1 2	OTHER TOBACCO 1 2	OTHER TOBACCO 1 2
318	May I begin the process of measuring your blood pressure? I will begin by measuring the circumference of your arm to make sure that I use the right equipment.	MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN CENTIMETRES.  ARM CIRCUMFERENCE <input type="text"/> <input type="text"/> (IN CENTIMETRES).	MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN CENTIMETRES.  ARM CIRCUMFERENCE <input type="text"/> <input type="text"/> (IN CENTIMETRES).	MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN CENTIMETRES.  ARM CIRCUMFERENCE <input type="text"/> <input type="text"/> (IN CENTIMETRES).
319	USE THE ARM CIRCUMFERENCE MEASUREMENT TO SELECT THE APPROPRIATE BLOOD PRESSURE MONITOR CUFF SIZE. CIRCLE THE CODE FOR THE CUFF SIZE.	SMALL: 17 CM – 22 CM ..... 1 MEDIUM: 23 CM – 31 CM ..... 2 LARGE: 32 CM – 42 CM ..... 3 EXTRA LARGE: ≥43 CM ..... 4	SMALL: 17 CM – 22 CM ..... 1 MEDIUM: 23 CM – 31 CM ..... 2 LARGE: 32 CM – 42 CM ..... 3 EXTRA LARGE: ≥43 CM ..... 4	SMALL: 17 CM – 22 CM ..... 1 MEDIUM: 23 CM – 31 CM ..... 2 LARGE: 32 CM – 42 CM ..... 3 EXTRA LARGE: ≥43 CM ..... 4
320	RECORD TIME OF FIRST BP READING	HOURS MINUTES <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	HOURS MINUTES <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	HOURS MINUTES <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
321	TAKE THE FIRST BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE AND PULSE (HEART RATE).	<b>FIRST BP MEASURE</b> SYSTOLIC..... <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC ..... <input type="text"/> <input type="text"/> <input type="text"/> PULSE ..... <input type="text"/> <input type="text"/> <input type="text"/> TECHNICAL PROBLEMS . 994 REFUSED ..... 995 OTHER ..... 996 (IF NOT MEASURED, GO TO 345) ←	<b>FIRST BP MEASURE</b> SYSTOLIC..... <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC ..... <input type="text"/> <input type="text"/> <input type="text"/> PULSE ..... <input type="text"/> <input type="text"/> <input type="text"/> TECHNICAL PROBLEMS . 994 REFUSED ..... 995 OTHER ..... 996 (IF NOT MEASURED, GO TO 345) ←	<b>FIRST BP MEASURE</b> SYSTOLIC..... <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC ..... <input type="text"/> <input type="text"/> <input type="text"/> PULSE ..... <input type="text"/> <input type="text"/> <input type="text"/> TECHNICAL PROBLEMS . 994 REFUSED ..... 995 OTHER ..... 996 (IF NOT MEASURED, GO TO 345) ←

WEIGHT, HEIGHT, WAIST, BLOOD PRESSURE, HAEMOGLOBIN MEASUREMENT, BLOOD COLLECTION FOR HBA1C AND HIV TESTING,  
AND RECORDING OF MEDICINES FOR MEN AGE 15-95

		MAN 1	MAN 2	MAN 3
	NAME FROM LIST.	NAME _____	NAME _____	NAME _____
322	Before this survey, has your blood pressure ever been checked?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
323	Were you told on two or more different occasions by a doctor or other health professional that you had hypertension or high blood pressure?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
324	To lower your blood pressure, are you now taking a prescribed medicine?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
325	<b>CHECK THAT IT HAS BEEN AT LEAST 3 MINUTES BEFORE TAKING THE SECOND BLOOD PRESSURE MEASUREMENT</b>			
326	May I take your blood pressure at this time?	YES ..... 1 NO ..... 2 (GO TO 343) ←	YES ..... 1 NO ..... 2 (GO TO 343) ←	YES ..... 1 NO ..... 2 (GO TO 343) ←
327	RECORD TIME OF SECOND BP READING.	HOURS MINUTES □□ : □□	HOURS MINUTES □□ : □□	HOURS MINUTES □□ : □□
328	TAKE THE SECOND BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE AND PULSE (HEART RATE).	<b>SECOND BP MEASURE</b> SYSTOLIC..... □□□ DIASTOLIC ..... □□□ PULSE ..... □□□ TECHNICAL PROBLEMS . 994 REFUSED ..... 995 OTHER ..... 996 (IF NOT MEASURED, GO TO 343) ←	<b>SECOND BP MEASURE</b> SYSTOLIC..... □□□ DIASTOLIC ..... □□□ PULSE ..... □□□ TECHNICAL PROBLEMS . 994 REFUSED ..... 995 OTHER ..... 996 (IF NOT MEASURED, GO TO 343) ←	<b>SECOND BP MEASURE</b> SYSTOLIC..... □□□ DIASTOLIC ..... □□□ PULSE ..... □□□ TECHNICAL PROBLEMS . 994 REFUSED ..... 995 OTHER ..... 996 (IF NOT MEASURED, GO TO 343) ←

WEIGHT, HEIGHT, WAIST, BLOOD PRESSURE, HAEMOGLOBIN MEASUREMENT, BLOOD COLLECTION FOR HBA1C AND HIV TESTING,  
AND RECORDING OF MEDICINES FOR MEN AGE 15-95

		MAN 1	MAN 2	MAN 3																					
	NAME FROM LIST.	NAME _____	NAME _____	NAME _____																					
329	<b>CHECK THAT IT HAS BEEN AT LEAST 3 MINUTES BEFORE TAKING THE THIRD BLOOD PRESSURE MEASUREMENT</b>																								
330	May I take your blood pressure at this time?	YES ..... 1 NO ..... 2 (GO TO 343) ←	YES ..... 1 NO ..... 2 (GO TO 343) ←	YES ..... 1 NO ..... 2 (GO TO 343) ←																					
331	RECORD TIME OF THIRD BP READING	HOURS MINUTES <input type="text"/> : <input type="text"/>	HOURS MINUTES <input type="text"/> : <input type="text"/>	HOURS MINUTES <input type="text"/> : <input type="text"/>																					
332	TAKE THE THIRD BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE AND PULSE (HEART RATE).	<b>THIRD BP MEASURE</b> SYSTOLIC ..... <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC ..... <input type="text"/> <input type="text"/> <input type="text"/> PULSE ..... <input type="text"/> <input type="text"/> <input type="text"/> TECHNICAL PROBLEMS . 994 REFUSED ..... 995 OTHER ..... 996	<b>THIRD BP MEASURE</b> SYSTOLIC ..... <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC ..... <input type="text"/> <input type="text"/> <input type="text"/> PULSE ..... <input type="text"/> <input type="text"/> <input type="text"/> TECHNICAL PROBLEMS . 994 REFUSED ..... 995 OTHER ..... 996	<b>THIRD BP MEASURE</b> SYSTOLIC ..... <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC ..... <input type="text"/> <input type="text"/> <input type="text"/> PULSE ..... <input type="text"/> <input type="text"/> <input type="text"/> TECHNICAL PROBLEMS . 994 REFUSED ..... 995 OTHER ..... 996																					
343	CIRCLE THE SINGLE NUMBER WHERE THE FINAL READING OF THE DIASTOLIC AND SYSTOLIC MEASURES MEET.	<b>FINAL DIASTOLIC</b> <80 <85 85-89 90-99 100-109 ≥110 <b>FINAL SYSTOLIC</b> <120 <130 130-139 140-159 160-179 ≥180	<b>FINAL DIASTOLIC</b> <80 <85 85-89 90-99 100-109 ≥110 1 2 3 4 5 6 2 2 3 4 5 6 3 3 3 4 5 6 4 4 4 4 5 6 5 5 5 5 5 6 6 6 6 6 6 6	<b>FINAL DIASTOLIC</b> <80 <85 85-89 90-99 100-109 ≥110 1 2 3 4 5 6 2 2 3 4 5 6 3 3 3 4 5 6 4 4 4 4 5 6 5 5 5 5 5 6 6 6 6 6 6 6																					
344	LOCATE THE NUMBER YOU CIRCLED IN 343 IN THE CHART BELOW. THEN USE THE INSTRUCTIONS TO THE RIGHT OF THAT NUMBER TO COMPLETE A BLOOD PRESSURE REPORT AND REFERRAL FORM FOR THE RESPONDENT. GIVE THE FORM TO THE RESPONDENT AND ANSWER ANY QUESTIONS.																								
		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">NUMBER CIRCLED IN 343</th> <th style="width:45%;">RESPONDENT'S BLOOD PRESSURE CATEGORY</th> <th style="width:45%;">CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE WITHIN:</th> </tr> </thead> <tbody> <tr> <td align="center">1</td> <td align="center">NORMAL (OPTIMAL)</td> <td align="center">1 YEAR</td> </tr> <tr> <td align="center">2</td> <td align="center">NORMAL (MILDLY HIGH)</td> <td align="center">1 YEAR</td> </tr> <tr> <td align="center">3</td> <td align="center">NORMAL (MODERATELY HIGH)</td> <td align="center">2 MONTHS</td> </tr> <tr> <td align="center">4</td> <td align="center">ABNORMAL (MILDLY ELEVATED)</td> <td align="center">1 MONTH</td> </tr> <tr> <td align="center">5</td> <td align="center">ABNORMAL (MODERATELY ELEVATED)</td> <td align="center">1 DAY/IMMEDIATELY</td> </tr> <tr> <td align="center">6</td> <td align="center">ABNORMAL (SEVERELY ELEVATED)</td> <td align="center">IMMEDIATELY</td> </tr> </tbody> </table>			NUMBER CIRCLED IN 343	RESPONDENT'S BLOOD PRESSURE CATEGORY	CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE WITHIN:	1	NORMAL (OPTIMAL)	1 YEAR	2	NORMAL (MILDLY HIGH)	1 YEAR	3	NORMAL (MODERATELY HIGH)	2 MONTHS	4	ABNORMAL (MILDLY ELEVATED)	1 MONTH	5	ABNORMAL (MODERATELY ELEVATED)	1 DAY/IMMEDIATELY	6	ABNORMAL (SEVERELY ELEVATED)	IMMEDIATELY
NUMBER CIRCLED IN 343	RESPONDENT'S BLOOD PRESSURE CATEGORY	CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE WITHIN:																							
1	NORMAL (OPTIMAL)	1 YEAR																							
2	NORMAL (MILDLY HIGH)	1 YEAR																							
3	NORMAL (MODERATELY HIGH)	2 MONTHS																							
4	ABNORMAL (MILDLY ELEVATED)	1 MONTH																							
5	ABNORMAL (MODERATELY ELEVATED)	1 DAY/IMMEDIATELY																							
6	ABNORMAL (SEVERELY ELEVATED)	IMMEDIATELY																							
345	CHECK 302: AGE	15-17 YEARS ..... 1 18-95 YEARS ..... 2 (SKIP TO 347) ←	15-17 YEARS ..... 1 18-95 YEARS ..... 2 (SKIP TO 347) ←	15-17 YEARS ..... 1 18-95 YEARS ..... 2 (SKIP TO 347) ←																					
346	CHECK 302: MARITAL STATUS	NEVER IN UNION ..... 1 (SKIP TO 355) ← OTHER ..... 2	NEVER IN UNION ..... 1 (SKIP TO 355) ← OTHER ..... 2	NEVER IN UNION ..... 1 (SKIP TO 355) ← OTHER ..... 2																					

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

**ADULT RESPONDENT CONSENT FOR ANAEMIA TEST**

ADULT RESP CONSENT	347	ASK CONSENT FOR ANAEMIA TEST.	PROVIDE ADULT RESPONDENT WITH CONSENT FORM.		
	348	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ (SIGN) (IF REFUSED, SKIP TO 349) NOT PRESENT/OTHER ... 3	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ (SIGN) (IF REFUSED, SKIP TO 349) NOT PRESENT/OTHER ... 3	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ (SIGN) (IF REFUSED, SKIP TO 349) NOT PRESENT/OTHER ... 3

**ADULT RESPONDENT CONSENT FOR HBA1C TESTING**

ADULT RESP CONSENT	349	ASK CONSENT FOR HBA1C TESTING.	PROVIDE ADULT RESPONDENT WITH CONSENT FORM.		
	350	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ SIGN NOT PRESENT/OTHER ... 3 (SKIP TO 371)	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ SIGN NOT PRESENT/OTHER ... 3 (SKIP TO 371)	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ SIGN NOT PRESENT/OTHER ... 3 (SKIP TO 371)

**ADULT RESPONDENT CONSENT FOR HIV TESTING**

ADULT RESP CONSENT	351	ASK CONSENT FOR HIV TESTING.	PROVIDE ADULT RESPONDENT WITH CONSENT FORM.		
	352	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) [ ][ ][ ][ ] (IF REFUSED, SKIP TO 371)	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) [ ][ ][ ][ ] (IF REFUSED, SKIP TO 371)	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) [ ][ ][ ][ ] (IF REFUSED, SKIP TO 371)

**ADULT RESPONDENT CONSENT FOR ADDITIONAL TESTING**

ADULT RESP CONSENT	353	ASK CONSENT FOR ADDITIONAL TESTING.	PROVIDE ADULT RESPONDENT WITH CONSENT FORM.		
	354	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ (SIGN AND SKIP TO 371)	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ (SIGN AND SKIP TO 371)	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ (SIGN AND SKIP TO 371)

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

PARENTAL/RESPONSIBLE ADULT CONSENT FOR ANAEMIA TEST					
P A R E N T - R E S P A D U L T C O N S E N T	355	ASK CONSENT FOR ANAEMIA TEST FROM PARENT/ADULT.	PROVIDE PARENT/RESPONSIBLE ADULT WITH CONSENT FORM.		
	356	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 359) NOT PRESENT/OTHER ... 3 (SKIP TO 359) ←	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 359) NOT PRESENT/OTHER ... 3 (SKIP TO 359) ←	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 359) NOT PRESENT/OTHER ... 3 (SKIP TO 359) ←

MINOR RESPONDENT CONSENT FOR ANAEMIA TEST					
M I N O R R E S P C O N S E N T	357	ASK CONSENT FOR ANAEMIA TEST FROM MINOR RESPONDENT.	PROVIDE MINOR RESPONDENT WITH CONSENT FORM.		
	358	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 359) NOT PRESENT/OTHER ... 3	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 359) NOT PRESENT/OTHER ... 3	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 359) NOT PRESENT/OTHER ... 3

PARENTAL/RESPONSIBLE ADULT CONSENT FOR HBA1C TESTING					
P A R E N T - R E S P A D U L T C O N S E N T	359	ASK CONSENT FOR HBA1C TESTING FROM PARENT/ADULT.	PROVIDE PARENT/RESPONSIBLE ADULT WITH CONSENT FORM.		
	360	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 363) NOT PRESENT/OTHER ... 3 (SKIP TO 371) ←	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 363) NOT PRESENT/OTHER ... 3 (SKIP TO 371) ←	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 363) NOT PRESENT/OTHER ... 3 (SKIP TO 371) ←

MINOR RESPONDENT CONSENT FOR HBA1C TESTING					
M I N O R R E S P C O N S E N T	361	ASK CONSENT FOR HBA1C TESTING FROM MINOR RESPONDENT.	PROVIDE MINOR RESPONDENT WITH CONSENT FORM.		
	362	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) NOT PRESENT/OTHER ... 3 (SKIP TO 371) ←	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) NOT PRESENT/OTHER ... 3 (SKIP TO 371) ←	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) NOT PRESENT/OTHER ... 3 (SKIP TO 371) ←

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

PARENTAL/RESPONSIBLE ADULT CONSENT FOR HIV TESTING																										
P A R E N T - R E S P A D U L T C O N S E N T	363	ASK CONSENT FOR HIV TESTING FROM PARENT/ADULT.	PROVIDE PARENT/RESPONSIBLE ADULT WITH CONSENT FORM.																							
	364	CIRCLE THE CODE AND SIGN YOUR NAME.	<table border="0"> <tr> <td>GRANTED .....</td> <td>1</td> <td rowspan="2">}</td> </tr> <tr> <td>PARENT/OTHER RESPONSIBLE ADULT REFUSED .....</td> <td>2</td> </tr> <tr> <td colspan="3" style="text-align: center;">←</td> </tr> <tr> <td colspan="3" style="text-align: center;">_____</td> </tr> <tr> <td colspan="3" style="text-align: center;">(SIGN AND ENTER YOUR FIELDWORKER NUMBER)</td> </tr> <tr> <td colspan="3" style="text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </td> </tr> <tr> <td colspan="3" style="text-align: center;">(IF REFUSED, SKIP TO 371)</td> </tr> </table>	GRANTED .....	1	}	PARENT/OTHER RESPONSIBLE ADULT REFUSED .....	2	←			_____			(SIGN AND ENTER YOUR FIELDWORKER NUMBER)			<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>							(IF REFUSED, SKIP TO 371)	
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(IF REFUSED, SKIP TO 371)																										

MINOR RESPONDENT CONSENT FOR HIV TESTING																			
M I N O R R E S P C O N S E N T	365	ASK CONSENT FOR HIV TESTING FROM MINOR RESPONDENT.	PROVIDE MINOR RESPONDENT WITH CONSENT FORM.																
	366	CIRCLE THE CODE AND SIGN YOUR NAME.	<table border="0"> <tr> <td>GRANTED .....</td> <td>1</td> <td rowspan="2">}</td> </tr> <tr> <td>MINOR RESPONDENT REFUSED .....</td> <td>2</td> </tr> <tr> <td colspan="3" style="text-align: center;">←</td> </tr> <tr> <td colspan="3" style="text-align: center;">_____</td> </tr> <tr> <td colspan="3" style="text-align: center;">(SIGN)</td> </tr> <tr> <td colspan="3" style="text-align: center;">(IF REFUSED, SKIP TO 371)</td> </tr> </table>	GRANTED .....	1	}	MINOR RESPONDENT REFUSED .....	2	←			_____			(SIGN)			(IF REFUSED, SKIP TO 371)	
GRANTED .....	1	}																	
MINOR RESPONDENT REFUSED .....	2																		
←																			
_____																			
(SIGN)																			
(IF REFUSED, SKIP TO 371)																			

PARENTAL/RESPONSIBLE ADULT CONSENT FOR ADDITIONAL TESTING																			
P A R E N T - R E S P A D U L T C O N S E N T	367	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/ADULT.	PROVIDE PARENT/RESPONSIBLE ADULT WITH CONSENT FORM.																
	368	CIRCLE THE CODE AND SIGN YOUR NAME.	<table border="0"> <tr> <td>GRANTED .....</td> <td>1</td> <td rowspan="2">}</td> </tr> <tr> <td>PARENT/OTHER RESPONSIBLE ADULT REFUSED .....</td> <td>2</td> </tr> <tr> <td colspan="3" style="text-align: center;">←</td> </tr> <tr> <td colspan="3" style="text-align: center;">_____</td> </tr> <tr> <td colspan="3" style="text-align: center;">(SIGN)</td> </tr> <tr> <td colspan="3" style="text-align: center;">(IF REFUSED, SKIP TO 371)</td> </tr> </table>	GRANTED .....	1	}	PARENT/OTHER RESPONSIBLE ADULT REFUSED .....	2	←			_____			(SIGN)			(IF REFUSED, SKIP TO 371)	
GRANTED .....	1	}																	
PARENT/OTHER RESPONSIBLE ADULT REFUSED .....	2																		
←																			
_____																			
(SIGN)																			
(IF REFUSED, SKIP TO 371)																			

MINOR RESPONDENT CONSENT FOR ADDITIONAL TESTING																
M I N O R R E S P C O N S E N T	369	ASK CONSENT FOR ADDITIONAL TESTING FROM MINOR RESPONDENT.	PROVIDE MINOR RESPONDENT WITH CONSENT FORM.													
	370	CIRCLE THE CODE AND SIGN YOUR NAME.	<table border="0"> <tr> <td>GRANTED .....</td> <td>1</td> <td rowspan="2">}</td> </tr> <tr> <td>MINOR RESPONDENT REFUSED .....</td> <td>2</td> </tr> <tr> <td colspan="3" style="text-align: center;">←</td> </tr> <tr> <td colspan="3" style="text-align: center;">_____</td> </tr> <tr> <td colspan="3" style="text-align: center;">(SIGN)</td> </tr> </table>	GRANTED .....	1	}	MINOR RESPONDENT REFUSED .....	2	←			_____			(SIGN)	
GRANTED .....	1	}														
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_____																
(SIGN)																

WEIGHT, HEIGHT, WAIST, BLOOD PRESSURE, HAEMOGLOBIN MEASUREMENT, BLOOD COLLECTION FOR HBA1C AND HIV TESTING,  
AND RECORDING OF MEDICINES FOR MEN AGE 15-95

		MAN 1	MAN 2	MAN 3
	NAME FROM LIST.	NAME _____	NAME _____	NAME _____
371	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
372	ADDITIONAL TESTS.	IF ADULT RESPONDENT, CHECK 354; IF MINOR RESPONDENT, CHECK 368 AND 370.  IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	IF ADULT RESPONDENT, CHECK 354; IF MINOR RESPONDENT, CHECK 368 AND 370.  IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	IF ADULT RESPONDENT, CHECK 354; IF MINOR RESPONDENT, CHECK 368 AND 370.  IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.
373	RECORD HAEMOGLOBIN LEVEL HERE AND IN THE ADULT HEALTH INFORMATIONAL BROCHURE.	G/DL ..... <input type="text"/> <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"/> . <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	G/DL ..... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996
374	HBA1C TESTING: PLACE BAR CODE LABEL.	<div style="border: 1px dashed black; padding: 5px;">                     PUT THE 1ST BAR CODE LABEL HERE.                 </div> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	<div style="border: 1px dashed black; padding: 5px;">                     PUT THE 1ST BAR CODE LABEL HERE.                 </div> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	<div style="border: 1px dashed black; padding: 5px;">                     PUT THE 1ST BAR CODE LABEL HERE.                 </div> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996
375	HIV TESTING: PLACE BAR CODE LABEL.	<div style="border: 1px dashed black; padding: 5px;">                     PUT THE 2ND BAR CODE LABEL HERE.                 </div> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	<div style="border: 1px dashed black; padding: 5px;">                     PUT THE 2ND BAR CODE LABEL HERE.                 </div> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	<div style="border: 1px dashed black; padding: 5px;">                     PUT THE 2ND BAR CODE LABEL HERE.                 </div> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996
375A	OFFER HIV SELF-TEST KIT TO RESPONDENT WHO CONSENTED TO HIV TESTING.	TEST KIT ACCEPTED ..... 1 TEST KIT REFUSED ..... 2 TEST KIT NOT OFFERED ..... 3 NOT PRESENT ..... 4 OTHER ..... 6	TEST KIT ACCEPTED ..... 1 TEST KIT REFUSED ..... 2 TEST KIT NOT OFFERED ..... 3 NOT PRESENT ..... 3 OTHER ..... 6	TEST KIT ACCEPTED ..... 1 TEST KIT REFUSED ..... 2 TEST KIT NOT OFFERED ..... 3 NOT PRESENT ..... 3 OTHER ..... 6
376	CHECK 374 AND 375: AT LEAST ONE BAR CODE LABEL PRESENT?	IF CONSENT GRANTED FOR EITHER TEST, PUT 3RD BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER CARD AND THE 4TH BAR CODE ON THE TRANSMITTAL FORM.	IF CONSENT GRANTED FOR EITHER TEST, PUT 3RD BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER CARD AND THE 4TH BAR CODE ON THE TRANSMITTAL FORM.	IF CONSENT GRANTED FOR EITHER TEST, PUT 3RD BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER CARD AND THE 4TH BAR CODE ON THE TRANSMITTAL FORM.



		MAN 1	MAN 2	MAN 3
	NAME FROM LIST.	NAME _____	NAME _____	NAME _____
377	Please show me all the prescribed medicines that you take regularly or daily.	MEDICINES SEEN ..... 1 NONE ..... 2 NOT PRESENT ..... 3 REFUSED ..... 4 OTHER ..... 6	MEDICINES SEEN ..... 1 NONE ..... 2 NOT PRESENT ..... 3 REFUSED ..... 4 OTHER ..... 6	MEDICINES SEEN ..... 1 NONE ..... 2 NOT PRESENT ..... 3 REFUSED ..... 4 OTHER ..... 6
RECORD ALL MEDICATION/DRUG NAMES.	DRUG NAME _____	<input type="text"/>	<input type="text"/>	<input type="text"/>
	DRUG NAME _____	<input type="text"/>	<input type="text"/>	<input type="text"/>
	DRUG NAME _____	<input type="text"/>	<input type="text"/>	<input type="text"/>
	DRUG NAME _____	<input type="text"/>	<input type="text"/>	<input type="text"/>
	DRUG NAME _____	<input type="text"/>	<input type="text"/>	<input type="text"/>
	DRUG NAME _____	<input type="text"/>	<input type="text"/>	<input type="text"/>
	DRUG NAME _____	<input type="text"/>	<input type="text"/>	<input type="text"/>
	DRUG NAME _____	<input type="text"/>	<input type="text"/>	<input type="text"/>
	DRUG NAME _____	<input type="text"/>	<input type="text"/>	<input type="text"/>
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	DRUG NAME _____	<input type="text"/>	<input type="text"/>	<input type="text"/>
	DRUG NAME _____	<input type="text"/>	<input type="text"/>	<input type="text"/>
	DRUG NAME _____	<input type="text"/>	<input type="text"/>	<input type="text"/>
378	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.			

