2018 ZAMBIA DEMOGRAPHIC AND HEALTH SURVEY
BIOMARKER QUESTIONNAIRE
ZAMBIA
MINISTRY OF HEALTH/CENTRAL STATISTICAL OFFICE

IDENTIFICATION

PLACE NAME _____

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER . . . .

HOUSEHOLD NUMBER . . . .

FIELDWORKER VISITS

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY
FIELDWORKER'S NAME	_____	_____	_____	MONTH
				YEAR
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS
TIME	_____	_____		

NOTES:
_____
_____
_____
_____
_____

TOTAL ELIGIBLE WOMEN

TOTAL ELIGIBLE MEN

TOTAL ELIGIBLE CHILDREN

LANGUAGE OF QUESTIONNAIRE** **0 1**   LANGUAGE OF INTERVIEW**   NATIVE LANGUAGE OF RESPONDENT**   TRANSLATOR (YES = 1, NO = 2)

LANGUAGE OF QUESTIONNAIRE** **ENGLISH** _____

**LANGUAGE CODES:
01 ENGLISH   04 LOZI   07 NYANJA
02 BEMBA   05 LUNDA   08 TONGA
03 KAONDE   06 LUVALE

SUPERVISOR

_____
NAME   NUMBER

| 101 | **INTERVIEWER**: USE THE INTERVIEWER'S MENU AND SELECT THE APPROPRIATE OPTION TO LIST ALL CHILDREN AGE 0-5 ELIGIBLE FOR BIOMARKER TESTING. RECORD THE COMPLETE NAME, AGE AND THE LINE NUMBER AS THEY APPEAR IN THE REPORT ON YOUR TABLET. LIST EACH CHILD IN THE SAME ORDER SHOWN IN THE REPORT. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). WRITE THE NAME OF EACH ELIGIBLE CHILD ON EACH SUBSEQUENT PAGES. |

		CHILD 1	CHILD 2	CHILD 3
102	FROM TABLET'S REPORT WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	NAME _____ AGE . . . . ☐☐ LINE NUMBER . . . . . . ☐☐	NAME _____ AGE . . . . ☐☐ LINE NUMBER . . . . . . ☐☐	NAME _____ AGE . . . . ☐☐ LINE NUMBER . . . . . . ☐☐

103	**BIOMARKER:** ASK: What is (NAME)'s date of birth?	DAY . . . . ☐☐ MONTH . . . . ☐☐ YEAR . . . ☐☐☐☐	DAY . . . . ☐☐ MONTH . . . . ☐☐ YEAR . . . ☐☐☐☐	DAY . . . . ☐☐ MONTH . . . . ☐☐ YEAR . . . ☐☐☐☐
104	CHECK 103: CHILD BORN IN 2013-2018?	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. . . . ☐☐.☐☐ NOT PRESENT . . . . 9994 REFUSED . . . . 9995 OTHER 9996	KG. . . . ☐☐.☐☐ NOT PRESENT . . . . 9994 REFUSED . . . . 9995 OTHER 9996	KG. . . . ☐☐.☐☐ NOT PRESENT . . . . 9994 REFUSED . . . . 9995 OTHER 9996
106	HEIGHT IN CENTIMETERS.	CM. . . . ☐☐☐.☐ NOT PRESENT . . . . 9994 REFUSED . . . . 9995 OTHER . . . . 9996 (SKIP TO 108) ←	CM. . . . ☐☐☐.☐ NOT PRESENT . . . . 9994 REFUSED . . . . 9995 OTHER . . . . 9996 (SKIP TO 108) ←	CM. . . . ☐☐☐.☐ 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.	☐☐☐☐ FIELDWORKER NUMBER	☐☐☐☐ FIELDWORKER NUMBER	☐☐☐☐ FIELDWORKER NUMBER

101	**INTERVIEWER**: USE THE INTERVIEWER'S MENU AND SELECT THE APPROPRIATE OPTION TO LIST ALL CHILDREN AGE 0-5 ELIGIBLE FOR BIOMARKER TESTING. RECORD THE COMPLETE NAME, AGE AND THE LINE NUMBER AS THEY APPEAR IN THE REPORT ON YOUR TABLET. LIST EACH CHILD IN THE SAME ORDER SHOWN IN THE REPORT. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). WRITE THE NAME OF EACH ELIGIBLE CHILD ON EACH SUBSEQUENT PAGES.			

		CHILD 1	CHILD 2	CHILD 3
102	FROM TABLET'S REPORT WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	NAME _____ AGE . . . . ☐☐ LINE NUMBER . . . . . . ☐☐	NAME _____ AGE . . . . ☐☐ LINE NUMBER . . . . . . ☐☐	NAME _____ AGE . . . . ☐☐ LINE 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	WRITE THE NAME OF THE PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD	NAME OF PARENT/ADULT RESPONSIBLE NAME_____	NAME OF PARENT/ADULT RESPONSIBLE NAME_____	NAME OF PARENT/ADULT RESPONSIBLE NAME_____
111	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT.	As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We ask that all children born in 2013 or later take part in the anemia testing and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?		
112	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED . . . . 1 (SIGN AND ENTER YOUR FIELDWORKER NUMBER) ← ☐☐☐☐ REFUSED . . . . 2 NOT PRESENT/OTHER . 3 (SKIP TO 114) ←	GRANTED . . . . 1 (SIGN AND ENTER YOUR FIELDWORKER NUMBER) ← ☐☐☐☐ REFUSED . . . . 2 NOT PRESENT/OTHER . 3 (SKIP TO 114) ←	GRANTED . . . . 1 (SIGN AND ENTER YOUR FIELDWORKER NUMBER) ← ☐☐☐☐ REFUSED . . . . 2 NOT PRESENT/OTHER . 3 (SKIP TO 114) ←
113	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL . . . . ☐☐.☐ REFUSED . . . . 995 OTHER 996	G/DL . . . . ☐☐.☐ REFUSED . . . . 995 OTHER 996	G/DL . . . . ☐☐.☐ 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.			

| 101 | **INTERVIEWER**: USE THE INTERVIEWER'S MENU AND SELECT THE APPROPRIATE OPTION TO LIST ALL CHILDREN AGE 0-5 ELIGIBLE FOR BIOMARKER TESTING. RECORD THE COMPLETE NAME, AGE AND THE LINE NUMBER AS THEY APPEAR IN THE REPORT ON YOUR TABLET. LIST EACH CHILD IN THE SAME ORDER SHOWN IN THE REPORT. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). WRITE THE NAME OF EACH ELIGIBLE CHILD ON EACH SUBSEQUENT PAGES. | | | |

		CHILD 4	CHILD 5	CHILD 6
102	FROM TABLET'S REPORT WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	NAME _____ AGE .... ☐☐ LINE NUMBER ...... ☐☐	NAME _____ AGE .... ☐☐ LINE NUMBER ...... ☐☐	NAME _____ AGE .... ☐☐ LINE NUMBER ...... ☐☐

103	**BIOMARKER:** ASK: What is (NAME)'s date of birth?	DAY .... ☐☐ MONTH .... ☐☐ YEAR ... ☐☐☐☐	DAY .... ☐☐ MONTH .... ☐☐ YEAR ... ☐☐☐☐	DAY .... ☐☐ MONTH .... ☐☐ YEAR ... ☐☐☐☐
104	CHECK 103: CHILD BORN IN 2013-2018?	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. ... ☐☐.☐☐ NOT PRESENT .... 9994 REFUSED .... 9995 OTHER 9996	KG. ... ☐☐.☐☐ NOT PRESENT .... 9994 REFUSED .... 9995 OTHER 9996	KG. ... ☐☐.☐☐ NOT PRESENT .... 9994 REFUSED .... 9995 OTHER 9996
106	HEIGHT IN CENTIMETERS.	CM. ... ☐☐☐.☐ NOT PRESENT .... 9994 REFUSED .... 9995 OTHER .... 9996 (SKIP TO 108) ←	CM. ... ☐☐☐.☐ NOT PRESENT .... 9994 REFUSED .... 9995 OTHER .... 9996 (SKIP TO 108) ←	CM. ... ☐☐☐.☐ 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.	☐☐☐☐ FIELDWORKER NUMBER	☐☐☐☐ FIELDWORKER NUMBER	☐☐☐☐ FIELDWORKER NUMBER

| 101 | **INTERVIEWER**: USE THE INTERVIEWER'S MENU AND SELECT THE APPROPRIATE OPTION TO LIST ALL CHILDREN AGE 0-5 ELIGIBLE FOR BIOMARKER TESTING. RECORD THE COMPLETE NAME, AGE AND THE LINE NUMBER AS THEY APPEAR IN THE REPORT ON YOUR TABLET. LIST EACH CHILD IN THE SAME ORDER SHOWN IN THE REPORT. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). WRITE THE NAME OF EACH ELIGIBLE CHILD ON EACH SUBSEQUENT PAGES. |

		CHILD 4	CHILD 5	CHILD 6
102	FROM TABLET'S REPORT WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	NAME _____ AGE . . . . ☐☐ LINE NUMBER . . . . . . ☐☐	NAME _____ AGE . . . . ☐☐ LINE NUMBER . . . . . . ☐☐	NAME _____ AGE . . . . ☐☐ LINE 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	WRITE THE NAME OF THE PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD	NAME OF PARENT/ADULT RESPONSIBLE NAME_____	NAME OF PARENT/ADULT RESPONSIBLE NAME_____	NAME OF PARENT/ADULT RESPONSIBLE NAME_____
111	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT.	As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We ask that all children born in 2013 or later take part in the anemia testing and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?		
112	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED . . . . 1 (SIGN AND ENTER YOUR FIELDWORKER NUMBER) ☐☐☐☐ REFUSED . . . . 2 NOT PRESENT/OTHER . 3 (SKIP TO 114) ←	GRANTED . . . . 1 (SIGN AND ENTER YOUR FIELDWORKER NUMBER) ☐☐☐☐ REFUSED . . . . 2 NOT PRESENT/OTHER . 3 (SKIP TO 114) ←	GRANTED . . . . 1 (SIGN AND ENTER YOUR FIELDWORKER NUMBER) ☐☐☐☐ REFUSED . . . . 2 NOT PRESENT/OTHER . 3 (SKIP TO 114) ←
113	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL . . . . ☐☐.☐ REFUSED . . . . 995 OTHER 996	G/DL . . . . ☐☐.☐ REFUSED . . . . 995 OTHER 996	G/DL . . . . ☐☐.☐ 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 | **INTERVIEWER:** USE THE APPROPRIATE OPTION FROM THE INTERVIEWER'S MENU TO LIST ALL WOMEN AGE 15-49 ELIGIBLE FOR BIOMARKER TESTING. IN EACH COLUMN, WRITE THE COMPLETE NAME, AGE AND LINE NUMBER AS THEY APPEAR IN THE REPORT ON YOUR TABLET. ALSO CIRCLE THE APPROPRIATE CODE FOR QUESTION 208. IF THE WOMAN'S AGE IS 15-17, COMPLETE QUESTION 209 USING THE MARITAL STATUS INFORMATION PRINTED IN THE TABLET'S REPORT. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S). | | |

		WOMAN 1	WOMAN 2	WOMAN 3
202	CHECK TABLET'S REPORT: WRITE WOMAN'S AGE WRITE WOMAN'S	NAME _____ AGE .... ☐☐ LINE NUMBER ...... ☐☐	NAME _____ AGE .... ☐☐ LINE NUMBER ...... ☐☐	NAME _____ AGE .... ☐☐ LINE NUMBER ...... ☐☐
208	CIRCLE CODE FOR AGE GROUP:	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	CIRCLE CODE FOR MARITAL STATUS:	CODE 4 (NEVER IN UNION) . 1 ⌐ (SKIP TO 218) ← OTHER 2	CODE 4 (NEVER IN UNION) . 1 ⌐ (SKIP TO 218) ← OTHER 2	CODE 4 (NEVER IN UNION) . 1 ⌐ (SKIP TO 218) ← OTHER 2

HEMOGLOBIN MEASUREMENT AND HIV TESTING FOR WOMEN AGE 15-49

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

| | **BIOMARKER:** BEFORE PROCEEDING WITH THE CONSENT STATEMENTS, ASK THE RESPONDENT HER AGE AND MARITAL STATUS TO CONFIRM THE SKIP PATTERN IN Q208/Q209. IF THERE ARE ANY DISCREPANCIES THAT AFFECT THE INFORMED CONSENT PATTERN (MINOR VS. ADULT); GO BACK TO Q208/Q209 AND MAKE CORRECTIONS AND FOLLOW THE NEW SKIP PATTERN. PLEASE INFORM THE INTERVIEWER OF NEEDED ADJUSTMENTS IN THE HOUSEHOLD SCHEDULE (QH07/QH08), IF NECESSARY. | | |

A D U L T   R E S P O N D E N T   C O N S E N T   F O R   A N E M I A   T E S T

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

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

A D U L T   R E S P O N D E N T   C O N S E N T   F O R   D B S   C O L L E C T I O N

212	ASK CONSENT FOR DBS COLLECTION.	As part of the survey we also are asking people all over the country to give blood for HIV testing to be done in a laboratory. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV. For the HIV testing, we need a few (more) drops of blood from a finger. The blood will be collected on a paper card. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. No names will be written on the paper card so we will not be able to tell you the test results. No one else will be able to know your test results either. Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood on a paper card for HIV testing in a laboratory?		
213	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER	GRANTED . . . . 1 RESPONDENT REFUSED . . . 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) ☐☐☐☐ (IF REFUSED, SKIP TO 216) NOT PRESENT/OTHER . . . . 3 (SKIP TO 216)	GRANTED . . . . 1 RESPONDENT REFUSED . . . 2 _____ (SIGN AND ENTER YOUR FIELDWORKER ID NUMBER) ☐☐☐☐ (IF REFUSED, SKIP TO 216) NOT PRESENT/OTHER . . . . 3 (SKIP TO 216)	GRANTED . . . . 1 RESPONDENT REFUSED . . . 2 _____ (SIGN AND ENTER YOUR FIELDWORKER ID NUMBER) ☐☐☐☐ (IF REFUSED, SKIP TO 216) NOT PRESENT/OTHER . . . . 3 (SKIP TO 216)

A D U L T   R E S P O N D E N T   C O N S E N T   F O R   A D D I T I O N A L   T E S T I N G

214	ASK CONSENT FOR ADDITIONAL TESTING.	We ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These additional tests could include tests to see if individuals are protected against diseases such as measles and rubella, or other tests. The blood sample will not have any name or other information attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?		
215	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED . . . . 1 RESPONDENT REFUSED . . . 2 _____ (SIGN)	GRANTED . . . . 1 RESPONDENT REFUSED . . . 2 _____ (SIGN)	GRANTED . . . . 1 RESPONDENT REFUSED . . . 2 _____ (SIGN)

(Left margin, vertical text: ADULT RESPONDENT CONSENT / ADULT RESPONDENT CONSENT)

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

A D U L T   R E S P O N D E N T   C O N S E N T   F O R   R D T   T E S T I N G

| A D U L T   R E S P O N D E N T | 216 | ASK CONSENT FOR HIV RDT TEST. | If you want to know your HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test.

For the rapid HIV test, we need a few (more) drops of blood from a finger. We will use the same rapid tests used in the hospitals in Zambia. 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 result of the test will be available in 20-30 minutes.

If the test is positive, I will give you a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health.

Do you have any questions?

You can say yes or no. It is up to you to decide.
Will you give blood for the rapid HIV testing? |||
| C O N S E N T | 217 | CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER. | GRANTED . . . . 1 ⌐
RESPONDENT REFUSED . . . 2 ⌐

_____
(SIGN, ENTER YOUR FIELDWORKER NUMBER, AND SKIP TO 239)
☐☐☐☐
NOT PRESENT/OTHER . . . . 3 ⌐
(SKIP TO 239) | GRANTED . . . . 1 ⌐
RESPONDENT REFUSED . . . 2 ⌐

_____
(SIGN, ENTER YOUR FIELDWORKER NUMBER, AND SKIP TO 239)
☐☐☐☐
NOT PRESENT/OTHER . . . . 3 ⌐
(SKIP TO 239) | GRANTED . . . . 1 ⌐
RESPONDENT REFUSED . . . 2 ⌐

_____
(SIGN, ENTER YOUR FIELDWORKER NUMBER, AND SKIP TO 239)
☐☐☐☐
NOT PRESENT/OTHER . . . . 3 ⌐
(SKIP TO 239) |

| | 218 | WRITE THE NAME OF THE PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT. | NAME _____ | NAME _____ | NAME _____ |

P A R E N T A L / R E S P O N S I B L E   A D U L T   C O N S E N T   F O R   A N E M I A   T E S T

| P A R E N T — R E S P   A D U L T   C O N S E N T | 219 | ASK CONSENT FOR ANEMIA TEST FROM PARENT/ADULT. | As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.

For the anemia testing, we will need a few drops of blood from (NAME OF MINOR)'s finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF MINOR) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.

Do you have any questions?
You can say yes or no. It is up to you to decide.
Will you allow (NAME OF MINOR) to take the anemia test? |||
| | 220 | CIRCLE THE CODE AND SIGN YOUR NAME. | GRANTED . . . . 1 ⌐
PARENT/OTHER
  RESPONSIBLE
  ADULT REFUSED . . . . . . 2 ⌐

_____
(SIGN AND ENTER YOUR FIELDWORKER NUMBER)
☐☐☐☐
NOT PRESENT/OTHER . . . . 3 | GRANTED . . . . 1 ⌐
PARENT/OTHER
  RESPONSIBLE
  ADULT REFUSED . . . . . . 2 ⌐

_____
(SIGN AND ENTER YOUR FIELDWORKER NUMBER)
☐☐☐☐
NOT PRESENT/OTHER . . . . 3 | GRANTED . . . . 1 ⌐
PARENT/OTHER
  RESPONSIBLE
  ADULT REFUSED . . . . . . 2 ⌐

_____
(SIGN AND ENTER YOUR FIELDWORKER NUMBER)
☐☐☐☐
NOT PRESENT/OTHER . . . . 3 |

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

P A R E N T A L / R E S P O N S I B L E   A D U L T   C O N S E N T   F O R   D B S   C O L L E C T I O N

| | 221 | ASK CONSENT FOR DBS COLLECTION FROM PARENT/ADULT. | As part of the survey we also are asking people all over the country to give blood for HIV testing to be done in a laboratory. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV.

For the HIV testing, we need a few (more) drops of blood from a finger. The blood will be collected on a paper card. 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 the blood. No names will be written on the paper card so we will not be able to tell you the results of (NAME OF MINOR)'s test. No one else will be able to know (NAME OF MINOR)'s test results either.

Do you have any questions?
You can say yes or no. It is up to you to decide.
Will you allow (NAME OF MINOR) to give blood on a paper card for HIV testing in a laboratory? | | |
| 222 | CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER. | GRANTED 1
PARENT/OTHER
  RESPONSIBLE
  ADULT REFUSED 2

(SIGN AND ENTER YOUR FIELDWORKER NUMBER)

(IF REFUSED, SKIP TO 225)

NOT PRESENT/OTHER 3
(SKIP TO 225) | GRANTED 1
PARENT/OTHER
  RESPONSIBLE
  ADULT REFUSED 2

(SIGN AND ENTER YOUR FIELDWORKER NUMBER)

(IF REFUSED, SKIP TO 225)

NOT PRESENT/OTHER 3
(SKIP TO 225) | GRANTED 1
PARENT/OTHER
  RESPONSIBLE
  ADULT REFUSED 2

(SIGN AND ENTER YOUR FIELDWORKER NUMBER)

(IF REFUSED, SKIP TO 225)

NOT PRESENT/OTHER 3
(SKIP TO 225) |

P A R E N T A L / R E S P O N S I B L E   A D U L T   C O N S E N T   F O R   A D D I T I O N A L   T E S T I N G

| | 223 | ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/ADULT. | We ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These additional tests could include tests to see if individuals are protected against diseases such as measles and rubella, or other tests.

The blood sample will not have any name or other data attached that could identify (NAME OF MINOR). You do not have to agree. If you do not want the blood sample stored for additional testing, (NAME OF MINOR) can still participate in the HIV testing in this survey.

Will you allow us to keep the blood sample stored for additional testing? | | |
| 224 | CIRCLE THE CODE AND SIGN YOUR NAME. | GRANTED 1
PARENT/OTHER
  RESPONSIBLE
  ADULT REFUSED 2

(SIGN) | GRANTED 1
PARENT/OTHER
  RESPONSIBLE
  ADULT REFUSED 2

(SIGN) | GRANTED 1
PARENT/OTHER
  RESPONSIBLE
  ADULT REFUSED 2

(SIGN) |

(Left margin vertical text: PARENT — RESP ADULT CONSENT / RENT — RESP ADULT CONSE)

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

P A R E N T A L / R E S P O N S I B L E   A D U L T   C O N S E N T   F O R   R D T   T E S T I N G

| P A R E N T — R E S P   A D U L T   C O N S E N T | 225 | ASK CONSENT FOR RDT TEST FROM PARENT/ADULT. | If you want (NAME OF MINOR) to know her HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test.

For the rapid HIV test, we need a few (more) drops of blood from a finger. We will use the same rapid tests used in the hospitals in Zambia. 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 result of the test will be available in 20-30 minutes.

If the test is positive, I will give (NAME OF MINOR) a referral form to go to the nearest health facility for follow up with health technicians, as is recommended by the Ministry of Health.

Do you have any questions?
You can say yes to the test, or you can say no. It is up to you to decide.
Will you allow (NAME OF MINOR) to give blood for the rapid HIV test? | | |
| | 226 | CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER. | GRANTED 1
PARENT/OTHER
  RESPONSIBLE
  ADULT REFUSED 2

(SIGN AND ENTER YOUR FIELDWORKER NUMBER)
☐☐☐☐

NOT PRESENT/OTHER . . . . 3 | GRANTED 1
PARENT/OTHER
  RESPONSIBLE
  ADULT REFUSED 2

(SIGN AND ENTER YOUR FIELDWORKER NUMBER)
☐☐☐☐

NOT PRESENT/OTHER . . . . 3 | GRANTED 1
PARENT/OTHER
  RESPONSIBLE
  ADULT REFUSED 2

(SIGN AND ENTER YOUR FIELDWORKER NUMBER)
☐☐☐☐

NOT PRESENT/OTHER . . . . 3 |

M I N O R   R E S P O N D E N T   C O N S E N T   F O R   A N E M I A   T E S T

M I N O R R E S P O N D E N T C O N S E N T	227	CHECK 220: WAS CONSENT GRANTED?	YES ☐ NO OR ☐ → ## NOT ASKED	YES ☐ NO OR ☐ → ## NOT ASKED	YES ☐ NO OR ☐ → ## NOT ASKED
	228	ASK CONSENT FOR ANEMIA TEST FROM RESPONDENT.	As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF PARENT/RESPONSIBLE ADULT) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes or no. It is up to you to decide. Will you take the anemia test?		

	229	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1
			MINOR RESPONDENT
			  REFUSED 2
			
			(SIGN)
			(IF REFUSED, SKIP TO 230)
			
			NOT PRESENT/OTHER 3
			(SKIP TO 230)
				GRANTED 1
				MINOR RESPONDENT
				  REFUSED 2
				
				(SIGN)
				(IF REFUSED, SKIP TO 230)
				
				NOT PRESENT/OTHER 3
				(SKIP TO 230)
					GRANTED 1
					MINOR RESPONDENT
					  REFUSED 2
					
					(SIGN)
					(IF REFUSED, SKIP TO 230)
					
					NOT PRESENT/OTHER 3
					(SKIP TO 230)

	229A	ASK: Are you pregnant?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8

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

MINOR RESPONDENT CONSENT FOR DBS COLLECTION

		WOMAN 1	WOMAN 2	WOMAN 3
230	CHECK 222: WAS CONSENT GRANTED?	YES ☐ NO OR ☐ → ## NOT ASKED	YES ☐ NO OR ☐ → ## NOT ASKED	YES ☐ NO OR ☐ → ## NOT ASKED
231	ASK CONSENT FOR DBS COLLECTION FROM MINOR RESPONDENT.	As part of the survey we also are asking people all over the country to give blood for HIV testing. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV. For the HIV testing, we need a few (more) drops of blood from a finger. The blood will be collected on a paper card. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. No names will be written on the paper card so we will not be able to tell you the test results. No one else will be able to know your test results either. Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood on a paper card for HIV testing in a laboratory?		

232	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER	GRANTED 1
		MINOR RESPONDENT
		  REFUSED 2
		_____
		(SIGN)
		(IF REFUSED, SKIP TO 236)
		
		NOT PRESENT/OTHER 3
		(SKIP TO 236)
			GRANTED 1
			MINOR RESPONDENT
			  REFUSED 2
			_____
			(SIGN)
			(IF REFUSED, SKIP TO 236)
			
			NOT PRESENT/OTHER 3
			(SKIP TO 236)
				GRANTED 1
				MINOR RESPONDENT
				  REFUSED 2
				_____
				(SIGN)
				(IF REFUSED, SKIP TO 236)
				
				NOT PRESENT/OTHER 3
				(SKIP TO 236)

MINOR RESPONDENT CONSENT FOR ADDITIONAL TESTING

		WOMAN 1	WOMAN 2	WOMAN 3
233	CHECK 224: WAS CONSENT GRANTED?	YES ☐ NO OR ☐ → ## NOT ASKED	YES ☐ NO OR ☐ → ## NOT ASKED	YES ☐ NO OR ☐ → ## NOT ASKED
234	ASK CONSENT FOR ADDITIONAL TESTING FROM MINOR RESPONDENT.	We ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These additional tests could include tests to see if individuals are protected against diseases such as measles and rubella, or other tests. The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?		

235	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)

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

M I N O R   R E S P O N D E N T   C O N S E N T   F O R   R D T   T E S T

		WOMAN 1	WOMAN 2	WOMAN 3
236	CHECK 226: WAS CONSENT GRANTED?	YES ☐ NO OR ☐ → ## NOT ASKED	YES ☐ NO OR ☐ → ## NOT ASKED	YES ☐ NO OR ☐ → ## NOT ASKED
237	ASK CONSENT FOR RDT TEST FROM MINOR RESPONDENT.	If you want to know your HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test. For the rapid HIV test, we need a few (more) drops of blood from a finger. We will use the same rapid tests used in the hospitals in Zambia. 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 result of the test will be available in 20-30 minutes. If the test is positive, I will give you a referral form to go to the nearest health facility for follow up with health technicians, as is recommended by the Ministry of Health. Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood for the rapid HIV testing?		
238	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	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

(Left vertical label: M I N O R   R E S P O N D E N T   C O N S E N T)

		WOMAN 1	WOMAN 2	WOMAN 3
239	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
240	ADDITIONAL TESTS.	IF ADULT RESPONDENT, CHECK 215; IF MINOR RESPONDENT, CHECK 224 AND 235 IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER	IF ADULT RESPONDENT, CHECK 215; IF MINOR RESPONDENT, CHECK 224 AND 235 IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER	IF ADULT RESPONDENT, CHECK 215; IF MINOR RESPONDENT, CHECK 224 AND 235 IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER
241	RECORD HEMOGLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET.	G/DL . . . . ☐☐.☐ NOT PRESENT . . . . 994 REFUSED . . . . 995 OTHER 996	G/DL . . . . ☐☐.☐ NOT PRESENT . . . . 994 REFUSED . . . . 995 OTHER 996	G/DL . . . . ☐☐.☐ NOT PRESENT . . . . 994 REFUSED . . . . 995 OTHER 996
242	PLACE BAR CODE LABEL.	PUT THE 1ST BAR CODE LABEL HERE. NOT PRESENT . . . . . . 99994 REFUSED . . . . 99995 OTHER . . . . 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM	PUT THE 1ST BAR CODE LABEL HERE. NOT PRESENT . . . . . . 99994 REFUSED . . . . 99995 OTHER . . . . 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM	PUT THE 1ST BAR CODE LABEL HERE. NOT PRESENT . . . . . . 99994 REFUSED . . . . 99995 OTHER . . . . 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____
243	RECORD THE RESULT OF THE "DETERMINE HIV RDT" HERE.	POSITIVE . . . . 1 NEGATIVE . . . . 2 (SKIP TO 246) NOT PRESENT . . . . 3 REFUSED . . . . 4 OTHER . . . . 5 (SKIP TO 248)	POSITIVE . . . . 1 NEGATIVE . . . . 2 (SKIP TO 246) NOT PRESENT . . . . 3 REFUSED . . . . 4 OTHER . . . . 5 (SKIP TO 248)	POSITIVE . . . . 1 NEGATIVE . . . . 2 (SKIP TO 246) NOT PRESENT . . . . 3 REFUSED . . . . 4 OTHER . . . . 5 (SKIP TO 248)
244	RECORD THE RESULT OF THE "UNIGOLD HIV RDT"	POSITIVE . . . . 1 NEGATIVE . . . . 2 (SKIP TO 247) NOT PRESENT . . . . 3 REFUSED . . . . 4 OTHER . . . . 5 (SKIP TO 248)	POSITIVE . . . . 1 NEGATIVE . . . . 2 (SKIP TO 247) NOT PRESENT . . . . 3 REFUSED . . . . 4 OTHER . . . . 5 (SKIP TO 248)	POSITIVE . . . . 1 NEGATIVE . . . . 2 (SKIP TO 247) NOT PRESENT . . . . 3 REFUSED . . . . 4 OTHER . . . . 5 (SKIP TO 248)
245	IF 243 AND 244 ARE POSITIVE, RESPONDENT IS HIV POSITIVE: INFORM SURVEY PARTICIPANT ABOUT POSITIVE HIV STATUS AND PROVIDE POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV CARE AND TREATMENT SERVICES ARE AVAILABLE. SKIP TO 248			
246	IF 243 IS NEGATIVE, RESPONDENT IS HIV NEGATIVE: INFORM THE RESPONDENT OF NEGATIVE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. SKIP TO 248			
247	IF 243 IS POSITIVE AND 244 IS NEGATIVE, RESPONDENT'S HIV STATUS IS INDETERMINATE: INFORM THE RESPONDENT OF INDETERMINATE TEST RESULT, AND CONDUCT POST-TEST COUNSELINTG. AS PART OF POST-TEST COUNSELING, RECOMMEND THAT RESPONDENT IS RETESTED IN 14 DAYS AND PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV TESTING CAN BE CONDUCTED.			

248	WHILE TESTING THIS PERSON, WAS ANY RDT INVALID/DID ANY RDT FAIL TO RUN, THAT IS, THE CONTROL BAND DID NOT APPEAR?	RDT CONDUCTED,
		  YES ANY INVALID 1
		RDT CONDUCTED,
		  NONE INVALID 2
		NO RDT CONDUCTED 3
		(SKIP TO 251)
			RDT CONDUCTED,
			  YES ANY INVALID 1
			RDT CONDUCTED,
			  NONE INVALID 2
			NO RDT CONDUCTED 3
			(SKIP TO 251)
				RDT CONDUCTED,
				  YES ANY INVALID 1
				RDT CONDUCTED,
				  NONE INVALID 2
				NO RDT CONDUCTED 3
				(SKIP TO 251)

249	RECORD NUMBER OF INVALID RESULTS USING "DETERMINE HIV RDT"	RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER 00	RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER 00	RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER 00
250	RECORD NUMBER OF INVALID RESULTS USING "UNIGOLD HIV RDT" HERE	RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER 00	RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER 00	RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER 00
251	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 | **INTERVIEWER:** USE THE APPROPRIATE OPTION FROM THE INTERVIEWER'S MENU TO LIST ALL MEN AGE 15-59 ELIGIBLE FOR BIOMARKER TESTING. IN EACH COLUMN, WRITE THE COMPLETE NAME, AGE AND LINE NUMBER AS THEY APPEAR IN THE REPORT ON YOUR TABLET. ALSO CIRCLE THE APPROPRIATE CODE FOR QUESTION 308. IF THE MAN'S AGE IS 15-17, COMPLETE QUESTION 309 USING THE MARITAL STATUS INFORMATION PRINTED IN THE TABLET'S REPORT. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S). |

		MAN 1	MAN 2	MAN 3
302	CHECK TABLET'S REPORT: WRITE MAN'S AGE WRITE MAN'S LINE NUMBER	NAME _____ AGE .... ☐☐ LINE NUMBER ...... ☐☐	NAME _____ AGE .... ☐☐ LINE NUMBER ...... ☐☐	NAME _____ AGE .... ☐☐ LINE NUMBER ...... ☐☐
308	CIRCLE CODE FOR AGE GROUP:	15-17 YEARS .... 1 18-59 YEARS .... 2 ⌐ (SKIP TO 310) ←	15-17 YEARS .... 1 18-59 YEARS .... 2 ⌐ (SKIP TO 310) ←	15-17 YEARS .... 1 18-59 YEARS .... 2 ⌐ (SKIP TO 310) ←
309	CIRCLE CODE FOR MARITAL STATUS:	CODE 4 (NEVER IN UNION) . 1 ⌐ (SKIP TO 316) ← OTHER 2	CODE 4 (NEVER IN UNION) . 1 ⌐ (SKIP TO 316) ← OTHER 2	CODE 4 (NEVER IN UNION) . 1 ⌐ (SKIP TO 316) ← OTHER 2

		MAN 1	MAN 2	MAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____
	BIOMARKER: BEFORE PROCEEDING WITH THE CONSENT STATEMENTS, ASK THE RESPONDENT HIS AGE AND MARITAL STATUS TO CONFIRM THE SKIP PATTERN IN Q308/Q309. IF THERE ARE ANY DISCREPANCIES THAT AFFECT THE INFORMED CONSENT PATTERN (MINOR VS. ADULT); GO BACK TO Q308/Q309 AND MAKE CORRECTIONS AND FOLLOW THE NEW SKIP PATTERN. PLEASE INFORM THE INTERVIEWER OF NEEDED ADJUSTMENTS IN THE HOUSEHOLD SCHEDULE (QH07/QH08), IF NECESSARY.			

A D U L T   R E S P O N D E N T   C O N S E N T   F O R   D B S   C O L L E C T I O N

| **A D U L T R E S P O N D E N T C O N S E N T** | 310 | ASK CONSENT FOR DBS COLLECTION. | As part of the survey we also are asking people all over the country to give blood for HIV testing to be done in a laboratory. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV.

For the HIV testing, we need a few drops of blood from a finger. The blood will be collected on a paper card. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. No names will be written on the paper card so we will not be able to tell you the test results. No one else will be able to know your test results either.

Do you have any questions?
You can say yes or no. It is up to you to decide.
Will you give blood on a paper card for HIV testing in a laboratory? | | |
| | 311 | CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER. | GRANTED .... 1 ⌐
RESPONDENT REFUSED ... 2 ⌐
←
_____
(SIGN AND ENTER YOUR FIELDWORKER NUMBER)
☐☐☐☐
(IF REFUSED, SKIP TO 314)
NOT PRESENT/OTHER .... 3 ⌐
(SKIP TO 314) ← | GRANTED .... 1 ⌐
RESPONDENT REFUSED ... 2 ⌐
←
_____
(SIGN AND ENTER YOUR FIELDWORKER NUMBER)
☐☐☐☐
(IF REFUSED, SKIP TO 314)
NOT PRESENT/OTHER .... 3 ⌐
(SKIP TO 314) ← | GRANTED .... 1 ⌐
RESPONDENT REFUSED ... 2 ⌐
←
_____
(SIGN AND ENTER YOUR FIELDWORKER NUMBER)
☐☐☐☐
(IF REFUSED, SKIP TO 314)
NOT PRESENT/OTHER .... 3 ⌐
(SKIP TO 314) ← |

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

A D U L T   R E S P O N D E N T   C O N S E N T   F O R   A D D I T I O N A L   T E S T I N G

312	ASK CONSENT FOR ADDITIONAL TESTING.	We ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These additional tests could include tests to see if individuals are protected against diseases such as measles and rubella, or other tests. The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?		
313	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED . . . . 1 RESPONDENT REFUSED . . . 2 _____ (SIGN)	GRANTED . . . . 1 RESPONDENT REFUSED . . . 2 _____ (SIGN)	GRANTED . . . . 1 RESPONDENT REFUSED . . . 2 _____ (SIGN)

A D U L T   R E S P O N D E N T   C O N S E N T   F O R   R D T   T E S T

314	ASK CONSENT FOR RDT TEST.	If you want to know your HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test. For the rapid HIV test, we need a few (more) drops of blood from a finger. We will use the same rapid tests used in the hospitals in Zambia. 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 result of the test will be available in 20-30 minutes. If the test is positive, I will give you a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health. Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood for the rapid HIV testing?		
315	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED . . . . 1 RESPONDENT REFUSED . . . 2 (SIGN, ENTER YOUR FIELDWORKER NUMBER, AND SKIP TO 332) ☐☐☐☐ NOT PRESENT/OTHER . . . . 3 (SKIP TO 332)	GRANTED . . . . 1 RESPONDENT REFUSED . . . 2 (SIGN, ENTER YOUR FIELDWORKER NUMBER, AND SKIP TO 332) ☐☐☐☐ NOT PRESENT/OTHER . . . . 3 (SKIP TO 332)	GRANTED . . . . 1 RESPONDENT REFUSED . . . 2 (SIGN, ENTER YOUR FIELDWORKER NUMBER, AND SKIP TO 332) ☐☐☐☐ NOT PRESENT/OTHER . . . . 3 (SKIP TO 332)

Left margin vertical text: ADULT RESPONDENT CONSENT

		MAN 1	MAN 2	MAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____
316	WRITE THE NAME OF THE PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT	NAME _____	NAME _____	NAME _____

P A R E N T A L / R E S P O N S I B L E   A D U L T   C O N S E N T   F O R   D B S   C O L L E C T I O N

317	ASK CONSENT FOR DBS COLLECTION FROM PARENT/ADULT.	As part of the survey we also are asking people all over the country to give blood for HIV testing to be done in a laboratory. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV.

For the HIV testing, we need a few drops of blood from a finger. The blood will be collected on a paper card. 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 the blood. No names will be written on the paper card so we will not be able to tell you the results of (NAME OF MINOR)'s test. No one else will be able to know (NAME OF MINOR)'s test results either.

Do you have any questions?
You can say yes or no. It is up to you to decide.
Will you allow (NAME OF MINOR) to give blood on a paper card for HIV testing in a laboratory?

318	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	MAN 1	MAN 2	MAN 3

		GRANTED 1
		 PARENT/OTHER
		   RESPONSIBLE
		   ADULT REFUSED 2
		
		 (SIGN AND ENTER YOUR FIELDWORKER NUMBER)
		 ☐☐☐☐
		 (IF REFUSED, SKIP TO 321)
		 NOT PRESENT/OTHER 3
		 (SKIP TO 321)
			GRANTED 1
			 PARENT/OTHER
			   RESPONSIBLE
			   ADULT REFUSED 2
			
			 (SIGN AND ENTER YOUR FIELDWORKER NUMBER)
			 ☐☐☐☐
			 (IF REFUSED, SKIP TO 321)
			 NOT PRESENT/OTHER 3
			 (SKIP TO 321)
				GRANTED 1
				 PARENT/OTHER
				   RESPONSIBLE
				   ADULT REFUSED 2
				
				 (SIGN AND ENTER YOUR FIELDWORKER NUMBER)
				 ☐☐☐☐
				 (IF REFUSED, SKIP TO 321)
				 NOT PRESENT/OTHER 3
				 (SKIP TO 321)

P A R E N T A L / R E S P O N S I B L E   A D U L T   C O N S E N T   F O R   A D D I T I O N A L   T E S T I N G

319	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/ADULT.	We ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These additional tests could include tests to see if individuals are protected against diseases such as measles and rubella, or other tests.

The blood sample will not have any name or other data attached that could identify (NAME OF MINOR). You do not have to agree. If you do not want the blood sample stored for additional testing, (NAME OF MINOR) can still participate in the HIV testing in this survey.

Will you allow us to keep the blood sample stored for additional testing?

320	CIRCLE THE CODE AND SIGN YOUR NAME.	MAN 1	MAN 2	MAN 3

		GRANTED 1
		 PARENT/OTHER
		   RESPONSIBLE
		   ADULT REFUSED 2
		
		 _____
		 (SIGN)
			GRANTED 1
			 PARENT/OTHER
			   RESPONSIBLE
			   ADULT REFUSED 2
			
			 _____
			 (SIGN)
				GRANTED 1
				 PARENT/OTHER
				   RESPONSIBLE
				   ADULT REFUSED 2
				
				 _____
				 (SIGN)

(Left margin, section 317-318: PARENT—RESP ADULT CONSENT)
(Left margin, section 319-320: PARENT—RESP ADULT CONSENT)

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

PARENTAL/RESPONSIBLE ADULT CONSENT FOR RDT TEST

		MAN 1	MAN 2	MAN 3
321	ASK CONSENT FOR RDT TEST FROM PARENT/ADULT.	If you want (NAME OF MINOR) to know his HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test. For the rapid HIV test, we need a few (more) drops of blood from a finger. We will use the same rapid tests used in the hospitals in Zambia. 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 result of the test will be available in 20-30 minutes. If the test is positive, I will give (NAME OF MINOR) a referral form to go to the nearest health facility for follow up with health technicians, as is recommended by the Ministry of Health. Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF MINOR) to give blood for the rapid HIV test?		

322	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED 1
		PARENT/OTHER
		  RESPONSIBLE
		  ADULT REFUSED 2
		
		(SIGN AND ENTER YOUR FIELDWORKER NUMBER)
		□□□□
		
		NOT PRESENT/OTHER 3
			GRANTED 1
			PARENT/OTHER
			  RESPONSIBLE
			  ADULT REFUSED 2
			
			(SIGN AND ENTER YOUR FIELDWORKER NUMBER)
			□□□□
			
			NOT PRESENT/OTHER 3
				GRANTED 1
				PARENT/OTHER
				  RESPONSIBLE
				  ADULT REFUSED 2
				
				(SIGN AND ENTER YOUR FIELDWORKER NUMBER)
				□□□□
				
				NOT PRESENT/OTHER 3

MINOR RESPONDENT CONSENT FOR DBS COLLECTION

		MAN 1	MAN 2	MAN 3
323	CHECK 318: WAS CONSENT GRANTED?	YES □ NO OR □ → ## NOT ASKED	YES □ NO OR □ → ## NOT ASKED	YES □ NO OR □ → ## NOT ASKED
324	ASK CONSENT FOR DBS COLLECTION FROM MINOR RESPONDENT.	As part of the survey we also are asking people all over the country to give blood for HIV testing to be done in a laboratory. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV. For the HIV testing, we need a few drops of blood from a finger. The blood will be collected on a paper card. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. No names will be written on the paper card so we will not be able to tell you the test results. No one else will be able to know your test results either. Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood on a paper card for HIV testing in a laboratory?		

325	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1
		MINOR RESPONDENT
		  REFUSED 2
		
		_____
		(SIGN)
		(IF REFUSED, SKIP TO 329)
		
		NOT PRESENT/OTHER 3
		(SKIP TO 329)
			GRANTED 1
			MINOR RESPONDENT
			  REFUSED 2
			
			_____
			(SIGN)
			(IF REFUSED, SKIP TO 329)
			
			NOT PRESENT/OTHER 3
			(SKIP TO 329)
				GRANTED 1
				MINOR RESPONDENT
				  REFUSED 2
				
				_____
				(SIGN)
				(IF REFUSED, SKIP TO 329)
				
				NOT PRESENT/OTHER 3
				(SKIP TO 329)

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

M I N O R R E S P O N D E N T C O N S E N T F O R A D D I T I O N A L T E S T I N G				
326	CHECK 320: WAS CONSENT GRANTED?	YES ☐ NO OR ☐ → ## NOT ASKED	YES ☐ NO OR ☐ → ## NOT ASKED	YES ☐ NO OR ☐ → ## NOT ASKED
327	ASK CONSENT FOR ADDITIONAL TESTING FROM MINOR RESPONDENT.	We ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These additional tests could include tests to see if individuals are protected against diseases such as measles and rubella, or other tests. The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?		

328	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)

(Left margin vertical label: MINOR RESPONDENT CONSENT)

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

M I N O R   R E S P O N D E N T   C O N S E N T   F O R   R D T   T E S T

			MAN 1	MAN 2	MAN 3
M I N O R R E S P O N D E N T C O N S E N T	329	CHECK 322: WAS CONSENT GRANTED?	YES ☐ NO OR ☐ → ## NOT ASKED	YES ☐ NO OR ☐ → ## NOT ASKED	YES ☐ NO OR ☐ → ## NOT ASKED
	330	ASK CONSENT FOR RDT TEST FROM MINOR RESPONDENT.	If you want to know your HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test. For the rapid HIV test, we need a few (more) drops of blood from a finger. We will use the same rapid tests used in the hospitals in Zambia. 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 result of the test will be available in 20-30 minutes. If the test is positive, I will give you a referral form to go to the nearest health facility for follow up with health technicians, as is recommended by the Ministry of Health. Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood for the rapid HIV testing?		

	331	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED . . . . 1 ⌐
			 MINOR RESPONDENT
			   REFUSED . . . . 2 ←
			
			 _____
			 (SIGN)
			
			 NOT PRESENT/OTHER 3
				GRANTED . . . . 1 ⌐
				 MINOR RESPONDENT
				   REFUSED . . . . 2 ←
				
				 _____
				 (SIGN)
				
				 NOT PRESENT/OTHER 3
					GRANTED . . . . 1 ⌐
					 MINOR RESPONDENT
					   REFUSED . . . . 2 ←
					
					 _____
					 (SIGN)
					
					 NOT PRESENT/OTHER 3

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

332	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
333	ADDITIONAL TESTS.	IF ADULT RESPONDENT, CHECK 313; IF MINOR RESPONDENT, CHECK 320 AND 328. IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	IF ADULT RESPONDENT, CHECK 313; IF MINOR RESPONDENT, CHECK 320 AND 328. IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	IF ADULT RESPONDENT, CHECK 313; IF MINOR RESPONDENT, CHECK 320 AND 328. IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.
334	PLACE BAR CODE LABEL.	PUT THE 1ST BAR CODE LABEL HERE. NOT PRESENT . . . . . . 99994 REFUSED . . . . 99995 OTHER . . . . 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. NOT PRESENT . . . . . . 99994 REFUSED . . . . 99995 OTHER . . . . 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. NOT PRESENT . . . . . . 99994 REFUSED . . . . 99995 OTHER . . . . 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.

		MAN 1	MAN 2	MAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____
335	RECORD THE RESULT OF THE "DETERMINE HIV RDT" HERE.	POSITIVE . . . . 1 NEGATIVE . . . . 2 (SKIP TO 338) NOT PRESENT . . . . 3 REFUSED . . . . 4 OTHER . . . . 5 (SKIP TO 340)	POSITIVE . . . . 1 NEGATIVE . . . . 2 (SKIP TO 338) NOT PRESENT . . . . 3 REFUSED . . . . 4 OTHER . . . . 5 (SKIP TO 340)	POSITIVE . . . . 1 NEGATIVE . . . . 2 (SKIP TO 338) NOT PRESENT . . . . 3 REFUSED . . . . 4 OTHER . . . . 5 (SKIP TO 340)
336	RECORD THE RESULT OF THE "UNIGOLD HIV RDT"	POSITIVE . . . . 1 NEGATIVE . . . . 2 (SKIP TO 339) NOT PRESENT . . . . 3 REFUSED . . . . 4 OTHER . . . . 5 (SKIP TO 340)	POSITIVE . . . . 1 NEGATIVE . . . . 2 (SKIP TO 339) NOT PRESENT . . . . 3 REFUSED . . . . 4 OTHER . . . . 5 (SKIP TO 340)	POSITIVE . . . . 1 NEGATIVE . . . . 2 (SKIP TO 339) NOT PRESENT . . . . 3 REFUSED . . . . 4 OTHER . . . . 5 (SKIP TO 340)
337	IF 335 AND 336 ARE POSITIVE, RESPONDENT IS HIV POSITIVE: INFORM SURVEY PARTICIPANT ABOUT POSITIVE HIV STATUS AND PROVIDE POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV CARE AND TREATMENT SERVICES ARE AVAILABLE. SKIP TO 340			
338	IF 335 IS NEGATIVE, RESPONDENT IS HIV NEGATIVE: INFORM THE RESPONDENT OF NEGATIVE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. SKIP TO 340			
339	IF 335 IS POSITIVE AND 336 IS NEGATIVE, RESPONDENT'S HIV STATUS IS INDETERMINATE: INFORM THE RESPONDENT OF INDETERMINATE TEST RESULT, AND CONDUCT POST-TEST COUNSELINTG. AS PART OF POST-TEST COUNSELING, RECOMMEND THAT RESPONDENT IS RETESTED IN 14 DAYS AND PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV TESTING CAN BE CONDUCTED.			
340	WHILE TESTING THIS PERSON, WAS ANY RDT INVALID/DID ANY RDT FAIL TO RUN, THAT IS, THE CONTROL BAND	RDT CONDUCTED, YES ANY INVALID . . . . . . 1 RDT CONDUCTED, NONE INVALID . . . . 2 NO RDT CONDUCTED . . . . 3 (SKIP TO 343)	RDT CONDUCTED, YES ANY INVALID . . . . . . 1 RDT CONDUCTED, NONE INVALID . . . . 2 NO RDT CONDUCTED . . . . 3 (SKIP TO 343)	RDT CONDUCTED, YES ANY INVALID . . . . . . 1 RDT CONDUCTED, NONE INVALID . . . . 2 NO RDT CONDUCTED . . . . 3 (SKIP TO 343)
341	RECORD NUMBER OF INVALID RESULTS USING "DETERMINE HIV RDT"	RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER 00	RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER 00	RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER 00
342	RECORD NUMBER OF INVALID RESULTS USING "UNIGOLD HIV RDT" HERE	RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER 00	RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER 00	RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER 00
343	GO BACK TO 302 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE MEN, END INTERVIEW.			

FIELDWORKER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING BIOMARKERS

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SUPERVISOR'S OBSERVATIONS

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EDITOR'S OBSERVATIONS

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