

NIGERIA DEMOGRAPHIC AND HEALTH SURVEYS 2018
 BIOMARKER QUESTIONNAIRE

NIGERIA

IDENTIFICATION																
STATE _____	<table border="1" style="float: right; border-collapse: collapse;"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>															
LOCAL GOVT. AREA _____																
LOCALITY _____																
ENUMERATION AREA _____																
NAME OF HOUSEHOLD HEAD _____	<table border="1" style="float: right; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>															
CLUSTER NUMBER																
HOUSEHOLD NUMBER	<table border="1" style="float: right; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>															
HOUSEHOLD SELECTED FOR MAN'S SURVEY? (1=YES, 2=NO)																
HOUSEHOLD SELECTED FOR MICROSCOPY OR DBS?	<table border="1" style="float: right; border-collapse: collapse;"> <tr><td></td></tr> </table>															
SELECTED FOR MICROSCOPY = 1																
SELECTED FOR DBS = 2																
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 _____												
LANGUAGE OF QUESTIONNAIRE** 0 1		LANGUAGE OF INTERVIEW** _____		NATIVE LANGUAGE OF RESPONDENT** _____												
LANGUAGE OF QUESTIONNAIRE** ENGLISH		**LANGUAGE CODES: 01 ENGLISH 03 YORUBA 02 HAUSA 04 IGBO														
SUPERVISOR		FIELD EDITOR														
NAME _____		NAME _____														
NUMBER _____		NUMBER _____														

WEIGHT, HEIGHT AND HEMOGLOBIN, GENOTYPE, AND MALARIA 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 2013-2018?	YES 1 NO 2 (SKIP TO 130) ←	YES 1 NO 2 (SKIP TO 130) ←	YES 1 NO 2 (SKIP TO 130) ←
105	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT9994 REFUSED 9995 OTHER 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT9994 REFUSED 9995 OTHER 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT9994 REFUSED 9995 OTHER 9996
106	HEIGHT IN CENTIMETERS.	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT9994 REFUSED 9995 OTHER 9996 (SKIP TO 108) ←	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT9994 REFUSED 9995 OTHER 9996 (SKIP TO 108) ←	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT9994 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
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 130) ← OLDER 2	0-5 MONTHS 1 (SKIP TO 130) ← OLDER 2	0-5 MONTHS 1 (SKIP TO 130) ← OLDER 2
110	NAME AND RELATIONSHIP TO THE CHILD OF ADULT RESPONSIBLE FOR THE CHILD. GET LINE NUMBER FROM COLUMN 1 OF HOUSEHOLD SCHEDULE.	NAME RELATIONSHIP TO THE CHILD LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	NAME RELATIONSHIP TO THE CHILD LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	NAME RELATIONSHIP TO THE CHILD 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 2013 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>		

WEIGHT, HEIGHT AND HEMOGLOBIN, GENOTYPE, AND MALARIA 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 _____
111A	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ (SIGN) _____ REFUSED 2 NOT PRESENT/OTHER . 3 (SKIP TO 130) _____	GRANTED 1 _____ (SIGN) _____ REFUSED 2 NOT PRESENT/OTHER . 3 (SKIP TO 130) _____	GRANTED 1 _____ (SIGN) _____ REFUSED 2 NOT PRESENT/OTHER . 3 (SKIP TO 130) _____
112	Has (NAME) had blood transfusion in the past 3 months?	YES 1 (SKIP TO 112C) _____ NO 2	YES 1 (SKIP TO 112C) _____ NO 2	YES 1 (SKIP TO 112C) _____ NO 2
112A	ASK CONSENT FOR GENOTYPE 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 sickle cell anemia (SS) or its trait (AS). Sickle cell disease (SCD) is an inherited blood disorder, which affects children early in life often with repeated episodes of catastrophic illness and bone pains with varying periods of relative good health in between. This survey will assist the government to develop programs for the prevention and management of sickle cell disease.</p> <p>We ask that all children born in 2013 or later take part in genotype testing in this survey and give a few drops of blood from a finger or heel. One blood drop will be tested for genotype immediately, and the result will be told to you right away. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The result 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 genotype test?</p>		
112B	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ (SIGN) _____ REFUSED 2 NOT PRESENT/OTHER . 3 (SKIP TO 130) _____	GRANTED 1 _____ (SIGN) _____ REFUSED 2 NOT PRESENT/OTHER . 3 (SKIP TO 130) _____	GRANTED 1 _____ (SIGN) _____ REFUSED 2 NOT PRESENT/OTHER . 3 (SKIP TO 130) _____
112C	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 2013 or later take part in malaria testing in this survey and give a few drops of blood from a finger or heel. The blood 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>		
112D	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED 1 REFUSED 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	GRANTED 1 REFUSED 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	GRANTED 1 REFUSED 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

WEIGHT, HEIGHT AND HEMOGLOBIN, GENOTYPE, AND MALARIA 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

112E	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
112F	PLACE BAR CODE LABEL FOR MALARIA LAB TEST OR GENOTYPE CONFIRMATORY LAB TEST. MENTION WHERE BAR CODE PLACED BASED ON THE TEST.	<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 SLIDE A DBS B TRANSMITTAL FORM ... C	<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 SLIDE A DBS B TRANSMITTAL FORM ... C	<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 SLIDE A DBS B TRANSMITTAL FORM ... C

RESULTS OF HEMOGLOBIN TEST				
113	RECORD HEMOGLOBIN LEVEL HERE AND IN THE 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

RESULTS OF GENOTYPE TEST				
113A	CIRCLE THE CODE FOR THE GENOTYPE RDT.	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 114) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 114) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 114) ←
113B	RECORD THE RESULT OF THE GENOTYPE RDT HERE AND IN THE PAMPHLET.	AA 1 AS 2 AC 3 SC 4 (SKIP TO 114) ← SS 5	AA 1 AS 2 AC 3 SC 4 (SKIP TO 114) ← SS 5	AA 1 AS 2 AC 3 SC 4 (SKIP TO 114) ← SS 5
113C	<u>SICKLE CELL ANEMIA (SS) REFERRAL</u> RECORD THE RESULT OF THE GENOTYPE TEST ON THE REFERRAL FORM.	The genotype test shows that (NAME OF CHILD) has sickle cell anemia. Your child is very ill and must be taken to a health facility immediately.		

RESULTS OF MALARIA RDT TEST				
114	CIRCLE THE CODE FOR THE MALARIA RDT.	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 128) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 128) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 128) ←
115	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE PAMPHLET.	POSITIVE 1 NEGATIVE 2 OTHER 6 (SKIP TO 128) ←	POSITIVE 1 NEGATIVE 2 OTHER 6 (SKIP TO 128) ←	POSITIVE 1 NEGATIVE 2 OTHER 6 (SKIP TO 128) ←

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

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118	Does (NAME) suffer from any of the following illnesses or symptoms:	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> </tr> <tr> <td>a) Extreme weakness?</td> <td>a) EXTREME WEAKNESS</td> <td>1 2</td> </tr> <tr> <td>b) Heart problems?</td> <td>b) HEART PROBLEMS</td> <td>1 2</td> </tr> <tr> <td>c) Loss of consciousness?</td> <td>c) LOSS OF CONSCIOUS.</td> <td>1 2</td> </tr> <tr> <td>d) Rapid or difficult breathing?</td> <td>d) RAPID BREATHING</td> <td>1 2</td> </tr> <tr> <td>e) Seizures?</td> <td>e) SEIZURES</td> <td>1 2</td> </tr> <tr> <td>f) Abnormal bleeding?</td> <td>f) BLEEDING</td> <td>1 2</td> </tr> <tr> <td>g) Jaundice or yellow skin?</td> <td>g) JAUNDICE</td> <td>1 2</td> </tr> <tr> <td>h) Dark urine?</td> <td>h) DARK URINE</td> <td>1 2</td> </tr> </table>		YES	NO	a) Extreme weakness?	a) EXTREME WEAKNESS	1 2	b) Heart problems?	b) HEART PROBLEMS	1 2	c) Loss of consciousness?	c) LOSS OF CONSCIOUS.	1 2	d) Rapid or difficult breathing?	d) RAPID BREATHING	1 2	e) Seizures?	e) SEIZURES	1 2	f) Abnormal bleeding?	f) BLEEDING	1 2	g) Jaundice or yellow skin?	g) JAUNDICE	1 2	h) Dark urine?	h) DARK URINE	1 2	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">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 align="center">YES</td> <td align="center">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 YES <input type="checkbox"/> (SKIP TO 122)	NO YES <input type="checkbox"/> (SKIP TO 122)	NO 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)																																																																																		
122	SEVERE MALARIA REFERRAL 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 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 ACT. ACT 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.																																																																																				

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

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		CHILD 1	CHILD 2	CHILD 3
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	LINE NUMBER NAME _____	LINE NUMBER NAME _____	LINE NUMBER NAME _____

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	TREATMENT FOR CHILDREN WITH POSITIVE MALARIA TESTS	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th align="center" colspan="3">TREATMENT WITH ACT</th> </tr> <tr> <th align="center">WEIGHT (in kg)</th><th align="center">AGE</th><th align="center">ARTEMETHER-LUMEFANTRINE</th></tr> <tr> <td>LESS THAN 5 KGS</td><td>NOTHING</td><td>NOTHING</td></tr> <tr> <td>5-14 KGS</td><td>6 MONTHS - 3 YEARS</td><td>1 TABLET TWICE A DAY FOR 3 DAYS</td></tr> <tr> <td>15-25 KGS</td><td>4 - 8 YEARS</td><td>2 TABLETS TWICE A DAY FOR 3 DAYS</td></tr> </table> <p>IF CHILD WEIGHS LESS THAN 5 KGS, DO NOT LEAVE DRUGS. TELL PARENTS TO TAKE CHILD TO HEALTH FACILITY.</p> <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.</p> <p>(SKIP TO 130)</p>			TREATMENT WITH ACT			WEIGHT (in kg)	AGE	ARTEMETHER-LUMEFANTRINE	LESS THAN 5 KGS	NOTHING	NOTHING	5-14 KGS	6 MONTHS - 3 YEARS	1 TABLET TWICE A DAY FOR 3 DAYS	15-25 KGS	4 - 8 YEARS	2 TABLETS TWICE A DAY FOR 3 DAYS
TREATMENT WITH ACT																			
WEIGHT (in kg)	AGE	ARTEMETHER-LUMEFANTRINE																	
LESS THAN 5 KGS	NOTHING	NOTHING																	
5-14 KGS	6 MONTHS - 3 YEARS	1 TABLET TWICE A DAY FOR 3 DAYS																	
15-25 KGS	4 - 8 YEARS	2 TABLETS TWICE A DAY FOR 3 DAYS																	

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) ←
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129	<u>SEVERE ANEMIA REFERRAL</u> 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.
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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, GO TO 201.	
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WEIGHT, HEIGHT AND HEMOGLOBIN, GENOTYPE, AND MALARIA 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 2013-2018?	YES 1 NO 2 (SKIP TO 130) ←	YES 1 NO 2 (SKIP TO 130) ←	YES 1 NO 2 (SKIP TO 130) ←
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
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 130) ← OLDER 2	0-5 MONTHS 1 (SKIP TO 130) ← OLDER 2	0-5 MONTHS 1 (SKIP TO 130) ← OLDER 2
110	NAME AND RELATIONSHIP TO THE CHILD OF ADULT RESPONSIBLE FOR THE CHILD. GET LINE NUMBER FROM COLUMN 1 OF HOUSEHOLD SCHEDULE.	NAME RELATIONSHIP TO THE CHILD LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	NAME RELATIONSHIP TO THE CHILD LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	NAME RELATIONSHIP TO THE CHILD 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 2013 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>		

WEIGHT, HEIGHT AND HEMOGLOBIN, GENOTYPE, AND MALARIA 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 _____
111A	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ (SIGN) _____ REFUSED 2 NOT PRESENT/OTHER . 3 (SKIP TO 130) _____	GRANTED 1 _____ (SIGN) _____ REFUSED 2 NOT PRESENT/OTHER . 3 (SKIP TO 130) _____	GRANTED 1 _____ (SIGN) _____ REFUSED 2 NOT PRESENT/OTHER . 3 (SKIP TO 130) _____
112	Has (NAME) had blood transfusion in the past 3 months?	YES 1 (SKIP TO 112C) _____ NO 2	YES 1 (SKIP TO 112C) _____ NO 2	YES 1 (SKIP TO 112C) _____ NO 2
112A	ASK CONSENT FOR GENOTYPE 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 sickle cell anemia (SS) or its trait (AS). Sickle cell disease (SCD) is an inherited blood disorder, which affects children early in life often with repeated episodes of catastrophic illness and bone pains with varying periods of relative good health in between. This survey will assist the government to develop programs for the prevention and management of sickle cell disease.</p> <p>We ask that all children born in 2013 or later take part in genotype testing in this survey and give a few drops of blood from a finger or heel. One blood drop will be tested for genotype immediately, and the result will be told to you right away. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The result 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 genotype test?</p>		
112B	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ (SIGN) _____ REFUSED 2 NOT PRESENT/OTHER . 3 (SKIP TO 130) _____	GRANTED 1 _____ (SIGN) _____ REFUSED 2 NOT PRESENT/OTHER . 3 (SKIP TO 130) _____	GRANTED 1 _____ (SIGN) _____ REFUSED 2 NOT PRESENT/OTHER . 3 (SKIP TO 130) _____
112C	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 2013 or later take part in malaria testing in this survey and give a few drops of blood from a finger or heel. The blood 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>		
112D	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED 1 REFUSED 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	GRANTED 1 REFUSED 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	GRANTED 1 REFUSED 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

WEIGHT, HEIGHT AND HEMOGLOBIN, GENOTYPE, AND MALARIA 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
112E	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
112F	PLACE BAR CODE LABEL FOR MALARIA LAB TEST OR GENOTYPE CONFIRMATORY LAB TEST. MENTION WHERE BAR CODE PLACED BASED ON THE TEST.	<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 SLIDE A DBS B TRANSMITTAL FORM ... C	<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 SLIDE A DBS B TRANSMITTAL FORM ... C	<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 SLIDE A DBS B TRANSMITTAL FORM . C
RESULTS OF HEMOGLOBIN TEST				
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
RESULTS OF GENOTYPE TEST				
113A	CIRCLE THE CODE FOR THE GENOTYPE RDT.	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 114) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 114) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 114) ←
113B	RECORD THE RESULT OF THE GENOTYPE RDT HERE AND IN THE PAMPHLET.	AA 1 AS 2 AC 3 SC 4 (SKIP TO 114) ← SS 5	AA 1 AS 2 AC 3 SC 4 (SKIP TO 114) ← SS 5	AA 1 AS 2 AC 3 SC 4 (SKIP TO 114) ← SS 5
113C	<u>SICKLE CELL ANEMIA (SS) REFERRAL</u> RECORD THE RESULT OF THE GENOTYPE TEST ON THE REFERRAL FORM.	The genotype test shows that (NAME OF CHILD) has sickle cell anemia. Your child is very ill and must be taken to a health facility immediately.		
RESULTS OF MALARIA RDT TEST				
114	CIRCLE THE CODE FOR THE MALARIA RDT.	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 128) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 128) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 128) ←
115	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE PAMPHLET.	POSITIVE 1 NEGATIVE 2 OTHER 6 (SKIP TO 128) ←	POSITIVE 1 NEGATIVE 2 OTHER 6 (SKIP TO 128) ←	POSITIVE 1 NEGATIVE 2 OTHER 6 (SKIP TO 128) ←

WEIGHT, HEIGHT AND HEMOGLOBIN, GENOTYPE, AND MALARIA 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 _____																																																																																	
118	Does (NAME) suffer from any of the following illnesses or symptoms:	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <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> </tbody> </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"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <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> </tbody> </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"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <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> </tbody> </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 <input type="checkbox"/> (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 <input type="checkbox"/> (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 <input type="checkbox"/> (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 <input type="checkbox"/> (SKIP TO 123) ← NO 2 <input type="checkbox"/> (SKIP TO 124) ←	YES 1 <input type="checkbox"/> (SKIP TO 123) ← NO 2 <input type="checkbox"/> (SKIP TO 124) ←	YES 1 <input type="checkbox"/> (SKIP TO 123) ← NO 2 <input type="checkbox"/> (SKIP TO 124) ←																																																																																	
122	<u>SEVERE MALARIA REFERRAL</u> 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 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 ACT. ACT 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.																																																																																			

WEIGHT, HEIGHT AND HEMOGLOBIN, GENOTYPE, AND MALARIA 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 _____															
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	TREATMENT FOR CHILDREN WITH POSITIVE MALARIA TESTS	<table border="1"> <thead> <tr> <th colspan="3">TREATMENT WITH ACT</th> </tr> <tr> <th>WEIGHT (in kg)</th> <th>AGE</th> <th>ARTEMETHER-LUMEFANTRINE</th> </tr> </thead> <tbody> <tr> <td>LESS THAN 5 KGS</td> <td>NOTHING</td> <td>NOTHING</td> </tr> <tr> <td>5-14 KGS</td> <td>6 MONTHS - 3 YEARS</td> <td>1 TABLET TWICE A DAY FOR 3 DAYS</td> </tr> <tr> <td>15-25 KGS</td> <td>4 - 8 YEARS</td> <td>2 TABLETS TWICE A DAY FOR 3 DAYS</td> </tr> </tbody> </table> <p>IF CHILD WEIGHS LESS THAN 5 KGS, DO NOT LEAVE DRUGS. TELL PARENTS TO TAKE CHILD TO HEALTH FACILITY.</p> <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.</p> <p>(SKIP TO 130)</p>			TREATMENT WITH ACT			WEIGHT (in kg)	AGE	ARTEMETHER-LUMEFANTRINE	LESS THAN 5 KGS	NOTHING	NOTHING	5-14 KGS	6 MONTHS - 3 YEARS	1 TABLET TWICE A DAY FOR 3 DAYS	15-25 KGS	4 - 8 YEARS	2 TABLETS TWICE 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 AN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 201.																		

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"/> 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
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 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
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 (SKIP TO 229)	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 229)	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 229)

216	NAME AND RELATIONSHIP TO THE ADOLESCENT OF ADULT RESPONSIBLE FOR THEM. GET LINE NUMBER FROM COLUMN 1 OF HOUSEHOLD SCHEDULE.	NAME _____ RELATIONSHIP TO THE ADOLESCENT _____ <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> (RECORD '00' IF NOT LISTED)	NAME _____ RELATIONSHIP TO THE ADOLESCENT _____ <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> (RECORD '00' IF NOT LISTED)	NAME _____ RELATIONSHIP TO THE ADOLESCENT _____ <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> (RECORD '00' IF NOT LISTED)
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PARENTAL/RESPONSIBLE ADULT CONSENT FOR ANEMIA TEST

PARENT RESPONSIBLE ADULT CONSENT	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, AND 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)
	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 ONLY FOR THOSE 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, END INTERVIEW.			

TO BE FILLED IN AFTER COMPLETING BIOMARKERS

This image shows a single sheet of white paper with horizontal blue 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.
