

2019-20 GAMBIA DEMOGRAPHIC AND HEALTH SURVEY
 BIOMARKER QUESTIONNAIRE

THE GAMBIA
 GAMBIA BUREAU OF STATISTICS

IDENTIFICATION													
NAME OF SETTLEMENT _____													
NAME OF HOUSEHOLD HEAD _____													
CLUSTER NUMBER				<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>									
HOUSEHOLD NUMBER				<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></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="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>								
BIOMARKER'S NAME	_____	_____	_____	MONTH	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>								
				YEAR	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	2	0						
2	0												
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS									
TIME	_____	_____		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>									
NOTES:				<div style="margin-bottom: 10px;">TOTAL ELIGIBLE WOMEN</div> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> <div style="margin-bottom: 10px;">TOTAL ELIGIBLE CHILDREN</div> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>									
<div style="display: flex; justify-content: space-between;"> <div> LANGUAGE OF QUESTIONNAIRE** <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">1</td></tr> </table> </div> <div> LANGUAGE OF INTERVIEW** <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> </div> <div> NATIVE LANGUAGE OF RESPONDENT** <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> </div> <div> TRANSLATOR (YES = 1, NO = 2) <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> LANGUAGE OF QUESTIONNAIRE** ENGLISH </div> <div> **LANGUAGE CODES: 01 ENGLISH 06 SARAHULE 10 BAMBARA 02 MANDINKA 07 SERERE 11 OTHER LANGUAGE 03 WOLLOF 08 MANJAGO (SPECIFY) 04 FULA 09 CREOLE/AKU 05 JOLA MARABOUT </div> </div>						0	1						
0	1												
SUPERVISOR <div style="display: flex; justify-content: center; align-items: center; margin-top: 10px;"> <div style="border-bottom: 1px solid black; width: 150px; margin-right: 10px;"></div> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </div> <div style="display: flex; justify-content: center; margin-top: 5px;"> <div style="margin-right: 50px;">NAME</div> <div>NUMBER</div> </div>													

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

101	INTERVIEWER TO COMPLETE Q. 102 AND Q. 103 USING TABLET REPORT 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 NINE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). WRITE THE NAME OF EACH ELIGIBLE CHILD ON EACH SUBSEQUENT PAGES.			
		CHILD 1	CHILD 2	CHILD 3
102	FROM TABLET'S REPORT: WRITE CHILD'S COMPLETE FIRST/LAST NAME AND LINE NUMBER FROM HOUSEHOLD QUESTIONNAIRE.	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	INTERVIEWER TO COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM TABLET'S REPORT. 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"/>
103A	VERIFY: IN WHICH YEAR ARE WE TODAY?	2019 1 2020 2 (SKIP TO 104A) ←	2019 1 2020 2 (SKIP TO 104A) ←	2019 1 2020 2 (SKIP TO 104A) ←
104	CHECK 103: CHILD BORN IN 2014 OR LATER?	YES 1 (SKIP TO 105) ← NO 2 (SKIP TO 114) ←	YES 1 (SKIP TO 105) ← NO 2 (SKIP TO 114) ←	YES 1 (SKIP TO 105) ← NO 2 (SKIP TO 114) ←
104A	CHECK 103: CHILD BORN IN 2015 OR LATER?	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 (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 114) ← OLDER 2	0-5 MONTHS 1 (SKIP TO 114) ← OLDER 2	0-5 MONTHS 1 (SKIP TO 114) ← OLDER 2
110	WRITE THE FIRST AND LAST 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

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

101	INTERVIEWER TO COMPLETE Q. 102 AND Q. 103 USING TABLET REPORT 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 NINE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). WRITE THE NAME OF EACH ELIGIBLE CHILD ON EACH SUBSEQUENT PAGES.			
		CHILD 1	CHILD 2	CHILD 3
102	FROM TABLET'S REPORT: WRITE CHILD'S COMPLETE FIRST/LAST NAME AND LINE NUMBER FROM HOUSEHOLD QUESTIONNAIRE.	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 _____
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) ←
112A	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 2014 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>		
112B	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"/> NOT PRESENT/OTHER . 3	GRANTED 1 REFUSED 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER . 3	GRANTED 1 REFUSED 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER . 3
112C	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
113	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED995 OTHER996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED995 OTHER996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED995 OTHER996

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

101	INTERVIEWER TO COMPLETE Q. 102 AND Q. 103 USING TABLET REPORT 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 NINE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). WRITE THE NAME OF EACH ELIGIBLE CHILD ON EACH SUBSEQUENT PAGES.			
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102	FROM TABLET'S REPORT: WRITE CHILD'S COMPLETE FIRST/LAST NAME AND LINE NUMBER FROM HOUSEHOLD QUESTIONNAIRE.	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 _____
113A	CIRCLE THE CODE FOR THE MALARIA RDT.	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 113C) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 113C) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 113C) ←
113B	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE ANEMIA AND MALARIA PAMPHLET.	POSITIVE 1 (SKIP TO 113E) ← NEGATIVE 2 OTHER 6	POSITIVE 1 (SKIP TO 113E) ← NEGATIVE 2 OTHER 6	POSITIVE 1 (SKIP TO 113E) ← NEGATIVE 2 OTHER 6
113C	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 114) ←	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT 3 REFUSED 4 OTHER 6 (SKIP TO 114) ←	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT 3 REFUSED 4 OTHER 6 (SKIP TO 114) ←
113D	SEVERE ANEMIA REFERRAL RECORD THE RESULT OF THE ANEMIA TEST ON THE REFERRAL FORM.	The anemia test shows that (NAME OF CHILD) has severe anemia. Your child is very ill and must be taken to a health facility immediately. (SKIP TO 114)		
113E	Does (NAME) suffer from any of the following illnesses or symptoms:	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	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	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
113F	CHECK 113E: ANY 'YES' CIRCLED?	NO YES <input type="checkbox"/> ↓ (SKIP TO 113I) ←	NO YES <input type="checkbox"/> ↓ (SKIP TO 113I) ←	NO YES <input type="checkbox"/> ↓ (SKIP TO 113I) ←
113G	CHECK 113: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 (SKIP TO 113I) ← 8.0 G/DL OR ABOVE ... 2 NOT PRESENT 3 REFUSED 4 OTHER 6	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 (SKIP TO 113I) ← 8.0 G/DL OR ABOVE ... 2 NOT PRESENT 3 REFUSED 4 OTHER 6	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 (SKIP TO 113I) ← 8.0 G/DL OR ABOVE ... 2 NOT PRESENT 3 REFUSED 4 OTHER 6

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

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		NAME _____		NAME _____		NAME _____																
113H	In the past two weeks has (NAME) taken or is taking Coartem/ACT given by a doctor or health center to treat the malaria? VERIFY BY ASKING TO SEE TREATMENT	YES 1 (SKIP TO 113J) ← NO 2 (SKIP TO 113K) ←		YES 1 (SKIP TO 113J) ← NO 2 (SKIP TO 113K) ←		YES 1 (SKIP TO 113J) ← NO 2 (SKIP TO 113K) ←																
113I	<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 113P)																				
113J	ALREADY TAKING COARTEM/ACT REFERRAL STATEMENT	You have told me that (NAME OF CHILD) had already received Coartem/ACT for malaria. Therefore, I cannot give you additional Coartem/ACT. However, the test shows that he/she has malaria. If your child has a fever for two days after the last dose of Coartem/ACT, you should take the child to the nearest health facility for further examination. (SKIP TO 114)																				
113K	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/OTHER ADULT.	The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called Coartem/ACT. Coartem/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.																				
113L	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																
113M	CHECK 113L: MEDICATION ACCEPTED	ACCEPTED MEDICINE . 1 REFUSED 2 OTHER 6 (SKIP TO 114) ←		ACCEPTED MEDICINE . 1 REFUSED 2 OTHER 6 (SKIP TO 114) ←		ACCEPTED MEDICINE . 1 REFUSED 2 OTHER 6 (SKIP TO 114) ←																
113O	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/OTHER ADULT.	<table border="1"> <thead> <tr> <th>Weight</th><th>Age</th><th>Day 1</th><th>Day 2</th><th>Day 3</th></tr> </thead> <tbody> <tr> <td>5kg -<15kg</td><td>3 months - 3 years</td><td>1 tablet start dose and repeat after 8 hours</td><td>1 tablet 12 hourly (twice daily)</td><td>1 tablet 12 hourly (twice daily)</td></tr> <tr> <td>15kg - <25kg</td><td>3 years - 8 years</td><td>2 tablets start dose and repeat after 8 hours</td><td>2 tablet 12 hourly (twice daily)</td><td>2 tablet 12 hourly (twice daily)</td></tr> </tbody> </table> <p>First day starts by taking first dose followed by the second one 8 hours later; on subsequent days the recommendation is simply "morning" and "evening" (usually around 12 hours apart). Take the medicine (crushed for smaller children) with high fat food or drinks like milk.</p> <p>Make sure that the FULL 3 days treatment is taken at the recommended times, otherwise the infection may return. If your child vomits within an hour of taking the medicine, you will need to get additional tablets and repeat the dose.</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. (SKIP TO 114)</p>						Weight	Age	Day 1	Day 2	Day 3	5kg -<15kg	3 months - 3 years	1 tablet start dose and repeat after 8 hours	1 tablet 12 hourly (twice daily)	1 tablet 12 hourly (twice daily)	15kg - <25kg	3 years - 8 years	2 tablets start dose and repeat after 8 hours	2 tablet 12 hourly (twice daily)	2 tablet 12 hourly (twice daily)
Weight	Age	Day 1	Day 2	Day 3																		
5kg -<15kg	3 months - 3 years	1 tablet start dose and repeat after 8 hours	1 tablet 12 hourly (twice daily)	1 tablet 12 hourly (twice daily)																		
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WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT, AND MALARIA TESTING FOR CHILDREN AGE 0-5

101	<u>INTERVIEWER TO COMPLETE Q. 102 AND Q. 103 USING TABLET REPORT</u> 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 NINE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). WRITE THE NAME OF EACH ELIGIBLE CHILD ON EACH SUBSEQUENT PAGES.			
		CHILD 1	CHILD 2	CHILD 3
102	FROM TABLET'S REPORT: WRITE CHILD'S COMPLETE FIRST/LAST NAME AND LINE NUMBER FROM HOUSEHOLD QUESTIONNAIRE.	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 _____
113P	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 114) ←	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6 (SKIP TO 114) ←	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6 (SKIP TO 114) ←
113Q	<u>SEVERE ANEMIA REFERRAL</u> RECORD THE RESULT OF THE ANEMIA TEST ON THE REFERRAL	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.		
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, HEMOGLOBIN MEASUREMENT, AND MALARIA TESTING FOR CHILDREN AGE 0-5

101	INTERVIEWER TO COMPLETE Q. 102 AND Q. 103 USING TABLET REPORT 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 NINE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). WRITE THE NAME OF EACH ELIGIBLE CHILD ON EACH SUBSEQUENT PAGES.			
		CHILD 4	CHILD 5	CHILD 6
102	FROM TABLET'S REPORT: WRITE CHILD'S COMPLETE FIRST/LAST NAME AND LINE NUMBER FROM HOUSEHOLD QUESTIONNAIRE.	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	INTERVIEWER TO COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM TABLET'S REPORT. 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"/>
103A	VERIFY: IN WHICH YEAR ARE WE TODAY?	2019 1 2020 2 (SKIP TO 104A) ←	2019 1 2020 2 (SKIP TO 104A) ←	2019 1 2020 2 (SKIP TO 104A) ←
104	CHECK 103: CHILD BORN IN 2014 OR LATER?	YES 1 (SKIP TO 105) ← NO 2 (SKIP TO 114) ←	YES 1 (SKIP TO 105) ← NO 2 (SKIP TO 114) ←	YES 1 (SKIP TO 105) ← NO 2 (SKIP TO 114) ←
104A	CHECK 103: CHILD BORN IN 2015 OR LATER?	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 (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 114) ← OLDER 2	0-5 MONTHS 1 (SKIP TO 114) ← OLDER 2	0-5 MONTHS 1 (SKIP TO 114) ← OLDER 2
110	WRITE THE FIRST AND LAST 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 _____

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

101	INTERVIEWER TO COMPLETE Q. 102 AND Q. 103 USING TABLET REPORT 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 NINE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). WRITE THE NAME OF EACH ELIGIBLE CHILD ON EACH SUBSEQUENT PAGES.			
		CHILD 4	CHILD 5	CHILD 6
102	FROM TABLET'S REPORT: WRITE CHILD'S COMPLETE FIRST/LAST NAME AND LINE NUMBER FROM HOUSEHOLD QUESTIONNAIRE.	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 _____
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) _____
112A	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 2014 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>		
112B	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"/> NOT PRESENT/OTHER . 3	GRANTED 1 REFUSED 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER . 3	GRANTED 1 REFUSED 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER . 3
112C	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
113	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA 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

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

101	INTERVIEWER TO COMPLETE Q. 102 AND Q. 103 USING TABLET REPORT 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 NINE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). WRITE THE NAME OF EACH ELIGIBLE CHILD ON EACH SUBSEQUENT PAGES.																																																																																				
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102	FROM TABLET'S REPORT: WRITE CHILD'S COMPLETE FIRST/LAST NAME AND LINE NUMBER FROM HOUSEHOLD QUESTIONNAIRE.	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 _____																																																																																	
113A	CIRCLE THE CODE FOR THE MALARIA RDT.	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 113C) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 113C) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 113C) ←																																																																																	
113B	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE ANEMIA AND MALARIA PAMPHLET.	POSITIVE 1 (SKIP TO 113E) ← NEGATIVE 2 OTHER 6	POSITIVE 1 (SKIP TO 113E) ← NEGATIVE 2 OTHER 6	POSITIVE 1 (SKIP TO 113E) ← NEGATIVE 2 OTHER 6																																																																																	
113C	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 114) ←	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT 3 REFUSED 4 OTHER 6 (SKIP TO 114) ←	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT 3 REFUSED 4 OTHER 6 (SKIP TO 114) ←																																																																																	
113D	<u>SEVERE ANEMIA REFERRAL</u> RECORD THE RESULT OF THE ANEMIA TEST ON THE REFERRAL	The anemia test shows that (NAME OF CHILD) has severe anemia. Your child is very ill and must be taken to a health facility immediately. (SKIP TO 114)																																																																																			
113E	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 align="center">1</td> <td align="center">2</td> </tr> <tr> <td>b) HEART PROBLEMS</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>c) LOSS OF CONSCIOUS.</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>d) RAPID BREATHING</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>e) SEIZURES</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>f) BLEEDING</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>g) JAUNDICE</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>h) DARK URINE</td> <td align="center">1</td> <td align="center">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 align="center">1</td> <td align="center">2</td> </tr> <tr> <td>b) HEART PROBLEMS</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>c) LOSS OF CONSCIOUS.</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>d) RAPID BREATHING</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>e) SEIZURES</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>f) BLEEDING</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>g) JAUNDICE</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>h) DARK URINE</td> <td align="center">1</td> <td align="center">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 align="center">1</td> <td align="center">2</td> </tr> <tr> <td>b) HEART PROBLEMS</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>c) LOSS OF CONSCIOUS.</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>d) RAPID BREATHING</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>e) SEIZURES</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>f) BLEEDING</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>g) JAUNDICE</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>h) DARK URINE</td> <td align="center">1</td> <td align="center">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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h) DARK URINE	1	2																																																																																			
113F	CHECK 113E: ANY 'YES' CIRCLED?	NO <input type="checkbox"/> YES <input type="checkbox"/> (SKIP TO 113I) ←	NO <input type="checkbox"/> YES <input type="checkbox"/> (SKIP TO 113I) ←	NO <input type="checkbox"/> YES <input type="checkbox"/> (SKIP TO 113I) ←																																																																																	
113G	CHECK 113: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 (SKIP TO 113I) ← 8.0 G/DL OR ABOVE ... 2 NOT PRESENT 3 REFUSED 4 OTHER 6	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 (SKIP TO 113I) ← 8.0 G/DL OR ABOVE ... 2 NOT PRESENT 3 REFUSED 4 OTHER 6	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 (SKIP TO 113I) ← 8.0 G/DL OR ABOVE ... 2 NOT PRESENT 3 REFUSED 4 OTHER 6																																																																																	

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

101	INTERVIEWER TO COMPLETE Q. 102 AND Q. 103 USING TABLET REPORT 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 NINE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). WRITE THE NAME OF EACH ELIGIBLE CHILD ON EACH SUBSEQUENT PAGES.																		
		CHILD 4	CHILD 5	CHILD 6															
102	FROM TABLET'S REPORT: WRITE CHILD'S COMPLETE FIRST/LAST NAME AND LINE NUMBER FROM HOUSEHOLD QUESTIONNAIRE.	LINE NUMBER <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> NAME _____	LINE NUMBER <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> NAME _____	LINE NUMBER <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> NAME _____															
113H	In the past two weeks has (NAME) taken or is taking Coartem/ACT given by a doctor or health center to treat the malaria? VERIFY BY ASKING TO SEE TREATMENT	YES 1] (SKIP TO 113J) ← NO 2] (SKIP TO 113K) ←	YES 1] (SKIP TO 113J) ← NO 2] (SKIP TO 113K) ←	YES 1] (SKIP TO 113J) ← NO 2] (SKIP TO 113K) ←															
113I	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 113P)																	
113J	ALREADY TAKING COARTEM/ACT REFERRAL STATEMENT	You have told me that (NAME OF CHILD) had already received Coartem/ACT for malaria. Therefore, I cannot give you additional Coartem/ACT. However, the test shows that he/she has malaria. If your child has a fever for two days after the last dose of Coartem/ACT, you should take the child to the nearest health facility for further examination. (SKIP TO 114)																	
113K	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/OTHER ADULT.	The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called Coartem/ACT. Coartem/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.																	
113L	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	ACCEPTED MEDICINE . 1] (SIGN) ← REFUSED 2] (SKIP TO 114) ← OTHER 6] (SKIP TO 114) ←	ACCEPTED MEDICINE . 1] (SIGN) ← REFUSED 2] (SKIP TO 114) ← OTHER 6] (SKIP TO 114) ←	ACCEPTED MEDICINE . 1] (SIGN) ← REFUSED 2] (SKIP TO 114) ← OTHER 6] (SKIP TO 114) ←															
113M	CHECK 113L: MEDICATION ACCEPTED	ACCEPTED MEDICINE . 1] (SKIP TO 114) ← REFUSED 2] (SKIP TO 114) ← OTHER 6] (SKIP TO 114) ←	ACCEPTED MEDICINE . 1] (SKIP TO 114) ← REFUSED 2] (SKIP TO 114) ← OTHER 6] (SKIP TO 114) ←	ACCEPTED MEDICINE . 1] (SKIP TO 114) ← REFUSED 2] (SKIP TO 114) ← OTHER 6] (SKIP TO 114) ←															
113O	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/OTHER ADULT.	<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width:15%;">Weight</th><th style="width:15%;">Age</th><th style="width:20%;">Day 1</th><th style="width:20%;">Day 2</th><th style="width:20%;">Day 3</th></tr> </thead> <tbody> <tr> <td>5kg -<15kg</td><td>3 months - 3 years</td><td>1 tablet start dose and repeat after 8 hours</td><td>1 tablet 12 hourly (twice daily)</td><td>1 tablet 12 hourly (twice daily)</td></tr> <tr> <td>15kg - <25kg</td><td>3 years - 8 years</td><td>2 tablets start dose and repeat after 8 hours</td><td>2 tablet 12 hourly (twice daily)</td><td>2 tablet 12 hourly (twice daily)</td></tr> </tbody> </table> <p>First day starts by taking first dose followed by the second one 8 hours later; on subsequent days the recommendation is simply "morning" and "evening" (usually around 12 hours apart). Take the medicine (crushed for smaller children) with high fat food or drinks like milk.</p> <p>Make sure that the FULL 3 days treatment is taken at the recommended times, otherwise the infection may return. If your child vomits within an hour of taking the medicine, you will need to get additional tablets and repeat the dose.</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. (SKIP TO 114)</p>			Weight	Age	Day 1	Day 2	Day 3	5kg -<15kg	3 months - 3 years	1 tablet start dose and repeat after 8 hours	1 tablet 12 hourly (twice daily)	1 tablet 12 hourly (twice daily)	15kg - <25kg	3 years - 8 years	2 tablets start dose and repeat after 8 hours	2 tablet 12 hourly (twice daily)	2 tablet 12 hourly (twice daily)
Weight	Age	Day 1	Day 2	Day 3															
5kg -<15kg	3 months - 3 years	1 tablet start dose and repeat after 8 hours	1 tablet 12 hourly (twice daily)	1 tablet 12 hourly (twice daily)															
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WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT, AND MALARIA TESTING FOR CHILDREN AGE 0-5

101	<u>INTERVIEWER TO COMPLETE Q. 102 AND Q. 103 USING TABLET REPORT</u> 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 NINE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). WRITE THE NAME OF EACH ELIGIBLE CHILD ON EACH SUBSEQUENT PAGES.			
		CHILD 4	CHILD 5	CHILD 6
102	FROM TABLET'S REPORT: WRITE CHILD'S COMPLETE FIRST/LAST NAME AND LINE NUMBER FROM HOUSEHOLD QUESTIONNAIRE.	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 _____
113P	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 114) ←	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6 (SKIP TO 114) ←	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6 (SKIP TO 114) ←
113Q	<u>SEVERE ANEMIA REFERRAL</u> RECORD THE RESULT OF THE ANEMIA TEST ON THE REFERRAL	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.		
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, HEMOGLOBIN MEASUREMENT, AND MALARIA TESTING FOR CHILDREN AGE 0-5

101	INTERVIEWER TO COMPLETE Q. 102 AND Q. 103 USING TABLET REPORT 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 NINE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). WRITE THE NAME OF EACH ELIGIBLE CHILD ON EACH SUBSEQUENT PAGES.			
		CHILD 7	CHILD 8	CHILD 9
102	FROM TABLET'S REPORT: WRITE CHILD'S COMPLETE FIRST/LAST NAME AND LINE NUMBER FROM HOUSEHOLD QUESTIONNAIRE.	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	INTERVIEWER TO COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM TABLET'S REPORT. 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"/>
103A	VERIFY: IN WHICH YEAR ARE WE TODAY?	2019 1 2020 2 (SKIP TO 104A) ←	2019 1 2020 2 (SKIP TO 104A) ←	2019 1 2020 2 (SKIP TO 104A) ←
104	CHECK 103: CHILD BORN IN 2014 OR LATER?	YES 1 (SKIP TO 105) ← NO 2 (SKIP TO 114) ←	YES 1 (SKIP TO 105) ← NO 2 (SKIP TO 114) ←	YES 1 (SKIP TO 105) ← NO 2 (SKIP TO 114) ←
104A	CHECK 103: CHILD BORN IN 2015 OR LATER?	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 (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 114) ← OLDER 2	0-5 MONTHS 1 (SKIP TO 114) ← OLDER 2	0-5 MONTHS 1 (SKIP TO 114) ← OLDER 2
110	WRITE THE FIRST AND LAST 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 _____

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

101	INTERVIEWER TO COMPLETE Q. 102 AND Q. 103 USING TABLET REPORT 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 NINE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). WRITE THE NAME OF EACH ELIGIBLE CHILD ON EACH SUBSEQUENT PAGES.			
		CHILD 7	CHILD 8	CHILD 9
102	FROM TABLET'S REPORT: WRITE CHILD'S COMPLETE FIRST/LAST NAME AND LINE NUMBER FROM HOUSEHOLD QUESTIONNAIRE.	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 _____
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) ←
112A	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 2014 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>		
112B	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"/> NOT PRESENT/OTHER . 3	GRANTED 1 REFUSED 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER . 3	GRANTED 1 REFUSED 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER . 3
112C	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
113	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED995 OTHER996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED995 OTHER996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED995 OTHER996

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

101	INTERVIEWER TO COMPLETE Q. 102 AND Q. 103 USING TABLET REPORT 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 NINE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). WRITE THE NAME OF EACH ELIGIBLE CHILD ON EACH SUBSEQUENT PAGES.																																																																																				
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102	FROM TABLET'S REPORT: WRITE CHILD'S COMPLETE FIRST/LAST NAME AND LINE NUMBER FROM HOUSEHOLD QUESTIONNAIRE.	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 _____																																																																																	
113A	CIRCLE THE CODE FOR THE MALARIA RDT.	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 113C) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 113C) ←	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 113C) ←																																																																																	
113B	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE ANEMIA AND MALARIA PAMPHLET.	POSITIVE 1 (SKIP TO 113E) ← NEGATIVE 2 OTHER 6	POSITIVE 1 (SKIP TO 113E) ← NEGATIVE 2 OTHER 6	POSITIVE 1 (SKIP TO 113E) ← NEGATIVE 2 OTHER 6																																																																																	
113C	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 114) ←	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT 3 REFUSED 4 OTHER 6 (SKIP TO 114) ←	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT 3 REFUSED 4 OTHER 6 (SKIP TO 114) ←																																																																																	
113D	<u>SEVERE ANEMIA REFERRAL</u> RECORD THE RESULT OF THE ANEMIA TEST ON THE REFERRAL	The anemia test shows that (NAME OF CHILD) has severe anemia. Your child is very ill and must be taken to a health facility immediately. (SKIP TO 114)																																																																																			
113E	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 align="center">1</td> <td align="center">2</td> </tr> <tr> <td>b) HEART PROBLEMS</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>c) LOSS OF CONSCIOUS.</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>d) RAPID BREATHING</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>e) SEIZURES</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>f) BLEEDING</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>g) JAUNDICE</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>h) DARK URINE</td> <td align="center">1</td> <td align="center">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 align="center">1</td> <td align="center">2</td> </tr> <tr> <td>b) HEART PROBLEMS</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>c) LOSS OF CONSCIOUS.</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>d) RAPID BREATHING</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>e) SEIZURES</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>f) BLEEDING</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>g) JAUNDICE</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>h) DARK URINE</td> <td align="center">1</td> <td align="center">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 align="center">1</td> <td align="center">2</td> </tr> <tr> <td>b) HEART PROBLEMS</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>c) LOSS OF CONSCIOUS.</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>d) RAPID BREATHING</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>e) SEIZURES</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>f) BLEEDING</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>g) JAUNDICE</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>h) DARK URINE</td> <td align="center">1</td> <td align="center">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
	YES	NO																																																																																			
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g) JAUNDICE	1	2																																																																																			
h) DARK URINE	1	2																																																																																			
113F	CHECK 113E: ANY 'YES' CIRCLED?	NO YES <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 113I) ←	NO YES <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 113I) ←	NO YES <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 113I) ←																																																																																	
113G	CHECK 113: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 (SKIP TO 113I) ← 8.0 G/DL OR ABOVE ... 2 NOT PRESENT 3 REFUSED 4 OTHER 6	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 (SKIP TO 113I) ← 8.0 G/DL OR ABOVE ... 2 NOT PRESENT 3 REFUSED 4 OTHER 6	BELOW 8.0 G/DL, SEVERE ANEMIA ... 1 (SKIP TO 113I) ← 8.0 G/DL OR ABOVE ... 2 NOT PRESENT 3 REFUSED 4 OTHER 6																																																																																	

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

101	INTERVIEWER TO COMPLETE Q. 102 AND Q. 103 USING TABLET REPORT 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 NINE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). WRITE THE NAME OF EACH ELIGIBLE CHILD ON EACH SUBSEQUENT PAGES.																				
		CHILD 7		CHILD 8		CHILD 9															
102	FROM TABLET'S REPORT: WRITE CHILD'S COMPLETE FIRST/LAST NAME AND LINE NUMBER FROM HOUSEHOLD QUESTIONNAIRE.	LINE NUMBER <input type="text"/> <input type="text"/>		LINE NUMBER <input type="text"/> <input type="text"/>		LINE NUMBER <input type="text"/> <input type="text"/>															
		NAME _____		NAME _____		NAME _____															
113H	In the past two weeks has (NAME) taken or is taking Coartem/ACT given by a doctor or health center to treat the malaria? VERIFY BY ASKING TO SEE TREATMENT	YES 1 (SKIP TO 113J) ← NO 2 (SKIP TO 113K) ←		YES 1 (SKIP TO 113J) ← NO 2 (SKIP TO 113K) ←		YES 1 (SKIP TO 113J) ← NO 2 (SKIP TO 113K) ←															
113I	<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 113P)																			
113J	ALREADY TAKING COARTEM/ACT REFERRAL STATEMENT	You have told me that (NAME OF CHILD) had already received Coartem/ACT for malaria. Therefore, I cannot give you additional Coartem/ACT. However, the test shows that he/she has malaria. If your child has a fever for two days after the last dose of Coartem/ACT, you should take the child to the nearest health facility for further examination. (SKIP TO 114)																			
113K	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/OTHER ADULT.	The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called Coartem/ACT. Coartem/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.																			
113L	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															
113M	CHECK 113L: MEDICATION ACCEPTED	ACCEPTED MEDICINE . 1 REFUSED 2 OTHER 6 (SKIP TO 114) ←		ACCEPTED MEDICINE . 1 REFUSED 2 OTHER 6 (SKIP TO 114) ←		ACCEPTED MEDICINE . 1 REFUSED 2 OTHER 6 (SKIP TO 114) ←															
113O	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/OTHER ADULT.	<table border="1"> <thead> <tr> <th>Weight</th><th>Age</th><th>Day 1</th><th>Day 2</th><th>Day 3</th></tr> </thead> <tbody> <tr> <td>5kg -<15kg</td><td>3 months - 3 years</td><td>1 tablet start dose and repeat after 8 hours</td><td>1 tablet 12 hourly (twice daily)</td><td>1 tablet 12 hourly (twice daily)</td></tr> <tr> <td>15kg - <25kg</td><td>3 years - 8 years</td><td>2 tablets start dose and repeat after 8 hours</td><td>2 tablet 12 hourly (twice daily)</td><td>2 tablet 12 hourly (twice daily)</td></tr> </tbody> </table> <p>First day starts by taking first dose followed by the second one 8 hours later; on subsequent days the recommendation is simply "morning" and "evening" (usually around 12 hours apart). Take the medicine (crushed for smaller children) with high fat food or drinks like milk.</p> <p>Make sure that the FULL 3 days treatment is taken at the recommended times, otherwise the infection may return. If your child vomits within an hour of taking the medicine, you will need to get additional tablets and repeat the dose.</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. (SKIP TO 114)</p>					Weight	Age	Day 1	Day 2	Day 3	5kg -<15kg	3 months - 3 years	1 tablet start dose and repeat after 8 hours	1 tablet 12 hourly (twice daily)	1 tablet 12 hourly (twice daily)	15kg - <25kg	3 years - 8 years	2 tablets start dose and repeat after 8 hours	2 tablet 12 hourly (twice daily)	2 tablet 12 hourly (twice daily)
Weight	Age	Day 1	Day 2	Day 3																	
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WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT, AND MALARIA TESTING FOR CHILDREN AGE 0-5

101	<u>INTERVIEWER TO COMPLETE Q. 102 AND Q. 103 USING TABLET REPORT</u> 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 NINE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). WRITE THE NAME OF EACH ELIGIBLE CHILD ON EACH SUBSEQUENT PAGES.			
		CHILD 7	CHILD 8	CHILD 9
102	FROM TABLET'S REPORT: WRITE CHILD'S COMPLETE FIRST/LAST NAME AND LINE NUMBER FROM HOUSEHOLD QUESTIONNAIRE.	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 _____
113P	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 114) ←	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6 (SKIP TO 114) ←	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6 (SKIP TO 114) ←
113Q	<u>SEVERE ANEMIA REFERRAL</u> RECORD THE RESULT OF THE ANEMIA TEST ON THE REFERRAL	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.		
114	GO BACK TO 103 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 201.			

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

201	INTERVIEWER TO COMPLETE Q. 202-204 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 NINE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		WOMAN 1	WOMAN 2	WOMAN 3
202	FROM TABLET'S REPORT: WRITE WOMAN'S NAME, AGE, AND 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	15-17 YEARS 1 18-49 YEARS 2	15-17 YEARS 1 18-49 YEARS 2
204	FROM TABLET'S REPORT: CIRCLE CODE FOR MARITAL STATUS	CODE 5 (NEVER IN UNION) . 1 OTHER 2	CODE 5 (NEVER IN UNION) . 1 OTHER 2	CODE 5 (NEVER IN UNION) . 1 OTHER 2

205	WEIGHT IN KILOGRAMS. KG. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996
206	HEIGHT IN CENTIMETERS. CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> 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. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> FIELDWORKER NUMBER	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> FIELDWORKER NUMBER	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> FIELDWORKER NUMBER
208	CHECK 203: AGE 15-17 YEARS 1 18-49 YEARS 2 (SKIP TO 210) ←	15-17 YEARS 1 18-49 YEARS 2 (SKIP TO 210) ←	15-17 YEARS 1 18-49 YEARS 2 (SKIP TO 210) ←
209	CHECK 204: MARITAL STATUS CODE 5 (NEVER IN UNION) . 1 (SKIP TO 216) ← OTHER 2	CODE 5 (NEVER IN UNION) . 1 (SKIP TO 216) ← OTHER 2	CODE 5 (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 _____

A D U L T R E S P O N D E N T C O N S E N T	ADULT RESPONDENT CONSENT FOR ANEMIA TEST				
	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 231) NOT PRESENT/OTHER 3 (SKIP TO 231) ←	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF REFUSED, SKIP TO 231) NOT PRESENT/OTHER 3 (SKIP TO 231) ←	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF REFUSED, SKIP TO 231) NOT PRESENT/OTHER 3 (SKIP TO 231) ←
	211A	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	WRITE THE NAME OF THE PARENT/OTHER ADULT RESPONSIBLE FOR	NAME _____	NAME _____	NAME _____
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P A R E N T R E S P O N D E N T C O N S E N T	PARENTAL/RESPONSIBLE ADULT CONSENT FOR ANEMIA TEST				
	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 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) ←

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 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)
	220A	ASK: Are you pregnant?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8

229	PREPARE EQUIPMENT AND SUPPLIES FOR ANEMIA TESTING.			
231	RECORD HEMOGLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET. G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	
233	GO BACK TO 202 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE WOMEN, END OF QUESTIONNAIRE.			

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

201	INTERVIEWER TO COMPLETE Q. 202-204 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 NINE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		WOMAN 4	WOMAN 5	WOMAN 6
202	FROM TABLET'S REPORT: WRITE WOMAN'S NAME, AGE, AND 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	15-17 YEARS 1 18-49 YEARS 2	15-17 YEARS 1 18-49 YEARS 2
204	FROM TABLET'S REPORT: CIRCLE CODE FOR MARITAL STATUS	CODE 5 (NEVER IN UNION) . 1 OTHER 2	CODE 5 (NEVER IN UNION) . 1 OTHER 2	CODE 5 (NEVER IN UNION) . 1 OTHER 2

205	WEIGHT IN KILOGRAMS. KG. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996
206	HEIGHT IN CENTIMETERS. CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> 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. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> FIELDWORKER NUMBER	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> FIELDWORKER NUMBER	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> FIELDWORKER NUMBER
208	CHECK 203: AGE 15-17 YEARS 1 18-49 YEARS 2 (SKIP TO 210) ←	15-17 YEARS 1 18-49 YEARS 2 (SKIP TO 210) ←	15-17 YEARS 1 18-49 YEARS 2 (SKIP TO 210) ←
209	CHECK 204: MARITAL STATUS CODE 5 (NEVER IN UNION) . 1 (SKIP TO 216) ← OTHER 2	CODE 5 (NEVER IN UNION) . 1 (SKIP TO 216) ← OTHER 2	CODE 5 (NEVER IN UNION) . 1 (SKIP TO 216) ← OTHER 2

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

		WOMAN 4	WOMAN 5	WOMAN 6
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____

A D U L T R E S P O N D E N T C O N S E N T	ADULT RESPONDENT CONSENT FOR ANEMIA TEST				
	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 231) NOT PRESENT/OTHER 3 (SKIP TO 231)	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF REFUSED, SKIP TO 231) NOT PRESENT/OTHER 3 (SKIP TO 231)	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF REFUSED, SKIP TO 231) NOT PRESENT/OTHER 3 (SKIP TO 231)
	211A	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	WRITE THE NAME OF THE PARENT/OTHER ADULT RESPONSIBLE FOR	NAME _____	NAME _____	NAME _____
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P A R E N T R E S P O N D E N T C O N S E N T	PARENTAL/RESPONSIBLE ADULT CONSENT FOR ANEMIA TEST				
	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 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)

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

		WOMAN 4	WOMAN 5	WOMAN 6
	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 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)
	220A	ASK: Are you pregnant?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8

229	PREPARE EQUIPMENT AND SUPPLIES FOR ANEMIA TESTING.			
231	RECORD HEMOGLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET. G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	
233	GO BACK TO 202 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE WOMEN, END OF QUESTIONNAIRE.			

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

201	INTERVIEWER TO COMPLETE Q. 202-204 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 NINE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		WOMAN 7	WOMAN 8	WOMAN 9
202	FROM TABLET'S REPORT: WRITE WOMAN'S NAME, AGE, AND 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	15-17 YEARS 1 18-49 YEARS 2	15-17 YEARS 1 18-49 YEARS 2
204	FROM TABLET'S REPORT: CIRCLE CODE FOR MARITAL STATUS	CODE 5 (NEVER IN UNION) . 1 OTHER 2	CODE 5 (NEVER IN UNION) . 1 OTHER 2	CODE 5 (NEVER IN UNION) . 1 OTHER 2

205	WEIGHT IN KILOGRAMS. KG. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996
206	HEIGHT IN CENTIMETERS. CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> 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. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> FIELDWORKER NUMBER	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> FIELDWORKER NUMBER	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> FIELDWORKER NUMBER
208	CHECK 203: AGE 15-17 YEARS 1 18-49 YEARS 2 (SKIP TO 210) ←	15-17 YEARS 1 18-49 YEARS 2 (SKIP TO 210) ←	15-17 YEARS 1 18-49 YEARS 2 (SKIP TO 210) ←
209	CHECK 204: MARITAL STATUS CODE 5 (NEVER IN UNION) . 1 (SKIP TO 216) ← OTHER 2	CODE 5 (NEVER IN UNION) . 1 (SKIP TO 216) ← OTHER 2	CODE 5 (NEVER IN UNION) . 1 (SKIP TO 216) ← OTHER 2

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

		WOMAN 7	WOMAN 8	WOMAN 9
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____

A D U L T R E S P O N D E N T C O N S E N T	ADULT RESPONDENT CONSENT FOR ANEMIA TEST				
	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 231) NOT PRESENT/OTHER 3 (SKIP TO 231) ←	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF REFUSED, SKIP TO 231) NOT PRESENT/OTHER 3 (SKIP TO 231) ←	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF REFUSED, SKIP TO 231) NOT PRESENT/OTHER 3 (SKIP TO 231) ←
	211A	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	WRITE THE NAME OF THE PARENT/OTHER ADULT RESPONSIBLE FOR	NAME _____	NAME _____	NAME _____
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P A R E N T R E S P O N D E N T C O N S E N T	PARENTAL/RESPONSIBLE ADULT CONSENT FOR ANEMIA TEST				
	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 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) ←

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

		WOMAN 7	WOMAN 8	WOMAN 9
	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 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)
	220A	ASK: Are you pregnant?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8

229	PREPARE EQUIPMENT AND SUPPLIES FOR ANEMIA TESTING.			
231	RECORD HEMOGLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET. G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	
233	GO BACK TO 202 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, END OF QUESTIONNAIRE.			

TO BE FILLED IN AFTER COMPLETING BIOMARKERS

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