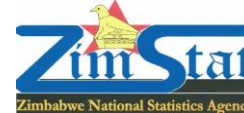




DEMOGRAPHIC AND HEALTH SURVEYS
BIOMARKER QUESTIONNAIRE
Zimbabwe
ZIMSTAT

FORMATTING DATE: 14 April 2015



IDENTIFICATION							
PLACE NAME _____							
NAME OF HOUSEHOLD HEAD _____							
CLUSTER NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td></tr> </table>			
HOUSEHOLD NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td></tr> </table>			
INTERVIEWER VISITS							
	1	2	3	FINAL VISIT			
DATE	_____	_____	_____	DAY <table border="1" style="width: 40px; height: 20px; float: right;"></table>			
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="width: 40px; height: 20px; float: right;"></table>			
				YEAR <table border="1" style="width: 60px; height: 20px; float: right;"></table>			
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px; float: right;"></table>			
TIME	_____	_____					
NOTES: _____ _____ _____ _____				TOTAL ELIGIBLE WOMEN <table border="1" style="width: 40px; height: 20px; float: right;"></table>			
				TOTAL ELIGIBLE MEN <table border="1" style="width: 40px; height: 20px; float: right;"></table>			
				TOTAL ELIGIBLE CHILDREN <table border="1" style="width: 40px; height: 20px; float: right;"></table>			
LANGUAGE OF QUESTIONNAIRE** <table border="1" style="width: 40px; height: 20px; text-align: center;">0</table> <table border="1" style="width: 40px; height: 20px; text-align: center;">1</table>		LANGUAGE OF INTERVIEW** <table border="1" style="width: 40px; height: 20px;"></table> <table border="1" style="width: 40px; height: 20px;"></table>		TRANSLATOR (YES = 1, NO = 2) <table border="1" style="width: 40px; height: 20px;"></table>			
LANGUAGE OF QUESTIONNAIRE** ENGLISH		**LANGUAGE CODES: 01 ENGLISH 03 SHONA 02 NDEBELE					
SUPERVISOR _____ NAME <table border="1" style="width: 40px; height: 20px; float: right;"></table> <table border="1" style="width: 40px; height: 20px; float: right;"></table> NUMBER		FIELD EDITOR _____ NAME <table border="1" style="width: 40px; height: 20px; float: right;"></table> <table border="1" style="width: 40px; height: 20px; float: right;"></table> NUMBER		OFFICE EDITOR <table border="1" style="width: 40px; height: 20px;"></table> <table border="1" style="width: 40px; height: 20px;"></table> NUMBER			
				KEYED BY <table border="1" style="width: 40px; height: 20px;"></table> <table border="1" style="width: 40px; height: 20px;"></table> NUMBER			

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

101	CHECK COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 102; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1 (AGE 0-5)	CHILD 2 (AGE 0-5)	CHILD 3 (AGE 0-5)
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11. NAME FROM COLUMN 2.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM BIRTH HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
104	CHECK 103: CHILD BORN IN 2010-2015?	YES 1 NO 2 (SKIP TO 121) ←	YES 1 NO 2 (SKIP TO 121) ←	YES 1 NO 2 (SKIP TO 121) ←
105	WEIGHT IN KILOGRAMS.	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
106	HEIGHT IN CENTIMETERS.	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 108) ←	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 108) ←	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 108) ←
107	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2
108	MEASURER: ENTER YOUR INTERVIEWER NUMBER.	<input type="text"/> <input type="text"/> <input type="text"/> INTERVIEWER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> INTERVIEWER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> INTERVIEWER NUMBER
108A	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD FROM COLUMN 1 OF HOUSEHOLD SCHEDULE.	LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)
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 113) ← OLDER 2	0-5 MONTHS 1 (SKIP TO 113) ← OLDER 2	0-5 MONTHS 1 (SKIP TO 113) ← OLDER 2

101	CHECK COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 102; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1 (AGE 0-5)	CHILD 2 (AGE 0-5)	CHILD 3 (AGE 0-5)
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11. NAME FROM COLUMN 2.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____

PARENTAL/RESPONSIBLE ADULT CONSENT FOR CHILD ANAEMIA TEST

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 3	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT 3	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT 3

PARENTAL/RESPONSIBLE ADULT CONSENT FOR CHILD DBS COLLECTION

113	ASK CONSENT FOR DBS COLLECTION FROM PARENT/OTHER ADULT.	PROVIDE PARENT/RESPONSIBLE ADULT WITH PARENTAL CONSENT FORM.		
114	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ (SIGN) ← REFUSED 2 (SIGN AND ENTER YOUR INTERVIEWER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 117) NOT PRESENT 3 (SKIP TO 117) ←	GRANTED 1 _____ (SIGN) ← REFUSED 2 (SIGN AND ENTER YOUR INTERVIEWER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 117) NOT PRESENT 3 (SKIP TO 117) ←	GRANTED 1 _____ (SIGN) ← REFUSED 2 (SIGN AND ENTER YOUR INTERVIEWER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 117) NOT PRESENT 3 (SKIP TO 117) ←

PARENTAL/RESPONSIBLE ADULT CONSENT FOR CHILD ADDITIONAL TESTING

115	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/ADULT.	PROVIDE PARENT/RESPONSIBLE ADULT WITH PARENTAL CONSENT FORM.		
116	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT 3	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT 3	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT 3
117	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			

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

101	CHECK COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 102; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1 (AGE 0-5)	CHILD 2 (AGE 0-5)	CHILD 3 (AGE 0-5)
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11. NAME FROM COLUMN 2.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
118	ADDITIONAL TESTS.	CHECK 116. IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	CHECK 116. IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	CHECK 116. IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.
119	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT..... 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT..... 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT..... 994 REFUSED 995 OTHER 996
120	PLACE BAR CODE LABEL. CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 7 (AGE): IF LESS THAN 2 YEARS, USE A BAR CODE ON BLUE PAPER IF 2 YEARS OR MORE, USE A BAR CODE ON WHITE PAPER	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.
121	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 122.			

		CHILD 4 (AGE 0-5)	CHILD 5 (AGE 0-5)	CHILD 6 (AGE 0-5)
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11. NAME FROM COLUMN 2.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM BIRTH HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
104	CHECK 103: CHILD BORN IN 2010-2015?	YES 1 NO 2 (SKIP TO 121) ←	YES 1 NO 2 (SKIP TO 121) ←	YES 1 NO 2 (SKIP TO 121) ←
105	WEIGHT IN KILOGRAMS.	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
106	HEIGHT IN CENTIMETERS.	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 108) ←	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 108) ←	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 108) ←
107	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2
108	MEASURER: ENTER YOUR INTERVIEWER NUMBER.	<input type="text"/> <input type="text"/> <input type="text"/> INTERVIEWER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> INTERVIEWER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> INTERVIEWER NUMBER
108A	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD FROM COLUMN 1 OF HOUSEHOLD SCHEDULE.	LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)
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 113) ← OLDER 2	0-5 MONTHS 1 (SKIP TO 113) ← OLDER 2	0-5 MONTHS 1 (SKIP TO 113) ← OLDER 2

		CHILD 4 (AGE 0-5)	CHILD 5 (AGE 0-5)	CHILD 6 (AGE 0-5)
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11. NAME FROM COLUMN 2.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____

PARENTAL/RESPONSIBLE ADULT CONSENT FOR CHILD ANEMIA TEST				
111	ASK CONSENT FOR ANEMIA 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 3	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT 3	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT 3

PARENTAL/RESPONSIBLE ADULT CONSENT FOR CHILD DBS COLLECTION				
113	ASK CONSENT FOR DBS COLLECTION FROM PARENT/OTHER ADULT.	PROVIDE PARENT/RESPONSIBLE ADULT WITH PARENTAL CONSENT FORM.		
114	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ (SIGN) ← REFUSED 2 (SIGN AND ENTER YOUR INTERVIEWER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 117) NOT PRESENT 3 (SKIP TO 117) ←	GRANTED 1 _____ (SIGN) ← REFUSED 2 (SIGN AND ENTER YOUR INTERVIEWER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 117) NOT PRESENT 3 (SKIP TO 117) ←	GRANTED 1 _____ (SIGN) ← REFUSED 2 (SIGN AND ENTER YOUR INTERVIEWER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 117) NOT PRESENT 3 (SKIP TO 117) ←

PARENTAL/RESPONSIBLE ADULT CONSENT FOR CHILD ADDITIONAL TESTING				
115	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/ADULT.	PROVIDE PARENT/RESPONSIBLE ADULT WITH PARENTAL CONSENT FORM.		
116	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT 3	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT 3	GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT 3
117	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			

		CHILD 4 (AGE 0-5)	CHILD 5 (AGE 0-5)	CHILD 6 (AGE 0-5)
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11. NAME FROM COLUMN 2.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
118	ADDITIONAL TESTS.	CHECK 116. IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	CHECK 116. IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	CHECK 116. IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.
119	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED995 OTHER996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED995 OTHER996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED995 OTHER996
120	PLACE BAR CODE LABEL. CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 7 (AGE): IF LESS THAN 2 YEARS, USE A BAR CODE ON BLUE PAPER IF 2 YEARS OR MORE, USE A BAR CODE ON WHITE PAPER	<div style="border: 2px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 2px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 2px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
121	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 122.			

HIV TESTING FOR CHILDREN AGE 6-14

122	CHECK COLUMN 11A IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 6-14 YEARS IN QUESTION 123; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1 (AGE 6-14)	CHILD 2 (AGE 6-14)	CHILD 3 (AGE 6-14)
123	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11A. NAME FROM COLUMN 2.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
124	CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 7 (AGE):	6-11 YEARS 1 (SKIP TO 130) ← 12-14 YEARS 2	6-11 YEAR 1 (SKIP TO 130) ← 12-14 YEARS 2	6-11 YEAR 1 (SKIP TO 130) ← 12-14 YEARS 2
125	CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 8 (MARITAL STATUS):	CODE 4 (NEVER IN UNION) 1 (SKIP TO 130) ← OTHER 2	CODE 4 (NEVER IN UNION) 1 (SKIP TO 130) ← OTHER 2	CODE 4 (NEVER IN UNION) 1 (SKIP TO 130) ← OTHER 2

EMANCIPATED ADOLESCENT CONSENT FOR DBS COLLECTION

126	ASK CONSENT FOR DBS COLLECTION.	PROVIDE ADOLESCENT WITH EMANCIPATED ADOLESCENT CONSENT FORM.		
127	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	GRANTED 1 RESPONDENT REFUSED ... 2 ← (SIGN AND ENTER YOUR INTERVIEWER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 142) NOT PRESENT 3 (SKIP TO 142) ←	GRANTED 1 RESPONDENT REFUSED ... 2 ← (SIGN AND ENTER YOUR INTERVIEWER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 142) NOT PRESENT 3 (SKIP TO 142) ←	GRANTED 1 RESPONDENT REFUSED ... 2 ← (SIGN AND ENTER YOUR INTERVIEWER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 142) NOT PRESENT 3 (SKIP TO 142) ←

EMANCIPATED ADOLESCENT CONSENT FOR ADDITIONAL TESTING

128	ASK CONSENT FOR ADDITIONAL TESTING.	PROVIDE ADOLESCENT WITH EMANCIPATED ADOLESCENT CONSENT FORM.		
129	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED ... 2 ← (SIGN AND SKIP TO 140)	GRANTED 1 RESPONDENT REFUSED ... 2 ← (SIGN AND SKIP TO 140)	GRANTED 1 RESPONDENT REFUSED ... 2 ← (SIGN AND SKIP TO 140)

HIV TESTING FOR CHILDREN AGE 6-14

		CHILD 1 (AGE 6-14)	CHILD 2 (AGE 6-14)	CHILD 3 (AGE 6-14)
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____
PARENTAL/RESPONSIBLE ADULT CONSENT FOR DBS COLLECTION				
130	ASK CONSENT FOR DBS COLLECTION FROM PARENT/ADULT.	PROVIDE PARENT/RESPONSIBLE ADULT WITH PARENTAL CONSENT FORM.		
131	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 142) NOT PRESENT 3 (SKIP TO 142)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 142) NOT PRESENT 3 (SKIP TO 142)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 142) NOT PRESENT 3 (SKIP TO 142)
132	CHECK 124: CHILD AGE 6 YEARS ?	6 YEARS 1 (SKIP TO 135) 7-14 YEARS 2	6 YEARS 1 (SKIP TO 135) 7-14 YEARS 2	6 YEARS 1 (SKIP TO 135) 7-14 YEARS 2
MINOR RESPONDENT CONSENT FOR DBS COLLECTION				
133	ASK CONSENT FOR DBS COLLECTION FROM MINOR RESPONDENT.	PROVIDE MINOR WITH ASSENT FORM.		
134	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN AND ENTER YOUR INTERVIEWER NUMBER) [][][] (IF REFUSED, SKIP TO 142) NOT PRESENT 3 (SKIP TO 142)	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN AND ENTER YOUR INTERVIEWER NUMBER) [][][] (IF REFUSED, SKIP TO 142) NOT PRESENT 3 (SKIP TO 142)	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN AND ENTER YOUR INTERVIEWER NUMBER) [][][] (IF REFUSED, SKIP TO 142) NOT PRESENT 3 (SKIP TO 142)

HIV TESTING FOR CHILDREN AGE 6-14

		CHILD 1 (AGE 6-14)	CHILD 2 (AGE 6-14)	CHILD 3 (AGE 6-14)
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____

PARENTAL/RESPONSIBLE ADULT CONSENT FOR ADDITIONAL TESTING

135	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/ADULT.	PROVIDE PARENT/RESPONSIBLE ADULT WITH PARENTAL CONSENT FORM.		
136	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 140)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 140)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 140)

137	CHECK 124: CHILD AGE 6 YEARS ?	6 YEARS 1 (SKIP TO 140) ← 7-14 YEARS 2	6 YEARS 1 (SKIP TO 140) ← 7-14 YEARS 2	6 YEARS 1 (SKIP TO 140) ← 7-14 YEARS 2
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MINOR RESPONDENT CONSENT FOR ADDITIONAL TESTING

138	ASK CONSENT FOR ADDITIONAL TESTING FROM MINOR RESPONDENT.	PROVIDE MINOR WITH ASSENT FORM.		
139	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)

140	ADDITIONAL TESTS.	IF EMANCIPATED ADOLESCENT RESPONDENT, CHECK 129; IF MINOR RESPONDENT, CHECK 136 AND 139 IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	IF ADULT RESPONDENT, CHECK 129 IF MINOR RESPONDENT, CHECK 136 AND 139 IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	IF ADULT RESPONDENT, CHECK 129 IF MINOR RESPONDENT, CHECK 136 AND 139 IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.
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141	PLACE BAR CODE LABEL.	<div style="border: 2px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 2px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 2px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
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142	GO BACK TO 123 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN GO TO 201.			
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		CHILD 4 (AGE 6-14)	CHILD 5 (AGE 6-14)	CHILD 6 (AGE 6-14)
123	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11A. NAME FROM COLUMN 2.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
124	CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 7 (AGE):	6-11 YEARS 1 (SKIP TO 130) ← 12-14 YEARS 2	6-11 YEARS 1 (SKIP TO 130) ← 12-14 YEARS 2	6-11 YEARS 1 (SKIP TO 130) ← 12-14 YEARS 2
125	CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 8 (MARITAL STATUS):	CODE 4 (NEVER IN UNION) 1 (SKIP TO 130) ← OTHER 2	CODE 4 (NEVER IN UNION) 1 (SKIP TO 130) ← OTHER 2	CODE 4 (NEVER IN UNION) 1 (SKIP TO 130) ← OTHER 2

EMANCIPATED ADOLESCENT CONSENT FOR DBS COLLECTION

126	ASK CONSENT FOR DBS COLLECTION.	PROVIDE ADOLESCENT WITH EMANCIPATED ADOLESCENT CONSENT FORM.		
127	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	GRANTED 1 RESPONDENT REFUSED ... 2 ← _____ (SIGN AND ENTER YOUR INTERVIEWER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 142) NOT PRESENT 3 (SKIP TO 142) ←	GRANTED 1 RESPONDENT REFUSED ... 2 ← _____ (SIGN AND ENTER YOUR INTERVIEWER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 142) NOT PRESENT 3 (SKIP TO 142) ←	GRANTED 1 RESPONDENT REFUSED ... 2 ← _____ (SIGN AND ENTER YOUR INTERVIEWER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 142) NOT PRESENT 3 (SKIP TO 142) ←

EMANCIPATED ADOLESCENT CONSENT FOR ADDITIONAL TESTING

128	ASK CONSENT FOR ADDITIONAL TESTING.	PROVIDE ADOLESCENT WITH EMANCIPATED ADOLESCENT CONSENT FORM.		
129	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED ... 2 ← _____ (SIGN AND SKIP TO 140)	GRANTED 1 RESPONDENT REFUSED ... 2 ← _____ (SIGN AND SKIP TO 140)	GRANTED 1 RESPONDENT REFUSED ... 2 ← _____ (SIGN AND SKIP TO 140)

HIV TESTING FOR CHILDREN AGE 6-14

		CHILD 4 (AGE 6-14)	CHILD 5 (AGE 6-14)	CHILD 6 (AGE 6-14)
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____
PARENTAL/RESPONSIBLE ADULT CONSENT FOR DBS COLLECTION				
130	ASK CONSENT FOR DBS COLLECTION FROM PARENT/ADULT.	PROVIDE PARENT/RESPONSIBLE ADULT WITH PARENTAL CONSENT FORM.		
131	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 142) NOT PRESENT 3 (SKIP TO 142)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 142) NOT PRESENT 3 (SKIP TO 142)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 142) NOT PRESENT 3 (SKIP TO 142)
132	CHECK 124: CHILD AGE 6 YEARS ?	6 YEARS 1 (SKIP TO 135) 7-14 YEARS 2	6 YEARS 1 (SKIP TO 135) 7-14 YEARS 2	6 YEARS 1 (SKIP TO 135) 7-14 YEARS 2
MINOR RESPONDENT CONSENT FOR DBS COLLECTION				
133	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/ADULT.	PROVIDE MINOR WITH ASSENT FORM.		
134	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 142)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 142)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 142)

HIV TESTING FOR CHILDREN AGE 6-14

	CHILD 4 (AGE 6-14)	CHILD 5 (AGE 6-14)	CHILD 6 (AGE 6-14)
NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____

PARENTAL/RESPONSIBLE ADULT CONSENT FOR ADDITIONAL TESTING

135	ASK CONSENT FOR DBS COLLECTION FROM MINOR RESPONDENT.	PROVIDE PARENT/RESPONSIBLE ADULT WITH PARENTAL CONSENT FORM.		
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136	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN AND ENTER YOUR INTERVIEWER NUMBER) [][][] (IF REFUSED, SKIP TO 140) NOT PRESENT 3 (SKIP TO 140)	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN AND ENTER YOUR INTERVIEWER NUMBER) [][][] (IF REFUSED, SKIP TO 140) NOT PRESENT 3 (SKIP TO 140)	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN AND ENTER YOUR INTERVIEWER NUMBER) [][][] (IF REFUSED, SKIP TO 140) NOT PRESENT 3 (SKIP TO 140)
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137	CHECK 124: CHILD AGE 6 YEARS ?	6 YEARS 1 (SKIP TO 140) 7-14 YEARS 2	6 YEARS 1 (SKIP TO 140) 7-14 YEARS 2	6 YEARS 1 (SKIP TO 140) 7-14 YEARS 2
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MINOR RESPONDENT CONSENT FOR ADDITIONAL TESTING

138	ASK CONSENT FOR ADDITIONAL TESTING FROM MINOR RESPONDENT.	PROVIDE MINOR WITH ASSENT FORM.		
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139	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)
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140	ADDITIONAL TESTS.	IF EMANCIPATED ADOLESCENT, CHECK 129; IF MINOR RESPONDENT, CHECK 136 AND 139. IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	IF EMANCIPATED ADOLESCENT, CHECK 129 IF MINOR RESPONDENT, CHECK 136 AND 139. IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	IF EMANCIPATED ADOLESCENT, CHECK 129; IF MINOR RESPONDENT, CHECK 136 AND 139. IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.
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141	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.
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142	GO BACK TO 123 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN GO TO 201.			
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WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND HIV TESTING FOR WOMEN AGE 15-49

201	CHECK COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE WOMEN IN 202, 203, AND 204. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		WOMAN 1	WOMAN 2	WOMAN 3
202	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 9. NAME FROM COLUMN 2.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
203	CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 7 (AGE):	15-17 YEARS 1 18-49 YEARS 2	15-17 YEARS 1 18-49 YEARS 2	15-17 YEARS 1 18-49 YEARS 2
204	CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 8 (MARITAL STATUS):	CODE 4 (NEVER IN UNION) . 1 OTHER 2	CODE 4 (NEVER IN UNION) . 1 OTHER 2	CODE 4 (NEVER IN UNION) . 1 OTHER 2
205	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996
206	HEIGHT IN CENTIMETERS.	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
207	MEASURER: ENTER YOUR INTERVIEWER NUMBER.	<input type="text"/> <input type="text"/> <input type="text"/> INTERVIEWER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> INTERVIEWER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> INTERVIEWER NUMBER
208	CHECK 203: AGE	15-17 YEARS 1 18-49 YEARS 2 (SKIP TO 210) ←	15-17 YEARS 1 18-49 YEARS 2 (SKIP TO 210) ←	15-17 YEARS 1 18-49 YEARS 2 (SKIP TO 210) ←
209	CHECK 204: MARITAL STATUS	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 216) ← OTHER 2	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 216) ← OTHER 2	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 216) ← OTHER 2

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

ADULT RESPONDENT CONSENT FOR ANEMIA TEST

210	ASK CONSENT FOR ANEMIA TEST.	PROVIDE ADULT CONSENT FORM.		
211	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF REFUSED, SKIP TO 212) NOT PRESENT 3 (SKIP TO 212) ←	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF REFUSED, SKIP TO 212) NOT PRESENT 3 (SKIP TO 212) ←	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF REFUSED, SKIP TO 212) NOT PRESENT 3 (SKIP TO 212) ←
211A	CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8

ADULT RESPONDENT CONSENT FOR DBS COLLECTION

212	ASK CONSENT FOR DBS COLLECTION.	PROVIDE ADULT CONSENT FORM.		
213	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND ENTER YOUR INTERVIEWER NUMBER) [][] (IF REFUSED, SKIP TO 229) NOT PRESENT 3 (SKIP TO 229) ←	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND ENTER YOUR INTERVIEWER NUMBER) [][] (IF REFUSED, SKIP TO 229) NOT PRESENT 3 (SKIP TO 229) ←	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND ENTER YOUR INTERVIEWER NUMBER) [][] (IF REFUSED, SKIP TO 229) NOT PRESENT 3 (SKIP TO 229) ←

ADULT RESPONDENT CONSENT FOR ADDITIONAL TESTING

214	ASK CONSENT FOR ADDITIONAL TESTING.	PROVIDE ADULT CONSENT FORM.		
215	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND SKIP TO 229)	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND SKIP TO 229)	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND SKIP TO 229)

216	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT [][] (RECORD '00' IF NOT LISTED)	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT [][] (RECORD '00' IF NOT LISTED)	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT [][] (RECORD '00' IF NOT LISTED)
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		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____
PARENTAL/RESPONSIBLE ADULT CONSENT FOR ANEMIA TEST				
217	ASK CONSENT FOR ANEMIA TEST FROM PARENT/ADULT.	PROVIDE PARENT/RESPONSIBLE ADULT WITH PARENTAL CONSENT.		
218	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 221) NOT PRESENT 3 (SKIP TO 221) ←	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 221) NOT PRESENT 3 (SKIP TO 221) ←	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 221) NOT PRESENT 3 (SKIP TO 221) ←

MINOR RESPONDENT CONSENT FOR ANEMIA TEST				
219	ASK CONSENT FOR ANEMIA TEST FROM RESPONDENT.	PROVIDE ADOLESCENT WITH ADOLESCENT ASSENT FORM.		
220	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 221) NOT PRESENT 3 (SKIP TO 221) ←	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 221) NOT PRESENT 3 (SKIP TO 221) ←	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 221) NOT PRESENT 3 (SKIP TO 221) ←
220A	CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8

PARENTAL/RESPONSIBLE ADULT CONSENT FOR DBS COLLECTION				
221	ASK CONSENT FOR DBS COLLECTION FROM PARENT/ADULT.	PROVIDE PARENT/RESPONSIBLE ADULT WITH PARENTAL CONSENT.		
222	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 229) NOT PRESENT 3 (SKIP TO 229) ←	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 229) NOT PRESENT 3 (SKIP TO 229) ←	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 229) NOT PRESENT 3 (SKIP TO 229) ←

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____
MINOR RESPONDENT CONSENT FOR DBS COLLECTION				
223	ASK CONSENT FOR DBS COLLECTION FROM MINOR RESPONDENT.	PROVIDE ADOLESCENT WITH ADOLESCENT ASSENT FORM.		
224	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN AND ENTER YOUR INTERVIEWER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 229) NOT PRESENT 3 (SKIP TO 229)	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN AND ENTER YOUR INTERVIEWER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 229) NOT PRESENT 3 (SKIP TO 229)	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN AND ENTER YOUR INTERVIEWER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 229) NOT PRESENT 3 (SKIP TO 229)
PARENTAL/RESPONSIBLE ADULT CONSENT FOR ADDITIONAL TESTING				
225	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/ADULT.	PROVIDE PARENT/RESPONSIBLE ADULT WITH PARENTAL CONSENT.		
226	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 229)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 229)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 229)
MINOR RESPONDENT CONSENT FOR ADDITIONAL TESTING				
227	ASK CONSENT FOR ADDITIONAL TESTING FROM MINOR RESPONDENT.	PROVIDE ADOLESCENT WITH ADOLESCENT ASSENT FORM.		
228	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, HEMOGLOBIN MEASUREMENT AND HIV TESTING FOR WOMEN AGE 15-49

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____
229	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
230	ADDITIONAL TESTS.	IF ADULT RESPONDENT, CHECK 215; IF MINOR RESPONDENT, CHECK 226 AND 228. IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	IF ADULT RESPONDENT, CHECK 215; IF MINOR RESPONDENT, CHECK 226 AND 228. IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	IF ADULT RESPONDENT, CHECK 215; IF MINOR RESPONDENT, CHECK 226 AND 228. IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.
231	RECORD HEMOGLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET.	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996
232	PLACE BAR CODE LABEL.	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
233	GO BACK TO 202 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, GO TO 301.			

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND HIV TESTING FOR MEN AGE 15-54

301	CHECK COLUMN 10 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE MEN IN 302, 303, AND 304. IF THERE ARE MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		MAN 1	MAN 2	MAN 3
302	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 10. NAME FROM COLUMN 2.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
303	CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 7 (AGE):	15-17 YEARS 1 18-54 YEARS 2	15-17 YEARS 1 18-54 YEARS 2	15-17 YEARS 1 18-54 YEARS 2
304	CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 8 (MARITAL STATUS):	CODE 4 (NEVER IN UNION) . 1 OTHER 2	CODE 4 (NEVER IN UNION) . 1 OTHER 2	CODE 4 (NEVER IN UNION) . 1 OTHER 2
305	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996
306	HEIGHT IN CENTIMETERS.	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
307	MEASURER: ENTER YOUR INTERVIEWER NUMBER.	<input type="text"/> <input type="text"/> <input type="text"/> INTERVIEWER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> INTERVIEWER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> INTERVIEWER NUMBER
308	CHECK 303: AGE	15-17 YEARS 1 18-54 YEARS 2 (SKIP TO 310) ←	15-17 YEARS 1 18-54 YEARS 2 (SKIP TO 310) ←	15-17 YEARS 1 18-54 YEARS 2 (SKIP TO 310) ←
309	CHECK 304: MARITAL STATUS	CODE 4 (NEVER IN UNION) . 1 (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 _____
ADULT RESPONDENT CONSENT FOR ANEMIA TEST				
310	ASK CONSENT FOR ANEMIA TEST.	PROVIDE ADULT CONSENT FORM.		
311	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) NOT PRESENT 3	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) NOT PRESENT 3	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) NOT PRESENT 3
ADULT RESPONDENT CONSENT FOR DBS COLLECTION				
312	ASK CONSENT FOR DBS COLLECTION.	PROVIDE ADULT CONSENT FORM.		
313	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND ENTER YOUR INTERVIEWER NUMBER) [][] (IF REFUSED, SKIP TO 329) NOT PRESENT 3 (SKIP TO 329)	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND ENTER YOUR INTERVIEWER NUMBER) [][] (IF REFUSED, SKIP TO 329) NOT PRESENT 3 (SKIP TO 329)	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND ENTER YOUR INTERVIEWER NUMBER) [][] (IF REFUSED, SKIP TO 329) NOT PRESENT 3 (SKIP TO 329)
ADULT RESPONDENT CONSENT FOR ADDITIONAL TESTING				
314	ASK CONSENT FOR ADDITIONAL TESTING.	PROVIDE ADULT CONSENT FORM.		
315	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND SKIP TO 329)	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND SKIP TO 329)	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND SKIP TO 329)
316	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT [][] (RECORD '00' IF NOT LISTED)	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT [][] (RECORD '00' IF NOT LISTED)	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT [][] (RECORD '00' IF NOT LISTED)

		MAN 1	MAN 2	MAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____
PARENTAL/RESPONSIBLE ADULT CONSENT FOR ANEMIA TEST				
317	ASK CONSENT FOR ANEMIA TEST FROM PARENT/ADULT.	PROVIDE PARENT/RESPONSIBLE ADULT WITH PARENTAL CONSENT.		
318	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 321) NOT PRESENT 3 (SKIP TO 321) ←	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 321) NOT PRESENT 3 (SKIP TO 321) ←	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 321) NOT PRESENT 3 (SKIP TO 321) ←

MINOR RESPONDENT CONSENT FOR ANEMIA TEST				
319	ASK CONSENT FOR ANEMIA TEST FROM RESPONDENT.	PROVIDE ADOLESCENT WITH ADOLESCENT ASSENT FORM.		
320	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) NOT PRESENT 3	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) NOT PRESENT 3	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) NOT PRESENT 3

PARENTAL/RESPONSIBLE ADULT CONSENT FOR DBS COLLECTION				
321	ASK CONSENT FOR DBS COLLECTION FROM PARENT/ADULT.	PROVIDE PARENT/RESPONSIBLE ADULT WITH PARENTAL CONSENT.		
322	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 329) NOT PRESENT 3 (SKIP TO 329) ←	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 329) NOT PRESENT 3 (SKIP TO 329) ←	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 329) NOT PRESENT 3 (SKIP TO 329) ←

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

MINOR RESPONDENT CONSENT FOR DBS COLLECTION

323	ASK CONSENT FOR DBS COLLECTION FROM MINOR RESPONDENT.	PROVIDE ADOLESCENT WITH ADOLESCENT ASSENT FORM.		
324	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN AND ENTER YOUR INTERVIEWER NUMBER) [][][] (IF REFUSED, SKIP TO 329) NOT PRESENT 3 (SKIP TO 329)	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN AND ENTER YOUR INTERVIEWER NUMBER) [][][] (IF REFUSED, SKIP TO 329) NOT PRESENT 3 (SKIP TO 329)	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN AND ENTER YOUR INTERVIEWER NUMBER) [][][] (IF REFUSED, SKIP TO 329) NOT PRESENT 3 (SKIP TO 329)

PARENTAL/RESPONSIBLE ADULT CONSENT FOR ADDITIONAL TESTING

325	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/ADULT.	PROVIDE PARENT/RESPONSIBLE ADULT WITH PARENTAL CONSENT.		
326	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 329)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 329)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 329)

MINOR RESPONDENT CONSENT FOR ADDITIONAL TESTING

327	ASK CONSENT FOR ADDITIONAL TESTING FROM MINOR RESPONDENT.	PROVIDE ADOLESCENT WITH ADOLESCENT ASSENT FORM.		
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)

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND HIV TESTING FOR MEN AGE 15-54

		MAN 1	MAN 2	MAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____
329	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
330	ADDITIONAL TESTS.	IF ADULT RESPONDENT, CHECK 315; IF MINOR RESPONDENT, CHECK 326 AND 328. IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	IF ADULT RESPONDENT, CHECK 315; IF MINOR RESPONDENT, CHECK 326 AND 328. IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	IF ADULT RESPONDENT, CHECK 315; IF MINOR RESPONDENT, CHECK 326 AND 328. IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.
331	RECORD HEMOGLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET.	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996
332	PLACE BAR CODE LABEL.	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
333	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.			

