2022 GHANA DEMOGRAPHIC AND HEALTH SURVEYS
BIOMARKER QUESTIONNAIRE

GHANA
GHANA STATISTICAL SERVICE

IDENTIFICATION

PLACE NAME _____

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER . . . .

HOUSEHOLD NUMBER . . . .

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

BIOMARKER TECHNICIAN VISITS				
	1	2	3	FINAL VISIT
DATE BIOMARKER'S NAME	_____	_____	_____	DAY MONTH YEAR
NEXT VISIT: DATE TIME	_____ _____	_____ _____		TOTAL NUMBER OF VISITS

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 GA   05 DAGBANI
02 AKAN   04 EWE

TEAM	TEAM SUPERVISOR
NUMBER	NAME NUMBER

			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 ☐		→ 139
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 TECH NUMBER OF MEASURER.	BIOMARKER TECH	
114	ENTER BIOMARKER TECH NUMBER OF ASSISTANT MEASURER.	BIOMARKER TECH	
115	TODAY'S DATE:	DAY . . . . MONTH . . . . YEAR	

	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 ☐ AGE 0-5 MONTHS ☐	→ 139
118	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR THE CHILD.	NAME _____ LINE NUMBER . . . . . . ☐☐	
119	ASK CONSENT FOR MALARIA AND ANEMIA TESTS FROM PARENT/RESPONSIBLE ADULT: 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, infection, 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. The blood will be tested for malaria and anemia immediately, and the results will be told to you right away. A few blood drops will be collected on slide(s) and taken to a laboratory for testing. You will not be told the results of the laboratory testing. All results 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 malaria and anemia tests?	
120	CIRCLE THE CODE.	GRANTED . . . . 1 REFUSED . . . . 2 NOT PRESENT/OTHER . . . . 3 → 123	
121	SIGN NAME AND ENTER BIOMARKER TECH NUMBER.	_____ (SIGN) BIOMARKER TECH	

	CHILD 1	SKIP
122	IF CONSENT GRANTED, PREPARE EQUIPMENT AND SUPPLIES FOR THE TESTS AND PROCEED WITH THE TESTS.	

| 123 | PLACE 1ST BAR CODE LABEL FOR MALARIA LAB TEST IN SPACE TO THE RIGHT. PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM. | PUT THE 1ST BAR CODE LABEL HERE.

NOT PRESENT 99994
REFUSED 99995
OTHER .... 99996 | |

| 124 | RECORD HEMOGLOBIN LEVEL HERE AND IN THE INFORMATIONAL PAMPHLET. | G/DL .... ☐☐.☐

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

| 125 | RECORD THE RESULT OF THE MALARIA RDT HERE AND THE INFORMATIONAL PAMPHLET. | POSITIVE 1
NEGATIVE .... 2 → 137
NOT PRESENT .... 4 →⌐ 139
REFUSED .... 5 →⌐
OTHER .... 6 → 137 | |

| 126 | 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? | 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 | |

| 127 | CHECK 126: ANY 'YES' CIRCLED?   NO ☐   YES ☐ | → 129 |

| 128 | CHECK 124: HEMOGLOBIN RESULT | BELOW 8.0 G/DL,
    SEVERE ANEMIA 1
8.0 G/DL OR ABOVE ...... 2 →⌐ 130
OTHER .... 6 →⌐ | |

| 129 | **SEVERE MALARIA REFERAL**
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. | → 137 |

| 130 | In the past two weeks has (NAME) taken or is taking ACT given by a doctor or health center to treat the malaria?
VERIFY BY ASKING TO SEE TREATMENT. | YES 1
NO .... 2 → 132 | |

| 131 | **ALREADY TAKING ACT REFERRAL STATEMENT**
You have told me that (NAME OF CHILD) had already received ACT for malaria. Therefore, I cannot give you additional ACT. However, the test shows that he/she has malaria. If your child has a fever for two days after the last dose of ACT, you should take the child to the nearest health facility for further examination. | → 139 |

132	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 ACT. ACT is very effective and in a few days it should get rid of the fever and other symptoms. You do not have to give the child the medicine. This is up to you. Please tell me whether you accept the medicine or not.	
133	CIRCLE THE APPROPRIATE CODE.	ACCEPTED MEDICINE . . . . . . 1 REFUSED MEDICINE . . . . . . 2 OTHER . . . . 6 →139
134	SIGN NAME AND ENTER BIOMARKER TECH NUMBER.	_____ (SIGN) ☐☐☐☐ BIOMARKER TECH

	CHILD 1	SKIP
135	CHECK 133: ACCEPTED MEDICINE? YES ☐ NO ☐	→139

136	TREATMENT WITH ARTEMETHER-LUMEFANTRINE (AL)
	 TELL THE PARENT/RESPONSIBLE ADULT TO GIVE THE MEDICINE TO THE CHILD ACCORDING TO THE TREATMENT PROTOCOL BELOW. PAY SPECIAL ATTENTION TO THE AGE OF THE CHILD.
	
	 Weight (in kg)-Approximate age Dosage (AL 20mg/120mg)
	   < 15kg (6months-2years) DAY 1: 1 tablet AL for a start and 1 tablet AL after 8hrs.
	                    DAYS 2 & 3: 1 tablet AL in the morning and 1 tablet AL in the evening.
	   15-25kg (3-4years) DAY 1: 2 tablets AL for a start and 2 tablets AL after 8hrs.
	                    DAYS 2 & 3: 2 tablets AL in the morning and 2 tablets AL in the evening.
	
	 Give the medicine with fatty food or drinks like milk or breast milk. Put the tablet in a little water, dissolve it well and give it to the child. If your child vomits within an hour of taking the medicine, repeat the dose and get additional tablets
	
	 TELL PARENT/RESPONSIBLE ADULT: IF (NAME OF CHILD) has a high fever, fast or difficulty breathing, is not able to drink or breastfeed, gets sicker, or does not get better in two days, you should take him or her to a health professional for treatment right away.
		→139

137	CHECK 124: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA . . . . . . 1 8.0 G/DL OR ABOVE . . . . . . 2 OTHER . . . . 6 →139
138	**SEVERE ANEMIA REFERAL** 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.	
139	IF ANOTHER CHILD, GO TO 103 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 [ ]		→ 139
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 TECH NUMBER OF MEASURER.	☐☐☐ BIOMARKER TECH NUMBER	
114	ENTER BIOMARKER TECH NUMBER OF ASSISTANT MEASURER.	☐☐☐ BIOMARKER TECH NUMBER	
115	TODAY'S DATE:	DAY . . . . ☐☐ MONTH . . . . ☐☐ YEAR . . . . ☐☐☐☐	

	CHILD 2	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 ☐ AGE 0-5 MONTHS ☐	→ 139
118	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR THE CHILD.	NAME _____ LINE NUMBER . . . . . . ☐☐	
119	ASK CONSENT FOR MALARIA AND ANEMIA TESTS FROM PARENT/RESPONSIBLE ADULT: 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, infection, 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. The blood will be tested for malaria and anemia immediately, and the results will be told to you right away. A few blood drops will be collected on slide(s) and taken to a laboratory for testing. You will not be told the results of the laboratory testing. All results 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 malaria and anemia tests?	
120	CIRCLE THE CODE.	GRANTED . . . . 1 REFUSED . . . . 2 NOT PRESENT/OTHER . . . . 3 → 123	
121	SIGN NAME AND ENTER BIOMARKER TECH NUMBER.	_____ (SIGN) ☐☐☐ BIOMARKER TECH NUMBER	

	CHILD 2	SKIP
122	IF CONSENT GRANTED, PREPARE EQUIPMENT AND SUPPLIES FOR THE TESTS AND PROCEED WITH THE TESTS.	

123	PLACE 1ST BAR CODE LABEL FOR MALARIA LAB TEST IN SPACE TO THE RIGHT. PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. NOT PRESENT . . . . 99994 REFUSED . . . . 99995 OTHER 99996	

124	RECORD HEMOGLOBIN LEVEL HERE AND IN THE INFORMATIONAL PAMPHLET.	G/DL . . . . [ ][ ] . [ ] NOT PRESENT . . . . .994 REFUSED . . . . .995 OTHER 996	

125	RECORD THE RESULT OF THE MALARIA RDT HERE AND THE INFORMATIONAL PAMPHLET.	POSITIVE . . . . 1 NEGATIVE . . . . 2 →137 NOT PRESENT . . . . 4 →139 REFUSED . . . . 5 OTHER . . . . 6 →137	

126	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?		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

127	CHECK 126: ANY 'YES' CIRCLED? NO [ ] YES [ ]	→129

128	CHECK 124: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA . . . . . . 1 8.0 G/DL OR ABOVE . . . . . . 2 →130 OTHER 6	

			SKIP
129	**SEVERE MALARIA REFERAL** 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.		→ 137
130	In the past two weeks has (NAME) taken or is taking ACT given by a doctor or health center to treat the malaria? VERIFY BY ASKING TO SEE TREATMENT.	YES . . . . 1 NO 2	→ 132
131	**ALREADY TAKING ACT REFERRAL STATEMENT** You have told me that (NAME OF CHILD) had already received ACT for malaria. Therefore, I cannot give you additional ACT. However, the test shows that he/she has malaria. If your child has a fever for two days after the last dose of ACT, you should take the child to the nearest health facility for further examination.		→ 139
132	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 ACT. ACT is very effective and in a few days it should get rid of the fever and other symptoms. You do not have to give the child the medicine. This is up to you. Please tell me whether you accept the medicine or not.		
133	CIRCLE THE APPROPRIATE CODE.	ACCEPTED MEDICINE . . . . . . 1 REFUSED MEDICINE . . . . 2 OTHER 6	→ 139
134	SIGN NAME AND ENTER BIOMARKER TECH NUMBER.	_____ (SIGN) ☐☐☐☐ BIOMARKER TECH NUMBER	

	CHILD 2		SKIP
135	CHECK 133: ACCEPTED MEDICINE?　　　YES ☐　　　　NO ☐		→ 139
136	TREATMENT WITH ARTEMETHER-LUMEFANTRINE (AL) TELL THE PARENT/RESPONSIBLE ADULT TO GIVE THE MEDICINE TO THE CHILD ACCORDING TO THE TREATMENT PROTOCOL BELOW. PAY SPECIAL ATTENTION TO THE AGE OF THE CHILD. Weight (in kg)-Approximate age　　　　　　Dosage (AL 20mg/120mg) 　< 15kg (6months-2years)　　　DAY 1: 1 tablet AL for a start and 1 tablet AL after 8hrs. 　　　　　　　　　　　　　DAYS 2 & 3: 1 tablet AL in the morning and 1 tablet AL in the evening. 　15-25kg (3-4years)　　　　　DAY 1: 2 tablets AL for a start and 2 tablets AL after 8hrs. 　　　　　　　　　　　　　DAYS 2 & 3: 2 tablets AL in the morning and 2 tablets AL in the evening. Give the medicine with fatty food or drinks like milk or breast milk. Put the tablet in a little water, dissolve it well and give it to the child. If your child vomits within an hour of taking the medicine, repeat the dose and get additional tablets TELL PARENT/RESPONSIBLE ADULT: IF (NAME OF CHILD) has a high fever, fast or difficulty breathing, is not able to drink or breastfeed, gets sicker, or does not get better in two days, you should take him or her to a health professional for treatment right away.		→ 139
137	CHECK 124: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, 　　SEVERE ANEMIA . . . . . . 1 8.0 G/DL OR ABOVE . . . . . . 2 OTHER 6	→ 139
138	**SEVERE ANEMIA REFERAL** 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.		
139	IF ANOTHER CHILD, GO TO 103 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 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 ☐		→ 139
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 TECH NUMBER OF MEASURER.	☐☐☐☐ BIOMARKER TECH	

114	ENTER BIOMARKER TECH NUMBER OF ASSISTANT MEASURER.	[ ][ ][ ][ ] BIOMARKER TECH	
115	TODAY'S DATE:	DAY . . . . [ ][ ] MONTH . . . . [ ][ ] YEAR . . . . [ ][ ][ ][ ]	

	CHILD 3		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 [ ] AGE 0-5 MONTHS [ ]		→ 139
118	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR THE CHILD.	NAME _____ LINE NUMBER . . . . . . [ ][ ]	
119	ASK CONSENT FOR MALARIA AND ANEMIA TESTS FROM PARENT/RESPONSIBLE ADULT: 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, infection, 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. The blood will be tested for malaria and anemia immediately, and the results will be told to you right away. A few blood drops will be collected on slide(s) and taken to a laboratory for testing. You will not be told the results of the laboratory testing. All results 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 malaria and anemia tests?		
120	CIRCLE THE CODE.	GRANTED . . . . 1 REFUSED . . . . 2 NOT PRESENT/OTHER 3	→ 123
121	SIGN NAME AND ENTER BIOMARKER TECH NUMBER.	_____ (SIGN) [ ][ ][ ][ ] BIOMARKER TECH	

	CHILD 3		SKIP
122	IF CONSENT GRANTED, PREPARE EQUIPMENT AND SUPPLIES FOR THE TESTS AND PROCEED WITH THE TESTS.		
123	PLACE 1ST BAR CODE LABEL FOR MALARIA LAB TEST IN SPACE TO THE RIGHT. PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. NOT PRESENT . . . . 99994 REFUSED . . . . 99995 OTHER 99996	

124	RECORD HEMOGLOBIN LEVEL HERE AND IN THE INFORMATIONAL PAMPHLET.	G/DL . . . . ☐☐.☐ NOT PRESENT . . . . .994 REFUSED . . . . .995 OTHER 996	
125	RECORD THE RESULT OF THE MALARIA RDT HERE AND THE INFORMATIONAL PAMPHLET.	POSITIVE . . . . 1 NEGATIVE . . . . 2 → 137 NOT PRESENT . . . . 4 → 139 REFUSED . . . . 5 OTHER . . . . 6 → 137	
126	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?		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
127	CHECK 126: ANY 'YES' CIRCLED? NO ☐ YES ☐		→ 129
128	CHECK 124: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA . . . . . . 1 8.0 G/DL OR ABOVE . . . . . . 2 OTHER . . . . 6 → 130	

			SKIP
129	**SEVERE MALARIA REFERAL** 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.		→ 137
130	In the past two weeks has (NAME) taken or is taking ACT given by a doctor or health center to treat the malaria? VERIFY BY ASKING TO SEE TREATMENT.	YES . . . . 1 NO 2	→ 132
131	**ALREADY TAKING ACT REFERRAL STATEMENT** You have told me that (NAME OF CHILD) had already received ACT for malaria. Therefore, I cannot give you additional ACT. However, the test shows that he/she has malaria. If your child has a fever for two days after the last dose of ACT, you should take the child to the nearest health facility for further examination.		→ 139
132	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 ACT. ACT is very effective and in a few days it should get rid of the fever and other symptoms. You do not have to give the child the medicine. This is up to you. Please tell me whether you accept the medicine or not.		
133	CIRCLE THE APPROPRIATE CODE.	ACCEPTED MEDICINE . . . . . . 1 REFUSED MEDICINE . . . . 2 OTHER 6	→ 139
134	SIGN NAME AND ENTER BIOMARKER TECH NUMBER.	_____ (SIGN) ⬚⬚⬚⬚ BIOMARKER TECH	

		CHILD 3	SKIP
135	CHECK 133: ACCEPTED MEDICINE? YES ⬚ NO ⬚		→ 139

136	TREATMENT WITH ARTEMETHER-LUMEFANTRINE (AL)
	TELL THE PARENT/RESPONSIBLE ADULT TO GIVE THE MEDICINE TO THE CHILD ACCORDING TO THE TREATMENT PROTOCOL BELOW. PAY SPECIAL ATTENTION TO THE AGE OF THE CHILD.
	
	Weight (in kg)-Approximate age Dosage (AL 20mg/120mg)
	  < 15kg (6months-2years) DAY 1: 1 tablet AL for a start and 1 tablet AL after 8hrs.
	                          DAYS 2 & 3: 1 tablet AL in the morning and 1 tablet AL in the evening.
	  15-25kg (3-4years) DAY 1: 2 tablets AL for a start and 2 tablets AL after 8hrs.
	                    DAYS 2 & 3: 2 tablets AL in the morning and 2 tablets AL in the evening.
	
	Give the medicine with fatty food or drinks like milk or breast milk. Put the tablet in a little water, dissolve it well and give it to the child. If your child vomits within an hour of taking the medicine, repeat the dose and get additional tablets
	
	TELL PARENT/RESPONSIBLE ADULT: IF (NAME OF CHILD) has a high fever, fast or difficulty breathing, is not able to drink or breastfeed, gets sicker, or does not get better in two days, you should take him or her to a health professional for treatment right away.
			→ 139

137	CHECK 124: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA . . . . . . 1 8.0 G/DL OR ABOVE . . . . . . 2 OTHER 6	→ 139
138	**SEVERE ANEMIA REFERAL** 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.		
139	IF ANOTHER CHILD, GO TO 103 IN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN,GO TO 201.		

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

| 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: CHECK COLUMN 7 IN HOUSEHOLD QUESTIONNAIRE (AGE).	15-17 YEARS . . . . 1 18-49 YEARS 2	
204	CHECK CAPI OUTPUT FOR MARITAL STATUS: CHECK COLUMN 8 IN HOUSEHOLD QUESTIONNAIRE (MARITAL STATUS).	CODE 4 (NEVER IN UNION . . . 1 OTHER 2	
■■		
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 TECH NUMBER OF MEASURER.	☐☐☐☐ BIOMARKER TECH	
210	ENTER BIOMARKER TECH NUMBER OF ASSISTANT MEASURER. IF NO ASSISTANT MEASURER, ENTER 9999.	☐☐☐☐ BIOMARKER TECH	
211	TODAY'S DATE:	DAY . . . . ☐☐ MONTH . . . . ☐☐ YEAR . . . . ☐☐☐☐	
212	CHECK 203: AGE 15-17 ☐ AGE 18-49 ☐ YEARS ↓ YEARS	→ 214
213	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 TECH NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) ☐☐☐☐ BIOMARKER TECH → 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	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

		WOMAN 1	SKIP
C O N S E N T	220	SIGN NAME AND ENTER BIOMARKER TECH NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) ▢▢▢▢ BIOMARKER TECH	
	221	CHECK 219: CONSENT GRANTED ▢ CONSENT REFUSED ▢	→ 225

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 TECH NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) ▢▢▢▢ BIOMARKER TECH	

# 225		RECORD HEMOGLOBIN LEVEL HERE AND IN THE INFORMATIONAL PAMPHLET.	G/DL . . . . ▢▢.▢ NOT PRESENT . . . . .994 REFUSED . . . . 995 → 228 OTHER 996
226		CHECK 225: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA . . . . . . 1 8.0 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 301.	

| 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: CHECK COLUMN 7 IN HOUSEHOLD QUESTIONNAIRE (AGE).	15-17 YEARS .... 1 18-49 YEARS 2	
204	CHECK CAPI OUTPUT FOR MARITAL STATUS: CHECK COLUMN 8 IN HOUSEHOLD QUESTIONNAIRE (MARITAL STATUS).	CODE 4 (NEVER IN UNION . . . 1 OTHER 2	
205	WEIGHT IN KILOGRAMS.	KG..... ☐☐☐.☐☐ NOT PRESENT .... 99994 REFUSED .... 99995 → 207 OTHER 99996	
206	WAS THE WOMAN WEARING ONLY LIGHTWEIGHT CLOTHING?	YES .... 1 NO 2	
207	HEIGHT IN CENTIMETERS.	CM...... ☐☐☐.☐ NOT PRESENT .... 9994 REFUSED .... 9995 → 209 OTHER 9996	
208	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES .... 1 NO 2	
209	ENTER BIOMARKER TECH NUMBER OF MEASURER.	☐☐☐☐ BIOMARKER TECH	
210	ENTER BIOMARKER TECH NUMBER OF ASSISTANT MEASURER. IF NO ASSISTANT MEASURER, ENTER 9999.	☐☐☐☐ BIOMARKER TECH	
211	TODAY'S DATE:	DAY .... ☐☐ MONTH .... ☐☐ YEAR .... ☐☐☐☐	
212	CHECK 203: AGE 15-17 ☐ AGE 18-49 ☐ YEARS ↓ YEARS	→ 214
213	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

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 TECH NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) ☐☐☐☐ BIOMARKER TECH → 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	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

		WOMAN 2	SKIP
C O N S E N T	220	SIGN NAME AND ENTER BIOMARKER TECH NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) [ ][ ][ ][ ] BIOMARKER TECH	
	221	CHECK 219: CONSENT GRANTED [ ]↓ CONSENT REFUSED [ ]	→ 225

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 TECH NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) [ ][ ][ ][ ] BIOMARKER TECH

# 225		RECORD HEMOGLOBIN LEVEL HERE AND IN THE INFORMATIONAL PAMPHLET.	G/DL . . . . [ ][ ].[ ] NOT PRESENT . . . . .994 REFUSED . . . . .995 → 228 OTHER 996
226A		CHECK 225: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA . . . . . . 1 8.0 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 IN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, GO TO 301.	

301	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS" COLUMN 10 IN HOUSEHOLD QUESTIONNAIRE. 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. RECORD NAME FROM COLUMN 2 IN HOUSEHOLD QUESTIONNAIRE; RECORD LINE NUMBER FROM COLUMN 10 IN HOUSEHOLD QUESTIONNAIRE.	NAME _____ LINE NUMBER . . . . . . ☐☐	
303	CHECK CAPI OUTPUT FOR AGE: CHECK COLUMN 7 IN HOUSEHOLD QUESTIONNAIRE (AGE).	15-17 YEARS . . . . 1 18-59 YEARS 2	
304	CHECK CAPI OUTPUT FOR MARITAL STATUS: CHECK COLUMN 8 IN HOUSEHOLD QUESTIONNAIRE (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 TECH NUMBER OF MEASURER.	☐☐☐☐ BIOMARKER TECH	
310	ENTER BIOMARKER TECH NUMBER OF ASSISTANT MEASURER. IF NO ASSISTANT MEASURER, ENTER 9999.	☐☐☐☐ BIOMARKER TECH	
311	TODAY'S DATE:	DAY . . . . ☐☐ MONTH . . . . ☐☐ YEAR . . . . ☐☐☐☐	
328	IF ANOTHER MAN, GO TO 302 ON THE NEXT PAGE; IF NO MORE MEN, END INTERVIEW.		

		SKIP
301	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS" COLUMN 10 IN HOUSEHOLD QUESTIONNAIRE. 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. RECORD NAME FROM COLUMN 2 IN HOUSEHOLD QUESTIONNAIRE; RECORD LINE NUMBER FROM COLUMN 10 IN HOUSEHOLD QUESTIONNAIRE.	NAME _____ LINE NUMBER . . . . . . ☐☐	
303	CHECK CAPI OUTPUT FOR AGE: CHECK COLUMN 7 IN HOUSEHOLD QUESTIONNAIRE (AGE).	15-17 YEARS . . . . 1 18-59 YEARS 2	
304	CHECK CAPI OUTPUT FOR MARITAL STATUS: CHECK COLUMN 8 IN HOUSEHOLD QUESTIONNAIRE (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 BIORMARKER NUMBER OF MEASURER.	☐☐☐☐ BIORMARKER NUMBER	
310	ENTER BIOMARKER TECH NUMBER OF ASSISTANT MEASURER. IF NO ASSISTANT MEASURER, ENTER 9999.	☐☐☐☐ BIOMARKER TECH	
311	TODAY'S DATE:	DAY . . . . ☐☐ MONTH . . . . ☐☐ YEAR . . . . ☐☐☐☐	
328	IF ANOTHER MAN, GO TO 302 IN ADDITIONAL QUESTIONNAIRE; IF NO MORE MEN, END INTERVIEW.		

BIOMARKER TECH'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING BIOMARKERS

• Appendix E

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SUPERVISOR'S OBSERVATIONS

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