

GOVERNMENT OF LIBERIA
LIBERIA INSTITUTE OF STATISTICS AND GEO-INFORMATION SERVICES

IDENTIFICATION								
PLACE NAME _____								
NAME OF HOUSEHOLD HEAD _____								
CLUSTER NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>				
HOUSEHOLD NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>				
HOUSEHOLD SELECTED FOR MAN'S SURVEY AND BIOMARKERS? (1=YES, 2=NO)								
BIOMARKER VISITS								
	1	2	3	FINAL VISIT				
DATE	_____	_____	_____	DAY <table border="1" style="width: 20px; height: 20px; float: right;"> </table>				
BIOMARKER'S NAME	_____	_____	_____	MONTH <table border="1" style="width: 20px; height: 20px; float: right;"> </table>				
				YEAR <table border="1" style="width: 20px; height: 20px; float: right;">2</table> <table border="1" style="width: 20px; height: 20px; float: right;">0</table> <table border="1" style="width: 20px; height: 20px; float: right;"> </table> <table border="1" style="width: 20px; height: 20px; float: right;"> </table>				
NEXT VISIT: DATE TIME	_____ _____	_____ _____		TOTAL NUMBER OF VISITS <table border="1" style="width: 20px; height: 20px; float: right;"> </table>				
NOTES: _____ _____ _____ _____				TOTAL ELIGIBLE WOMEN <table border="1" style="width: 20px; height: 20px; float: right;"> </table> <table border="1" style="width: 20px; height: 20px; float: right;"> </table>				
				TOTAL ELIGIBLE MEN <table border="1" style="width: 20px; height: 20px; float: right;"> </table> <table border="1" style="width: 20px; height: 20px; float: right;"> </table>				
				TOTAL ELIGIBLE CHILDREN <table border="1" style="width: 20px; height: 20px; float: right;"> </table> <table border="1" style="width: 20px; height: 20px; float: right;"> </table>				
SUPERVISOR								
_____				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>				
NAME				NUMBER				

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

101	<p>INTERVIEWER TO COMPLETE Q. 102 USING TABLET REPORT AND Q. 103 USING BIRTH HISTORY USE THE INTERVIEWER'S MENU AND SELECT THE APPROPRIATE OPTION TO LIST ALL CHILDREN AGE 0-5 ELIGIBLE FOR BIOMARKER TESTING. RECORD THE COMPLETE NAME, AGE AND THE LINE NUMBER AS THEY APPEAR IN THE REPORT ON YOUR TABLET. LIST EACH CHILD IN THE SAME ORDER SHOWN IN THE REPORT. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). WRITE THE NAME OF EACH ELIGIBLE CHILD ON EACH SUBSEQUENT PAGES.</p>			
		CHILD 1	CHILD 2	CHILD 3
102	FROM TABLET'S REPORT: WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER FROM HOUSEHOLD QUESTIONNAIRE.	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>
103	INTERVIEWER OR SUPERVISOR TO COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM BIRTH HISTORY.	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"/>
103A	<p>MEASURER AND ASSISTANT START FROM HERE</p>			
104	CHECK 103: CHILD BORN IN 2014-2020?	YES 1 NO 2 (SKIP TO 114) ←	YES 1 NO 2 (SKIP TO 114) ←	YES 1 NO 2 (SKIP TO 114) ←
105	ASSISTANT TO RECORD 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	CHECK 103 TO DETERMINE HOW CHILD NEEDS TO BE MEASURED. ASSISTANT TO RECORD HEIGHT/LENGTH 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
107	CHILD 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"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

		CHILD 1	CHILD 2	CHILD 3
102	FROM TABLET'S REPORT: WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER FROM HOUSEHOLD QUESTIONNAIRE.	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>
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	WRITE THE NAME OF THE PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD	NAME OF PARENT/ADULT RESPONSIBLE NAME _____	NAME OF PARENT/ADULT RESPONSIBLE NAME _____	NAME OF PARENT/ADULT RESPONSIBLE NAME _____
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 2014 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"/> REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED 995 OTHER 996
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

101	<p>INTERVIEWER TO COMPLETE Q. 102 USING TABLET REPORT AND Q. 103 USING BIRTH HISTORY USE THE INTERVIEWER'S MENU AND SELECT THE APPROPRIATE OPTION TO LIST ALL CHILDREN AGE 0-5 ELIGIBLE FOR BIOMARKER TESTING. RECORD THE COMPLETE NAME, AGE AND THE LINE NUMBER AS THEY APPEAR IN THE REPORT ON YOUR TABLET. LIST EACH CHILD IN THE SAME ORDER SHOWN IN THE REPORT. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). WRITE THE NAME OF EACH ELIGIBLE CHILD ON EACH SUBSEQUENT PAGES.</p>			
		CHILD 4	CHILD 5	CHILD 6
102	FROM TABLET'S REPORT: WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER FROM HOUSEHOLD QUESTIONNAIRE.	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>
103	INTERVIEWER OR SUPERVISOR TO COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM BIRTH HISTORY.	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"/>
103/	<p>MEASURER AND ASSISTANT START FROM HERE</p>			
104	CHECK 103: CHILD BORN IN 2014-2020?	YES 1 NO 2 (SKIP TO 114) ←	YES 1 NO 2 (SKIP TO 114) ←	YES 1 NO 2 (SKIP TO 114) ←
105	ASSISTANT TO RECORD 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	CHECK 103 TO DETERMINE HOW CHILD NEEDS TO BE MEASURED. ASSISTANT TO RECORD HEIGHT/LENGTH 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
107	CHILD 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

		CHILD 4	CHILD 5	CHILD 6
102	FROM TABLET'S REPORT: WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER FROM HOUSEHOLD QUESTIONNAIRE.	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>
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	WRITE THE NAME OF THE PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD	NAME OF PARENT/ADULT RESPONSIBLE NAME _____	NAME OF PARENT/ADULT RESPONSIBLE NAME _____	NAME OF PARENT/ADULT RESPONSIBLE NAME _____
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 2014 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"/> REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED 995 OTHER 996
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.			

201	<p>INTERVIEWER TO COMPLETE Q. 202-204A USING TABLET REPORT USE THE APPROPRIATE OPTION FROM THE INTERVIEWER'S MENU TO LIST ALL WOMEN AGE 15-49 ELIGIBLE FOR BIOMARKER TESTING. IN EACH COLUMN, WRITE THE COMPLETE NAME, AGE AND LINE NUMBER AS THEY APPEAR IN THE REPORT ON YOUR TABLET. ALSO CIRCLE THE APPROPRIATE CODE FOR QUESTION 203. IF THE WOMAN'S AGE IS 15-17, COMPLETE QUESTION 204 USING THE MARITAL STATUS INFORMATION PRINTED IN THE TABLET'S REPORT. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).</p>			
		WOMAN 1	WOMAN 2	WOMAN 3
202	FROM TABLET'S REPORT: WRITE WOMAN'S AGE WRITE WOMAN'S LINE NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>
203	FROM TABLET'S REPORT: CIRCLE CODE FOR AGE GROUP.	15-17 YEARS 1 18-49 YEARS 2 SKIP TO 204A ←	15-17 YEARS 1 18-49 YEARS 2 SKIP TO 204A ←	15-17 YEARS 1 18-49 YEARS 2 SKIP TO 204A ←
204	FROM TABLET'S REPORT: CIRCLE CODE FOR 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
		WOMAN 1	WOMAN 2	WOMAN 3
204A	NAME FROM 202.	NAME _____	NAME _____	NAME _____
204B	<p>BIOMARKER START FROM HERE: BEFORE PROCEEDING WITH THE CONSENT STATEMENTS, ASK THE RESPONDENT HER AGE AND MARITAL STATUS TO CONFIRM THE INFORMATION IN Q203/Q204. IF THERE ARE ANY DISCREPANCIES THAT AFFECT THE INFORMED CONSENT PATTERN (MINOR VS. ADULT); GO BACK TO Q203/Q204 AND MAKE CORRECTIONS. PLEASE INFORM THE INTERVIEWER OF NEEDED ADJUSTMENTS IN THE HOUSEHOLD SCHEDULE (QH07/QH08), IF NECESSARY.</p>			
205	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996
206	HEIGHT IN CENTIMETERS.	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
207	MEASURER: ENTER YOUR 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

		WOMAN 1	WOMAN 2	WOMAN 3
204A	NAME FROM 202.	NAME _____	NAME _____	NAME _____
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 218) ← OTHER 2	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 218) ← OTHER 2	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 218) ← OTHER 2

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 AND ENTER YOUR FIELDWORKER NUMBER) [][][][] (IF REFUSED, SKIP TO 212) NOT PRESENT/OTHER 3 (SKIP TO 212) ←	GRANTED 1 RESPONDENT REFUSED ... 2 ← _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) [][][][] (IF REFUSED, SKIP TO 212) NOT PRESENT/OTHER 3 (SKIP TO 212) ←	GRANTED 1 RESPONDENT REFUSED ... 2 ← _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) [][][][] (IF REFUSED, SKIP TO 212) NOT PRESENT/OTHER 3 (SKIP TO 212) ←
	211A	ASK: Are you pregnant?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8

ADULT RESPONDENT CONSENT FOR DBS COLLECTION

ADULT RESPONDENT CONSENT	212	ASK CONSENT FOR DBS COLLECTION.	<p>As part of the survey we also are asking people all over the country to give blood for HIV testing. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV.</p> <p>For the HIV testing, we need a few (more) 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. No names will be attached so we will not be able to tell you the test results. No one else will be able to know your test results either.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood for the HIV testing?</p>		
	213	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED 1 RESPONDENT REFUSED ... 2 ← _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) [][][][] (IF REFUSED, SKIP TO 216) NOT PRESENT/OTHER 3 (SKIP TO 216) ←	GRANTED 1 RESPONDENT REFUSED ... 2 ← _____ (SIGN AND ENTER YOUR FIELDWORKER ID NUMBER) [][][][] (IF REFUSED, SKIP TO 216) NOT PRESENT/OTHER 3 (SKIP TO 216) ←	GRANTED 1 RESPONDENT REFUSED ... 2 ← _____ (SIGN AND ENTER YOUR FIELDWORKER ID NUMBER) [][][][] (IF REFUSED, SKIP TO 216) NOT PRESENT/OTHER 3 (SKIP TO 216) ←

		WOMAN 1	WOMAN 2	WOMAN 3
204A	NAME FROM 202.	NAME _____	NAME _____	NAME _____

ADULT RESPONDENT CONSENT FOR ADDITIONAL TESTING					
ADULT RESPONDENT	214	ASK CONSENT FOR ADDITIONAL TESTING.	<p>We ask you to allow the National Reference Laboratory to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>		
	CONSENT	215	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN)	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN)

ADULT RESPONDENT CONSENT FOR RDT TESTING					
ADULT RESPONDENT	216	ASK CONSENT FOR HIV RDT TEST.	<p>If you want to know your HIV status right now, we can do a rapid diagnostic test and tell you the result. The testing is free and we will offer counseling before and after the test.</p> <p>For the rapid HIV test, we need a few (more) drops of blood from a finger. We will use the same rapid tests used in hospitals in Liberia. 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 of the test will be available in about 15 minutes.</p> <p>If the test is positive, I will give you a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health.</p> <p>Do you have any questions?</p> <p>You can say yes or no. It is up to you to decide.</p> <p>Will you give blood for rapid HIV testing?</p>		
	CONSENT	217	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN, ENTER YOUR FIELDWORKER NUMBER, AND SKIP TO 235) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER 3 (SKIP TO 235)	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN, ENTER YOUR FIELDWORKER NUMBER, AND SKIP TO 235) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER 3 (SKIP TO 235)

		WOMAN 1	WOMAN 2	WOMAN 3
204A	NAME FROM 202.	NAME _____	NAME _____	NAME _____

218	WRITE THE NAME OF THE PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT	NAME _____	NAME _____	NAME _____
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PARENTAL/RESPONSIBLE ADULT CONSENT FOR ANEMIA TEST

P A R E N T R E S P A D U L T C O N S E N T	219	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>		
	220	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 223) NOT PRESENT/OTHER 3 (SKIP TO 223)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 223) NOT PRESENT/OTHER 3 (SKIP TO 223)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 223) NOT PRESENT/OTHER 3 (SKIP TO 223)

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	221	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>		
	222	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 223) NOT PRESENT/OTHER 3 (SKIP TO 223)	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 223) NOT PRESENT/OTHER 3 (SKIP TO 223)	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 223) NOT PRESENT/OTHER 3 (SKIP TO 223)
	222A	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

		WOMAN 1	WOMAN 2	WOMAN 3
204A	NAME FROM 202.	NAME _____	NAME _____	NAME _____

PARENTAL/RESPONSIBLE ADULT CONSENT FOR DBS COLLECTION					
P A R E N T R E S P O N S I B L E A D U L T C O N S E N T	223	ASK CONSENT FOR DBS COLLECTION FROM PARENT/ADULT.	<p>As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that can lead to AIDS. The HIV test is being done to see how many people have HIV.</p> <p>For the HIV test, we need a few (more) 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. No names will be attached so we will not be able to tell you the test results. No one else will be able to know (NAME OF MINOR)'s test results either.</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 give blood for the HIV testing?</p>		
	224	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 231) NOT PRESENT/OTHER 3 (SKIP TO 231)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 231) NOT PRESENT/OTHER 3 (SKIP TO 231)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 231) NOT PRESENT/OTHER 3 (SKIP TO 231)

MINOR RESPONDENT CONSENT FOR DBS COLLECTION					
M I N O R R E S P O N D E N T C O N S E N T	225	ASK CONSENT FOR DBS COLLECTION FROM MINOR RESPONDENT.	<p>As part of the survey we also are asking people all over the country to give blood for HIV testing. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV.</p> <p>For the HIV testing, we need a few (more) 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. No names will be attached so we will not be able to tell you the test results. No one else will be able to know your test results either.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood for the HIV testing?</p>		
	226	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 231) NOT PRESENT/OTHER 3 (SKIP TO 231)	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 231) NOT PRESENT/OTHER 3 (SKIP TO 231)	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 231) NOT PRESENT/OTHER 3 (SKIP TO 231)

		WOMAN 1	WOMAN 2	WOMAN 3
204A	NAME FROM 202.	NAME _____	NAME _____	NAME _____

PARENTAL/RESPONSIBLE ADULT CONSENT FOR ADDITIONAL TESTING					
P A R E N T R E S P O N S I B L E A D U L T C O N S E N T	227	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/ADULT.	<p>We ask you to allow the National Reference Laboratory to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify (NAME OF MINOR). You do not have to agree. If you do not want the blood sample stored for additional testing, (NAME OF MINOR) can still participate in the HIV testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>		
	228	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 231) NOT PRESENT/OTHER 3 (SKIP TO 231)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 231) NOT PRESENT/OTHER 3 (SKIP TO 231)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 231) NOT PRESENT/OTHER 3 (SKIP TO 231)

MINOR RESPONDENT CONSENT FOR ADDITIONAL TESTING					
M I N O R R E S P O N D E N T C O N S E N T	229	ASK CONSENT FOR ADDITIONAL TESTING FROM MINOR RESPONDENT.	<p>We ask you to allow the National Reference Laboratory to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>		
	230	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN)	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN)	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN)

		WOMAN 1	WOMAN 2	WOMAN 3
204A	NAME FROM 202.	NAME _____	NAME _____	NAME _____

PARENTAL/RESPONSIBLE ADULT CONSENT FOR RDT TESTING																						
P A R E N T R E S P O N S I B L E A D U L T C O N S E N T	231	<p>ASK CONSENT FOR RDT TEST FROM PARENT/ADULT.</p> <p>If you want (NAME OF MINOR) to know her HIV status right now, we can do a rapid diagnostic test and tell her the result. The testing is free and we will offer counseling before and after the test.</p> <p>For the rapid HIV test, we need a few (more) drops of blood from a finger. We will use the same rapid tests used in hospitals in Liberia. 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 of the test will be available in about 15 minutes.</p> <p>If the test is positive, I will give (NAME OF MINOR) a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health.</p> <p>Do you have any questions?</p> <p>You can say yes or no. It is up to you to decide.</p> <p>Will you allow (NAME OF MINOR) to give blood for rapid HIV testing?</p>																				
	232	<p>CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.</p> <table border="0"> <tr> <td>GRANTED 1</td> <td>GRANTED 1</td> <td>GRANTED 1</td> </tr> <tr> <td>PARENT/OTHER RESPONSIBLE ADULT REFUSED 2</td> <td>PARENT/OTHER RESPONSIBLE ADULT REFUSED 2</td> <td>PARENT/OTHER RESPONSIBLE ADULT REFUSED 2</td> </tr> <tr> <td style="text-align: center;">(SIGN AND ENTER YOUR FIELDWORKER NUMBER)</td> <td style="text-align: center;">(SIGN AND ENTER YOUR FIELDWORKER NUMBER)</td> <td style="text-align: center;">(SIGN AND ENTER YOUR FIELDWORKER NUMBER)</td> </tr> <tr> <td style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </td> <td style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </td> <td style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </td> </tr> <tr> <td>(IF REFUSED, SKIP TO 235)</td> <td>(IF REFUSED, SKIP TO 235)</td> <td>(IF REFUSED, SKIP TO 235)</td> </tr> <tr> <td>NOT PRESENT/OTHER 3</td> <td>NOT PRESENT/OTHER 3</td> <td>NOT PRESENT/OTHER 3</td> </tr> <tr> <td style="text-align: center;">(SKIP TO 235)</td> <td style="text-align: center;">(SKIP TO 235)</td> <td style="text-align: center;">(SKIP TO 235)</td> </tr> </table>	GRANTED 1	GRANTED 1	GRANTED 1	PARENT/OTHER RESPONSIBLE ADULT REFUSED 2	PARENT/OTHER RESPONSIBLE ADULT REFUSED 2	PARENT/OTHER RESPONSIBLE ADULT REFUSED 2	(SIGN AND ENTER YOUR FIELDWORKER NUMBER)	(SIGN AND ENTER YOUR FIELDWORKER NUMBER)	(SIGN AND ENTER YOUR FIELDWORKER NUMBER)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(IF REFUSED, SKIP TO 235)	(IF REFUSED, SKIP TO 235)	(IF REFUSED, SKIP TO 235)	NOT PRESENT/OTHER 3	NOT PRESENT/OTHER 3	NOT PRESENT/OTHER 3	(SKIP TO 235)	(SKIP TO 235)
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NOT PRESENT/OTHER 3	NOT PRESENT/OTHER 3	NOT PRESENT/OTHER 3																				
(SKIP TO 235)	(SKIP TO 235)	(SKIP TO 235)																				

MINOR RESPONDENT CONSENT FOR RDT TEST													
M I N O R R E S P O N D E N T C O N S E N T	233	<p>ASK CONSENT FOR RDT TEST FROM MINOR RESPONDENT.</p> <p>If you want to know your HIV status right now, we can do a rapid diagnostic test and tell you the result. The testing is free and we will offer counseling before and after the test.</p> <p>For the rapid HIV test, we need a few (more) drops of blood from a finger. We will use the same rapid tests used in hospitals in Liberia. 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 of the test will be available in about 15 minutes.</p> <p>If the test is positive, I will give you a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health.</p> <p>Do you have any questions?</p> <p>You can say yes or no. It is up to you to decide.</p> <p>Will you give blood for rapid HIV testing?</p>											
	234	<p>CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.</p> <table border="0"> <tr> <td>GRANTED 1</td> <td>GRANTED 1</td> <td>GRANTED 1</td> </tr> <tr> <td>MINOR RESPONDENT REFUSED 2</td> <td>MINOR RESPONDENT REFUSED 2</td> <td>MINOR RESPONDENT REFUSED 2</td> </tr> <tr> <td style="text-align: center;">(SIGN)</td> <td style="text-align: center;">(SIGN)</td> <td style="text-align: center;">(SIGN)</td> </tr> <tr> <td>NOT PRESENT/OTHER 3</td> <td>NOT PRESENT/OTHER 3</td> <td>NOT PRESENT/OTHER 3</td> </tr> </table>	GRANTED 1	GRANTED 1	GRANTED 1	MINOR RESPONDENT REFUSED 2	MINOR RESPONDENT REFUSED 2	MINOR RESPONDENT REFUSED 2	(SIGN)	(SIGN)	(SIGN)	NOT PRESENT/OTHER 3	NOT PRESENT/OTHER 3
GRANTED 1	GRANTED 1	GRANTED 1											
MINOR RESPONDENT REFUSED 2	MINOR RESPONDENT REFUSED 2	MINOR RESPONDENT REFUSED 2											
(SIGN)	(SIGN)	(SIGN)											
NOT PRESENT/OTHER 3	NOT PRESENT/OTHER 3	NOT PRESENT/OTHER 3											

		WOMAN 1	WOMAN 2	WOMAN 3
204A	NAME FROM 202.	NAME _____	NAME _____	NAME _____

235	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
235A	PLACE BAR CODE LABEL.	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	<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	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996
		PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
236	ADDITIONAL TESTS.	IF ADULT RESPONDENT, CHECK 215; IF MINOR RESPONDENT, CHECK 228 AND 230. IF CONSENT HAS NOT BEEN GRANTED, WRITE "NAT" ON THE FILTER PAPER.	IF ADULT RESPONDENT, CHECK 215; IF MINOR RESPONDENT, CHECK 228 AND 230. IF CONSENT HAS NOT BEEN GRANTED, WRITE "NAT" ON THE FILTER PAPER.	IF ADULT RESPONDENT, CHECK 215; IF MINOR RESPONDENT, CHECK 228 AND 230. IF CONSENT HAS NOT BEEN GRANTED, WRITE "NAT" ON THE FILTER PAPER.
237	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

		WOMAN 1	WOMAN 2	WOMAN 3
204A	NAME FROM 202.	NAME _____	NAME _____	NAME _____

239	RECORD THE RESULT OF THE "DETERMINE HIV RDT" HERE.	POSITIVE 1 NEGATIVE 2 (SKIP TO 243) ← NOT PRESENT 3 REFUSED 4 OTHER 5 (SKIP TO 245) ←	POSITIVE 1 NEGATIVE 2 (SKIP TO 243) ← NOT PRESENT 3 REFUSED 4 OTHER 5 (SKIP TO 245) ←	POSITIVE 1 NEGATIVE 2 (SKIP TO 243) ← NOT PRESENT 3 REFUSED 4 OTHER 5 (SKIP TO 245) ←
240	RECORD THE RESULT OF THE "SD BIOLINE HIV RDT" HERE.	POSITIVE 1 (SKIP TO 242) ← NEGATIVE 2 NOT PRESENT 3 REFUSED 4 OTHER 5 (SKIP TO 245) ←	POSITIVE 1 (SKIP TO 242) ← NEGATIVE 2 NOT PRESENT 3 REFUSED 4 OTHER 5 (SKIP TO 245) ←	POSITIVE 1 (SKIP TO 242) ← NEGATIVE 2 NOT PRESENT 3 REFUSED 4 OTHER 5 (SKIP TO 245) ←
241	RECORD THE RESULT OF THE "UNIGOLD HIV RDT"	POSITIVE 1 NEGATIVE 2 (SKIP TO 243) ← NOT PRESENT 3 REFUSED 4 OTHER 5 (SKIP TO 245) ←	POSITIVE 1 NEGATIVE 2 (SKIP TO 243) ← NOT PRESENT 3 REFUSED 4 OTHER 5 (SKIP TO 245) ←	POSITIVE 1 NEGATIVE 2 (SKIP TO 243) ← NOT PRESENT 3 REFUSED 4 OTHER 5 (SKIP TO 245) ←

		WOMAN 1	WOMAN 2	WOMAN 3
204A	NAME FROM 202.	NAME _____	NAME _____	NAME _____
242	<p>IF 239 AND 240 ARE POSITIVE OR 239 AND 241 ARE POSITIVE, <u>RESPONDENT IS HIV POSITIVE:</u></p> <p>INFORM SURVEY PARTICIPANT ABOUT POSITIVE HIV STATUS AND PROVIDE POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV CARE AND TREATMENT SERVICES ARE AVAILABLE.</p> <p>SKIP TO 245</p>			
243	<p>IF 239 IS NEGATIVE OR 240 AND 241 ARE NEGATIVE, <u>RESPONDENT IS HIV NEGATIVE:</u></p> <p>INFORM THE RESPONDENT OF NEGATIVE TEST RESULT, AND CONDUCT POST-TEST COUNSELING.</p>			
245	WHILE TESTING THIS PERSON, WAS ANY RDT INVALID/DID ANY RDT FAIL TO RUN, THAT IS, THE CONTROL BAND DID NOT APPEAR?	RDT CONDUCTED, YES ANY INVALID 1 RDT CONDUCTED, NONE INVALID 2 NO RDT CONDUCTED 3 (SKIP TO 249) ←	RDT CONDUCTED, YES ANY INVALID 1 RDT CONDUCTED, NONE INVALID 2 NO RDT CONDUCTED 3 (SKIP TO 249) ←	RDT CONDUCTED, YES ANY INVALID 1 RDT CONDUCTED, NONE INVALID 2 NO RDT CONDUCTED 3 (SKIP TO 249) ←
246	RECORD NUMBER OF INVALID RESULTS USING "DETERMINE HIV RDT"	<input type="text"/> <input type="text"/> RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00	<input type="text"/> <input type="text"/> RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00	<input type="text"/> <input type="text"/> RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00
247	RECORD NUMBER OF INVALID RESULTS USING "SD BIOLINE HIV RDT"	<input type="text"/> <input type="text"/> RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00	<input type="text"/> <input type="text"/> RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00	<input type="text"/> <input type="text"/> RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00
248	RECORD NUMBER OF INVALID RESULTS USING "UNIGOLD HIV RDT" HERE.	<input type="text"/> <input type="text"/> RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00	<input type="text"/> <input type="text"/> RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00	<input type="text"/> <input type="text"/> RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00
249	GO TO 401 IN THE NEXT SECTION OF THIS QUESTIONNAIRE AND CONTINUE WITH THE SAME WOMAN.			

301	<p>INTERVIEWER TO COMPLETE Q. 302-304A USING TABLET REPORT USE THE APPROPRIATE OPTION FROM THE INTERVIEWER'S MENU TO LIST ALL MEN AGE 15-59 ELIGIBLE FOR BIOMARKER TESTING. IN EACH COLUMN, WRITE THE COMPLETE NAME, AGE AND LINE NUMBER AS THEY APPEAR IN THE REPORT ON YOUR TABLET. ALSO CIRCLE THE APPROPRIATE CODE FOR QUESTION 303. IF THE MAN'S AGE IS 15-17, COMPLETE QUESTION 304 USING THE MARITAL STATUS INFORMATION PRINTED IN THE TABLET'S REPORT. IF THERE ARE MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S).</p>			
		MAN 1	MAN 2	MAN 3
302	FROM TABLET'S REPORT: WRITE MAN'S AGE WRITE MAN'S LINE NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>
303	FROM TABLET'S REPORT: CIRCLE CODE FOR AGE GROUP.	15-17 YEARS 1 18-59 YEARS 2 SKIP TO 304A ←	15-17 YEARS 1 18-59 YEARS 2 SKIP TO 304A ←	15-17 YEARS 1 18-59 YEARS 2 SKIP TO 304A ←
304	FROM TABLET'S REPORT: CIRCLE CODE FOR 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
		MAN 1	MAN 2	MAN 3
304A	NAME FROM 302.	NAME _____	NAME _____	NAME _____
304B	<p>BIOMARKER START FROM HERE: BEFORE PROCEEDING WITH THE CONSENT STATEMENTS, ASK THE RESPONDENT HIS AGE AND MARITAL STATUS TO CONFIRM THE INFORMATION IN Q303/Q304. IF THERE ARE ANY DISCREPANCIES THAT AFFECT THE INFORMED CONSENT PATTERN (MINOR VS. ADULT); GO BACK TO Q303/Q304 AND MAKE CORRECTIONS. PLEASE INFORM THE INTERVIEWER OF NEEDED ADJUSTMENTS IN THE HOUSEHOLD SCHEDULE (QH07/QH08), IF NECESSARY.</p>			
308	CHECK 303: AGE	15-17 YEARS 1 18-59 YEARS 2 (SKIP TO 310) ←	15-17 YEARS 1 18-59 YEARS 2 (SKIP TO 310) ←	15-17 YEARS 1 18-59 YEARS 2 (SKIP TO 310) ←
309	CHECK 304: MARITAL STATUS	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 316) ← OTHER 2	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 316) ← OTHER 2	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 316) ← OTHER 2

		MAN 1	MAN 2	MAN 3
304A	NAME FROM 302.	NAME _____	NAME _____	NAME _____

ADULT RESPONDENT CONSENT FOR DBS COLLECTION

ADULT RESPONDENT CONSENT	310	ASK CONSENT FOR DBS COLLECTION.	<p>As part of the survey we also are asking people all over the country to give blood for HIV testing. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV.</p> <p>For the HIV testing, we need a few (more) 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. No names will be attached so we will not be able to tell you the test results. No one else will be able to know your test results either.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood for the HIV testing?</p>		
	311	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 314) NOT PRESENT/OTHER 3 (SKIP TO 314)	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER ID NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 314) NOT PRESENT/OTHER 3 (SKIP TO 314)	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER ID NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 314) NOT PRESENT/OTHER 3 (SKIP TO 314)

ADULT RESPONDENT CONSENT FOR ADDITIONAL TESTING

ADULT RESPONDENT CONSENT	312	ASK CONSENT FOR ADDITIONAL TESTING.	<p>We ask you to allow the National Reference Laboratory to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>		
	313	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN)	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN)	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN)

ADULT RESPONDENT CONSENT FOR RDT TESTING

ADULT RESPONDENT CONSENT	314	ASK CONSENT FOR HIV RDT TEST.	<p>If you want to know your HIV status right now, we can do a rapid diagnostic test and tell you the result. The testing is free and we will offer counseling before and after the test.</p> <p>For the rapid HIV test, we need a few (more) drops of blood from a finger. We will use the same rapid tests used in hospitals in Liberia. 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 of the test will be available in about 15 minutes.</p> <p>If the test is positive, I will give you a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood for rapid HIV testing?</p>		
	315	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN, ENTER YOUR FIELDWORKER NUMBER, AND SKIP TO 329) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER 3 (SKIP TO 329)	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN, ENTER YOUR FIELDWORKER NUMBER, AND SKIP TO 329) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER 3 (SKIP TO 329)	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN, ENTER YOUR FIELDWORKER NUMBER, AND SKIP TO 329) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER 3 (SKIP TO 329)

		MAN 1	MAN 2	MAN 3
304A	NAME FROM 302.	NAME _____	NAME _____	NAME _____

316	WRITE THE NAME OF THE PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT	NAME _____	NAME _____	NAME _____
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PARENTAL/RESPONSIBLE ADULT CONSENT FOR DBS COLLECTION

P A R E N T	317	ASK CONSENT FOR DBS COLLECTION FROM PARENT/ADULT.	<p>As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that can lead to AIDS. The HIV test is being done to see how many people have HIV.</p> <p>For the HIV test, we need a few (more) 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. No names will be attached so we will not be able to tell you the test results. No one else will be able to know (NAME OF MINOR)'s test results either.</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 give blood for the HIV testing?</p>		
	R E S P O N S I B L E	318	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 325)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 325)
A D U L T				NOT PRESENT/OTHER 3 (SKIP TO 325)	NOT PRESENT/OTHER 3 (SKIP TO 325)
	C O N S E N T				

MINOR RESPONDENT CONSENT FOR DBS COLLECTION

M I N O R	319	ASK CONSENT FOR DBS COLLECTION FROM MINOR RESPONDENT.	<p>As part of the survey we also are asking people all over the country to give blood for HIV testing. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV.</p> <p>For the HIV testing, we need a few (more) 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. No names will be attached so we will not be able to tell you the test results. No one else will be able to know your test results either.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood for the HIV testing?</p>		
	R E S P O N D E N T	320	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 325)	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 325)
C O N S E N T				NOT PRESENT/OTHER 3 (SKIP TO 325)	NOT PRESENT/OTHER 3 (SKIP TO 325)

		MAN 1	MAN 2	MAN 3
304A	NAME FROM 302.	NAME _____	NAME _____	NAME _____

PARENTAL/RESPONSIBLE ADULT CONSENT FOR ADDITIONAL TESTING					
P A R E N T R E S P O N S I B L E A D U L T C O N S E N T	321	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/ADULT.	<p>We ask you to allow the National Reference Laboratory to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify (NAME OF MINOR). You do not have to agree. If you do not want the blood sample stored for additional testing, (NAME OF MINOR) can still participate in the HIV testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>		
	322	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 325) NOT PRESENT/OTHER 3 (SKIP TO 325)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 325) NOT PRESENT/OTHER 3 (SKIP TO 325)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 325) NOT PRESENT/OTHER 3 (SKIP TO 325)

MINOR RESPONDENT CONSENT FOR ADDITIONAL TESTING					
M I N O R R E S P O N D E N T C O N S E N T	323	ASK CONSENT FOR ADDITIONAL TESTING FROM MINOR RESPONDENT.	<p>We ask you to allow the National Reference Laboratory to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>		
	324	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN)	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN)	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN)

		MAN 1	MAN 2	MAN 3
304A	NAME FROM 302.	NAME _____	NAME _____	NAME _____

PARENTAL/RESPONSIBLE ADULT CONSENT FOR RDT TESTING					
P A R E N T R E S P O N S I B L E A D U L T C O N S E N T	325	ASK CONSENT FOR RDT TEST FROM PARENT/ADULT.	<p>If you want (NAME OF MINOR) to know her HIV status right now, we can do a rapid diagnostic test and tell him the result. The testing is free and we will offer counseling before and after the test.</p> <p>For the rapid HIV test, we need a few (more) drops of blood from a finger. We will use the same rapid tests used in hospitals in Liberia. 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 of the test will be available in about 15 minutes.</p> <p>If the test is positive, I will give (NAME OF MINOR) a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health.</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 give blood for rapid HIV testing?</p>		
	326	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 329) NOT PRESENT/OTHER 3 (SKIP TO 329)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 329) NOT PRESENT/OTHER 3 (SKIP TO 329)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 329) NOT PRESENT/OTHER 3 (SKIP TO 329)

MINOR RESPONDENT CONSENT FOR RDT TEST					
M I N O R R E S P O N D E N T C O N S E N T	327	ASK CONSENT FOR RDT TEST FROM MINOR RESPONDENT.	<p>If you want to know your HIV status right now, we can do a rapid diagnostic test and tell you the result. The testing is free and we will offer counseling before and after the test.</p> <p>For the rapid HIV test, we need a few (more) drops of blood from a finger. We will use the same rapid tests used in hospitals in Liberia. 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 of the test will be available in about 15 minutes.</p> <p>If the test is positive, I will give you a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood for rapid HIV testing?</p>		
	328	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) NOT PRESENT/OTHER 3	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) NOT PRESENT/OTHER 3	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) NOT PRESENT/OTHER 3

		MAN 1	MAN 2	MAN 3
304A	NAME FROM 302.	NAME _____	NAME _____	NAME _____

329	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
329A	PLACE BAR CODE LABEL.	<div style="border: 2px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> <p>NOT PRESENT 99994 REFUSED 99995 OTHER 99996</p> <p>PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.</p>	<div style="border: 2px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> <p>NOT PRESENT 99994 REFUSED 99995 OTHER 99996</p> <p>PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.</p>	<div style="border: 2px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> <p>NOT PRESENT 99994 REFUSED 99995 OTHER 99996</p> <p>PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.</p>
330	ADDITIONAL TESTS.	<p>IF ADULT RESPONDENT, CHECK 313; IF MINOR RESPONDENT, CHECK 322 AND 324.</p> <p>IF CONSENT HAS NOT BEEN GRANTED, WRITE "NAT" ON THE FILTER PAPER.</p>	<p>IF ADULT RESPONDENT, CHECK 313; IF MINOR RESPONDENT, CHECK 322 AND 324.</p> <p>IF CONSENT HAS NOT BEEN GRANTED, WRITE "NAT" ON THE FILTER PAPER.</p>	<p>IF ADULT RESPONDENT, CHECK 313; IF MINOR RESPONDENT, CHECK 322 AND 324.</p> <p>IF CONSENT HAS NOT BEEN GRANTED, WRITE "NAT" ON THE FILTER PAPER.</p>
332	RECORD THE RESULT OF THE "DETERMINE HIV RDT" HERE.	POSITIVE 1 NEGATIVE 2 (SKIP TO 336) ← NOT PRESENT 3 REFUSED 4 OTHER 5 (SKIP TO 337) ←	POSITIVE 1 NEGATIVE 2 (SKIP TO 336) ← NOT PRESENT 3 REFUSED 4 OTHER 5 (SKIP TO 337) ←	POSITIVE 1 NEGATIVE 2 (SKIP TO 336) ← NOT PRESENT 3 REFUSED 4 OTHER 5 (SKIP TO 337) ←
333	RECORD THE RESULT OF THE "SD BIOLINE HIV RDT" HERE.	POSITIVE 1 (SKIP TO 335) ← NEGATIVE 2 NOT PRESENT 3 REFUSED 4 OTHER 5 (SKIP TO 337) ←	POSITIVE 1 (SKIP TO 335) ← NEGATIVE 2 NOT PRESENT 3 REFUSED 4 OTHER 5 (SKIP TO 337) ←	POSITIVE 1 (SKIP TO 335) ← NEGATIVE 2 NOT PRESENT 3 REFUSED 4 OTHER 5 (SKIP TO 337) ←
334	RECORD THE RESULT OF THE "UNIGOLD HIV RDT"	POSITIVE 1 NEGATIVE 2 (SKIP TO 336) ← NOT PRESENT 3 REFUSED 4 OTHER 5 (SKIP TO 337) ←	POSITIVE 1 NEGATIVE 2 (SKIP TO 336) ← NOT PRESENT 3 REFUSED 4 OTHER 5 (SKIP TO 337) ←	POSITIVE 1 NEGATIVE 2 (SKIP TO 336) ← NOT PRESENT 3 REFUSED 4 OTHER 5 (SKIP TO 337) ←

		MAN 1	MAN 2	MAN 3
304A	NAME FROM 302.	NAME _____	NAME _____	NAME _____
335	<p>IF 332 AND 333 ARE POSITIVE OR 332 AND 334 ARE POSITIVE, <u>RESPONDENT IS HIV POSITIVE:</u></p> <p>INFORM SURVEY PARTICIPANT ABOUT POSITIVE HIV STATUS AND PROVIDE POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV CARE AND TREATMENT SERVICES ARE AVAILABLE.</p> <p>SKIP TO 337</p>			
336	<p>IF 332 IS NEGATIVE OR 333 AND 334 ARE NEGATIVE, <u>RESPONDENT IS HIV NEGATIVE:</u></p> <p>INFORM THE RESPONDENT OF NEGATIVE TEST RESULT, AND CONDUCT POST-TEST COUNSELING.</p>			
337	WHILE TESTING THIS PERSON, WAS ANY RDT INVALID/DID ANY RDT FAIL TO RUN, THAT IS, THE CONTROL BAND DID NOT APPEAR?	RDT CONDUCTED, YES ANY INVALID 1 RDT CONDUCTED, NONE INVALID 2 NO RDT CONDUCTED 3] (SKIP TO 341) ←	RDT CONDUCTED, YES ANY INVALID 1 RDT CONDUCTED, NONE INVALID 2 NO RDT CONDUCTED 3] (SKIP TO 341) ←	RDT CONDUCTED, YES ANY INVALID 1 RDT CONDUCTED, NONE INVALID 2 NO RDT CONDUCTED 3] (SKIP TO 341) ←
338	RECORD NUMBER OF INVALID RESULTS USING "DETERMINE HIV RDT"	<input type="text"/> <input type="text"/> RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00	<input type="text"/> <input type="text"/> RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00	<input type="text"/> <input type="text"/> RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00
339	RECORD NUMBER OF INVALID RESULTS USING "SD BIOLINE HIV RDT"	<input type="text"/> <input type="text"/> RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00	<input type="text"/> <input type="text"/> RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00	<input type="text"/> <input type="text"/> RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00
340	RECORD NUMBER OF INVALID RESULTS USING "UNIGOLD HIV RDT" HERE.	<input type="text"/> <input type="text"/> RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00	<input type="text"/> <input type="text"/> RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00	<input type="text"/> <input type="text"/> RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00
341	GO TO 501 IN THE NEXT SECTION OF THIS QUESTIONNAIRE AND CONTINUE WITH THE SAME MAN.			

