

**MALDIVES DEMOGRAPHIC AND HEALTH SURVEY
BIOMARKER QUESTIONNAIRE**

| IDENTIFICATION | | | | | | | |
|--|---|--|-------|--|--|--|--|
| ISLAND NAME AND NUMBER _____ | <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> | | | | | | |
| NAME OF HOUSEHOLD HEAD _____ | | | | | | | |
| CLUSTER NUMBER | <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> | | | | | | |
| HOUSEHOLD NUMBER | <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> | | | | | | |
| ATOLL NAME AND NUMBER _____ | <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> | | | | | | |
| FIELDWORKER VISITS | | | | | | | |
| | 1 | 2 | 3 | FINAL VISIT | | | |
| DATE | _____ | _____ | _____ | DAY <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> | | | |
| | _____ | _____ | _____ | MONTH <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> | | | |
| INTERVIEWER'S NAME | _____ | _____ | _____ | YEAR <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> | | | |
| | _____ | _____ | _____ | INT. NO. <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> | | | |
| NEXT VISIT: DATE | _____ | _____ | | TOTAL NUMBER OF VISITS <div style="border: 1px solid black; width: 30px; height: 20px; float: right;"></div> | | | |
| TIME | _____ | _____ | | | | | |
| NOTES: _____ _____ _____ _____ _____ | | | | TOTAL ELIGIBLE WOMEN <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> | | | |
| | | | | TOTAL ELIGIBLE MEN <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> | | | |
| | | | | TOTAL ELIGIBLE CHILDREN <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> | | | |
| | | | | | | | |
| | | | | | | | |
| LANGUAGE OF QUESTIONNAIRE** <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</div> </div> | | LANGUAGE OF INTERVIEW** <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> | | NATIVE LANGUAGE OF RESPONDENT** <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> | | TRANSLATOR (YES = 1, NO = 2) <div style="border: 1px solid black; width: 20px; height: 20px;"></div> | |
| LANGUAGE OF QUESTIONNAIRE** ENGLISH | | **LANGUAGE CODES: 01 ENGLISH 02 DHIVEHI | | | | | |
| _____ SUPERVISOR NAME | | | | SUPERVISOR <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> NUMBER | | | |

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

| | | | | |
|------|--|--|--|--|
| 101 | CHECK COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 102; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). | | | |
| | | CHILD 1 | CHILD 2 | CHILD 3 |
| 102 | CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11. | LINE NUMBER <input type="text"/> <input type="text"/> NAME | LINE NUMBER <input type="text"/> <input type="text"/> NAME | LINE NUMBER <input type="text"/> <input type="text"/> NAME |
| 103 | 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 114) ← | YES 1 NO 2 (SKIP TO 114) ← | YES 1 NO 2 (SKIP TO 114) ← |
| 105 | WEIGHT IN KILOGRAMS. | KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 | KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 | KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 |
| 106 | HEIGHT IN CENTIMETERS. | CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 108) ← | CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 108) ← | CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 108) ← |
| 107 | MEASURED LYING DOWN OR STANDING UP? | LYING DOWN 1 STANDING UP 2 | LYING DOWN 1 STANDING UP 2 | LYING DOWN 1 STANDING UP 2 |
| 108 | MEASURER: ENTER YOUR FIELDWORKER NUMBER. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER |

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

| | | | | |
|-----|--|--|--|--|
| 101 | CHECK COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 102; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). | | | |
| | | CHILD 1 | CHILD 2 | CHILD 3 |
| 102 | CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11. | LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ | LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ | LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ |
| 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 | 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) |
| 111 | ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT. | <p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We ask that all children born in 2011 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?</p> | | |
| 112 | CIRCLE THE CODE AND SIGN YOUR NAME. | GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT/OTHER . 3 (SKIP TO 114) ← | GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT/OTHER . 3 (SKIP TO 114) ← | GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT/OTHER . 3 (SKIP TO 114) ← |
| 113 | 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 |
| 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. | | | |

* For interviews conducted in 2017, the years were 2012-2017.

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

| | | CHILD 4 | CHILD 5 | CHILD 6 |
|------|---|--|--|--|
| 102 | CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11. | LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ | LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ | LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ |
| 103 | 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 114) ← | YES 1 NO 2 (SKIP TO 114) ← | YES 1 NO 2 (SKIP TO 114) ← |
| 105 | WEIGHT IN KILOGRAMS. | KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 | KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 | KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 |
| 106 | HEIGHT IN CENTIMETERS. | CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 108) ← | CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 108) ← | CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 108) ← |
| 107 | MEASURED LYING DOWN OR STANDING UP? | LYING DOWN 1 STANDING UP 2 | LYING DOWN 1 STANDING UP 2 | LYING DOWN 1 STANDING UP 2 |
| 108 | MEASURER: ENTER YOUR FIELDWORKER NUMBER. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER |

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

| | | CHILD 4 | CHILD 5 | CHILD 6 |
|------------|--|--|--|--|
| 102 | CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11. | LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ | LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ | LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ |
| 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 | 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) |
| 111 (2) | ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT. | <p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We ask that all children born in 2011 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?</p> | | |
| 112 | CIRCLE THE CODE AND SIGN YOUR NAME. | GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT/OTHER . 3 (SKIP TO 114) ← | GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT/OTHER . 3 (SKIP TO 114) ← | GRANTED 1 _____ (SIGN) ← REFUSED 2 NOT PRESENT/OTHER . 3 (SKIP TO 114) ← |
| 113 | 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 |
| 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. | | | |

* For interviews conducted in 2017, the years were 2012-2017.

WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15-49

| | | | | |
|-----|---|---|---|---|
| 201 | CHECK COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE WOMEN IN 202, 203, AND 204. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S). | | | |
| | | WOMAN 1 | WOMAN 2 | WOMAN 3 |
| 202 | CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 9. NAME FROM COLUMN 2. | LINE NUMBER <input type="text"/> <input type="text"/> NAME | LINE NUMBER <input type="text"/> <input type="text"/> NAME | LINE NUMBER <input type="text"/> <input type="text"/> NAME |
| 203 | CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 7 (AGE): | 15-17 YEARS 1 18-49 YEARS 2 | 15-17 YEARS 1 18-49 YEARS 2 | 15-17 YEARS 1 18-49 YEARS 2 |
| 204 | CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 8 (MARITAL STATUS): | CODE 4 (NEVER IN UNION) . 1 OTHER 2 | CODE 4 (NEVER IN UNION) . 1 OTHER 2 | CODE 4 (NEVER IN UNION) . 1 OTHER 2 |

| | | | | |
|-----|--|--|--|--|
| 205 | WEIGHT IN KILOGRAMS. | KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 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"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 | CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 | CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 |
| 207 | MEASURER: ENTER YOUR FIELDWORKER NUMBER. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER |
| 208 | CHECK 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 |

WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15-49

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

ADULT RESPONDENT CONSENT FOR ANEMIA TEST

| | | | | | |
|---------------------------------|------|---|--|--|--|
| ADULT RESPONDENT CONSENT | 210 | ASK CONSENT FOR ANEMIA TEST. | <p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you take the anemia test?</p> | | |
| | 211 | CIRCLE THE CODE AND SIGN YOUR NAME. | GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF REFUSED, SKIP TO 233) NOT PRESENT/OTHER 3 (SKIP TO 233) | GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF REFUSED, SKIP TO 233) NOT PRESENT/OTHER 3 (SKIP TO 233) | GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF REFUSED, SKIP TO 233) NOT PRESENT/OTHER 3 (SKIP TO 233) |
| | 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 |

| | | | | |
|-----|--|---|---|---|
| 216 | RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT. | LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> (RECORD '00' IF NOT LISTED) | LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> (RECORD '00' IF NOT LISTED) | LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> (RECORD '00' IF NOT LISTED) |
|-----|--|---|---|---|

PARENTAL/RESPONSIBLE ADULT CONSENT FOR ANEMIA TEST

| | | | |
|---------------------------------|-----|--|--|
| PARENT RESPONSIBLE ADULT | 217 | ASK CONSENT FOR ANEMIA TEST FROM PARENT/ADULT. | <p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF MINOR) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF MINOR) to take the anemia test?</p> |
|---------------------------------|-----|--|--|

WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR WOMEN AGE 15-49

| | | WOMAN 1 | WOMAN 2 | WOMAN 3 |
|--|---|---|---|---|
| | NAME FROM COLUMN 2. | NAME _____ | NAME _____ | NAME _____ |
| U L T C O N S E N T | 218 CIRCLE THE CODE AND SIGN YOUR NAME. | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 233) NOT PRESENT/OTHER 3 (SKIP TO 233) | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 233) NOT PRESENT/OTHER 3 (SKIP TO 233) | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 233) NOT PRESENT/OTHER 3 (SKIP TO 233) |

| MINOR RESPONDENT CONSENT FOR ANEMIA TEST | | | | |
|--|---|---|---|---|
| M I N O R R E S P O N D E N T C O N S E N T | 219 ASK CONSENT FOR ANEMIA TEST FROM RESPONDENT. | <p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF PARENT/RESPONSIBLE ADULT) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you take the anemia test?</p> | | |
| | 220 CIRCLE THE CODE AND SIGN YOUR NAME. | GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 233) NOT PRESENT/OTHER 3 (SKIP TO 233) | GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 233) NOT PRESENT/OTHER 3 (SKIP TO 233) | GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 233) NOT PRESENT/OTHER 3 (SKIP TO 233) |
| | 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 |

| | | | | |
|-----|--|--|--|--|
| 229 | PREPARE EQUIPMENT AND SUPPLIES FOR THE ANEMIA TEST FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST. | | | |
| 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 | |
| 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 AND HEIGHT MEASUREMENT FOR MEN AGE 15-49

| | | | | |
|-----|---|---|---|---|
| 301 | CHECK COLUMN 9 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 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 |
| 303 | WEIGHT IN KILOGRAMS. KG. <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"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 | KG. <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"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 |
| 304 | 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 | CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 |
| 305 | MEASURER: ENTER YOUR FIELDWORKER NUMBER. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER |
| 306 | GO BACK TO 302 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE MEN, GO TO NEXT SECTION. | | | |

TO BE FILLED IN AFTER COMPLETING BIOMARKERS

[illegible]
