

2016 LIBERIA MALARIA INDICATOR SURVEY  
BIOMARKER QUESTIONNAIRE  
NATIONAL MALARIA CONTROL PROGRAM-MINISTRY OF HEALTH  
LIBERIA INSTITUTE OF STATISTICS AND GEO-INFORMATION SERVICES

IDENTIFICATION					
<div style="display: flex; justify-content: space-between;"> <div> PLACE NAME _____  NAME OF HOUSEHOLD HEAD _____  LMIS CLUSTER NUMBER .....  HOUSEHOLD NUMBER ..... </div> <div style="border: 1px solid black; width: 100px; height: 40px; margin-top: 10px;"> <div style="border: 1px solid black; width: 25px; height: 20px; float: left;"></div> <div style="border: 1px solid black; width: 25px; height: 20px; float: left;"></div> <div style="border: 1px solid black; width: 25px; height: 20px; float: left;"></div> <div style="border: 1px solid black; width: 25px; height: 20px; float: left;"></div> </div> </div>					
BIOMARKER WORKER VISITS					
	1	2	3	FINAL VISIT	
DATE  BIOMARKER WORKER'S NAME	<div style="border: 1px solid black; height: 40px;"></div>	<div style="border: 1px solid black; height: 40px;"></div>	<div style="border: 1px solid black; height: 40px;"></div>	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div>DAY</div> <div>MONTH</div> <div>YEAR</div> <div>BIO.NO.</div> </div> <div style="border: 1px solid black; width: 100px; height: 40px; margin-top: 5px;"> <div style="border: 1px solid black; width: 25px; height: 20px; float: left;"></div> <div style="border: 1px solid black; width: 25px; height: 20px; float: left;"></div> <div style="border: 1px solid black; width: 25px; height: 20px; float: left;"></div> <div style="border: 1px solid black; width: 25px; height: 20px; float: left;"></div> </div>	
NEXT VISIT: DATE  TIME	<div style="border: 1px solid black; height: 40px;"></div>	<div style="border: 1px solid black; height: 40px;"></div>		TOTAL NUMBER OF VISITS <div style="border: 1px solid black; width: 40px; height: 20px; float: right; margin-top: 5px;"></div>	
NOTES: <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>				TOTAL ELIGIBLE CHILDREN <div style="border: 1px solid black; width: 60px; height: 20px; float: right; margin-top: 5px;"></div>	
<div style="text-align: center;">SUPERVISOR</div> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border-bottom: 1px solid black; width: 80px;"></div> <div style="border: 1px solid black; width: 60px; height: 20px;"> <div style="border: 1px solid black; width: 15px; height: 15px; float: left;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; float: left;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; float: left;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; float: left;"></div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 80px; text-align: center;">NAME</div> <div style="width: 60px; text-align: center;">NUMBER</div> </div>		<div style="text-align: center;">INTERVIEWER</div> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border-bottom: 1px solid black; width: 80px;"></div> <div style="border: 1px solid black; width: 60px; height: 20px;"> <div style="border: 1px solid black; width: 15px; height: 15px; float: left;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; float: left;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; float: left;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; float: left;"></div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 80px; text-align: center;">NAME</div> <div style="width: 60px; text-align: center;">NUMBER</div> </div>		<div style="text-align: center;">OFFICE EDITOR</div> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border-bottom: 1px solid black; width: 40px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"> <div style="border: 1px solid black; width: 15px; height: 15px; float: left;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; float: left;"></div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 40px; text-align: center;">NUMBER</div> </div>	<div style="text-align: center;">KEYED BY</div> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border-bottom: 1px solid black; width: 40px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"> <div style="border: 1px solid black; width: 15px; height: 15px; float: left;"></div> <div style="border: 1px solid black; width: 15px; height: 15px; float: left;"></div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 40px; text-align: center;">NUMBER</div> </div>

HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 0-5

101	CHECK COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 102; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 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 _____

  

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 2011-2016?	YES ..... 1 NO ..... 2 (SKIP TO 130) ←	YES ..... 1 NO ..... 2 (SKIP TO 130) ←	YES ..... 1 NO ..... 2 (SKIP TO 130) ←
105	CHECK 103: CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR 5 PREVIOUS MONTHS?	0-5 MONTHS ..... 1 (SKIP TO 130) ← OLDER ..... 2	0-5 MONTHS ..... 1 (SKIP TO 130) ← OLDER ..... 2	0-5 MONTHS ..... 1 (SKIP TO 130) ← OLDER ..... 2
106	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD FROM COLUMN 1 AND NAME FROM COLUMN 2.	LINE NUMBER ..... <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED) NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED) NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED) NAME _____
107	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT.	<p>As part of this survey, we are asking children all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We ask that all children born in 2011 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions?          You can say yes or no. It is up to you to decide.          Will you allow (NAME OF CHILD) to participate in the anemia test?</p>		
108	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 NOT PRESENT/OTHER . 3	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 NOT PRESENT/OTHER . 3	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 NOT PRESENT/OTHER . 3

HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 0-5

		CHILD 1	CHILD 2	CHILD 3
	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 .....
109	ASK CONSENT FOR MALARIA TEST FROM PARENT/OTHER ADULT.	<p>As part of this survey, we are asking children all over the country to take a test to see if they have malaria. Malaria is a serious illness caused by a parasite transmitted by a mosquito bite. This survey will assist the government to develop programs to prevent malaria.</p> <p>We ask that all children born in 2011 or later take part in malaria testing in this survey and give a few drops of blood from a finger or heel. One blood drop will be tested for malaria immediately, and the result will be told to you right away. All results will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the malaria test?</p>		
110	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR BIOMARKER WORKER NUMBER.	GRANTED ..... 1 REFUSED ..... 2 (SIGN AND ENTER YOUR BIOMARKER WORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER . 3	GRANTED ..... 1 REFUSED ..... 2 (SIGN AND ENTER YOUR BIOMARKER WORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER . 3	GRANTED ..... 1 REFUSED ..... 2 (SIGN AND ENTER YOUR BIOMARKER WORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER . 3
111	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
113	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA AND MALARIA PAMPHLET.	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996
114	CIRCLE THE CODE FOR THE MALARIA RDT.	TESTED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6 (SKIP TO 116)	TESTED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6 (SKIP TO 116)	TESTED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6 (SKIP TO 116)
115	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE ANEMIA AND MALARIA PAMPHLET.	POSITIVE ..... 1 (SKIP TO 118) NEGATIVE ..... 2 OTHER ..... 6	POSITIVE ..... 1 (SKIP TO 118) NEGATIVE ..... 2 OTHER ..... 6	POSITIVE ..... 1 (SKIP TO 118) NEGATIVE ..... 2 OTHER ..... 6

**HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 0-5**

		CHILD 1	CHILD 2	CHILD 3																																																																																	
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116	CHECK 113: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT ... 3 REFUSED ... 4 OTHER ... 6 (SKIP TO 130) ←	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT ... 3 REFUSED ... 4 OTHER ... 6 (SKIP TO 130) ←	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT ... 3 REFUSED ... 4 OTHER ... 6 (SKIP TO 130) ←																																																																																	
117	<b><u>SEVERE ANEMIA REFERRAL</u></b>  RECORD THE RESULT OF THE ANEMIA TEST ON THE REFERRAL FORM.	The anemia test shows that (NAME OF CHILD) has severe anemia. Your child is very ill and must be taken to a health facility immediately.  (SKIP TO 130)																																																																																			
118	Does (NAME) suffer from any of the following illnesses or symptoms:	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>a) EXTREME WEAKNESS</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) HEART PROBLEMS</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) LOSS OF CONSCIOUS.</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) RAPID BREATHING</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) SEIZURES</td> <td>1</td> <td>2</td> </tr> <tr> <td>f) BLEEDING</td> <td>1</td> <td>2</td> </tr> <tr> <td>g) JAUNDICE</td> <td>1</td> <td>2</td> </tr> <tr> <td>h) DARK URINE</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	a) EXTREME WEAKNESS	1	2	b) HEART PROBLEMS	1	2	c) LOSS OF CONSCIOUS.	1	2	d) RAPID BREATHING	1	2	e) SEIZURES	1	2	f) BLEEDING	1	2	g) JAUNDICE	1	2	h) DARK URINE	1	2	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>a) EXTREME WEAKNESS</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) HEART PROBLEMS</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) LOSS OF CONSCIOUS.</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) RAPID BREATHING</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) SEIZURES</td> <td>1</td> <td>2</td> </tr> <tr> <td>f) BLEEDING</td> <td>1</td> <td>2</td> </tr> <tr> <td>g) JAUNDICE</td> <td>1</td> <td>2</td> </tr> <tr> <td>h) DARK URINE</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	a) EXTREME WEAKNESS	1	2	b) HEART PROBLEMS	1	2	c) LOSS OF CONSCIOUS.	1	2	d) RAPID BREATHING	1	2	e) SEIZURES	1	2	f) BLEEDING	1	2	g) JAUNDICE	1	2	h) DARK URINE	1	2	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>a) EXTREME WEAKNESS</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) HEART PROBLEMS</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) LOSS OF CONSCIOUS.</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) RAPID BREATHING</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) SEIZURES</td> <td>1</td> <td>2</td> </tr> <tr> <td>f) BLEEDING</td> <td>1</td> <td>2</td> </tr> <tr> <td>g) JAUNDICE</td> <td>1</td> <td>2</td> </tr> <tr> <td>h) DARK URINE</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	a) EXTREME WEAKNESS	1	2	b) HEART PROBLEMS	1	2	c) LOSS OF CONSCIOUS.	1	2	d) RAPID BREATHING	1	2	e) SEIZURES	1	2	f) BLEEDING	1	2	g) JAUNDICE	1	2	h) DARK URINE	1	2
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119	CHECK 118: ANY 'YES' CIRCLED?	NO <input type="checkbox"/> YES <input type="checkbox"/> (SKIP TO 122) ←	NO <input type="checkbox"/> YES <input type="checkbox"/> (SKIP TO 122) ←	NO <input type="checkbox"/> YES <input type="checkbox"/> (SKIP TO 122) ←																																																																																	
120	CHECK 113: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 (SKIP TO 122) ← 8.0 G/DL OR ABOVE ... 2 NOT PRESENT ... 3 REFUSED ... 4 OTHER ... 6	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 (SKIP TO 122) ← 8.0 G/DL OR ABOVE ... 2 NOT PRESENT ... 3 REFUSED ... 4 OTHER ... 6	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 (SKIP TO 122) ← 8.0 G/DL OR ABOVE ... 2 NOT PRESENT ... 3 REFUSED ... 4 OTHER ... 6																																																																																	
121	In the past two weeks has (NAME) taken or is taking ACT given by a doctor or health center to treat the malaria?   VERIFY BY ASKING TO SEE TREATMENT	YES ... 1 (SKIP TO 123) ←  NO ... 2 (SKIP TO 124) ←	YES ... 1 (SKIP TO 123) ←  NO ... 2 (SKIP TO 124) ←	YES ... 1 (SKIP TO 123) ←  NO ... 2 (SKIP TO 124) ←																																																																																	

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122	<b><u>SEVERE MALARIA REFERRAL</u></b>  RECORD THE RESULT OF THE MALARIA RDT ON THE REFERRAL FORM.	The malaria test shows that (NAME OF CHILD) has malaria. Your child also has symptoms of severe malaria. The malaria treatment I have will not help your child, and I cannot give you the medication. Your child is very ill and must be taken to a health facility right away.  (SKIP TO 128)																		
123	ALREADY TAKING ACT MEDICATION REFERRAL STATEMENT	You have told me that (NAME OF CHILD) had already received ACT for malaria. Therefore, I cannot give you additional ACT. However, the test shows that he/she has malaria. If your child has a fever for two days after the last dose of ACT, you should take the child to the nearest health facility for further examination. (SKIP TO 130)																		
124	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/OTHER ADULT.	The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called Artesunate and Amodiaquine (AS-AQ) Fixed Dose Combination. AS-AQ is very effective and in a few days it should get rid of the fever and other symptoms. You do not have to give the child the medicine. This is up to you. Please tell me whether you accept the medicine or not.																		
125	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	ACCEPTED MEDICINE . 1 _____ (SIGN) REFUSED ..... 2 OTHER ..... 6	ACCEPTED MEDICINE . 1 _____ (SIGN) REFUSED ..... 2 OTHER ..... 6	ACCEPTED MEDICINE . 1 _____ (SIGN) REFUSED ..... 2 OTHER ..... 6																
126	CHECK 125: MEDICATION ACCEPTED	ACCEPTED MEDICINE . 1 REFUSED ..... 2 OTHER ..... 6 (SKIP TO 130) ←	ACCEPTED MEDICINE . 1 REFUSED ..... 2 OTHER ..... 6 (SKIP TO 130) ←	ACCEPTED MEDICINE . 1 REFUSED ..... 2 OTHER ..... 6 (SKIP TO 130) ←																
127	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/OTHER ADULT.	<table border="1"> <thead> <tr> <th colspan="4">TREATMENT FIRST LINE: AMODIAQUINE(AS)+ARTESUNATE(AQ) Fixed Dose Combination</th> </tr> <tr> <th>Weight*</th> <th>Age</th> <th>(AS-AQ) tablet content</th> <th>Dosage</th> </tr> </thead> <tbody> <tr> <td>≥4.5kg &lt; 9 kg.</td> <td>6-11 months</td> <td>25 mg AS + 67.5 mg AQ</td> <td>1 tablet once a day for 3 days</td> </tr> <tr> <td>≥9kg &lt;18 kg.</td> <td>1 - 5 years</td> <td>50 mg AS + 135 mg AQ</td> <td>1 tablet once a day for 3 days</td> </tr> </tbody> </table> <p>ALSO TELL THE PARENT/OTHER ADULT: If [NAME] has a high fever, fast or difficult breathing, is not able to drink or breastfeed, gets sicker or does not get better in two days, you should take him/her to a health professional for treatment right away. (SKIP TO 130)</p>			TREATMENT FIRST LINE: AMODIAQUINE(AS)+ARTESUNATE(AQ) Fixed Dose Combination				Weight*	Age	(AS-AQ) tablet content	Dosage	≥4.5kg < 9 kg.	6-11 months	25 mg AS + 67.5 mg AQ	1 tablet once a day for 3 days	≥9kg <18 kg.	1 - 5 years	50 mg AS + 135 mg AQ	1 tablet once a day for 3 days
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130	GO BACK TO 103 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, END INTERVIEW.																			

HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 0-5

101	CHECK COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 102; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 4	CHILD 5	CHILD 6
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 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 _____

  

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 2011-2016?	YES ..... 1 NO ..... 2 (SKIP TO 130) ←	YES ..... 1 NO ..... 2 (SKIP TO 130) ←	YES ..... 1 NO ..... 2 (SKIP TO 130) ←
105	CHECK 103: CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR 5 PREVIOUS MONTHS?	0-5 MONTHS ..... 1 (SKIP TO 130) ← OLDER ..... 2	0-5 MONTHS ..... 1 (SKIP TO 130) ← OLDER ..... 2	0-5 MONTHS ..... 1 (SKIP TO 130) ← OLDER ..... 2
106	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD FROM COLUMN 1 AND NAME FROM COLUMN 2.	LINE NUMBER ..... <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED) NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED) NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED) NAME _____
107	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT.	<p>As part of this survey, we are asking children all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We ask that all children born in 2011 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions?          You can say yes or no. It is up to you to decide.          Will you allow (NAME OF CHILD) to participate in the anemia test?</p>		
108	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 NOT PRESENT/OTHER . 3	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 NOT PRESENT/OTHER . 3	GRANTED ..... 1 _____ (SIGN) ← REFUSED ..... 2 NOT PRESENT/OTHER . 3

HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 0-5

		CHILD 4	CHILD 5	CHILD 6
	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 _____
109	ASK CONSENT FOR MALARIA TEST FROM PARENT/OTHER ADULT.	<p>As part of this survey, we are asking children all over the country to take a test to see if they have malaria. Malaria is a serious illness caused by a parasite transmitted by a mosquito bite. This survey will assist the government to develop programs to prevent malaria.</p> <p>We ask that all children born in 2011 or later take part in malaria testing in this survey and give a few drops of blood from a finger or heel. One blood drop will be tested for malaria immediately, and the result will be told to you right away. All results will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the malaria test?</p>		
110	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR BIOMARKER WORKER NUMBER.	GRANTED ..... 1 REFUSED ..... 2 ← (SIGN AND ENTER YOUR BIOMARKER WORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER . 3	GRANTED ..... 1 REFUSED ..... 2 ← (SIGN AND ENTER YOUR BIOMARKER WORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER . 3	GRANTED ..... 1 REFUSED ..... 2 ← (SIGN AND ENTER YOUR BIOMARKER WORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER . 3
111	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
113	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA AND MALARIA PAMPHLET.	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996
114	CIRCLE THE CODE FOR THE MALARIA RDT.	TESTED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6 (SKIP TO 116) ←	TESTED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6 (SKIP TO 116) ←	TESTED ..... 1 NOT PRESENT ..... 2 REFUSED ..... 3 OTHER ..... 6 (SKIP TO 116) ←
115	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE ANEMIA AND MALARIA PAMPHLET.	POSITIVE ..... 1 (SKIP TO 118) ← NEGATIVE ..... 2 OTHER ..... 6	POSITIVE ..... 1 (SKIP TO 118) ← NEGATIVE ..... 2 OTHER ..... 6	POSITIVE ..... 1 (SKIP TO 118) ← NEGATIVE ..... 2 OTHER ..... 6

**HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 0-5**

		CHILD 4	CHILD 5	CHILD 6																																																																																	
	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 _____																																																																																	
116	CHECK 113: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT ..... 3 REFUSED ..... 4 OTHER ..... 6 (SKIP TO 130) ←	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT ..... 3 REFUSED ..... 4 OTHER ..... 6 (SKIP TO 130) ←	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT ..... 3 REFUSED ..... 4 OTHER ..... 6 (SKIP TO 130) ←																																																																																	
117	<b><u>SEVERE ANEMIA REFERRAL</u></b>  RECORD THE RESULT OF THE ANEMIA TEST ON THE REFERRAL FORM.	The anemia test shows that (NAME OF CHILD) has severe anemia. Your child is very ill and must be taken to a health facility immediately.  (SKIP TO 130)																																																																																			
118	Does (NAME) suffer from any of the following illnesses or symptoms:	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>a) EXTREME WEAKNESS</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) HEART PROBLEMS</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) LOSS OF CONSCIOUS.</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) RAPID BREATHING</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) SEIZURES</td> <td>1</td> <td>2</td> </tr> <tr> <td>f) BLEEDING</td> <td>1</td> <td>2</td> </tr> <tr> <td>g) JAUNDICE</td> <td>1</td> <td>2</td> </tr> <tr> <td>h) DARK URINE</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	a) EXTREME WEAKNESS	1	2	b) HEART PROBLEMS	1	2	c) LOSS OF CONSCIOUS.	1	2	d) RAPID BREATHING	1	2	e) SEIZURES	1	2	f) BLEEDING	1	2	g) JAUNDICE	1	2	h) DARK URINE	1	2	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>a) EXTREME WEAKNESS</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) HEART PROBLEMS</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) LOSS OF CONSCIOUS.</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) RAPID BREATHING</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) SEIZURES</td> <td>1</td> <td>2</td> </tr> <tr> <td>f) BLEEDING</td> <td>1</td> <td>2</td> </tr> <tr> <td>g) JAUNDICE</td> <td>1</td> <td>2</td> </tr> <tr> <td>h) DARK URINE</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	a) EXTREME WEAKNESS	1	2	b) HEART PROBLEMS	1	2	c) LOSS OF CONSCIOUS.	1	2	d) RAPID BREATHING	1	2	e) SEIZURES	1	2	f) BLEEDING	1	2	g) JAUNDICE	1	2	h) DARK URINE	1	2	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>a) EXTREME WEAKNESS</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) HEART PROBLEMS</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) LOSS OF CONSCIOUS.</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) RAPID BREATHING</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) SEIZURES</td> <td>1</td> <td>2</td> </tr> <tr> <td>f) BLEEDING</td> <td>1</td> <td>2</td> </tr> <tr> <td>g) JAUNDICE</td> <td>1</td> <td>2</td> </tr> <tr> <td>h) DARK URINE</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	a) EXTREME WEAKNESS	1	2	b) HEART PROBLEMS	1	2	c) LOSS OF CONSCIOUS.	1	2	d) RAPID BREATHING	1	2	e) SEIZURES	1	2	f) BLEEDING	1	2	g) JAUNDICE	1	2	h) DARK URINE	1	2
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119	CHECK 118: ANY 'YES' CIRCLED?	NO <input type="checkbox"/> YES <input type="checkbox"/> (SKIP TO 122) ←	NO <input type="checkbox"/> YES <input type="checkbox"/> (SKIP TO 122) ←	NO <input type="checkbox"/> YES <input type="checkbox"/> (SKIP TO 122) ←																																																																																	
120	CHECK 113: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 (SKIP TO 122) ← 8.0 G/DL OR ABOVE ... 2 NOT PRESENT ..... 3 REFUSED ..... 4 OTHER ..... 6	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 (SKIP TO 122) ← 8.0 G/DL OR ABOVE ... 2 NOT PRESENT ..... 3 REFUSED ..... 4 OTHER ..... 6	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 (SKIP TO 122) ← 8.0 G/DL OR ABOVE ... 2 NOT PRESENT ..... 3 REFUSED ..... 4 OTHER ..... 6																																																																																	
121	In the past two weeks has (NAME) taken or is taking ACT given by a doctor or health center to treat the malaria?	YES ..... 1 (SKIP TO 123) ←  NO ..... 2 (SKIP TO 124) ←	YES ..... 1 (SKIP TO 123) ←  NO ..... 2 (SKIP TO 124) ←	YES ..... 1 (SKIP TO 123) ←  NO ..... 2 (SKIP TO 124) ←																																																																																	
	VERIFY BY ASKING TO SEE TREATMENT																																																																																				



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122	<b><u>SEVERE MALARIA REFERRAL</u></b>  RECORD THE RESULT OF THE MALARIA RDT ON THE REFERRAL FORM.	The malaria test shows that (NAME OF CHILD) has malaria. Your child also has symptoms of severe malaria. The malaria treatment I have will not help your child, and I cannot give you the medication. Your child is very ill and must be taken to a health facility right away.  (SKIP TO 128)														
123	ALREADY TAKING ACT MEDICATION REFERRAL STATEMENT	You have told me that (NAME OF CHILD) had already received ACT for malaria. Therefore, I cannot give you additional ACT. However, the test shows that he/she has malaria. If your child has a fever for two days after the last dose of ACT, you should take the child to the nearest health facility for further examination. (SKIP TO 130)														
124	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/OTHER	The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called Artesunate and Amodiaquine (AS-AQ) Fixed Dose Combination. AS-AQ is very effective and in a few days it should get rid of the fever and other symptoms. You do not have to give the child the medicine. This is up to you. Please tell me whether you accept the medicine or not.														
125	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	ACCEPTED MEDICINE . 1 _____ (SIGN) REFUSED ..... 2 OTHER ..... 6	ACCEPTED MEDICINE . 1 _____ (SIGN) REFUSED ..... 2 OTHER ..... 6	ACCEPTED MEDICINE . 1 _____ (SIGN) REFUSED ..... 2 OTHER ..... 6												
126	CHECK 125: MEDICATION ACCEPTED	ACCEPTED MEDICINE . 1 REFUSED ..... 2 OTHER ..... 6 (SKIP TO 130) ←	ACCEPTED MEDICINE . 1 REFUSED ..... 2 OTHER ..... 6 (SKIP TO 130) ←	ACCEPTED MEDICINE . 1 REFUSED ..... 2 OTHER ..... 6 (SKIP TO 130) ←												
127	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/OTHER ADULT.	<b>TREATMENT FIRST LINE: AMODIAQUINE(AS)+ARTESUNATE(AQ) Fixed Dose Combination</b> <table border="1"> <thead> <tr> <th>Weight*</th> <th>Age</th> <th>(AS)+(AQ) tablet content</th> <th>Dosage</th> </tr> </thead> <tbody> <tr> <td>≥4.5kg &lt; 9 kg.</td> <td>6-11 months</td> <td>25 mg AS + 67.5 mg AQ</td> <td>1 tablet once a day for 3 days</td> </tr> <tr> <td>≥9kg &lt;18 kg.</td> <td>1 - 5 years</td> <td>50 mg AS + 135 mg AQ</td> <td>1 tablet once a day for 3 days</td> </tr> </tbody> </table> <p>ALSO TELL THE PARENT/OTHER ADULT: If [NAME] has a high fever, fast or difficult breathing, is not able to drink or breastfeed, gets sicker or does not get better in two days, you should take him/her to a health professional for treatment right away. (SKIP TO 130)</p>			Weight*	Age	(AS)+(AQ) tablet content	Dosage	≥4.5kg < 9 kg.	6-11 months	25 mg AS + 67.5 mg AQ	1 tablet once a day for 3 days	≥9kg <18 kg.	1 - 5 years	50 mg AS + 135 mg AQ	1 tablet once a day for 3 days
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128	CHECK 113: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT ..... 3 REFUSED ..... 4 OTHER ..... 6 (SKIP TO 130) ←	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT ..... 3 REFUSED ..... 4 OTHER ..... 6 (SKIP TO 130) ←	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT ..... 3 REFUSED ..... 4 OTHER ..... 6 (SKIP TO 130) ←												
129	<b><u>SEVERE ANEMIA REFERRAL</u></b>  RECORD THE RESULT OF THE ANEMIA TEST ON THE REFERRAL FORM.	The anemia test shows that (NAME OF CHILD) has severe anemia. Your child is very ill and must be taken to a health facility immediately.														
130	GO BACK TO 103 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, END INTERVIEW.															

TO BE FILLED IN AFTER COMPLETING BIOMARKERS

## This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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