

Department of Statistics
Household Survey Directorate

The Hashemite Kingdom of Jordan
JORDAN POPULATION AND
FAMILY HEALTH SURVEY 2017
BIOMARKER QUESTIONNAIRE

Survey Contents Confidential by Statistical Law

IDENTIFICATION				
CLUSTER NUMBER:	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>			
HOUSEHOLD NUMBER	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>			
NAME OF HOUSEHOLD HEAD _____				
HOUSEHOLD SELECTED FOR CHILD DISCIPLINE, CHILD DEVELOPMENT, AND BIOMARKER FOR WOMEN? (1=YES, 2=.....)				<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
FIELDWORKER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY
FIELDWORKER'S NAME	_____	_____	_____	MONTH
				YEAR
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS
TIME	_____	_____		
NOTES: _____ _____ _____				TOTAL ELIGIBLE WOMEN
				TOTAL ELIGIBLE CHILDREN
SUPERVISOR			OFFICE EDITOR	
NAME _____			NAME _____	
NUMBER			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 2012-2017?	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 2012 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.			

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 2012-2017?	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	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 2012 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.			

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

200	CHECK COVER: HOUSEHOLD SELECTED FOR CHILD DISCIPLINE, CHILD DEVELOPMENT, AND BIOMARKER FOR WOMEN? <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 5px; text-align: center;">HOUSEHOLD SELECTED</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">HOUSEHOLD NOT SELECTED</div> </div> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div style="text-align: center;">↓ CONTINUE</div> <div style="text-align: center;">↓ END</div> </div>			
201	CHECK COLUMN 9A IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL WOMEN AGE 15-49 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 9A 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 1 (NEVER IN UNION) . 1 OTHER 2	CODE 1 (NEVER IN UNION) . 1 OTHER 2	CODE 1 (NEVER IN UNION) . 1 OTHER 2
204A	PREGNANCY STATUS: FIRST CHECK COLUMN 8 IN HOUSEHOLD QUESTIONNAIRE: IF NEVER MARRIED (CODE 1), CIRCLE '2' IF EVER MARRIED (CODES 2-5), ASK:	YES 1 NO/NEVER MARRIED 2 DON'T KNOW 8	YES 1 NO/NEVER MARRIED 2 DON'T KNOW 8	YES 1 NO/NEVER MARRIED 2 DON'T KNOW 8

205	WEIGHT IN KILOGRAMS. KG.... <input type="text"/> <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"/> <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"/> <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. <div style="border: 1px solid black; padding: 5px; text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> FIELDWORKER NUMBER	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> FIELDWORKER NUMBER	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> 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 1 (NEVER IN UNION) . 1 (SKIP TO 216) ← OTHER 2	CODE 1 (NEVER IN UNION) . 1 (SKIP TO 216) ← OTHER 2	CODE 1 (NEVER IN UNION) . 1 (SKIP TO 216) ← OTHER 2

WEIGHT, HEIGHT, 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 GRANTED, SKIP TO 229, OTHERWISE SKIP TO 233) NOT PRESENT/OTHER 3 (SKIP TO 233)	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF GRANTED, SKIP TO 229, OTHERWISE SKIP TO 233) NOT PRESENT/OTHER 3 (SKIP TO 233)	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF GRANTED, SKIP TO 229, OTHERWISE SKIP TO 233) NOT PRESENT/OTHER 3 (SKIP TO 233)
PARENTAL/RESPONSIBLE ADULT CONSENT FOR ANEMIA TEST				
PARENTAL/RESPONSIBLE ADULT CONSENT	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: 40px; height: 20px; margin: 0 auto;"></div> (RECORD '00' IF NOT LISTED)	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> (RECORD '00' IF NOT LISTED)	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> (RECORD '00' IF NOT LISTED)
	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>		
	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)

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

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

MINOR RESPONDENT CONSENT FOR ANEMIA TEST

MINOR RESPONDENT CONSENT	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)

229	PREPARE EQUIPMENT AND SUPPLIES FOR ANEMIA TESTING.			
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, END OF QUESTIONNAIRE.			

[illegible]
