

2020/21 TANZANIA DEMOGRAPHIC AND HEALTH SURVEY
 BIOMARKER QUESTIONNAIRE

UNITED REPUBLIC OF TANZANIA
 NATIONAL BUREAU OF STATISTICS AND OFFICE OF THE CHIEF GOVERNMENT STATISTICIAN

IDENTIFICATION																						
NAME OF HOUSEHOLD HEAD _____				<table border="1" style="width: 100%; height: 40px;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>																		
CLUSTER NUMBER																						
HOUSEHOLD NUMBER																						
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	1	2	3	FINAL VISIT																		
DATE BIOMARKER TECHNICIAN NAME	_____ _____	_____ _____	_____ _____	DAY MONTH YEAR <table border="1" style="width: 100%; height: 30px; margin-top: 5px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>																		
NEXT VISIT: DATE TIME	_____ _____	_____ _____		TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 30px; margin-top: 5px;"> <tr><td></td></tr> </table>																		
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WEIGHT, HEIGHT, MALARIA TESTING AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-4

101	INTERVIEWER TO COMPLETE Q.102 TO Q.105: CHECK CAPI REPORT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE NAME, LINE NUMBER, DATE OF BIRTH, AGE AND CONFIRM AGE FOR ALL ELIGIBLE CHILDREN AGE 0-5 YEARS 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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR). IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table>									
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?	AGE IN COMPLETED YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table>									
105	CHECK 104: CHILD AGE 0-4 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/>	→ 137									
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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. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> 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									

WEIGHT, HEIGHT, MALARIA TESTING AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-4

113	ENTER FIELDWORKER NUMBER OF MEASURER.	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <p align="center">FIELDWORKER NUMBER</p>	
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	CHILD 1		SKIP
116	RECORD HEIGHT/LENGTH AND WEIGHT IN THE INFORMATIONAL PAMPHLET.		
117	CHECK 103: IS THE CHILD AGE 0-5 MONTHS OR IS THE CHILD OLDER?	OLDER <input type="checkbox"/> ↓ AGE 0-5 MONTHS <input type="checkbox"/>	→ 137
118	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR THE CHILD.	NAME _____ LINE NUMBER <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
119	<p>ASK CONSENT FOR MALARIA AND ANEMIA TESTS FROM PARENT/RESPONSIBLE ADULT:</p> <p>As part of this survey, we are asking children all over the country to take a test to see if they have malaria and a test to see if they have anemia. Malaria is a serious illness caused by a parasite transmitted by a mosquito bite. Anemia is a serious health problem that usually results from poor nutrition, malaria and other infections, or chronic disease. This survey will assist the government to develop programs to prevent and treat malaria and anemia. We ask that all children age 6 months through 4 years take part in malaria and anemia testing. The tests require 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 malaria and anemia immediately, and the results 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 and anemia tests?</p>		
120	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3	→ 122
121	SIGN NAME AND ENTER FIELDWORKER NUMBER.	_____ (SIGN) <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <p align="center">FIELDWORKER NUMBER</p>	
122	RECORD HEMOGLOBIN LEVEL HERE AND IN THE INFORMATIONAL PAMPHLET.	G/DL <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> NOT PRESENT 994 REFUSED 995 OTHER 996	

WEIGHT, HEIGHT, MALARIA TESTING AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-4

123A	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE INFORMATIONAL PAMPHLET.	POSITIVE 1 NEGATIVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6	→ 135 → 137 → 135																											
123B	LOCATION OF INTERVIEW: <input type="checkbox"/> ZANZIBAR MAINLAND TANZANIA <input type="checkbox"/>		→ 124																											
123C	<u>MALARIA REFERRAL</u> The malaria test shows that (NAME OF CHILD) has malaria. Your child is ill and must be taken to a health facility right away. RECORD THE RESULT OF THE MALARIA RDT AND ANEMIA TEST ON THE FORM.		→ 137																											
124	Does (NAME) suffer from any of the following illnesses or symptoms: a) Extreme weakness? b) Heart problems? c) Loss of consciousness? d) Rapid or difficult breathing? e) Seizures? f) Abnormal bleeding? g) Jaundice or yellow skin? h) Dark urine?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a) EXTREME WEAKNESS</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) HEART PROBLEMS</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) LOSS OF CONSCIOUS</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) RAPID BREATHING</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) SEIZURES</td> <td>1</td> <td>2</td> </tr> <tr> <td>f) BLEEDING</td> <td>1</td> <td>2</td> </tr> <tr> <td>g) JAUNDICE</td> <td>1</td> <td>2</td> </tr> <tr> <td>h) DARK URINE</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	a) EXTREME WEAKNESS	1	2	b) HEART PROBLEMS	1	2	c) LOSS OF CONSCIOUS	1	2	d) RAPID BREATHING	1	2	e) SEIZURES	1	2	f) BLEEDING	1	2	g) JAUNDICE	1	2	h) DARK URINE	1	2	
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125	CHECK 124: ANY 'YES' CIRCLED? NO <input type="checkbox"/> YES <input type="checkbox"/>		→ 127																											
126	CHECK 122: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 OTHER 6	→ 128																											
127	<u>SEVERE MALARIA REFERRAL</u> 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. RECORD THE RESULT OF THE MALARIA RDT ON THE REFERRAL FORM.		→ 135																											
128	In the past 2 weeks has (NAME) taken or is (NAME) taking [FIRST LINE MEDICATION] given by a doctor or health center to treat the malaria? VERIFY BY ASKING TO SEE TREATMENT.	YES 1 NO 2	→ 130																											
129	<u>ALREADY TAKING [FIRST LINE MEDICATION] REFERRAL STATEMENT</u> You have told me that (NAME OF CHILD) had already received [FIRST LINE OF MEDICATION] for malaria. Therefore, I cannot give you additional [FIRST LINE OF MEDICATION]. However, the test shows that he/she has malaria. If your child has a fever for 2 days after the last dose of [FIRST LINE MEDICATION], you should take the child to the nearest health facility for further examination.		→ 137																											
130	ASK CONSENT FOR MALARIA TREATMENT FROM PARENT/RESPONSIBLE ADULT: The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called [FIRST LINE OF MEDICATION]. [FIRST LINE OF MEDICATION] 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.																													
131	CIRCLE THE APPROPRIATE CODE.	ACCEPTED MEDICINE 1 REFUSED MEDICINE 2 OTHER 6	→ 137																											

WEIGHT, HEIGHT, MALARIA TESTING AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-4

132	SIGN NAME AND ENTER FIELDWORKER NUMBER.	<div style="border-bottom: 1px solid black; text-align: center; margin-bottom: 5px;">(SIGN)</div> <div style="text-align: center;"> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div> </div> <div style="text-align: center; margin-top: 5px;">FIELDWORKER NUMBER</div>								
133	CHECK 131: ACCEPTED MEDICINE? YES <input type="checkbox"/> NO <input type="checkbox"/>	<div style="text-align: right;">→ 137</div>								
134	PROVIDE DOSAGE INSTRUCTIONS TO PARENT/RESPONSIBLE ADULT. 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. 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. TELL THE PARENT/RESPONSIBLE 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 2 days, you should take him/her to a health professional for treatment right away.									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th align="center" colspan="2">Proposed Treatment for Children Testing Positive for Parasites</th></tr> <tr> <th align="center">Weight (in Kg) – Approximate Age</th><th align="center">Dosage *</th></tr> <tr> <td align="center">5 to less than 15 – under 3 years of age</td><td align="center">1 tablet ALu twice daily for 3 days</td></tr> <tr> <td align="center">15 to less than 25 – 3 to 5 years of age</td><td align="center">2 tablets ALu twice daily for 3 days</td></tr> </table>			Proposed Treatment for Children Testing Positive for Parasites		Weight (in Kg) – Approximate Age	Dosage *	5 to less than 15 – under 3 years of age	1 tablet ALu twice daily for 3 days	15 to less than 25 – 3 to 5 years of age	2 tablets ALu twice daily for 3 days
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136	<u>SEVERE ANEMIA REFERRAL</u> 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 REFERRAL FORM.									
137	IF ANOTHER CHILD, GO TO 102 ON THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 201.									

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117	CHECK 103: IS THE CHILD AGE 0-5 MONTHS OR IS THE CHILD OLDER?	OLDER <input type="checkbox"/> AGE 0-5 MONTHS <input type="checkbox"/>	→ 137
118	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR THE CHILD.	NAME _____ LINE NUMBER <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
119	<p>ASK CONSENT FOR MALARIA AND ANEMIA TESTS FROM PARENT/RESPONSIBLE ADULT:</p> <p>As part of this survey, we are asking children all over the country to take a test to see if they have malaria and a test to see if they have anemia. Malaria is a serious illness caused by a parasite transmitted by a mosquito bite. Anemia is a serious health problem that usually results from poor nutrition, malaria and other infections, or chronic disease. This survey will assist the government to develop programs to prevent and treat malaria and anemia. We ask that all children age 6 months through 4 years take part in malaria and anemia testing. The tests require 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 malaria and anemia immediately, and the results 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 and anemia tests?</p>		
120	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3	→ 122
121	SIGN NAME AND ENTER FIELDWORKER NUMBER.	_____ (SIGN) <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <p align="center">FIELDWORKER NUMBER</p>	
122	RECORD HEMOGLOBIN LEVEL HERE AND IN THE INFORMATIONAL PAMPHLET.	G/DL <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> NOT PRESENT 994 REFUSED 995 OTHER 996	

WEIGHT, HEIGHT, MALARIA TESTING AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-4

123A	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE INFORMATIONAL PAMPHLET.	POSITIVE 1 NEGATIVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6	→ 135 → 137 → 135																											
123B	LOCATION OF INTERVIEW: <input type="checkbox"/> ZANZIBAR <input type="checkbox"/> MAINLAND TANZANIA		→ 124																											
123C	<u>MALARIA REFERRAL</u> The malaria test shows that (NAME OF CHILD) has malaria. Your child is ill and must be taken to a health facility right away. RECORD THE RESULT OF THE MALARIA RDT AND ANEMIA TEST ON THE FORM.		→ 137																											
124	Does (NAME) suffer from any of the following illnesses or symptoms:	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a) EXTREME WEAKNESS</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) HEART PROBLEMS</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) LOSS OF CONSCIOUS</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) RAPID BREATHING</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) SEIZURES</td> <td>1</td> <td>2</td> </tr> <tr> <td>f) BLEEDING</td> <td>1</td> <td>2</td> </tr> <tr> <td>g) JAUNDICE</td> <td>1</td> <td>2</td> </tr> <tr> <td>h) DARK URINE</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	a) EXTREME WEAKNESS	1	2	b) HEART PROBLEMS	1	2	c) LOSS OF CONSCIOUS	1	2	d) RAPID BREATHING	1	2	e) SEIZURES	1	2	f) BLEEDING	1	2	g) JAUNDICE	1	2	h) DARK URINE	1	2	
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126	CHECK 122: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 OTHER 6	→ 128																											
127	<u>SEVERE MALARIA REFERRAL</u> 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. RECORD THE RESULT OF THE MALARIA RDT ON THE REFERRAL FORM.		→ 135																											
128	In the past 2 weeks has (NAME) taken or is (NAME) taking [FIRST LINE MEDICATION] given by a doctor or health center to treat the malaria?	YES 1 NO 2	→ 130																											
129	<u>ALREADY TAKING [FIRST LINE MEDICATION] REFERRAL STATEMENT</u> You have told me that (NAME OF CHILD) had already received [FIRST LINE OF MEDICATION] for malaria. Therefore, I cannot give you additional [FIRST LINE OF MEDICATION]. However, the test shows that he/she has malaria. If your child has a fever for 2 days after the last dose of [FIRST LINE MEDICATION], you should take the child to the nearest health facility for further examination.		→ 137																											
130	ASK CONSENT FOR MALARIA TREATMENT FROM PARENT/RESPONSIBLE ADULT: The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called [FIRST LINE OF MEDICATION]. [FIRST LINE OF MEDICATION] 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.																													
131	CIRCLE THE APPROPRIATE CODE.	ACCEPTED MEDICINE 1 REFUSED MEDICINE 2 OTHER 6	→ 137																											

WEIGHT, HEIGHT, MALARIA TESTING AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-4

132	SIGN NAME AND ENTER FIELDWORKER NUMBER.	<div style="border-bottom: 1px solid black; text-align: center; margin-bottom: 5px;">(SIGN)</div> <div style="text-align: center; margin-bottom: 5px;"> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> </div> <div style="text-align: center;">FIELDWORKER NUMBER</div>									
133	CHECK 131: ACCEPTED MEDICINE? YES <input type="checkbox"/> NO <input type="checkbox"/>	→ 137									
134	PROVIDE DOSAGE INSTRUCTIONS TO PARENT/RESPONSIBLE ADULT. 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. 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. TELL THE PARENT/RESPONSIBLE 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 2 days, you should take him/her to a health professional for treatment right away.		→ 137								
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135	CHECK 122: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 OTHER 6	→ 137								
136	<u>SEVERE ANEMIA REFERRAL</u> 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 REFERRAL FORM.										
137	IF ANOTHER CHILD, GO TO 102 ON THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 201.										

WEIGHT, HEIGHT, MALARIA TESTING AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-4

101	INTERVIEWER TO COMPLETE Q.102 TO Q.105: CHECK CAPI REPORT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE NAME, LINE NUMBER, DATE OF BIRTH, AGE AND CONFIRM AGE FOR ALL ELIGIBLE CHILDREN AGE 0-5 YEARS 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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR). IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table>									
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?	AGE IN COMPLETED YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table>									
105	CHECK 104: CHILD AGE 0-4 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/>	→ 137									
<u>MEASURER AND ASSISTANT START HERE</u>											
106	WEIGHT IN KILOGRAMS.	KG. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> 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. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> 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									

WEIGHT, HEIGHT, MALARIA TESTING AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-4

113	ENTER FIELDWORKER NUMBER OF MEASURER.	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <p align="center">FIELDWORKER NUMBER</p>	
114	ENTER FIELDWORKER NUMBER OF ASSISTANT.	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <p align="center">FIELDWORKER NUMBER</p>	
115	TODAY'S DATE:	DAY <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> MONTH <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> YEAR <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	

	CHILD 1		SKIP
116	RECORD HEIGHT/LENGTH AND WEIGHT IN THE INFORMATIONAL PAMPHLET.		
117	CHECK 103: IS THE CHILD AGE 0-5 MONTHS OR IS THE CHILD OLDER?	OLDER <input type="checkbox"/> ↓ AGE 0-5 MONTHS <input type="checkbox"/>	→ 137
118	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR THE CHILD.	NAME _____ LINE NUMBER <div style="border: 2px dashed black; width: 20px; height: 20px; display: inline-block;"></div>	
119	<p>ASK CONSENT FOR MALARIA AND ANEMIA TESTS FROM PARENT/RESPONSIBLE ADULT:</p> <p>As part of this survey, we are asking children all over the country to take a test to see if they have malaria and a test to see if they have anemia. Malaria is a serious illness caused by a parasite transmitted by a mosquito bite. Anemia is a serious health problem that usually results from poor nutrition, malaria and other infections, or chronic disease. This survey will assist the government to develop programs to prevent and treat malaria and anemia. We ask that all children age 6 months through 4 years take part in malaria and anemia testing. The tests require 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 malaria and anemia immediately, and the results 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 and anemia tests?</p>		
120	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3	→ 122
121	SIGN NAME AND ENTER FIELDWORKER NUMBER.	_____ (SIGN) <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <p align="center">FIELDWORKER NUMBER</p>	
122	RECORD HEMOGLOBIN LEVEL HERE AND IN THE INFORMATIONAL PAMPHLET.	G/DL <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> NOT PRESENT 994 REFUSED 995 OTHER 996	

WEIGHT, HEIGHT, MALARIA TESTING AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-4

123A	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE INFORMATIONAL PAMPHLET.	POSITIVE 1 NEGATIVE 2 NOT PRESENT 4 REFUSED 5 OTHER 6	→ 135 → 137 → 135																											
123B	LOCATION OF INTERVIEW: <input type="checkbox"/> ZANZIBAR MAINLAND TANZANIA <input type="checkbox"/>		→ 124																											
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124	Does (NAME) suffer from any of the following illnesses or symptoms: a) Extreme weakness? b) Heart problems? c) Loss of consciousness? d) Rapid or difficult breathing? e) Seizures? f) Abnormal bleeding? g) Jaundice or yellow skin? h) Dark urine?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a) EXTREME WEAKNESS</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) HEART PROBLEMS</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) LOSS OF CONSCIOUS</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) RAPID BREATHING</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) SEIZURES</td> <td>1</td> <td>2</td> </tr> <tr> <td>f) BLEEDING</td> <td>1</td> <td>2</td> </tr> <tr> <td>g) JAUNDICE</td> <td>1</td> <td>2</td> </tr> <tr> <td>h) DARK URINE</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	a) EXTREME WEAKNESS	1	2	b) HEART PROBLEMS	1	2	c) LOSS OF CONSCIOUS	1	2	d) RAPID BREATHING	1	2	e) SEIZURES	1	2	f) BLEEDING	1	2	g) JAUNDICE	1	2	h) DARK URINE	1	2	
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128	In the past 2 weeks has (NAME) taken or is (NAME) taking [FIRST LINE MEDICATION] given by a doctor or health center to treat the malaria? VERIFY BY ASKING TO SEE TREATMENT.	YES 1 NO 2	→ 130																											
129	<u>ALREADY TAKING [FIRST LINE MEDICATION] REFERRAL STATEMENT</u> You have told me that (NAME OF CHILD) had already received [FIRST LINE OF MEDICATION] for malaria. Therefore, I cannot give you additional [FIRST LINE OF MEDICATION]. However, the test shows that he/she has malaria. If your child has a fever for 2 days after the last dose of [FIRST LINE MEDICATION], you should take the child to the nearest health facility for further examination.		→ 137																											
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WEIGHT, HEIGHT, MALARIA TESTING AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-4

132	SIGN NAME AND ENTER FIELDWORKER NUMBER.	<div style="border-bottom: 1px solid black; text-align: center; margin-bottom: 5px;">(SIGN)</div> <div style="text-align: center;"> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div> </div> <div style="text-align: center; margin-top: 5px;">FIELDWORKER NUMBER</div>									
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135	CHECK 122: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 OTHER 6	→ 137								
136	<u>SEVERE ANEMIA REFERRAL</u> 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 REFERRAL FORM.										
137	IF ANOTHER CHILD, GO TO 102 ON THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 201.										

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

201	INTERVIEWER TO COMPLETE Q.202 TO Q.204: CHECK CAPI REPORT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE NAME, LINE NUMBER, AGE AND MARITAL STATUS FOR ALL ELIGIBLE WOMEN AGE 15-49 YEARS ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN TWO WOMEN USE ADDITIONAL		
	WOMAN 1		SKIP
202	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF WOMAN.	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	
203	CHECK CAPI OUTPUT FOR AGE:	15-17 YEARS 1 18-49 YEARS 2	
204	CHECK CAPI OUTPUT FOR MARITAL STATUS:	CODE 4 (NEVER IN UNION) ... 1 OTHER 2	
BIOMARKER START FROM HERE: BEFORE PROCEEDING WITH THE CONSENT STATEMENTS, ASK THE RESPONDENT HER AGE AND MARITAL STATUS TO CONFIRM THE INFORMATION IN Q.203 & Q.204. IF THERE ARE ANY DISCREPANCIES THAT AFFECT THE INFORMED CONSENT PATTERN (MINOR VS. ADULT); INFORM THE INTERVIEWER AND HE/SHE MUST GO BACK TO Q.203 & Q.204 TO MAKE CORRECTIONS. PLEASE INFORM THE INTERVIEWER OF NEEDED ADJUSTMENTS IN THE HOUSEHOLD SCHEDULE, IF NECESSARY.			
205	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	→ 207
206	WAS THE WOMAN WEARING ONLY LIGHTWEIGHT CLOTHING?	YES 1 NO 2	
207	HEIGHT IN CENTIMETERS.	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	→ 209
208	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES 1 NO 2	
209	ENTER FIELDWORKER NUMBER OF MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	
210	ENTER FIELDWORKER NUMBER OF ASSISTANT MEASURER. IF NO ASSISTANT MEASURER, ENTER 9999.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	
211	TODAY'S DATE:	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"/>	
212	CHECK 203:	AGE 15-17 YEARS <input type="checkbox"/> AGE 18-49 YEARS <input type="checkbox"/>	→ 214
213	CHECK 204:	OTHER <input type="checkbox"/> CODE 4 (NEVER IN UNION) <input type="checkbox"/>	→ 220

	WOMAN 1		SKIP
ADULT RESPONDENT CONSENT FOR ANEMIA TEST			
214	<p>ASK CONSENT FOR ANEMIA TEST:</p> <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>		
215	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3	→ 217
216	SIGN NAME AND ENTER FIELDWORKER NUMBER.	_____ (SIGN) <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> FIELDWORKER NUMBER	
ADULT RESPONDENT CONSENT FOR URINARY IODINE TEST			
217	<p>ASK CONSENT FOR URINE IODINE TESTING:</p> <p>As part of this survey, we are also asking women all over the country to give urine for iodine deficiency testing. Iodine deficiency is a health problem that usually results from poor nutrition. Urine iodine testing is being done to see how many women are iodine deficient. This survey will assist the government to develop programs to prevent and treat iodine deficiency.</p> <p>For the iodine test, we need you to collect a small amount of urine. The equipment used to collect and store the urine is clean and completely safe. It has never been used before. No names will be attached to your sample so we will not be able to tell you the test results. No one else will be able to know your test results either. The urine will be tested at the Tanzania Food and Nutrition Center Laboratory.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you provide us with a small amount of urine?</p>		
218	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3	→ 236
219	SIGN NAME AND ENTER FIELDWORKER NUMBER.	_____ (SIGN) <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> FIELDWORKER NUMBER	→ 236
220	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR MINOR.	NAME _____ LINE NUMBER OF PARENT/ RESPONSIBLE ADULT <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	

	WOMAN 1		SKIP
PARENT/RESPONSIBLE ADULT CONSENT FOR ANEMIA TEST			
221	<p>ASK CONSENT FOR ANEMIA TEST FROM PARENT/RESPONSIBLE ADULT:</p> <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>		
222	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3	→ 229
223	SIGN NAME AND ENTER FIELDWORKER NUMBER.	_____ (SIGN) <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; margin: 5px;"></div> FIELDWORKER NUMBER	
224	CHECK 222:	CONSENT GRANTED <input type="checkbox"/> CONSENT REFUSED <input type="checkbox"/>	→ 229

MINOR RESPONDENT ASSENT FOR ANEMIA TEST

225	<p>ASK ASSENT FOR ANEMIA TEST FROM MINOR RESPONDENT:</p> <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>		
226	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3	→ 229
227	SIGN NAME AND ENTER FIELDWORKER NUMBER.	_____ (SIGN) <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; margin: 5px;"></div> FIELDWORKER NUMBER	

	WOMAN 1		SKIP
PARENT/RESPONSIBLE ADULT CONSENT FOR URINARY IODINE TEST			
229	<p>ASK CONSENT FOR URINE IODINE TESTING FROM PARENT/RESPONSIBLE ADULT:</p> <p>As part of this survey, we are also asking women all over the country to give urine for iodine deficiency testing. Iodine deficiency is a health problem that usually results from poor nutrition. Urine iodine testing is being done to see how many women are iodine deficient. This survey will assist the government to develop programs to prevent and treat iodine deficiency.</p> <p>For the iodine test, we need (NAME OF MINOR) to collect a small amount of urine. The equipment used to collect and store the urine is clean and completely safe. It has never been used before. No names will be attached to her sample so we will not be able to tell you or (NAME OF MINOR) the test results. No one else will be able to know your her results either. The urine will be tested at the Tanzania Food and Nutrition Center Laboratory.</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 provide us with a small amount of urine?</p>		
230	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3	→ 236
231	SIGN NAME AND ENTER FIELDWORKER NUMBER.	_____ (SIGN) <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> FIELDWORKER NUMBER	
232	CHECK 230:	CONSENT GRANTED <input checked="" type="checkbox"/> CONSENT REFUSED <input type="checkbox"/>	→ 236
MINOR RESPONDENT ASSENT FOR URINARY IODINE TEST			
233	<p>ASK ASSENT FOR URINE IODINE TESTING FROM MINOR RESPONDENT:</p> <p>As part of this survey, we are also asking women all over the country to give urine for iodine deficiency testing. Iodine deficiency is a health problem that usually results from poor nutrition. Urine iodine testing is being done to see how many women are iodine deficient. This survey will assist the government to develop programs to prevent and treat iodine deficiency.</p> <p>For the iodine test, we need you to collect a small amount of urine. The equipment used to collect and store the urine is clean and completely safe. It has never been used before. No names will be attached to your sample so we will not be able to tell you the test results. No one else will be able to know your test results either. The urine will be tested at the Tanzania Food and Nutrition Center Laboratory.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you provide us with a small amount of urine?</p>		
234	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3	→ 236
235	SIGN NAME AND ENTER FIELDWORKER NUMBER.	_____ (SIGN) <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> FIELDWORKER NUMBER	

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

WOMAN 1		SKIP
236	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S)	
237	<p>IF CONSENT WAS GRANTED, PLACE 1ST BAR CODE LABEL FOR URINE IODINE TEST IN SPACE TO THE RIGHT. PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S COLLECTION CUP. THE 3RD AND 4TH ON THE CRYOVIALS. 5TH ON THE TRANSMITTAL FORM.</p>	<div style="border: 1px dashed black; padding: 10px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> <p>NOT PRESENT 99994 REFUSED 99995 OTHER 99996</p>
238	RECORD HEMOGLOBIN LEVEL HERE AND IN THE INFORMATIONAL PAMPHLET.	<p>G/DL </p> <p>NOT PRESENT 994 REFUSED 995 OTHER 996</p> <p style="text-align: right;">→ 242</p>
239	CHECK 238: HEMOGLOBIN RESULT	<p>BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2</p> <p style="text-align: right;">→ 242</p>
241	<p>The anemia test shows that you have severe anemia. You are very ill and must go to a health facility immediately.</p> <p>RECORD THE RESULT OF THE ANEMIA TEST ON THE SEVERE ANEMIA REFERRAL FORM.</p>	
242	OUTCOME OF URINARY COLLECTION	<p>COLLECTED 1 INSUFFICIENT SAMPLE 2 NOT PRESENT 4 REFUSED 5 OTHER 6</p>
243	IF ANOTHER WOMAN, GO TO 202 ON THE NEXT PAGE; IF NO MORE WOMEN, GO TO 301.	

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

201	INTERVIEWER TO COMPLETE Q.202 TO Q.204: CHECK CAPI REPORT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE NAME, LINE NUMBER, AGE AND MARITAL STATUS FOR ALL ELIGIBLE WOMEN AGE 15-49 YEARS 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 <input type="text"/> <input type="text"/>	
203	CHECK CAPI OUTPUT FOR AGE:	15-17 YEARS 1 18-49 YEARS 2	
204	CHECK CAPI OUTPUT FOR MARITAL STATUS:	CODE 4 (NEVER IN UNION) ... 1 OTHER 2	
BIOMARKER START FROM HERE: BEFORE PROCEEDING WITH THE CONSENT STATEMENTS, ASK THE RESPONDENT HER AGE AND MARITAL STATUS TO CONFIRM THE INFORMATION IN Q.203 & Q.204. IF THERE ARE ANY DISCREPANCIES THAT AFFECT THE INFORMED CONSENT PATTERN (MINOR VS. ADULT); INFORM THE INTERVIEWER AND HE/SHE MUST GO BACK TO Q.203 & Q.204 TO MAKE CORRECTIONS. PLEASE INFORM THE INTERVIEWER OF NEEDED ADJUSTMENTS IN THE HOUSEHOLD SCHEDULE IF NECESSARY			
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	→ 207
206	WAS THE WOMAN WEARING ONLY LIGHTWEIGHT CLOTHING?	YES 1 NO 2	
207	HEIGHT IN CENTIMETERS.	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 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 FIELDWORKER NUMBER OF MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	
210	ENTER FIELDWORKER NUMBER OF ASSISTANT MEASURER. IF NO ASSISTANT MEASURER, ENTER 9999.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	
211	TODAY'S DATE:	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"/>	
212	CHECK 203:	AGE 15-17 YEARS <input type="checkbox"/> AGE 18-49 YEARS <input type="checkbox"/>	→ 214
213	CHECK 204:	OTHER <input type="checkbox"/> CODE 4 (NEVER IN UNION) <input type="checkbox"/>	→ 220

WOMAN 2		SKIP
ADULT RESPONDENT CONSENT FOR ANEMIA TEST		
214	<p>ASK CONSENT FOR ANEMIA TEST:</p> <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>	
215	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
216	SIGN NAME AND ENTER FIELDWORKER NUMBER.	_____ (SIGN) <div style="border: 1px solid black; width: 100px; height: 30px; margin: 5px auto;"></div> FIELDWORKER NUMBER
ADULT RESPONDENT CONSENT FOR URINARY IODINE TEST		
217	<p>ASK CONSENT FOR URINE IODINE TESTING:</p> <p>As part of this survey, we are also asking women all over the country to give urine for iodine deficiency testing. Iodine deficiency is a health problem that usually results from poor nutrition. Urine iodine testing is being done to see how many women are iodine deficient. This survey will assist the government to develop programs to prevent and treat iodine deficiency.</p> <p>For the iodine test, we need you to collect a small amount of urine. The equipment used to collect and store the urine is clean and completely safe. It has never been used before. No names will be attached to your sample so we will not be able to tell you the test results. No one else will be able to know your test results either. The urine will be tested at the Tanzania Food and Nutrition Center Laboratory.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you provide us with a small amount of urine?</p>	
218	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
219	SIGN NAME AND ENTER FIELDWORKER NUMBER.	_____ (SIGN) <div style="border: 1px solid black; width: 100px; height: 30px; margin: 5px auto;"></div> FIELDWORKER NUMBER
220	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR MINOR.	NAME _____ LINE NUMBER OF PARENT/ RESPONSIBLE ADULT <div style="border: 1px solid black; width: 50px; height: 30px; margin: 5px auto;"></div>

WOMAN 2		SKIP
PARENT/RESPONSIBLE ADULT CONSENT FOR ANEMIA TEST		
221	<p>ASK CONSENT FOR ANEMIA TEST FROM PARENT/RESPONSIBLE ADULT:</p> <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>	
222	CIRCLE THE CODE.	<p>GRANTED 1</p> <p>REFUSED 2</p> <p>NOT PRESENT/OTHER 3 → 229</p>
223	SIGN NAME AND ENTER FIELDWORKER NUMBER.	<p>_____</p> <p>(SIGN)</p> <p> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div> </p> <p>FIELDWORKER NUMBER</p>
224	CHECK 222:	<p> CONSENT GRANTED <input type="checkbox"/> CONSENT REFUSED <input type="checkbox"/> → 229 </p>
MINOR RESPONDENT ASSENT FOR ANEMIA TEST		
225	<p>ASK ASSENT FOR ANEMIA TEST FROM MINOR RESPONDENT:</p> <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>	
226	CIRCLE THE CODE.	<p>GRANTED 1</p> <p>REFUSED 2</p> <p>NOT PRESENT/OTHER 3 → 229</p>
227	SIGN NAME AND ENTER FIELDWORKER NUMBER.	<p>_____</p> <p>(SIGN)</p> <p> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div> </p> <p>FIELDWORKER NUMBER</p>

WOMAN 2		SKIP
PARENT/RESPONSIBLE ADULT CONSENT FOR URINARY IODINE TEST		
229	<p>ASK CONSENT FOR URINE IODINE TESTING FROM PARENT/RESPONSIBLE ADULT:</p> <p>As part of this survey, we are also asking women all over the country to give urine for iodine deficiency testing. Iodine deficiency is a health problem that usually results from poor nutrition. Urine iodine testing is being done to see how many women are iodine deficient. This survey will assist the government to develop programs to prevent and treat iodine deficiency.</p> <p>For the iodine test, we need (NAME OF MINOR) to collect a small amount of urine. The equipment used to collect and store the urine is clean and completely safe. It has never been used before. No names will be attached to her sample so we will not be able to tell you or (NAME OF MINOR) the test results. No one else will be able to know your her results either. The urine will be tested at the Tanzania Food and Nutrition Center Laboratory.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide.</p>	
230	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3 → 236
231	SIGN NAME AND ENTER FIELDWORKER NUMBER.	_____ (SIGN) <div style="border: 1px solid black; width: 100px; height: 30px; margin: 5px auto;"></div> FIELDWORKER NUMBER
232	CHECK 230: CONSENT GRANTED <input type="checkbox"/> CONSENT REFUSED <input type="checkbox"/>	→ 236
MINOR RESPONDENT ASSENT FOR URINARY IODINE TEST		
233	<p>ASK ASSENT FOR URINE IODINE TESTING FROM MINOR RESPONDENT:</p> <p>As part of this survey, we are also asking women all over the country to give urine for iodine deficiency testing. Iodine deficiency is a health problem that usually results from poor nutrition. Urine iodine testing is being done to see how many women are iodine deficient. This survey will assist the government to develop programs to prevent and treat iodine deficiency.</p> <p>For the iodine test, we need you to collect a small amount of urine. The equipment used to collect and store the urine is clean and completely safe. It has never been used before. No names will be attached to your sample so we will not be able to tell you the test results. No one else will be able to know your test results either. The urine will be tested at the Tanzania Food and Nutrition Center Laboratory.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide.</p>	
234	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3 → 236
235	SIGN NAME AND ENTER FIELDWORKER NUMBER.	_____ (SIGN) <div style="border: 1px solid black; width: 100px; height: 30px; margin: 5px auto;"></div> FIELDWORKER NUMBER

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

	WOMAN 2	SKIP
236	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S)	
237	<p>IF CONSENT WAS GRANTED, PLACE 1ST BAR CODE LABEL FOR URINE IODINE TEST IN SPACE TO THE RIGHT. PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S COLLECTION CUP. THE 3RD AND 4TH ON THE CRYOVIALS. 5TH ON THE TRANSMITTAL FORM.</p>	<div style="border: 1px dashed black; padding: 10px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> <p> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 </p>
238	RECORD HEMOGLOBIN LEVEL HERE AND IN THE INFORMATIONAL PAMPHLET.	<p>G/DL </p> <p> NOT PRESENT 994 REFUSED 995 OTHER 996 </p>
239	CHECK 238: HEMOGLOBIN RESULT	<p> BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 </p>
241	<p>The anemia test shows that you have severe anemia. You are very ill and must go to a health facility immediately.</p> <p>RECORD THE RESULT OF THE ANEMIA TEST ON THE SEVERE ANEMIA REFERRAL FORM.</p>	
242	OUTCOME OF URINARY COLLECTION	<p> COLLECTED 1 INSUFFICIENT SAMPLE 2 NOT PRESENT 4 REFUSED 5 OTHER 6 </p>
243	IF ANOTHER WOMAN, GO TO 202 ON THE NEXT PAGE; IF NO MORE WOMEN, GO TO 301.	

WEIGHT AND HEIGHT MEASUREMENT FOR MEN AGE 15-49

301	INTERVIEWER TO COMPLETE Q.302 TO Q.304: CHECK CAPI REPORT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE NAME, LINE NUMBER, AGE AND MARITAL STATUS FOR ALL ELIGIBLE MEN AGE 15-49 YEARS 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 <input type="text"/> <input type="text"/>	
303	CHECK CAPI OUTPUT FOR AGE:	15-17 YEARS 1 18-49 YEARS 2	
304	CHECK CAPI OUTPUT FOR MARITAL STATUS:	CODE 4 (NEVER IN UNION) . 1 OTHER 2	
BIOMARKER START FROM HERE: BEFORE PROCEEDING WITH THE CONSENT STATEMENTS, ASK THE RESPONDENT HIS AGE AND MARITAL STATUS TO CONFIRM THE INFORMATION IN Q.303 & Q.304. IF THERE ARE ANY DISCREPANCIES THAT AFFECT THE INFORMED CONSENT PATTERN (MINOR VS. ADULT); INFORM THE INTERVIEWER AND HE/SHE MUST GO BACK TO Q.303 & Q.304 TO MAKE CORRECTIONS. PLEASE INFORM THE INTERVIEWER OF NEEDED ADJUSTMENTS IN THE HOUSEHOLD SCHEDULE, IF NECESSARY.			
305	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	→ 307
306	WAS THE MAN WEARING ONLY LIGHTWEIGHT CLOTHING?	YES 1 NO 2	
307	HEIGHT IN CENTIMETERS.	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> 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 FIELDWORKER NUMBER OF MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	
310	ENTER FIELDWORKER NUMBER OF ASSISTANT MEASURER. IF NO ASSISTANT MEASURER, ENTER 9999.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	
311	TODAY'S DATE:	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"/>	
312	IF ANOTHER MAN, GO TO 302 ON THE NEXT PAGE; IF NO MORE MEN, END INTERVIEW.		

WEIGHT AND HEIGHT MEASUREMENT FOR MEN AGE 15-49

301	INTERVIEWER TO COMPLETE Q.302 TO Q.304: CHECK CAPI REPORT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE NAME, LINE NUMBER, AGE AND MARITAL STATUS FOR ALL ELIGIBLE MEN AGE 15-49 YEARS 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 <input type="text"/> <input type="text"/>	
303	CHECK CAPI OUTPUT FOR AGE:	15-17 YEARS 1 18-49 YEARS 2	
304	CHECK CAPI OUTPUT FOR MARITAL STATUS:	CODE 4 (NEVER IN UNION) . 1 OTHER 2	
BIOMARKER START FROM HERE: BEFORE PROCEEDING WITH THE CONSENT STATEMENTS, ASK THE RESPONDENT HIS AGE AND MARITAL STATUS TO CONFIRM THE INFORMATION IN Q.303 & Q.304. IF THERE ARE ANY DISCREPANCIES THAT AFFECT THE INFORMED CONSENT PATTERN (MINOR VS. ADULT); INFORM THE INTERVIEWER AND HE/SHE MUST GO BACK TO Q.303 & Q.304 TO MAKE CORRECTIONS. PLEASE INFORM THE INTERVIEWER OF NEEDED ADJUSTMENTS IN THE HOUSEHOLD SCHEDULE, IF NECESSARY.			
305	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	→ 307
306	WAS THE MAN WEARING ONLY LIGHTWEIGHT CLOTHING?	YES 1 NO 2	
307	HEIGHT IN CENTIMETERS.	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> 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 FIELDWORKER NUMBER OF MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	
310	ENTER FIELDWORKER NUMBER OF ASSISTANT MEASURER. IF NO ASSISTANT MEASURER, ENTER 9999.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	
311	TODAY'S DATE:	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"/>	
312	IF ANOTHER MAN, GO TO 302 ON THE NEXT PAGE; IF NO MORE MEN, END INTERVIEW.		

TO BE FILLED IN AFTER COMPLETING BIOMARKERS

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