2022 NEPAL DEMOGRAPHIC AND HEALTH SURVEY
BIOMARKER QUESTIONNAIRE

NEPAL
MINISTRY OF HEALTH AND POPULATION

IDENTIFICATION

NAME AND CODE OF DISTRICT _____

NAME AND CODE OF GAUNPALIKA/MUNICIPALITY _____

WARD NUMBER . . . .

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER . . . .

HOUSEHOLD NUMBER . . . .

HOUSEHOLD SELECTED FOR MAN'S SURVEY? (1=YES, 2=NO) . . . .

HOUSEHOLD SELECTED FOR BLOOD PRESSURE MEASUREMENT? (1=YES, 2=NO) . . . .

ALTITUDE (METERS) . . . .

BIOMARKER SPECIALIST VISITS

	1	2	3	FINAL VISIT			
DATE	_____	_____	_____	DAY			
BIOMARKER SPECIALIST'S NAME	_____	_____	_____	MONTH			
				YEAR	2	0	7
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS			
TIME	_____	_____					
NOTES:				TOTAL ELIGIBLE WOMEN			
				TOTAL ELIGIBLE MEN			
				TOTAL ELIGIBLE CHILDREN			

LANGUAGE OF QUESTIONNAIRE**	0 1	LANGUAGE OF INTERVIEW**		NATIVE LANGUAGE OF RESPONDENT**		TRANSLATOR (YES = 1, NO = 2)	

LANGUAGE OF QUESTIONNAIRE** **ENGLISH**_____

**LANGUAGE CODES:
01 ENGLISH   03 MAITHILI
02 NEPALI   04 BHOJPURI

TEAM	TEAM SUPERVISOR	
[ ] NUMBER	_____ NAME	

			SKIP
101	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN AGE 0-5 YEARS IN QUESTION 102 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN THREE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).		
	CHILD 1		SKIP
102	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF CHILD.	NAME _____ LINE NUMBER .... ☐☐	
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	DAY .... ☐☐ MONTH .... ☐☐ YEAR .... ☐☐☐☐	
104	IF MOTHER INTERVIEWED: COPY CHILD'S AGE FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: How old was (NAME) at (NAME)'s last birthday? COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT.	AGE IN COMPLETED YEARS ☐	
105	CHECK 104: CHILD AGE 0-4 YEARS? YES ☐ NO ☐		→ 125
106	WEIGHT IN KILOGRAMS.	KG. .... ☐☐.☐☐ NOT PRESENT .... 9994 REFUSED .... 9995 OTHER 9996	→ 108
107	WAS THE CHILD MINIMALLY DRESSED?	YES .... 1 NO 2	
108	HEIGHT IN CENTIMETERS. IF CHILD IS AGE 0-1 YEARS, MEASURE LYING DOWN. IF CHILD IS AGE 2, 3, OR 4 YEARS, MEASURE STANDING UP.	CM. .... ☐☐☐.☐ NOT PRESENT .... 9994 REFUSED .... 9995 OTHER 9996	→ 113
109	WAS THE CHILD MEASURED LYING DOWN OR STANDING UP?	LYING DOWN .... 1 STANDING UP 2	
110	CHECK 104 AND 109: BASED ON CHILD'S AGE, WAS CORRECT MEASUREMENT PROCEDURE FOLLOWED?	YES .... 1 NO 2	→ 112
111	IF CHILD IS AGE 0-1 YEARS: WHY WAS (NAME) MEASURED STANDING UP? IF CHILD IS AGE 2-4 YEARS: WHY WAS (NAME) MEASURED LYING DOWN?	_____ _____ _____	
112	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES .... 1 NO 2	
113	ENTER BIOMARKER SPECIALIST'S NUMBER.	☐☐☐☐ BIOMARKER SPECIALIST	
114	ENTER INTERVIEWER NUMBER OF ASSISTANT MEASURER.	☐☐☐☐ INTERVIEWER NUMBER	
115	TODAY'S DATE:	DAY .... ☐☐ MONTH .... ☐☐ YEAR .... ☐☐☐☐	

		CHILD 1	SKIP
116	RECORD HEIGHT/LENGTH AND WEIGHT IN THE ANTHROPOMETRY AND ANEMIA PAMPHLET.		
117	CHECK 103: IS THE CHILD AGE 0-5 MONTHS OR IS THE CHILD OLDER? OLDER ☐ AGE 0-5 MONTHS ☐		→ 125
118	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR THE CHILD.	NAME _____ LINE NUMBER . . . . ☐☐	
119	ASK CONSENT FOR ANEMIA TEST FROM PARENT/RESPONSIBLE ADULT: 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 under age 5 take part in anemia testing. The anemia test requires 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. 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. 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?		
120	CIRCLE THE CODE.	GRANTED . . . . 1 REFUSED . . . . 2 NOT PRESENT/OTHER 3	 → 122
121	SIGN NAME AND ENTER BIOMARKER SPECIALIST NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) ☐☐☐☐ BIOMARKER SPECIALIST NUMBER	
122	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANTHROPOMETRY AND ANEMIA PAMPHLET.	G/DL . . . . ☐☐.☐ NOT PRESENT . . . . .994 REFUSED . . . . .995 OTHER 996	 → 125
123	CHECK 122: HEMOGLOBIN RESULT	BELOW 7.0 G/DL, SEVERE ANEMIA . . . . 1 7.0 G/DL OR ABOVE 2	→ 125
124	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. RECORD THE RESULT OF THE ANEMIA TEST ON THE SEVERE ANEMIA REFERRAL FORM.		
125	IF ANOTHER CHILD, GO TO 102 ON THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 201.		

101	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN AGE 0-5 YEARS IN QUESTION 102 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN THREE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).		
	CHILD 2		SKIP
102	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF CHILD.	NAME _____ LINE NUMBER . . . . ☐☐	
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	DAY . . . . ☐☐ MONTH . . . . ☐☐ YEAR . . . . ☐☐☐☐	
104	IF MOTHER INTERVIEWED: COPY CHILD'S AGE FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: How old was (NAME) at (NAME)'s last birthday? COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT.	AGE IN COMPLETED YEARS ☐	
105	CHECK 104: CHILD AGE 0-4 YEARS?　　　YES ☐　　　　　NO ☐		→ 125
106	WEIGHT IN KILOGRAMS.	KG. . . . . . . ☐☐.☐☐ NOT PRESENT . . . . 9994 REFUSED . . . . 9995 OTHER 9996	→ 108
107	WAS THE CHILD MINIMALLY DRESSED?	YES . . . . 1 NO 2	
108	HEIGHT IN CENTIMETERS. IF CHILD IS AGE 0-1 YEARS, MEASURE LYING DOWN. IF CHILD IS AGE 2, 3, OR 4 YEARS, MEASURE STANDING UP.	CM. . . . . ☐☐☐.☐ NOT PRESENT . . . . 9994 REFUSED . . . . 9995 OTHER 9996	→ 113
109	WAS THE CHILD MEASURED LYING DOWN OR STANDING UP?	LYING DOWN . . . . 1 STANDING UP 2	
110	CHECK 104 AND 109: BASED ON CHILD'S AGE, WAS CORRECT MEASUREMENT PROCEDURE FOLLOWED?	YES . . . . 1 NO 2	→ 112
111	IF CHILD IS AGE 0-1 YEARS: WHY WAS (NAME) MEASURED STANDING UP? IF CHILD IS AGE 2-4 YEARS: WHY WAS (NAME) MEASURED LYING DOWN? _____		
112	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES . . . . 1 NO 2	
113	ENTER BIOMARKER SPECIALIST NUMBER OF MEASURER.	☐☐☐☐ BIOMARKER SPECIALIST	
114	ENTER INTERVIEWER NUMBER OF ASSISTANT MEASURER.	☐☐☐☐ INTERVIEWER NUMBER	
115	TODAY'S DATE:	DAY . . . . ☐☐ MONTH . . . . ☐☐ YEAR . . . . ☐☐☐☐	

		CHILD 2	SKIP
116	RECORD HEIGHT/LENGTH AND WEIGHT IN THE ANTHROPOMETRY AND ANEMIA PAMPHLET.		
117	CHECK 103: IS THE CHILD AGE 0-5 MONTHS OR IS THE CHILD OLDER? OLDER ☐ AGE 0-5 MONTHS ☐		→ 125
118	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR THE CHILD.	NAME _____ LINE NUMBER . . . . ☐☐	
119	ASK CONSENT FOR ANEMIA TEST FROM PARENT/RESPONSIBLE ADULT: 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 under age 5 take part in anemia testing. The anemia test requires 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. 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. 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?		
120	CIRCLE THE CODE.	GRANTED . . . . 1 REFUSED . . . . 2 NOT PRESENT/OTHER 3	 → 122
121	SIGN NAME AND ENTER BIOMARKER SPECIALIST NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) ☐☐☐☐ BIOMARKER SPECIALIST NUMBER	
122	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANTHROPOMETRY AND ANEMIA PAMPHLET.	G/DL . . . . ☐☐.☐ NOT PRESENT . . . . .994 REFUSED . . . . .995 OTHER 996	 → 125
123	CHECK 122: HEMOGLOBIN RESULT	BELOW 7.0 G/DL, SEVERE ANEMIA . . . . 1 7.0 G/DL OR ABOVE 2	 → 125
124	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. RECORD THE RESULT OF THE ANEMIA TEST ON THE SEVERE ANEMIA REFERRAL FORM.		
125	IF ANOTHER CHILD, GO TO 102 ON THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 201.		

101	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN AGE 0-5 YEARS IN QUESTION 102 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN THREE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).		SKIP
	CHILD 3		SKIP
102	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF CHILD.	NAME _____ LINE NUMBER .... ☐☐	
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	DAY .... ☐☐ MONTH .... ☐☐ YEAR .... ☐☐☐☐	
104	IF MOTHER INTERVIEWED: COPY CHILD'S AGE FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: How old was (NAME) at (NAME)'s last birthday? COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT.	AGE IN COMPLETED YEARS ☐	
105	CHECK 104: CHILD AGE 0-4 YEARS? YES ☐ NO ☐		→ 125
106	WEIGHT IN KILOGRAMS.	KG. ...... ☐☐.☐☐ NOT PRESENT .... 9994 REFUSED .... 9995 OTHER 9996	→ 108
107	WAS THE CHILD MINIMALLY DRESSED?	YES .... 1 NO 2	
108	HEIGHT IN CENTIMETERS. IF CHILD IS AGE 0-1 YEARS, MEASURE LYING DOWN. IF CHILD IS AGE 2, 3, OR 4 YEARS, MEASURE STANDING UP.	CM. .... ☐☐☐.☐ NOT PRESENT .... 9994 REFUSED .... 9995 OTHER 9996	→ 113
109	WAS THE CHILD MEASURED LYING DOWN OR STANDING UP?	LYING DOWN .... 1 STANDING UP 2	
110	CHECK 104 AND 109: BASED ON CHILD'S AGE, WAS CORRECT MEASUREMENT PROCEDURE FOLLOWED?	YES .... 1 NO 2	→ 112
111	IF CHILD IS AGE 0-1 YEARS: WHY WAS (NAME) MEASURED STANDING UP? IF CHILD IS AGE 2-4 YEARS: WHY WAS (NAME) MEASURED LYING DOWN? _____ _____		
112	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES .... 1 NO 2	
113	ENTER BIOMARKER SPECIALIST NUMBER OF MEASURER.	☐☐☐☐ BIOMARKER SPECIALIST	
114	ENTER INTERVIEWER NUMBER OF ASSISTANT MEASURER.	☐☐☐☐ INTERVIEWER NUMBER	
115	TODAY'S DATE:	DAY .... ☐☐ MONTH .... ☐☐ YEAR .... ☐☐☐☐	

		CHILD 3	SKIP
116	RECORD HEIGHT/LENGTH AND WEIGHT IN THE ANTHROPOMETRY AND ANEMIA PAMPHLET.		
117	CHECK 103: IS THE CHILD AGE 0-5 MONTHS OR IS THE CHILD OLDER? OLDER ☐ AGE 0-5 MONTHS ☐		→ 125
118	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR THE CHILD.	NAME _____ LINE NUMBER . . . . . . ☐☐	
119	ASK CONSENT FOR ANEMIA TEST FROM PARENT/RESPONSIBLE ADULT: 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 under age 5 take part in anemia testing. The anemia test requires 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. 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. 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?		
120	CIRCLE THE CODE.	GRANTED . . . . 1 REFUSED . . . . 2 NOT PRESENT/OTHER 3	→ 122
121	SIGN NAME AND ENTER BIOMARKER SPECIALIST NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) ☐☐☐☐ BIOMARKER SPECIALIST NUMBER	
122	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANTHROPOMETRY AND ANEMIA PAMPHLET.	G/DL . . . . ☐☐.☐ NOT PRESENT . . . . .994 REFUSED . . . . .995 OTHER 996	→ 125
123	CHECK 122: HEMOGLOBIN RESULT	BELOW 7.0 G/DL, SEVERE ANEMIA . . . . 1 7.0 G/DL OR ABOVE 2	→ 125
124	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. RECORD THE RESULT OF THE ANEMIA TEST ON THE SEVERE ANEMIA REFERRAL FORM.		
125	IF ANOTHER CHILD, GO TO 102 IN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 201.		

201	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE WOMEN IN 202, 203, AND 204 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN TWO WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).		
	WOMAN 1		SKIP
202	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF WOMAN.	NAME _____ LINE NUMBER .... ☐☐	
203	CHECK CAPI OUTPUT FOR AGE:	15-17 YEARS .... 1 18-49 YEARS .... 2 50 YEARS AND ABOVE 3	→ 204A
204	CHECK CAPI OUTPUT FOR MARITAL STATUS:	CODE 4 (NEVER IN UNION) ..... 1 OTHER 2	→ 205
204A	CHECK CAPI OUTPUT: HOUSEHOLD SELECTED ☐ FOR BLOOD PRESSURE ↓ HOUSEHOLD NOT SELECTED ☐ FOR BLOOD PRESSURE		→ 228
205	WEIGHT IN KILOGRAMS.	KG. .... ☐☐☐.☐☐ NOT PRESENT .... 99994 REFUSED .... 99995 OTHER 99996	→ 207
206	WAS THE WOMAN WEARING ONLY LIGHTWEIGHT CLOTHING?	YES .... 1 NO 2	
207	HEIGHT IN CENTIMETERS.	CM. .... ☐☐☐.☐ NOT PRESENT .... 9994 REFUSED .... 9995 OTHER 9996	→ 209
208	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES .... 1 NO 2	
209	ENTER BIOMARKER SPECIALIST NUMBER (MEASURER).	☐☐☐☐ BIOMARKER SPECIALIST NUMBER	
210	ENTER INTERVIEWER NUMBER OF ASSISTANT MEASURER. IF NO ASSISTANT MEASURER, ENTER 9999.	☐☐☐☐ INTERVIEWER NUMBER	
211	TODAY'S DATE:	DAY .... ☐☐ MONTH .... ☐☐ YEAR .... ☐☐☐☐	
211A	CHECK CAPI OUTPUT: HOUSEHOLD SELECTED ☐ FOR BLOOD PRESSURE ↓ HOUSEHOLD NOT SELECTED ☐ FOR BLOOD PRESSURE		→ BP254
212	CHECK 203: AGE 15-17 ☐ YEARS ↓ AGE 18-49 ☐ YEARS AGE 50 YEARS ☐ AND ABOVE		→ BP214 → BP214
213	CHECK 204: OTHER ☐ ↓ CODE 4 ☐ (NEVER IN UNION)		→ BP217

	WOMAN 1	SKIP

A D U L T   R E S P O N D E N T   C O N S E N T   F O R   BLOOD PRESSURE MEASUREMENT

A D U L T   R E S P O N D E N T   C O N S E N T

BP214	I would like to measure your blood pressure. This will be done three times, with an interval of about five minutes between measurements. This is a harmless procedure. Blood pressure measurement is used to find out if a person has high blood pressure. If not treated, high blood pressure may eventually cause serious damage to the heart. The results of this blood pressure measurement will be given to you after the measurement process is completed. The results of blood pressure measurement will be explained to you. If your blood pressure is high, we will suggest that you consult a health facility or doctor since we cannot provide any further testing or treatment during the survey. You can also decide at any time not to participate in the blood pressure measurement. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes to the test or you can say no. It is up to you to decide. Will you allow me to measure your blood pressure?		
BP215	CIRCLE THE CODE.	GRANTED . . . . 1 REFUSED . . . . 2 NOT PRESENT/OTHER 3	→ BP254
BP216	SIGN NAME AND ENTER BIOMARKER SPECIALIST NUMBER OF BLOOD PRESSURE MEASURER.	_____ (SIGN) ☐☐☐☐ BIOMARKER SPECIALIST NUMBER	→ BP225

BP217	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR MINOR.	NAME _____ LINE NUMBER OF PARENT/ RESPONSIBLE ADULT ☐☐	

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   F O R   BLOOD PRESSURE

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

BP218	I would like to measure (NAME OF ADOLESCENT)'s blood pressure. This will be done three times, with an interval of about five minutes between measurements. This is a harmless procedure. Blood pressure measurement is used to find out if a person has high blood pressure. If not treated, high blood pressure may eventually cause serious damage to the heart. The results of this blood pressure measurement will be given to you and (NAME OF ADOLESCENT) after the measurement process is completed. The results of blood pressure measurement will be explained to you. If (NAME OF ADOLESCENT)'s blood pressure is high, we will suggest that (NAME OF ADOLESCENT) consult a health facility or doctor since we cannot provide any further testing or treatment during the survey. You can also decide at any time not to participate in the blood pressure measurement. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes to the test for (NAME OF ADOLESCENT) or you can say no. It is up to you to decide. Will you allow me to measure (NAME OF ADOLESCENT)'s blood pressure?		
BP219	CIRCLE THE CODE.	GRANTED . . . . 1 PARENT/RESPONSIBLE ADULT REFUSED . . . . 2 NOT PRESENT/OTHER 3	→ BP254
BP220	SIGN NAME AND ENTER BIOMARKER SPECIALIST NUMBER OF BLOOD PRESSURE MEASURER.	_____ (SIGN) ☐☐☐☐ BIOMARKER SPECIALIST NUMBER	
BP221	CHECK 219: CONSENT ☐ CONSENT ☐ GRANTED ↓ REFUSED		→ BP254

	WOMAN 1	SKIP

M I N O R   R E S P O N D E N T   A S S E N T   F O R   BLOOD PRESSURE MEASUREMENT

M I N O R R E S P O N D E N T A S S E N T	BP222	ASK ASSENT FOR BLOOD PRESSURE MEASUREMENT FROM MINOR RESPONDENT: I would like to measure your blood pressure. This will be done three times, with an interval of about five minutes between measurements. This is a harmless procedure. Blood pressure measurement is used to find out if a person has high blood pressure. If not treated, high blood pressure may eventually cause serious damage to the heart. The results of this blood pressure measurement will be given to you after the measurement process is completed. The results of blood pressure measurement will be explained to you. If your blood pressure is high, we will suggest that you consult a health facility or doctor since we cannot provide any further testing or treatment during the survey. You can also decide at any time not to participate in the blood pressure measurement. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes to the test or you can say no. It is up to you to decide. Will you allow me to measure your blood pressure?	
	BP223	CIRCLE THE CODE.	GRANTED . . . . 1 MINOR RESPONDENT REFUSED . . . . 2 NOT PRESENT/OTHER . . . . 3 → BP254
	BP224	SIGN NAME AND ENTER BIOMARKER SPECIALIST NUMBER OF BLOOD PRESSURE MEASURER.	_____ (SIGN) [ ][ ][ ][ ] BIOMARKER SPECIALIST NUMBER

BP224A	CHECK BP223: ASSENT [ ] ASSENT [ ] GRANTED ↓ REFUSED	→ BP254

BP225	Before measuring I would like to ask a few questions about things that may affect blood pressure. Have you done any of the following within the past 30 minutes: a) Eaten anything? b) Had coffee, tea, cola or other drink that has caffeine? c) Smoked any tobacco product? d) Conducted any physical activity or exercises that made you breathe harder than usual?	 YES NO DK a) EATEN . . . . 1 2 8 b) CAFFEINE . . . . 1 2 8 c) SMOKED . . . . 1 2 8 d) EXCERCISED 1 2 8

BP226	May I begin the process of measuring your blood pressure? I will begin by measuring the circumference of your arm to make sure that I use the right equipment.
	
	    BEFORE TAKING THE FIRST BLOOD PRESSURE READING, MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER.
	
	    RECORD THE MEASUREMENT IN CENTIMETERS.
		ARM CIRCUMFERENCE
		(IN CENTIMETERS) . . . . [ ][ ]

BP227	USE THE ARM CIRCUMFERENCE MEASUREMENT TO SELECT THE APPROPRIATE BLOOD PRESSURE MONITOR MODEL AND CUFF SIZE.	**MODEL 767**
		    SMALL: 16 CM – 23 CM 1
		    MEDIUM: 24 CM – 35 CM 2
		    LARGE: 36 CM – 41 CM 3
		MODEL 789
		    EXTRA LARGE: 42 CM – 60 CM 4

BP228	RECORD TIME OF FIRST BP READING	TIME . . . . . . [ ][ ] . [ ][ ]
BP229	TAKE THE FIRST BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND THE DIASTOLIC BLOOD PRESSURE. IF YOU ARE UNABLE TO MEASURE THE RESPONDENT'S BLOOD PRESSURE, RECORD THE REASON.	**BLOOD PRESSURE READINGS** SYSTOLIC . . . . [ ][ ][ ] DIASTOLIC . . . . [ ][ ][ ] REFUSED . . . . 994 TECHNICAL PROBLEMS . . . . 995 → BP254 OTHER 996
BP230 ND01	Before today, have you ever had your blood pressure measured by a doctor or other health worker?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
BP231 ND02	Have you ever been told by a doctor or other health worker that you have high blood pressure or hypertension?	YES . . . . 1 NO . . . . 2 → BP235

		WOMAN 1		SKIP
BP232 ND03	In the past 12 months, have you been told by a doctor or other health worker that you have high blood pressure or hypertension?	YES . . . . 1 NO 2		
BP233 ND04	Has a doctor or other health worker prescribed medication to control your blood pressure?	YES . . . . 1 NO 2		
BP234 ND05	Are you taking medication to control your blood pressure?	YES . . . . 1 NO 2		
BP235	**CHECK THAT IT HAS BEEN AT LEAST 5 MINUTES BEFORE TAKING THE SECOND BLOOD PRESSURE MEASUREMENT**			
BP236	May I measure your blood pressure now?	YES . . . . 1 NO 2		→ BP249
BP237	RECORD TIME OF SECOND BP READING	TIME . . . . . . ☐☐ : ☐☐		
BP238	TAKE THE SECOND BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND THE DIASTOLIC BLOOD PRESSURE. IF YOU ARE UNABLE TO MEASURE THE RESPONDENT'S BLOOD PRESSURE, RECORD THE REASON.	**BLOOD PRESSURE READINGS** SYSTOLIC . . . . ☐☐☐ DIASTOLIC . . . . ☐☐☐ REFUSED . . . . 994 TECHNICAL PROBLEMS . . . . 995 OTHER 996		→ BP249
BP239	**CHECK THAT IT HAS BEEN AT LEAST 5 MINUTES BEFORE TAKING THE THIRD BLOOD PRESSURE MEASUREMENT**			
BP240	May I measure your blood pressure now?	YES . . . . 1 NO 2		→ BP248
BP241	RECORD TIME OF THIRD BP READING	TIME . . . . . . ☐☐ : ☐☐		
BP242	TAKE THE THIRD BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND THE DIASTOLIC BLOOD PRESSURE. IF YOU ARE UNABLE TO MEASURE THE RESPONDENT'S BLOOD PRESSURE, RECORD THE REASON.	**BLOOD PRESSURE READINGS** SYSTOLIC . . . . ☐☐☐ DIASTOLIC . . . . ☐☐☐ REFUSED . . . . 994 TECHNICAL PROBLEMS . . . . 995 OTHER 996		→ BP248
BP243	RECORD AND CALCULATE THE AVERAGE OF THE SYSTOLIC AND THE AVERAGE OF THE DIASTOLIC BLOOD PRESSURE FROM BP238 AND BP242:			
BP244	BLOOD PRESSURE FROM BP238:	SYSTOLIC ☐☐☐ DIASTOLIC ☐☐☐		
BP245	BLOOD PRESSURE FROM BP242:	SYSTOLIC ☐☐☐ DIASTOLIC ☐☐☐		
BP246	RECORD THE SUM OF SYSTOLIC AND DIASTOLIC MEASURES.	**SUM** SYSTOLIC ☐☐☐ **SUM** DIASTOLIC ☐☐☐		
BP247	CALCULATE THE AVERAGE SYSTOLIC AND AVERAGE DIASTOLIC BLOOD PRESSURE BY DIVIDING EACH OF THE SUMS IN BP246 BY 2.	**AVERAGE** SYSTOLIC ☐☐☐ **AVERAGE** DIASTOLIC ☐☐☐		→ BP251

		WOMAN 1	SKIP
BP248	CHECK BP238:	SYSTOLIC AND DIASTOLIC BLOOD PRESSURE NOT RECORDED IN BP238 ☐ ↓ SYSTOLIC AND DIASTOLIC BLOOD PRESSURE BOTH RECORDED IN BP238 ☐	→ BP250
BP249	CHECK BP229:	SYSTOLIC AND DIASTOLIC BLOOD PRESSURE RECORDED IN BP229 ☐ ↓ SYSTOLIC AND DIASTOLIC BLOOD PRESSURE BOTH NOT RECORDED ☐	→ BP254
BP250	RECORD SYSTOLIC AND DIASTOLIC MEASURES.	SYSTOLIC ☐☐☐ DIASTOLIC ☐☐☐	
BP251	USE THE TABLE TO DETERMINE THE CORRECT VALUE TO RECORD ON THE BLOOD PRESSURE REPORT AND REFERRAL FORM: CIRCLE THE ROW WHICH INCLUDES THE VALUE OF THE SYSTOLIC BLOOD PRESSURE RECORDED IN BP247 OR BP250. THEN CIRCLE THE COLUMN WHICH INCLUDES THE VALUE OF THE DIASTOLIC BLOOD PRESSURE RECORDED IN BP247 OR BP250. THE VALUE IN THE CELL WHERE THE ROW AND THE COLUMN MEET WILL BE USED IN COMPLETING BP252.	(see table below)	

AVERAGE SYSTOLIC PRESSURE	≤ 84	85 - 89	90 - 99	100 - 109	110 - 119	≥ 120
	AVERAGE **DIASTOLIC** PRESSURE					
< 129	1	2	3	4	5	6
130 - 139	2	2	3	4	5	6
140 - 159	3	3	3	4	5	6
160 - 179	4	4	4	4	5	6
180 - 209	5	5	5	5	5	6
$> = 210$	6	6	6	6	6	6

		WOMAN 1	SKIP
BP252	CIRCLE THE VALUE FROM BP251 IN THE TABLE BELOW. CIRCLE THE SAME VALUE IN THE BLOOD PRESSURE REPORTING FORM. READ ALOUD TO THE RESPONDENT THE REPORTING FORM INSTRUCTIONS TO THE RIGHT OF THAT NUMBER, THEN GIVE THE FORM TO THE RESPONDENT AND ANSWER ANY QUESTIONS THE RESPONDENT MAY HAVE.	(see table below)	

VALUE FROM BP251:	RESPONDENT'S BLOOD PRESSURE CATEGORY:	CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE WITHIN:
1	ACCEPTABLE RANGE	24 MONTHS
2	AT THE HIGH END OF THE ACCEPTABLE RANGE	12 MONTHS
3	ABOVE ACCEPTABLE RANGE	2 MONTHS
4	MODERATELY HIGH	1 MONTH
5	HIGH	7 DAYS
6	VERY HIGH	TODAY

		WOMAN 1	SKIP
BP253	CHECK IF THE RESPONDENT RECEIVED THE BLOOD PRESSURE REPORTING FORM WITH WRITTEN RESULTS	REPORTING FORM RECEIVED . . . . 1 NOT RECEIVED 2	
BP254	CHECK 203:	AGE 15-17 YEARS ☐ ↓ AGE 18-49 YEARS ☐ AGE 50 YEARS AND ABOVE ☐	→ 214 → 228
BP255	CHECK 204:	OTHER ☐ ↓ CODE 4 (NEVER IN UNION) ☐	→ 217

	WOMAN 1	SKIP

A D U L T   R E S P O N D E N T   C O N S E N T   F O R   A N E M I A   T E S T

A D U L T R E S P O N D E N T C O N S E N T	214	ASK CONSENT FOR ANEMIA TEST: 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. 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. Do you have any questions? You can say yes or no. It is up to you to decide. Will you take the anemia test?	
	215	CIRCLE THE CODE.	GRANTED . . . . 1 REFUSED . . . . 2 NOT PRESENT/OTHER . . . . 3 → 225
	216	SIGN NAME AND ENTER BIOMARKER SPECIALIST NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) ☐☐☐☐ BIOMARKER SPECIALIST NUMBER → 225

| | 217 | RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR MINOR. | NAME _____

LINE NUMBER OF PARENT/
RESPONSIBLE ADULT
☐☐ |

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   F O R   A N E M I A   T E S T

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	218	ASK CONSENT FOR ANEMIA TEST FROM PARENT/RESPONSIBLE ADULT: 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. 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. 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?	
	219	CIRCLE THE CODE.	GRANTED . . . . 1 PARENT/RESPONSIBLE ADULT REFUSED . . . . 2 NOT PRESENT/OTHER . . . . 3 → 225
	220	SIGN NAME AND ENTER BIOMARKER SPECIALIST NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) ☐☐☐☐ BIOMARKER SPECIALIST NUMBER
	221	CHECK 219: CONSENT ☐ CONSENT ☐ GRANTED ↓ REFUSED	→ 225

	WOMAN 1	SKIP

M I N O R   R E S P O N D E N T   A S S E N T   F O R   A N E M I A   T E S T

M I N O R R E S P O N D E N T A S S E N T	222	ASK ASSENT FOR ANEMIA TEST FROM MINOR RESPONDENT: 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. 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. Do you have any questions? You can say yes or no. It is up to you to decide. Will you take the anemia test?	
	223	CIRCLE THE CODE.	GRANTED . . . . 1 MINOR RESPONDENT REFUSED . . . . 2 NOT PRESENT/OTHER . . . . 3 → 225
	224	SIGN NAME AND ENTER BIOMARKER SPECIALIST NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) [ ][ ][ ][ ] BIOMARKER SPECIALIST NUMBER

	225	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANTHROPOMETRY AND ANEMIA PAMPHLET.	G/DL . . . . [ ][ ] . [ ] NOT PRESENT . . . . 994 REFUSED . . . . 995 → 228 OTHER 996
	226	CHECK 225: HEMOGLOBIN RESULT	BELOW 7.0 G/DL, SEVERE ANEMIA . . . . 1 7.0 G/DL OR ABOVE . . . . 2 → 228
	227	The anemia test shows that you have severe anemia. You are very ill and must go to a health facility immediately. RECORD THE RESULT OF THE ANEMIA TEST ON THE SEVERE ANEMIA REFERRAL FORM.	
	228	IF ANOTHER WOMAN, GO TO 202 ON THE NEXT PAGE; IF NO MORE WOMEN, GO TO 300.	

			SKIP
201	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE WOMEN IN 202, 203, AND 204 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN TWO WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).		
	WOMAN 2		SKIP
202	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF WOMAN.	NAME _____ LINE NUMBER . . . . ☐☐	
203	CHECK CAPI OUTPUT FOR AGE:	15-17 YEARS . . . . 1 18-49 YEARS . . . . 2 50 YEARS AND ABOVE 3	→ 204A
204	CHECK CAPI OUTPUT FOR MARITAL STATUS:	CODE 4 (NEVER IN UNION) . . . . . 1 OTHER 2	→ 205
204A	CHECK CAPI OUTPUT: HOUSEHOLD SELECTED ☐ HOUSEHOLD NOT SELECTED ☐ FOR BLOOD PRESSURE ↓ FOR BLOOD PRESSURE		→ 228
205	WEIGHT IN KILOGRAMS.	KG. . . . . ☐☐☐.☐☐ NOT PRESENT . . . . 99994 REFUSED . . . . 99995 OTHER 99996	→ 207
206	WAS THE WOMAN WEARING ONLY LIGHTWEIGHT CLOTHING?	YES . . . . 1 NO 2	
207	HEIGHT IN CENTIMETERS.	CM. . . . . ☐☐☐.☐ NOT PRESENT . . . . 9994 REFUSED . . . . 9995 OTHER 9996	→ 209
208	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES . . . . 1 NO 2	
209	ENTER BIOMARKER SPECIALIST NUMBER (MEASURER).	☐☐☐☐ BIOMARKER SPECIALIST NUMBER	
210	ENTER INTERVIEWER NUMBER OF ASSISTANT MEASURER. IF NO ASSISTANT MEASURER, ENTER 9999.	☐☐☐☐ INTERVIEWER NUMBER	
211	TODAY'S DATE:	DAY . . . . ☐☐ MONTH . . . . ☐☐ YEAR . . . . ☐☐☐☐	
211A	CHECK CAPI OUTPUT: HOUSEHOLD SELECTED ☐ HOUSEHOLD NOT SELECTED ☐ FOR BLOOD PRESSURE ↓ FOR BLOOD PRESSURE		→ BP254

212	CHECK 203: AGE 15-17 ☐ AGE 18-49 ☐
	            YEARS ↓ YEARS
	
	                      AGE 50 YEARS ☐
	                      AND ABOVE
			→ BP214
			
			→ BP214

213	CHECK 204: OTHER ☐ CODE 4 ☐ ↓ (NEVER IN UNION)		→ BP217

	WOMAN 2	SKIP

A D U L T   R E S P O N D E N T   C O N S E N T   F O R   BLOOD PRESSURE MEASUREMENT

A D U L T R E S P O N D E N T C O N S E N T	BP214	I would like to measure your blood pressure. This will be done three times, with an interval of about five minutes between measurements. This is a harmless procedure. Blood pressure measurement is used to find out if a person has high blood pressure. If not treated, high blood pressure may eventually cause serious damage to the heart. The results of this blood pressure measurement will be given to you after the measurement process is completed. The results of blood pressure measurement will be explained to you. If your blood pressure is high, we will suggest that you consult a health facility or doctor since we cannot provide any further testing or treatment during the survey. You can also decide at any time not to participate in the blood pressure measurement. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes to the test or you can say no. It is up to you to decide. Will you allow me to measure your blood pressure?	
	BP215	CIRCLE THE CODE.	GRANTED . . . . 1 REFUSED . . . . 2 NOT PRESENT/OTHER 3	→ BP254
	BP216	SIGN NAME AND ENTER BIOMARKER SPECIALIST NUMBER OF BLOOD PRESSURE MEASURER.	_____ (SIGN) ☐☐☐☐ BIOMARKER SPECIALIST NUMBER	→ BP225

	BP217	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR MINOR.	NAME _____ LINE NUMBER OF PARENT/ RESPONSIBLE ADULT ☐☐	

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   F O R   BLOOD PRESSURE

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	BP218	I would like to measure (NAME OF ADOLESCENT)'s blood pressure. This will be done three times, with an interval of about five minutes between measurements. This is a harmless procedure. Blood pressure measurement is used to find out if a person has high blood pressure. If not treated, high blood pressure may eventually cause serious damage to the heart. The results of this blood pressure measurement will be given to you and (NAME OF ADOLESCENT) after the measurement process is completed. The results of blood pressure measurement will be explained to you. If (NAME OF ADOLESCENT)'s blood pressure is high, we will suggest that (NAME OF ADOLESCENT) consult a health facility or doctor since we cannot provide any further testing or treatment during the survey. You can also decide at any time not to participate in the blood pressure measurement. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes to the test for (NAME OF ADOLESCENT) or you can say no. It is up to you to decide. Will you allow me to measure (NAME OF ADOLESCENT)'s blood pressure?	
	BP219	CIRCLE THE CODE.	GRANTED . . . . 1 PARENT/RESPONSIBLE ADULT REFUSED . . . . 2 NOT PRESENT/OTHER 3	→ BP254
	BP220	SIGN NAME AND ENTER BIOMARKER SPECIALIST NUMBER OF BLOOD PRESSURE MEASURER.	_____ (SIGN) ☐☐☐☐ BIOMARKER SPECIALIST NUMBER	
	BP221	CHECK 219: CONSENT ☐ CONSENT ☐ GRANTED↓ REFUSED		→ BP254

	WOMAN 2	SKIP

M I N O R   R E S P O N D E N T   A S S E N T   F O R BLOOD PRESSURE MEASUREMENT

M I N O R R E S P O N D E N T A S S E N T	BP222	ASK ASSENT FOR BLOOD PRESSURE MEASUREMENT FROM MINOR RESPONDENT: I would like to measure your blood pressure. This will be done three times, with an interval of about five minutes between measurements. This is a harmless procedure. Blood pressure measurement is used to find out if a person has high blood pressure. If not treated, high blood pressure may eventually cause serious damage to the heart. The results of this blood pressure measurement will be given to you after the measurement process is completed. The results of blood pressure measurement will be explained to you. If your blood pressure is high, we will suggest that you consult a health facility or doctor since we cannot provide any further testing or treatment during the survey. You can also decide at any time not to participate in the blood pressure measurement. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes to the test or you can say no. It is up to you to decide. Will you allow me to measure your blood pressure?		
	BP223	CIRCLE THE CODE.	GRANTED . . . . 1 MINOR RESPONDENT REFUSED . . . . 2 NOT PRESENT/OTHER 3	→ BP254
	BP224	SIGN NAME AND ENTER BIOMARKER SPECIALIST NUMBER OF BLOOD PRESSURE MEASURER.	_____ (SIGN) ☐☐☐☐ BIOMARKER SPECIALIST NUMBER	

BP224A	CHECK BP223: ASSENT ☐ ASSENT ☐ GRANTED↓ REFUSED		→ BP254
BP225	Before measuring I would like to ask a few questions about things that may affect blood pressure. Have you done any of the following within the past 30 minutes: a) Eaten anything? b) Had coffee, tea, cola or other drink that has caffeine? c) Smoked any tobacco product? d) Conducted any physical activity or exercises that made you breathe harder than usual?	YES NO DK a EATEN . . . . 1 2 8 b CAFFEINE . . . . 1 2 8 c SMOKED . . . . 1 2 8 d EXCERCISED 1 2 8	

BP226	May I begin the process of measuring your blood pressure? I will begin by measuring the circumference of your arm to make sure that I use the right equipment.
	
	    BEFORE TAKING THE FIRST BLOOD PRESSURE READING, MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER.
	
	    RECORD THE MEASUREMENT IN CENTIMETERS.
		ARM CIRCUMFERENCE
		(IN CENTIMETERS) . . . . ☐☐	

BP227	USE THE ARM CIRCUMFERENCE MEASUREMENT TO SELECT THE APPROPRIATE BLOOD PRESSURE MONITOR MODEL AND CUFF SIZE.	**MODEL 767**
		   SMALL: 16 CM – 23 CM 1
		   MEDIUM: 24 CM – 35 CM 2
		   LARGE: 36 CM – 41 CM 3
		MODEL 789
		   EXTRA LARGE: 42 CM – 60 CM 4	

BP228	RECORD TIME OF FIRST BP READING	TIME . . . . . . ☐☐ : ☐☐	
BP229	TAKE THE FIRST BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND THE DIASTOLIC BLOOD PRESSURE. IF YOU ARE UNABLE TO MEASURE THE RESPONDENT'S BLOOD PRESSURE, RECORD THE REASON.	**BLOOD PRESSURE READINGS** SYSTOLIC . . . . ☐☐☐ DIASTOLIC . . . . ☐☐☐ REFUSED . . . . 994 TECHNICAL PROBLEMS . . . . 995 OTHER 996	→ BP254
BP230 ND01	Before today, have you ever had your blood pressure measured by a doctor or other health worker?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
BP231 ND02	Have you ever been told by a doctor or other health worker that you have high blood pressure or hypertension?	YES . . . . 1 NO 2	→ BP235
BP232 ND03	In the past 12 months, have you been told by a doctor or other health worker that you have high blood pressure or hypertension?	YES . . . . 1 NO 2	

	WOMAN 2		SKIP
BP233 ND04	Has a doctor or other health worker prescribed medication to control your blood pressure?	YES . . . . 1 NO 2	
BP234 ND05	Are you taking medication to control your blood pressure?	YES . . . . 1 NO 2	
BP235	**CHECK THAT IT HAS BEEN AT LEAST 5 MINUTES BEFORE TAKING THE SECOND BLOOD PRESSURE MEASUREMENT**		
BP236	May I measure your blood pressure now?	YES . . . . 1 NO 2	→ BP249
BP237	RECORD TIME OF SECOND BP READING	TIME . . . . . . ☐☐ : ☐☐	
BP238	TAKE THE SECOND BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND THE DIASTOLIC BLOOD PRESSURE. IF YOU ARE UNABLE TO MEASURE THE RESPONDENT'S BLOOD PRESSURE, RECORD THE REASON.	**BLOOD PRESSURE READINGS** SYSTOLIC . . . . ☐☐☐ DIASTOLIC . . . . ☐☐☐ REFUSED . . . . 994 TECHNICAL PROBLEMS . . . . 995 OTHER 996	→ BP249
BP239	**CHECK THAT IT HAS BEEN AT LEAST 5 MINUTES BEFORE TAKING THE THIRD BLOOD PRESSURE MEASUREMENT**		
BP240	May I measure your blood pressure now?	YES . . . . 1 NO 2	→ BP248
BP241	RECORD TIME OF THIRD BP READING	TIME . . . . . . ☐☐ : ☐☐	
BP242	TAKE THE THIRD BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND THE DIASTOLIC BLOOD PRESSURE. IF YOU ARE UNABLE TO MEASURE THE RESPONDENT'S BLOOD PRESSURE, RECORD THE REASON.	**BLOOD PRESSURE READINGS** SYSTOLIC . . . . ☐☐☐ DIASTOLIC . . . . ☐☐☐ REFUSED . . . . 994 TECHNICAL PROBLEMS . . . . 995 OTHER 996	→ BP248
BP243	RECORD AND CALCULATE THE AVERAGE OF THE SYSTOLIC AND THE AVERAGE OF THE DIASTOLIC BLOOD PRESSURE FROM BP238 AND BP242:		
BP244	BLOOD PRESSURE FROM BP238:	SYSTOLIC ☐☐☐ DIASTOLIC ☐☐☐	
BP245	BLOOD PRESSURE FROM BP242:	SYSTOLIC ☐☐☐ DIASTOLIC ☐☐☐	
BP246	RECORD THE SUM OF SYSTOLIC AND DIASTOLIC MEASURES.	**SUM** SYSTOLIC ☐☐☐ **SUM** DIASTOLIC ☐☐☐	
BP247	CALCULATE THE AVERAGE SYSTOLIC AND AVERAGE DIASTOLIC BLOOD PRESSURE BY DIVIDING EACH OF THE SUMS IN BP246 BY 2.	**AVERAGE** SYSTOLIC ☐☐☐ **AVERAGE** DIASTOLIC ☐☐☐	→ BP251

	WOMAN 2	SKIP
BP248	CHECK BP238: SYSTOLIC AND DIASTOLIC BLOOD PRESSURE NOT RECORDED IN BP238 ☐ SYSTOLIC AND DIASTOLIC BLOOD PRESSURE BOTH RECORDED IN BP238 ☐	→ BP250
BP249	CHECK BP229: SYSTOLIC AND DIASTOLIC BLOOD PRESSURE RECORDED IN BP229 ☐ SYSTOLIC AND DIASTOLIC BLOOD PRESSURE BOTH NOT RECORDED ☐	→ BP254
BP250	RECORD SYSTOLIC AND DIASTOLIC MEASURES. SYSTOLIC ☐☐☐ DIASTOLIC ☐☐☐	

BP251 | USE THE TABLE TO DETERMINE THE CORRECT VALUE TO RECORD ON THE BLOOD PRESSURE REPORT AND REFERRAL FORM:

CIRCLE THE ROW WHICH INCLUDES THE VALUE OF THE SYSTOLIC BLOOD PRESSURE RECORDED IN BP247 OR BP250.

THEN CIRCLE THE COLUMN WHICH INCLUDES THE VALUE OF THE DIASTOLIC BLOOD PRESSURE RECORDED IN BP247 OR BP250.

THE VALUE IN THE CELL WHERE THE ROW AND THE COLUMN MEET WILL BE USED IN COMPLETING BP252.

AVERAGE **SYSTOLIC** PRESSURE	AVERAGE **DIASTOLIC** PRESSURE					
	≤ 84	85 - 89	90 - 99	100 - 109	110 - 119	≥ 120
< 129	1	2	3		5	6
130 - 139	2	2	3		5	6
140 - 159	3	3	3		5	6
160 - 179	4	4	4		5	6
180 - 209	5	5	5		5	6
> = 210	6	6	6		6	6

BP252 | CIRCLE THE VALUE FROM BP251 IN THE TABLE BELOW. CIRCLE THE SAME VALUE IN THE BLOOD PRESSURE REPORTING FORM. READ ALOUD TO THE RESPONDENT THE REPORTING FORM INSTRUCTIONS TO THE RIGHT OF THAT NUMBER, THEN GIVE THE FORM TO THE RESPONDENT AND ANSWER ANY QUESTIONS THE RESPONDENT MAY HAVE.

VALUE FROM BP251:	RESPONDENT'S BLOOD PRESSURE CATEGORY:	CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE WITHIN:
1	ACCEPTABLE RANGE	24 MONTHS
2	AT THE HIGH END OF THE ACCEPTABLE RANGE	12 MONTHS
3	ABOVE ACCEPTABLE RANGE	2 MONTHS
4	MODERATELY HIGH	1 MONTH
5	HIGH	7 DAYS
6	VERY HIGH	TODAY

BP253	CHECK IF THE RESPONDENT RECEIVED THE BLOOD PRESSURE REPORTING FORM WITH WRITTEN RESULTS	REPORTING FORM RECEIVED . . . . 1 NOT RECEIVED 2
BP254	CHECK 203: AGE 15-17 YEARS ☐ AGE 18-49 YEARS ☐ AGE 50 YEARS AND ABOVE ☐	→ 214 → 228
BP255	CHECK 204: OTHER ☐ CODE 4 (NEVER IN UNION) ☐	→ 217

		WOMAN 2		SKIP

A D U L T   R E S P O N D E N T   C O N S E N T   F O R   A N E M I A   T E S T

214	ASK CONSENT FOR ANEMIA TEST:		
	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.		
	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.		
	Do you have any questions? You can say yes or no. It is up to you to decide. Will you take the anemia test?		

215	CIRCLE THE CODE.	GRANTED 1	
		REFUSED 2	
		NOT PRESENT/OTHER 3	→ 225

216	SIGN NAME AND ENTER BIOMARKER SPECIALIST NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) □ □ □ □ BIOMARKER SPECIALIST NUMBER	→ 225

217	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR MINOR.	NAME _____ LINE NUMBER OF PARENT/ RESPONSIBLE ADULT ⌐ ¬ ⌐ ¬	

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   F O R   A N E M I A   T E S T

218	ASK CONSENT FOR ANEMIA TEST FROM PARENT/RESPONSIBLE ADULT:		
	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.		
	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.		
	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?		

219	CIRCLE THE CODE.	GRANTED 1	
		PARENT/RESPONSIBLE ADULT REFUSED 2	
		NOT PRESENT/OTHER 3	→ 225

220	SIGN NAME AND ENTER BIOMARKER SPECIALIST NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) □ □ □ □ BIOMARKER SPECIALIST NUMBER	

221	CHECK 219:	CONSENT □ CONSENT □ GRANTED ↓ REFUSED	→ 225

	WOMAN 2		SKIP

MINOR RESPONDENT ASSENT FOR ANEMIA TEST

M I N O R   R E S P O N D E N T   A S S E N T

222	ASK ASSENT FOR ANEMIA TEST FROM MINOR RESPONDENT:		
	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.

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.

Do you have any questions?
You can say yes or no. It is up to you to decide.
Will you take the anemia test? | | |

| 223 | CIRCLE THE CODE. | GRANTED 1
MINOR RESPONDENT
    REFUSED 2
NOT PRESENT/OTHER . . . . 3 | → 225 |

| 224 | SIGN NAME AND ENTER BIOMARKER SPECIALIST NUMBER OF HEMOGLOBIN MEASURER. | _____
(SIGN)

☐ ☐ ☐ ☐
BIOMARKER SPECIALIST NUMBER | |

| 225 | RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANTHROPOMETRY AND ANEMIA PAMPHLET. | G/DL . . . . ☐ ☐ . ☐

NOT PRESENT 994
REFUSED 995
OTHER . . . . 996 | → 228 |

| 226 | CHECK 225: HEMOGLOBIN RESULT | BELOW 7.0 G/DL,
    SEVERE ANEMIA 1
7.0 G/DL OR ABOVE . . . . 2 | → 228 |

| 227 | The anemia test shows that you have severe anemia. You are very ill and must go to a health facility immediately.

RECORD THE RESULT OF THE ANEMIA TEST ON THE SEVERE ANEMIA REFERRAL FORM. | | |

| 228 | IF ANOTHER WOMAN, GO TO 202 ON THE NEXT PAGE; IF NO MORE WOMEN, GO TO 300. | | |

300	CHECK CAPI OUTPUT:	HOUSEHOLD SELECTED FOR BLOOD PRESSURE ⬜↓	HOUSEHOLD NOT SELECTED FOR BLOOD PRESSURE ⬜	→ END

301	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE MEN IN 302, 303, AND 304 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN TWO MEN USE ADDITIONAL QUESTIONNAIRE(S).

	MAN 1	SKIP
302	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF MAN.	NAME _____ LINE NUMBER . . . . ⬜⬜	
303	CHECK CAPI OUTPUT FOR AGE:	15-17 YEARS . . . . 1 18 YEARS AND ABOVE 2	
304	CHECK CAPI OUTPUT FOR MARITAL STATUS:	CODE 4 (NEVER IN UNION) . . . . . 1 OTHER 2	

305	WEIGHT IN KILOGRAMS.	KG. . . . . ⬜⬜⬜.⬜⬜ NOT PRESENT . . . . 99994 REFUSED . . . . 99995 OTHER 99996	→307
306	WAS THE MAN WEARING ONLY LIGHTWEIGHT CLOTHING?	YES . . . . 1 NO 2	
307	HEIGHT IN CENTIMETERS.	CM. . . . . ⬜⬜⬜.⬜ NOT PRESENT . . . . 9994 REFUSED . . . . 9995 OTHER 9996	→309
308	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES . . . . 1 NO 2	
309	ENTER BIOMARKER SPECIALIST NUMBER (MEASURER).	⬜⬜⬜⬜ BIOMARKER SPECIALIST NUMBER	
310	ENTER INTERVIEWER NUMBER OF ASSISTANT MEASURER. IF NO ASSISTANT MEASURER, ENTER 9999.	⬜⬜⬜⬜ INTERVIEWER NUMBER	
311	TODAY'S DATE:	DAY . . . . ⬜⬜ MONTH . . . . ⬜⬜ YEAR . . . . ⬜⬜⬜⬜	
312	CHECK 303:	AGE 15-17 YEARS ⬜↓	AGE 18 YEARS AND ABOVE ⬜ →BP314
313	CHECK 304:	OTHER ⬜↓	CODE 4 (NEVER IN UNION) ⬜ →BP317

	MAN 1	SKIP

A D U L T   R E S P O N D E N T   C O N S E N T   F O R   B L O O D   P R E S S U R E   M E A S U R E M E N T

(left vertical label: A D U L T   R E S P O N D E N T   C O N S E N T)

BP314 I would like to measure your blood pressure. This will be done three times, with an interval of about five minutes between measurements. This is a harmless procedure. Blood pressure measurement is used to find out if a person has high blood pressure. If not treated, high blood pressure may eventually cause serious damage to the heart. The results of this blood pressure measurement will be given to you after the measurement process is completed. The results of blood pressure measurement will be explained to you. If your blood pressure is high, we will suggest that you consult a health facility or doctor since we cannot provide any further testing or treatment during the survey. You can also decide at any time not to participate in the blood pressure measurement. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.

Do you have any questions?
You can say yes to the test or you can say no. It is up to you to decide.
Will you allow me to measure your blood pressure?

BP315 CIRCLE THE CODE.

GRANTED 1
REFUSED . . . . 2 → BP354
NOT PRESENT/OTHER 3

BP316 SIGN NAME AND ENTER BIOMARKER SPECIALIST NUMBER OF BLOOD PRESSURE MEASURER.

_____
(SIGN)

[| | |]
BIOMARKER SPECIALIST NUMBER

→ BP325

BP317 RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR MINOR.

NAME _____
LINE NUMBER OF PARENT/
RESPONSIBLE ADULT
[|]

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   F O R   B L O O D   P R E S S U R E

(left vertical label: 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)

BP318 I would like to measure (NAME OF ADOLESCENT)'s blood pressure. This will be done three times, with an interval of about five minutes between measurements. This is a harmless procedure. Blood pressure measurement is used to find out if a person has high blood pressure. If not treated, high blood pressure may eventually cause serious damage to the heart. The results of this blood pressure measurement will be given to you and (NAME OF ADOLESCENT) after the measurement process is completed. The results of blood pressure measurement will be explained to you. If (NAME OF ADOLESCENT)'s blood pressure is high, we will suggest that (NAME OF ADOLESCENT) consult a health facility or doctor since we cannot provide any further testing or treatment during the survey. You can also decide at any time not to participate in the blood pressure measurement. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.

Do you have any questions?
You can say yes to the test for (NAME OF ADOLESCENT) or you can say no. It is up to you to decide.
Will you allow me to measure (NAME OF ADOLESCENT)'s blood pressure?

BP319 CIRCLE THE CODE.

GRANTED 1
PARENT/RESPONSIBLE
    ADULT REFUSED . . . . 2 → BP354
NOT PRESENT/OTHER 3

BP320 SIGN NAME AND ENTER BIOMARKER SPECIALIST NUMBER OF BLOOD PRESSURE MEASURER.

_____
(SIGN)

[| | |]
BIOMARKER SPECIALIST NUMBER

BP321 CHECK 319:

CONSENT [ ]   CONSENT [ ]
GRANTED ↓   REFUSED → BP354

	MAN 1	SKIP

MINOR RESPONDENT ASSENT FOR BLOOD PRESSURE MEASUREMENT

M I N O R R E S P O N D E N T A S S E N T	BP322	ASK ASSENT FOR BLOOD PRESSURE MEASUREMENT FROM MINOR RESPONDENT: I would like to measure your blood pressure. This will be done three times, with an interval of about five minutes between measurements. This is a harmless procedure. Blood pressure measurement is used to find out if a person has high blood pressure. If not treated, high blood pressure may eventually cause serious damage to the heart. The results of this blood pressure measurement will be given to you after the measurement process is completed. The results of blood pressure measurement will be explained to you. If your blood pressure is high, we will suggest that you consult a health facility or doctor since we cannot provide any further testing or treatment during the survey. You can also decide at any time not to participate in the blood pressure measurement. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes to the test or you can say no. It is up to you to decide. Will you allow me to measure your blood pressure?		
	BP323	CIRCLE THE CODE.	GRANTED . . . . 1 MINOR RESPONDENT REFUSED . . . . 2 NOT PRESENT/OTHER 3	→BP354
	BP324	SIGN NAME AND ENTER BIOMARKER SPECIALIST NUMBER OF BLOOD PRESSURE MEASURER.	_____ (SIGN) ☐☐☐☐ BIOMARKER SPECIALIST NUMBER	

BP324A	CHECK BP323:	ASSENT ☐ GRANTED	ASSENT ☐ REFUSED	→BP354

BP325	Before measuring I would like to ask a few questions about things that may affect blood pressure. Have you done any of the following within the past 30 minutes: a) Eaten anything? b) Had coffee, tea, cola or other drink that has caffeine? c) Smoked any tobacco product? d) Conducted any physical activity or exercises that made you breathe harder than usual?	YES NO DK a) EATEN . . . . 1 2 8 b) CAFFEINE . . . . 1 2 8 c) SMOKED . . . . 1 2 8 d) EXCERCISED 1 2 8	
BP326	May I begin the process of measuring your blood pressure? I will begin by measuring the circumference of your arm to make sure that I use the right equipment. BEFORE TAKING THE FIRST BLOOD PRESSURE READING, MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN CENTIMETERS.	ARM CIRCUMFERENCE (IN CENTIMETERS) . . . . ☐☐	

BP327	USE THE ARM CIRCUMFERENCE MEASUREMENT TO SELECT THE APPROPRIATE BLOOD PRESSURE MONITOR MODEL AND CUFF SIZE.	**MODEL 767**
		  SMALL: 16 CM – 23 CM 1
		  MEDIUM: 24 CM – 35 CM 2
		  LARGE: 36 CM – 41 CM 3
		MODEL 789
		  EXTRA LARGE: 42 CM – 60 CM 4	

BP328	RECORD TIME OF FIRST BP READING	TIME . . . . . . ☐☐ : ☐☐	
BP329	TAKE THE FIRST BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND THE DIASTOLIC BLOOD PRESSURE. IF YOU ARE UNABLE TO MEASURE THE RESPONDENT'S BLOOD PRESSURE, RECORD THE REASON.	**BLOOD PRESSURE READINGS** SYSTOLIC . . . . ☐☐☐ DIASTOLIC . . . . ☐☐☐ REFUSED . . . . 994 TECHNICAL PROBLEMS . . . . 995 OTHER 996	→BP354
BP330 ND01	Before today, have you ever had your blood pressure measured by a doctor or other health worker?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
BP331 ND02	Have you ever been told by a doctor or other health worker that you have high blood pressure or hypertension?	YES . . . . 1 NO 2	→BP335

		MAN 1		SKIP
BP332 ND03	In the past 12 months, have you been told by a doctor or other health worker that you have high blood pressure or hypertension?	YES . . . . 1 NO 2		
BP333 ND04	Has a doctor or other health worker prescribed medication to control your blood pressure?	YES . . . . 1 NO 2		
BP334 ND05	Are you taking medication to control your blood pressure?	YES . . . . 1 NO 2		
BP335	**CHECK THAT IT HAS BEEN AT LEAST 5 MINUTES BEFORE TAKING THE SECOND BLOOD PRESSURE MEASUREMENT**			
BP336	May I measure your blood pressure now?	YES . . . . 1 NO 2		→ BP349
BP337	RECORD TIME OF SECOND BP READING	TIME . . . . . . ☐☐ : ☐☐		
BP338	TAKE THE SECOND BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND THE DIASTOLIC BLOOD PRESSURE. IF YOU ARE UNABLE TO MEASURE THE RESPONDENT'S BLOOD PRESSURE, RECORD THE REASON.	**BLOOD PRESSURE READINGS** SYSTOLIC . . . . ☐☐☐ DIASTOLIC . . . . ☐☐☐ REFUSED . . . . 994 TECHNICAL PROBLEMS . . . . 995 OTHER 996		→ BP349
BP339	**CHECK THAT IT HAS BEEN AT LEAST 5 MINUTES BEFORE TAKING THE THIRD BLOOD PRESSURE MEASUREMENT**			
BP340	May I measure your blood pressure now?	YES . . . . 1 NO 2		→ BP348
BP341	RECORD TIME OF THIRD BP READING	TIME . . . . . . ☐☐ : ☐☐		
BP342	TAKE THE THIRD BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND THE DIASTOLIC BLOOD PRESSURE. IF YOU ARE UNABLE TO MEASURE THE RESPONDENT'S BLOOD PRESSURE, RECORD THE REASON.	**BLOOD PRESSURE READINGS** SYSTOLIC . . . . ☐☐☐ DIASTOLIC . . . . ☐☐☐ REFUSED . . . . 994 TECHNICAL PROBLEMS . . . . 995 OTHER 996		→ BP348
BP343	RECORD AND CALCULATE THE AVERAGE OF THE SYSTOLIC AND THE AVERAGE OF THE DIASTOLIC BLOOD PRESSURE FROM BP338 AND BP342:			
BP344	BLOOD PRESSURE FROM BP338:	SYSTOLIC ☐☐☐ DIASTOLIC ☐☐☐		
BP345	BLOOD PRESSURE FROM BP342:	SYSTOLIC ☐☐☐ DIASTOLIC ☐☐☐		
BP346	RECORD THE SUM OF SYSTOLIC AND DIASTOLIC MEASURES.	**SUM** SYSTOLIC ☐☐☐ **SUM** DIASTOLIC ☐☐☐		
BP347	CALCULATE THE AVERAGE SYSTOLIC AND AVERAGE DIASTOLIC BLOOD PRESSURE BY DIVIDING EACH OF THE SUMS IN BP346 BY 2.	**AVERAGE** SYSTOLIC ☐☐☐ **AVERAGE** DIASTOLIC ☐☐☐		→ BP351

	MAN 1	SKIP
BP348	CHECK BP338: SYSTOLIC AND DIASTOLIC BLOOD PRESSURE NOT RECORDED IN BP338 ☐↓ SYSTOLIC AND DIASTOLIC BLOOD PRESSURE BOTH RECORDED IN BP338 ☐──→	BP350
BP349	CHECK BP329: SYSTOLIC AND DIASTOLIC BLOOD PRESSURE RECORDED IN BP329 ☐↓ SYSTOLIC AND DIASTOLIC BLOOD PRESSURE BOTH NOT RECORDED ☐──→	BP354
BP350	RECORD SYSTOLIC AND DIASTOLIC MEASURES. SYSTOLIC ☐☐☐ DIASTOLIC ☐☐☐	
BP351	USE THE TABLE TO DETERMINE THE CORRECT VALUE TO RECORD ON THE BLOOD PRESSURE REPORT AND REFERRAL FORM: CIRCLE THE ROW WHICH INCLUDES THE VALUE OF THE SYSTOLIC BLOOD PRESSURE RECORDED IN BP347 OR BP350. THEN CIRCLE THE COLUMN WHICH INCLUDES THE VALUE OF THE DIASTOLIC BLOOD PRESSURE RECORDED IN BP347 OR BP350. THE VALUE IN THE CELL WHERE THE ROW AND THE COLUMN MEET WILL BE USED IN COMPLETING BP352. AVERAGE **SYSTOLIC** PRESSURE — AVERAGE **DIASTOLIC** PRESSURE See table below	

BP351 Table

AVERAGE SYSTOLIC PRESSURE	≤ 84	85 - 89	90 - 99	100 - 109	110 - 119	≥ 120
< 129	1	2	3	4	5	6
130 - 139	2	2	3	4	5	6
140 - 159	3	3	3	4	5	6
160 - 179	4	4	4	4	5	6
180 - 209	5	5	5	5	5	6
> = 210	6	6	6	6	6	6

	MAN 1	SKIP
BP352	CIRCLE THE VALUE FROM BP351 IN THE TABLE BELOW. CIRCLE THE SAME VALUE IN THE BLOOD PRESSURE REPORTING FORM. READ ALOUD TO THE RESPONDENT THE REPORTING FORM INSTRUCTIONS TO THE RIGHT OF THAT NUMBER, THEN GIVE THE FORM TO THE RESPONDENT AND ANSWER ANY QUESTIONS THE RESPONDENT MAY HAVE.	

VALUE FROM BP351:	RESPONDENT'S BLOOD PRESSURE CATEGORY:	CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE WITHIN:
1	ACCEPTABLE RANGE	24 MONTHS
2	AT THE HIGH END OF THE ACCEPTABLE RANGE	12 MONTHS
3	ABOVE ACCEPTABLE RANGE	2 MONTHS
4	MODERATELY HIGH	1 MONTH
5	HIGH	7 DAYS
6	VERY HIGH	TODAY

	MAN 1	SKIP
BP353	CHECK IF THE RESPONDENT RECEIVED THE BLOOD PRESSURE REPORTING FORM WITH WRITTEN RESULTS	REPORTING FORM RECEIVED .... 1 NOT RECEIVED 2	
BP354	IF ANOTHER MAN, GO TO 302 ON THE NEXT PAGE; IF NO MORE MEN, END.	

300	**CHECK CAPI OUTPUT:**	HOUSEHOLD SELECTED FOR BLOOD PRESSURE ☐	HOUSEHOLD NOT SELECTED FOR BLOOD PRESSURE ☐	→ END

| 301 | CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE MEN IN 302, 303, AND 304 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN TWO MEN USE ADDITIONAL QUESTIONNAIRE(S). | | |

	MAN 2		SKIP
302	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF MAN.	NAME _____ LINE NUMBER . . . . ☐☐	
303	CHECK CAPI OUTPUT FOR AGE:	15-17 YEARS . . . . 1 18 YEARS AND ABOVE 2	
304	CHECK CAPI OUTPUT FOR MARITAL STATUS:	CODE 4 (NEVER IN UNION) . . . . . 1 OTHER 2	
305	WEIGHT IN KILOGRAMS.	KG. . . . . ☐☐☐.☐☐ NOT PRESENT . . . . 99994 REFUSED . . . . 99995 → 307 OTHER 99996	
306	WAS THE MAN WEARING ONLY LIGHTWEIGHT CLOTHING?	YES . . . . 1 NO 2	
307	HEIGHT IN CENTIMETERS.	CM. . . . . ☐☐☐.☐ NOT PRESENT . . . . 9994 REFUSED . . . . 9995 → 309 OTHER 9996	
308	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES . . . . 1 NO 2	
309	ENTER BIOMARKER SPECIALIST NUMBER (MEASURER).	☐☐☐☐ BIOMARKER SPECIALIST NUMBER	
310	ENTER INTERVIEWER NUMBER OF ASSISTANT MEASURER. IF NO ASSISTANT MEASURER, ENTER 9999.	☐☐☐☐ INTERVIEWER NUMBER	
311	TODAY'S DATE:	DAY . . . . ☐☐ MONTH . . . . ☐☐ YEAR . . . . ☐☐☐☐	
312	CHECK 303:	AGE 15-17 YEARS ☐	AGE 18 YEARS AND ABOVE ☐ → BP314
313	CHECK 304:	OTHER ☐	CODE 4 (NEVER IN UNION) ☐ → BP317

	MAN 2	SKIP

A D U L T   R E S P O N D E N T   C O N S E N T   F O R   BLOOD PRESSURE MEASUREMENT

BP314	I would like to measure your blood pressure. This will be done three times, with an interval of about five minutes between measurements. This is a harmless procedure. Blood pressure measurement is used to find out if a person has high blood pressure. If not treated, high blood pressure may eventually cause serious damage to the heart. The results of this blood pressure measurement will be given to you after the measurement process is completed. The results of blood pressure measurement will be explained to you. If your blood pressure is high, we will suggest that you consult a health facility or doctor since we cannot provide any further testing or treatment during the survey. You can also decide at any time not to participate in the blood pressure measurement. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes to the test or you can say no. It is up to you to decide. Will you allow me to measure your blood pressure?	
BP315	CIRCLE THE CODE.	GRANTED .... 1 REFUSED .... 2 → BP354 NOT PRESENT/OTHER 3
BP316	SIGN NAME AND ENTER BIOMARKER SPECIALIST NUMBER OF BLOOD PRESSURE MEASURER.	(SIGN) ▯▯▯▯ BIOMARKER SPECIALIST NUMBER → BP325

BP317	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR MINOR.	NAME LINE NUMBER OF PARENT/ RESPONSIBLE ADULT ▯▯

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   F O R   BLOOD PRESSURE

BP318	I would like to measure (NAME OF ADOLESCENT)'s blood pressure. This will be done three times, with an interval of about five minutes between measurements. This is a harmless procedure. Blood pressure measurement is used to find out if a person has high blood pressure. If not treated, high blood pressure may eventually cause serious damage to the heart. The results of this blood pressure measurement will be given to you and (NAME OF ADOLESCENT) after the measurement process is completed. The results of blood pressure measurement will be explained to you. If (NAME OF ADOLESCENT)'s blood pressure is high, we will suggest that (NAME OF ADOLESCENT) consult a health facility or doctor since we cannot provide any further testing or treatment during the survey. You can also decide at any time not to participate in the blood pressure measurement. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes to the test for (NAME OF ADOLESCENT) or you can say no. It is up to you to decide. Will you allow me to measure (NAME OF ADOLESCENT)'s blood pressure?	
BP319	CIRCLE THE CODE.	GRANTED .... 1 PARENT/RESPONSIBLE ADULT REFUSED .... 2 NOT PRESENT/OTHER .... 3 → BP354
BP320	SIGN NAME AND ENTER BIOMARKER SPECIALIST NUMBER OF BLOOD PRESSURE MEASURER.	(SIGN) ▯▯▯▯ BIOMARKER SPECIALIST NUMBER
BP321	CHECK 319: CONSENT GRANTED ▯ ↓ CONSENT REFUSED ▯ → BP354	

	MAN 2	SKIP

	M I N O R R E S P O N D E N T A S S E N T F O R BLOOD PRESSURE MEASUREMENT	
BP322	ASK ASSENT FOR BLOOD PRESSURE MEASUREMENT FROM MINOR RESPONDENT: I would like to measure your blood pressure. This will be done three times, with an interval of about five minutes between measurements. This is a harmless procedure. Blood pressure measurement is used to find out if a person has high blood pressure. If not treated, high blood pressure may eventually cause serious damage to the heart. The results of this blood pressure measurement will be given to you after the measurement process is completed. The results of blood pressure measurement will be explained to you. If your blood pressure is high, we will suggest that you consult a health facility or doctor since we cannot provide any further testing or treatment during the survey. You can also decide at any time not to participate in the blood pressure measurement. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes to the test or you can say no. It is up to you to decide. Will you allow me to measure your blood pressure?	
BP323	CIRCLE THE CODE.	GRANTED . . . . 1 MINOR RESPONDENT REFUSED . . . . 2 NOT PRESENT/OTHER . . . . 3 → BP354
BP324	SIGN NAME AND ENTER BIOMARKER SPECIALIST NUMBER OF BLOOD PRESSURE MEASURER.	_____ (SIGN) [ ][ ][ ][ ] BIOMARKER SPECIALIST NUMBER
BP324A	CHECK BP323: ASSENT [ ] ASSENT [ ] GRANTED ↓ REFUSED	→ BP354
BP325	Before measuring I would like to ask a few questions about things that may affect blood pressure. Have you done any of the following within the past 30 minutes: a) Eaten anything? b) Had coffee, tea, cola or other drink that has caffeine? c) Smoked any tobacco product? d) Conducted any physical activity or exercises that made you breathe harder than usual?	YES NO DK a) EATEN . . . . 1 2 8 b) CAFFEINE . . . . 1 2 8 c) SMOKED . . . . 1 2 8 d) EXCERCISED 1 2 8
BP326	May I begin the process of measuring your blood pressure? I will begin by measuring the circumference of your arm to make sure that I use the right equipment. BEFORE TAKING THE FIRST BLOOD PRESSURE READING, MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN CENTIMETERS.	ARM CIRCUMFERENCE (IN CENTIMETERS) . . . . [ ][ ]

BP327	USE THE ARM CIRCUMFERENCE MEASUREMENT TO SELECT THE APPROPRIATE BLOOD PRESSURE MONITOR MODEL AND CUFF SIZE.	**MODEL 767**
		    SMALL: 16 CM – 23 CM 1
		    MEDIUM: 24 CM – 35 CM 2
		    LARGE: 36 CM – 41 CM 3
		MODEL 789
		    EXTRA LARGE: 42 CM – 60 CM 4

BP328	RECORD TIME OF FIRST BP READING	TIME . . . . . . [ ][ ] . [ ][ ]
BP329	TAKE THE FIRST BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND THE DIASTOLIC BLOOD PRESSURE. IF YOU ARE UNABLE TO MEASURE THE RESPONDENT'S BLOOD PRESSURE, RECORD THE REASON.	**BLOOD PRESSURE READINGS** SYSTOLIC . . . . [ ][ ][ ] DIASTOLIC . . . . [ ][ ][ ] REFUSED . . . . 994 TECHNICAL PROBLEMS . . . . 995 →BP354 OTHER 996
BP330 ND01	Before today, have you ever had your blood pressure measured by a doctor or other health worker?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
BP331 ND02	Have you ever been told by a doctor or other health worker that you have high blood pressure or hypertension?	YES . . . . 1 NO . . . . 2 → BP335

	MAN 2		SKIP
BP332 ND03	In the past 12 months, have you been told by a doctor or other health worker that you have high blood pressure or hypertension?	YES .... 1 NO 2	
BP333 ND04	Has a doctor or other health worker prescribed medication to control your blood pressure?	YES .... 1 NO 2	
BP334 ND05	Are you taking medication to control your blood pressure?	YES .... 1 NO 2	
BP335	**CHECK THAT IT HAS BEEN AT LEAST 5 MINUTES BEFORE TAKING THE SECOND BLOOD PRESSURE MEASUREMENT**		
BP336	May I measure your blood pressure now?	YES .... 1 NO 2	→ BP349
BP337	RECORD TIME OF SECOND BP READING	TIME ...... ☐☐ . ☐☐	
BP338	TAKE THE SECOND BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND THE DIASTOLIC BLOOD PRESSURE. IF YOU ARE UNABLE TO MEASURE THE RESPONDENT'S BLOOD PRESSURE, RECORD THE REASON.	**BLOOD PRESSURE READINGS** SYSTOLIC .... ☐☐☐ DIASTOLIC .... ☐☐☐ REFUSED .... 994 TECHNICAL PROBLEMS .... 995 OTHER 996	→ BP349
BP339	**CHECK THAT IT HAS BEEN AT LEAST 5 MINUTES BEFORE TAKING THE THIRD BLOOD PRESSURE MEASUREMENT**		
BP340	May I measure your blood pressure now?	YES .... 1 NO 2	→ BP348
BP341	RECORD TIME OF THIRD BP READING	TIME ...... ☐☐ . ☐☐	
BP342	TAKE THE THIRD BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND THE DIASTOLIC BLOOD PRESSURE. IF YOU ARE UNABLE TO MEASURE THE RESPONDENT'S BLOOD PRESSURE, RECORD THE REASON.	**BLOOD PRESSURE READINGS** SYSTOLIC .... ☐☐☐ DIASTOLIC .... ☐☐☐ REFUSED .... 994 TECHNICAL PROBLEMS .... 995 OTHER 996	→ BP348
BP343	RECORD AND CALCULATE THE AVERAGE OF THE SYSTOLIC AND THE AVERAGE OF THE DIASTOLIC BLOOD PRESSURE FROM BP338 AND BP342:		
BP344	BLOOD PRESSURE FROM BP338:	SYSTOLIC ☐☐☐ DIASTOLIC ☐☐☐	
BP345	BLOOD PRESSURE FROM BP342:	SYSTOLIC ☐☐☐ DIASTOLIC ☐☐☐	
BP346	RECORD THE SUM OF SYSTOLIC AND DIASTOLIC MEASURES.	**SUM** SYSTOLIC ☐☐☐ **SUM** DIASTOLIC ☐☐☐	
BP347	CALCULATE THE AVERAGE SYSTOLIC AND AVERAGE DIASTOLIC BLOOD PRESSURE BY DIVIDING EACH OF THE SUMS IN BP346 BY 2.	**AVERAGE** SYSTOLIC ☐☐☐ **AVERAGE** DIASTOLIC ☐☐☐	→ BP351

	MAN 2	SKIP
BP348	CHECK BP338: SYSTEMIC AND DIASTOLIC BLOOD PRESSURE NOT RECORDED IN BP338 ☐ SYSTOLIC AND DIASTOLIC BLOOD PRESSURE BOTH RECORDED IN BP338 ☐	→ BP350
BP349	CHECK BP329: SYSTOLIC AND DIASTOLIC BLOOD PRESSURE RECORDED IN BP329 ☐ SYSTOLIC AND DIASTOLIC BLOOD PRESSURE BOTH NOT RECORDED ☐	→ BP354
BP350	RECORD SYSTOLIC AND DIASTOLIC MEASURES. SYSTOLIC ☐☐☐ DIASTOLIC ☐☐☐	
BP351	USE THE TABLE TO DETERMINE THE CORRECT VALUE TO RECORD ON THE BLOOD PRESSURE REPORT AND REFERRAL FORM: CIRCLE THE ROW WHICH INCLUDES THE VALUE OF THE SYSTOLIC BLOOD PRESSURE RECORDED IN BP347 OR BP350. THEN CIRCLE THE COLUMN WHICH INCLUDES THE VALUE OF THE DIASTOLIC BLOOD PRESSURE RECORDED IN BP347 OR BP350. THE VALUE IN THE CELL WHERE THE ROW AND THE COLUMN MEET WILL BE USED IN COMPLETING BP352.	

AVERAGE **SYSTOLIC** PRESSURE	AVERAGE **DIASTOLIC** PRESSURE					
	≤ 84	85 - 89	90 - 99	100 - 109	110 - 119	≥ 120
< 129	1	2	3	4	5	6
130 - 139	2	2	3	4	5	6
140 - 159	3	3	3	4	5	6
160 - 179	4	4	4	4	5	6
180 - 209	5	5	5	5	5	6
> = 210	6	6	6	6	6	6

BP352	CIRCLE THE VALUE FROM BP351 IN THE TABLE BELOW. CIRCLE THE SAME VALUE IN THE BLOOD PRESSURE REPORTING FORM. READ ALOUD TO THE RESPONDENT THE REPORTING FORM INSTRUCTIONS TO THE RIGHT OF THAT NUMBER, THEN GIVE THE FORM TO THE RESPONDENT AND ANSWER ANY QUESTIONS THE RESPONDENT MAY HAVE.

VALUE FROM BP351:	RESPONDENT'S BLOOD PRESSURE CATEGORY:	CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE WITHIN:
1	ACCEPTABLE RANGE	24 MONTHS
2	AT THE HIGH END OF THE ACCEPTABLE RANGE	12 MONTHS
3	ABOVE ACCEPTABLE RANGE	2 MONTHS
4	MODERATELY HIGH	1 MONTH
5	HIGH	7 DAYS
6	VERY HIGH	TODAY

BP353	CHECK IF THE RESPONDENT RECEIVED THE BLOOD PRESSURE REPORTING FORM WITH WRITTEN RESULTS	REPORTING FORM RECEIVED . . . . 1 NOT RECEIVED 2
BP354	IF ANOTHER MAN, GO TO 302 ON THE NEXT PAGE; IF NO MORE MEN, END.	

BIOMARKER SPECIALIST'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING BIOMARKERS

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SUPERVISOR'S OBSERVATIONS

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