

**DEMOGRAPHIC AND HEALTH SURVEYS  
BIOMARKER QUESTIONNAIRE**

**ETHIOPIA  
CENTRAL STATISTICAL AGENCY (CSA)**

IDENTIFICATION												
PLACE NAME _____												
NAME OF HOUSEHOLD HEAD _____												
CLUSTER NUMBER .....				<table border="1" style="width: 60px; height: 20px;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>								
HOUSEHOLD NUMBER .....				<table border="1" style="width: 60px; height: 20px;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>								
FIELDWORKER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>								
FIELDWORKER'S NAME	_____	_____	_____	MONTH <table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>								
				YEAR <table border="1" style="width: 60px; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>								
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px;"> <tr><td> </td></tr> </table>								
	_____	_____										
TIME	_____	_____										
NOTES: _____ _____ _____ _____				TOTAL ELIGIBLE WOMEN <table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td></tr> </table>								
				TOTAL ELIGIBLE MEN <table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td></tr> </table>								
				TOTAL ELIGIBLE CHILDREN <table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td></tr> </table>								
LANGUAGE OF QUESTIONNAIRE** <table border="1" style="width: 30px; height: 20px;"> <tr><td>0</td><td>1</td></tr> </table>		0	1	LANGUAGE OF INTERVIEW** <table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td></tr> </table>				NATIVE LANGUAGE OF RESPONDENT** <table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td></tr> </table>				
0	1											
				TRANSLATOR (YES = 1, NO = 2) <table border="1" style="width: 40px; height: 20px;"> <tr><td> </td></tr> </table>								
LANGUAGE OF QUESTIONNAIRE** <b>ENGLISH</b>		**LANGUAGE CODES: 01 ENGLISH      03 TIGRIGNA      05 LANGUAGE 5 02 AMHARIC      04 OROMIFFA      06 LANGUAGE 6										
SUPERVISOR _____ NAME      FIELDWORKER NUMBER <table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td></tr> </table>				FIELD EDITOR _____ NAME      FIELDWORKER NUMBER <table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td></tr> </table>				OFFICE EDITOR _____ NUMBER <table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td></tr> </table>				
				KEYED BY _____ NUMBER <table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td></tr> </table>								

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

		CHILD 4	CHILD 5	CHILD 6
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM BIRTH HISTORY. IF MOTHER NOT INTERVIEWED ASK:  What is (NAME)'s date of birth and age?	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"/>  AGE ..... <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  AGE ..... <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  AGE ..... <input type="text"/>
104	CHECK 103: CHILD BORN IN 2003-2008?	YES ..... 1 NO ..... 2 (SKIP TO 114) ←	YES ..... 1 NO ..... 2 (SKIP TO 114) ←	YES ..... 1 NO ..... 2 (SKIP TO 114) ←
105	WEIGHT IN KILOGRAMS.	KG. .... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. .... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. .... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996
106	HEIGHT IN CENTIMETERS.	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996 (SKIP TO 108) ←	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996 (SKIP TO 108) ←	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996 (SKIP TO 108) ←
107	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2
108	MEASURER: ENTER YOUR FIELDWORKER NUMBER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER

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

		CHILD 4	CHILD 5	CHILD 6
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____
109	CHECK 103: CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR 5 PREVIOUS MONTHS?	0-5 MONTHS ..... 1 ] (SKIP TO 114) ← OLDER ..... 2	0-5 MONTHS ..... 1 ] (SKIP TO 114) ← OLDER ..... 2	0-5 MONTHS ..... 1 ] (SKIP TO 114) ← OLDER ..... 2
110	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD FROM COLUMN 1 OF HOUSEHOLD SCHEDULE.	LINE NUMBER ..... <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER ..... <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER ..... <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)
111	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We ask that all children born in 2003 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?</p>		
112	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 ] _____ (SIGN) ← REFUSED ..... 2 ] NOT PRESENT/OTHER . 3 ] (SKIP TO 114) ←	GRANTED ..... 1 ] _____ (SIGN) ← REFUSED ..... 2 ] NOT PRESENT/OTHER . 3 ] (SKIP TO 114) ←	GRANTED ..... 1 ] _____ (SIGN) ← REFUSED ..... 2 ] NOT PRESENT/OTHER . 3 ] (SKIP TO 114) ←
113	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL ..... <input type="text"/> <input type="text"/> <input type="text"/> REFUSED ..... 995 OTHER ..... 996	G/DL ..... <input type="text"/> <input type="text"/> <input type="text"/> REFUSED ..... 995 OTHER ..... 996	G/DL ..... <input type="text"/> <input type="text"/> <input type="text"/> REFUSED ..... 995 OTHER ..... 996
114	GO BACK TO 103 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 201.			

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

101	CHECK COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 102; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) AND AGE FROM BIRTH HISTORY. IF MOTHER NOT INTERVIEWED ASK:  What is (NAME)'s date of birth and age?	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"/>  AGE ..... <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  AGE ..... <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  AGE ..... <input type="text"/>
104	CHECK 103: CHILD BORN IN 2003-2008?	YES ..... 1 NO ..... 2 (SKIP TO 114) ←	YES ..... 1 NO ..... 2 (SKIP TO 114) ←	YES ..... 1 NO ..... 2 (SKIP TO 114) ←
105	WEIGHT IN KILOGRAMS.	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996
106	HEIGHT IN CENTIMETERS.	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996 (SKIP TO 108) ←	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996 (SKIP TO 108) ←	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996 (SKIP TO 108) ←
107	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2
108	MEASURER: ENTER YOUR FIELDWORKER NUMBER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER

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

101	CHECK COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 102; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____
109	CHECK 103: CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR 5 PREVIOUS MONTHS?	0-5 MONTHS ..... 1 } (SKIP TO 114) ← OLDER ..... 2	0-5 MONTHS ..... 1 } (SKIP TO 114) ← OLDER ..... 2	0-5 MONTHS ..... 1 } (SKIP TO 114) ← OLDER ..... 2
110	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD FROM COLUMN 1 OF HOUSEHOLD SCHEDULE.	LINE NUMBER ..... <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER ..... <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER ..... <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)
111	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We ask that all children born in 2003 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?</p>		
112	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 } _____ (SIGN) ← REFUSED ..... 2 } NOT PRESENT/OTHER . 3 } (SKIP TO 114) ←	GRANTED ..... 1 } _____ (SIGN) ← REFUSED ..... 2 } NOT PRESENT/OTHER . 3 } (SKIP TO 114) ←	GRANTED ..... 1 } _____ (SIGN) ← REFUSED ..... 2 } NOT PRESENT/OTHER . 3 } (SKIP TO 114) ←
113	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED ..... 995 OTHER ..... 996	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED ..... 995 OTHER ..... 996	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED ..... 995 OTHER ..... 996
114	GO BACK TO 103 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 201.			

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

201	CHECK COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE WOMEN IN 202, 203, AND 204. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		WOMAN 1	WOMAN 2	WOMAN 3
202	CHECK HOUSEHOLD QUESTIONNAIRE:  LINE NUMBER FROM COLUMN 9.  NAME FROM COLUMN 2.	LINE NUMBER ..... <input type="text"/> <input type="text"/>  NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/>  NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/>  NAME _____
203	CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 7 (AGE):	15-17 YEARS ..... 1 18-49 YEARS ..... 2	15-17 YEARS ..... 1 18-49 YEARS ..... 2	15-17 YEARS ..... 1 18-49 YEARS ..... 2
204	CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 8 (MARITAL STATUS):	CODE 4 (NEVER IN UNION) . 1 OTHER ..... 2	CODE 4 (NEVER IN UNION) . 1 OTHER ..... 2	CODE 4 (NEVER IN UNION) . 1 OTHER ..... 2
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	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	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
206	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	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>  NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>  NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996
207	MEASURER: ENTER YOUR FIELDWORKER NUMBER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER
208	CHECK 203: AGE	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (SKIP TO 210) ←	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (SKIP TO 210) ←	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (SKIP TO 210) ←
209	CHECK 204: MARITAL STATUS	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 216) ← OTHER ..... 2	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 216) ← OTHER ..... 2	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 216) ← OTHER ..... 2

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

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____

**ADULT RESPONDENT CONSENT FOR ANEMIA TEST**

ADULT RESPONDENT CONSENT	210	ASK CONSENT FOR ANEMIA TEST.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you take the anemia test?</p>		
	211	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF REFUSED, SKIP TO 212) NOT PRESENT/OTHER .... 3 (SKIP TO 212)	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF REFUSED, SKIP TO 212) NOT PRESENT/OTHER .... 3 (SKIP TO 212)	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF REFUSED, SKIP TO 212) NOT PRESENT/OTHER .... 3 (SKIP TO 212)
	211A	CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8

**ADULT RESPONDENT CONSENT FOR DBS COLLECTION**

ADULT RESPONDENT CONSENT	212	ASK CONSENT FOR DBS COLLECTION.	<p>As part of the survey we also are asking people all over the country to give blood for HIV testing. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV.</p> <p>For the HIV testing, we need a few (more) drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. No names will be attached so we will not be able to tell you the test results. No one else will be able to know your test results either. If you want to know whether you have HIV, I can provide you with a list of [nearby] facilities offering counseling and testing for HIV. I will also give you a voucher for free services for you (and for your partner if you want) that you can use at any of these facilities.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood for the HIV testing?</p>		
	213	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) [ ][ ][ ][ ] (IF REFUSED, SKIP TO 229) NOT PRESENT/OTHER .... 3 (SKIP TO 229)	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER ID NUMBER) [ ][ ][ ][ ] (IF REFUSED, SKIP TO 229) NOT PRESENT/OTHER .... 3 (SKIP TO 229)	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER ID NUMBER) [ ][ ][ ][ ] (IF REFUSED, SKIP TO 229) NOT PRESENT/OTHER .... 3 (SKIP TO 229)

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

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____

**ADULT RESPONDENT CONSENT FOR ADDITIONAL TESTING**

ADULT RESPONDENT	214	ASK CONSENT FOR ADDITIONAL TESTING.	<p>We ask you to allow CSA and THE Ethiopian Public Health Institute to store part of the blood sample at the laboratory for additional tests such as Hepatitis B or C, Measles and/or Rubella.</p> <p>The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>		
	215	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND SKIP TO 229)	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND SKIP TO 229)	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND SKIP TO 229)

216	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT [ ][ ] (RECORD '00' IF NOT LISTED)	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT [ ][ ] (RECORD '00' IF NOT LISTED)	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT [ ][ ] (RECORD '00' IF NOT LISTED)
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**PARENTAL/RESPONSIBLE ADULT CONSENT FOR ANEMIA TEST**

PARENT RESPONSIBLE ADULT	217	ASK CONSENT FOR ANEMIA TEST FROM PARENT/ADULT.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF MINOR) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions?                  You can say yes or no. It is up to you to decide.                  Will you allow (NAME OF MINOR) to take the anemia test?</p>		
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WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND HIV TESTING FOR WOMEN AGE 15-49

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____
MULTI CONSENT	218 CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 221) NOT PRESENT/OTHER .... 3 (SKIP TO 221)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 221) NOT PRESENT/OTHER .... 3 (SKIP TO 221)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 221) NOT PRESENT/OTHER .... 3 (SKIP TO 221)

**MINOR RESPONDENT CONSENT FOR ANEMIA TEST**

MINOR RESPONDENT CONSENT	219 ASK CONSENT FOR ANEMIA TEST FROM RESPONDENT.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF PARENT/RESPONSIBLE ADULT) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions?                      You can say yes or no. It is up to you to decide.                      Will you take the anemia test?</p>		
	220 CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 221) NOT PRESENT/OTHER .... 3 (SKIP TO 221)	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 221) NOT PRESENT/OTHER .... 3 (SKIP TO 221)	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 221) NOT PRESENT/OTHER .... 3 (SKIP TO 221)
	220A CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8

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

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____

**PARENTAL/RESPONSIBLE ADULT CONSENT FOR DBS COLLECTION**

P A R E N T  R E S P A D U L T  C O N S E N T	221	ASK CONSENT FOR DBS COLLECTION FROM PARENT/ADULT.	<p>As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that can lead to AIDS. The HIV test is being done to see how many people have HIV.</p> <p>For the HIV test, we need a few (more) drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one else will be able to know (NAME OF MINOR)'s test results either. If (NAME OF MINOR) wants to know her HIV status, I can provide a list of [nearby] facilities offering counseling and testing for HIV. I will also give her a voucher for free services that can be used at any of these facilities.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF MINOR) to give blood for the HIV testing?</p>		
	222	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	<p>GRANTED ..... 1 } PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 }</p> <p>_____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) [ ][ ][ ][ ] (IF REFUSED, SKIP TO 229)</p> <p>NOT PRESENT/OTHER ..... 3 } (SKIP TO 229) ←</p>	<p>GRANTED ..... 1 } PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 }</p> <p>_____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) [ ][ ][ ][ ] (IF REFUSED, SKIP TO 229)</p> <p>NOT PRESENT/OTHER ..... 3 } (SKIP TO 229) ←</p>	<p>GRANTED ..... 1 } PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 }</p> <p>_____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) [ ][ ][ ][ ] (IF REFUSED, SKIP TO 229)</p> <p>NOT PRESENT/OTHER ..... 3 } (SKIP TO 229) ←</p>

**MINOR RESPONDENT CONSENT FOR DBS COLLECTION**

M I N O R  R E S P O N D E N T  C O N S E N T	223	ASK CONSENT FOR DBS COLLECTION FROM MINOR RESPONDENT.	<p>As part of the survey we also are asking people all over the country to give blood for HIV testing. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV.</p> <p>For the HIV testing, we need a few (more) drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. No names will be attached so we will not be able to tell you the test results. No one else will be able to know your test results either. If you want to know whether you have HIV, I can provide you with a list of [nearby] facilities offering counseling and testing for HIV. I will also give you a voucher for free services for you (and for your partner if you want) that you can use at any of these facilities.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood for the HIV testing?</p>		
	224	CIRCLE THE CODE AND SIGN YOUR NAME.	<p>GRANTED ..... 1 } MINOR RESPONDENT REFUSED ..... 2 }</p> <p>_____ (SIGN) (IF REFUSED, SKIP TO 229)</p> <p>NOT PRESENT/OTHER ..... 3 } (SKIP TO 229) ←</p>	<p>GRANTED ..... 1 } MINOR RESPONDENT REFUSED ..... 2 }</p> <p>_____ (SIGN) (IF REFUSED, SKIP TO 229)</p> <p>NOT PRESENT/OTHER ..... 3 } (SKIP TO 229) ←</p>	<p>GRANTED ..... 1 } MINOR RESPONDENT REFUSED ..... 2 }</p> <p>_____ (SIGN) (IF REFUSED, SKIP TO 229)</p> <p>NOT PRESENT/OTHER ..... 3 } (SKIP TO 229) ←</p>

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

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____

**PARENTAL/RESPONSIBLE ADULT CONSENT FOR ADDITIONAL TESTING**

<b>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</b>	225	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/ADULT.	<p>We ask you to allow CSA and THE Ethiopian Public Health Institute to store part of the blood sample at the laboratory for additional tests such as Hepatitis B or C, Measles and/or Rubella.</p> <p>The blood sample will not have any name or other data attached that could identify (NAME OF MINOR). You do not have to agree. If you do not want the blood sample stored for additional testing, (NAME OF MINOR) can still participate in the HIV testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>		
	226	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 229)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 229)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 229)

**MINOR RESPONDENT CONSENT FOR ADDITIONAL TESTING**

<b>M I N O R  R E S P O N D E N T  C O N S E N T</b>	227	ASK CONSENT FOR ADDITIONAL TESTING FROM MINOR RESPONDENT.	<p>We ask you to allow CSA and THE Ethiopian Public Health Institute to store part of the blood sample at the laboratory for additional tests such as Hepatitis B or C, Measles and/or Rubella.</p> <p>The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>		
	228	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN)	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN)	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN)

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

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____
229	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
230	ADDITIONAL TESTS.	IF ADULT RESPONDENT, CHECK 215; IF MINOR RESPONDENT, CHECK 226 AND 228.  IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	IF ADULT RESPONDENT, CHECK 215; IF MINOR RESPONDENT, CHECK 226 AND 228.  IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	IF ADULT RESPONDENT, CHECK 215; IF MINOR RESPONDENT, CHECK 226 AND 228.  IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.
231	RECORD HEMOGLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET.	G/DL ..... <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	G/DL ..... <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	G/DL ..... <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996
232	PLACE BAR CODE LABEL.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">                         PUT THE 1ST BAR CODE LABEL HERE.                     </div> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996  PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">                         PUT THE 1ST BAR CODE LABEL HERE.                     </div> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996  PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">                         PUT THE 1ST BAR CODE LABEL HERE.                     </div> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996  PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
233	GO BACK TO 202 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, GO TO 301.			

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND HIV TESTING FOR MEN AGE 15-59

301	CHECK COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE MEN IN 302, 303, AND 304. IF THERE ARE MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		MAN 1	MAN 2	MAN 3
302	CHECK HOUSEHOLD QUESTIONNAIRE:  LINE NUMBER FROM COLUMN 10.  NAME FROM COLUMN 2.	LINE NUMBER ..... <input type="text"/> <input type="text"/>  NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/>  NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/>  NAME _____
303	CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 7 (AGE):	15-17 YEARS ..... 1 18-59 YEARS ..... 2	15-17 YEARS ..... 1 18-59 YEARS ..... 2	15-17 YEARS ..... 1 18-59 YEARS ..... 2
304	CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 8 (MARITAL STATUS):	CODE 4 (NEVER IN UNION) . 1 OTHER ..... 2	CODE 4 (NEVER IN UNION) . 1 OTHER ..... 2	CODE 4 (NEVER IN UNION) . 1 OTHER ..... 2
305	WEIGHT IN KILOGRAMS.	KG. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	KG. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	KG. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996
306	HEIGHT IN CENTIMETERS.	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996
307	MEASURER: ENTER YOUR FIELDWORKER NUMBER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER
308	CHECK 303: AGE	15-17 YEARS ..... 1 18-59 YEARS ..... 2 (SKIP TO 310) ←	15-17 YEARS ..... 1 18-59 YEARS ..... 2 (SKIP TO 310) ←	15-17 YEARS ..... 1 18-59 YEARS ..... 2 (SKIP TO 310) ←
309	CHECK 304: MARITAL STATUS	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 316) ← OTHER ..... 2	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 316) ← OTHER ..... 2	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 316) ← OTHER ..... 2

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND HIV TESTING FOR MEN AGE 15-59

		MAN 1	MAN 2	MAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____

**ADULT RESPONDENT CONSENT FOR ANEMIA TEST**

ADULT RESPONDENT CONSENT	310	ASK CONSENT FOR ANEMIA TEST.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</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>		
	311	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN) NOT PRESENT/OTHER .... 3	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN) NOT PRESENT/OTHER .... 3	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN) NOT PRESENT/OTHER .... 3

**ADULT RESPONDENT CONSENT FOR DBS COLLECTION**

ADULT RESPONDENT CONSENT	312	ASK CONSENT FOR DBS COLLECTION.	<p>As part of the survey we also are asking people all over the country to give blood for HIV testing. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV.</p> <p>For the HIV testing, we need a few (more) drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. No names will be attached so we will not be able to tell you the test results. No one else will be able to know your test results either. If you want to know whether you have HIV, I can provide you with a list of [nearby] facilities offering counseling and testing for HIV. I will also give you a voucher for free services for you (and for your partner if you want) that you can use at any of these facilities.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood for the HIV testing?</p>		
	313	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 329) NOT PRESENT/OTHER .... 3 (SKIP TO 329)	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 329) NOT PRESENT/OTHER .... 3 (SKIP TO 329)	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 329) NOT PRESENT/OTHER .... 3 (SKIP TO 329)

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND HIV TESTING FOR MEN AGE 15-59

		MAN 1	MAN 2	MAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____

**ADULT RESPONDENT CONSENT FOR ADDITIONAL TESTING**

ADULT RESPONDENT	314	ASK CONSENT FOR ADDITIONAL TESTING.	<p>We ask you to allow CSA and THE Ethiopian Public Health Institute to store part of the blood sample at the laboratory for additional tests such as Hepatitis B or C, Measles and/or Rubella.</p> <p>The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>		
	315	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND SKIP TO 329)	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND SKIP TO 329)	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND SKIP TO 329)

316	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)
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**PARENTAL/RESPONSIBLE ADULT CONSENT FOR ANEMIA TEST**

PARENT RESPONDENT	317	ASK CONSENT FOR ANEMIA TEST FROM PARENT/ADULT.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF MINOR) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions?                  You can say yes or no. It is up to you to decide.                  Will you allow (NAME OF MINOR) to take the anemia test?</p>		
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WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND HIV TESTING FOR MEN AGE 15-59

		MAN 1	MAN 2	MAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____
MULTI CONSENT	318	<p>CIRCLE THE CODE AND SIGN YOUR NAME.</p> <p>GRANTED ..... 1</p> <p>PARENT/OTHER RESPONSIBLE</p> <p>ADULT REFUSED ..... 2</p> <p>_____ ←</p> <p>(SIGN)</p> <p>(IF REFUSED, SKIP TO 321)</p> <p>NOT PRESENT/OTHER .... 3</p> <p>(SKIP TO 321) ←</p>	<p>GRANTED ..... 1</p> <p>PARENT/OTHER RESPONSIBLE</p> <p>ADULT REFUSED ..... 2</p> <p>_____ ←</p> <p>(SIGN)</p> <p>(IF REFUSED, SKIP TO 321)</p> <p>NOT PRESENT/OTHER .... 3</p> <p>(SKIP TO 321) ←</p>	<p>GRANTED ..... 1</p> <p>PARENT/OTHER RESPONSIBLE</p> <p>ADULT REFUSED ..... 2</p> <p>_____ ←</p> <p>(SIGN)</p> <p>(IF REFUSED, SKIP TO 321)</p> <p>NOT PRESENT/OTHER .... 3</p> <p>(SKIP TO 321) ←</p>

**MINOR RESPONDENT CONSENT FOR ANEMIA TEST**

MINOR RESPONDENT CONSENT	319	<p>ASK CONSENT FOR ANEMIA TEST FROM 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>		
	320	<p>CIRCLE THE CODE AND SIGN YOUR NAME.</p> <p>GRANTED ..... 1</p> <p>MINOR RESPONDENT</p> <p>REFUSED ..... 2</p> <p>_____ ←</p> <p>(SIGN)</p> <p>NOT PRESENT/OTHER .... 3</p>	<p>GRANTED ..... 1</p> <p>MINOR RESPONDENT</p> <p>REFUSED ..... 2</p> <p>_____ ←</p> <p>(SIGN)</p> <p>NOT PRESENT/OTHER .... 3</p>	<p>GRANTED ..... 1</p> <p>MINOR RESPONDENT</p> <p>REFUSED ..... 2</p> <p>_____ ←</p> <p>(SIGN)</p> <p>NOT PRESENT/OTHER .... 3</p>



	MAN 1	MAN 2	MAN 3
NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____

**PARENTAL/RESPONSIBLE ADULT CONSENT FOR DBS COLLECTION**

PARENT RESPONSIBLE ADULT CONSENT	321	ASK CONSENT FOR DBS COLLECTION FROM PARENT/ADULT.	<p>As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that can lead to AIDS. The HIV test is being done to see how many people have HIV.</p> <p>For the HIV test, we need a few (more) drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. No names will be attached so we will not be able to tell you the test results. No one else will be able to know (NAME OF MINOR)'s test results either. If (NAME OF MINOR) wants to know his HIV status, I can provide a list of [nearby] facilities offering counseling and testing for HIV. I will also give him a voucher for free services that can be used at any of these facilities.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF MINOR) to give blood for the HIV testing?</p>		
	322	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2  _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) [ ][ ][ ][ ] (IF REFUSED, SKIP TO 329) NOT PRESENT/OTHER ..... 3 (SKIP TO 329)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2  _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) [ ][ ][ ][ ] (IF REFUSED, SKIP TO 329) NOT PRESENT/OTHER ..... 3 (SKIP TO 329)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2  _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) [ ][ ][ ][ ] (IF REFUSED, SKIP TO 329) NOT PRESENT/OTHER ..... 3 (SKIP TO 329)

**MINOR RESPONDENT CONSENT FOR DBS COLLECTION**

MINOR RESPONDENT CONSENT	323	ASK CONSENT FOR DBS COLLECTION FROM MINOR RESPONDENT.	<p>As part of the survey we also are asking people all over the country to give blood for HIV testing. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV.</p> <p>For the HIV testing, we need a few (more) drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one else will be able to know your test results either. If you want to know whether you have HIV, I can provide you with a list of [nearby] facilities offering counseling and testing for HIV. I will also give you a voucher for free services for you (and for your partner if you want) that you can use at any of these facilities.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood for the HIV testing?</p>		
	324	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2  _____ (SIGN) (IF REFUSED, SKIP TO 329) NOT PRESENT/OTHER ..... 3 (SKIP TO 329)	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2  _____ (SIGN) (IF REFUSED, SKIP TO 329) NOT PRESENT/OTHER ..... 3 (SKIP TO 329)	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2  _____ (SIGN) (IF REFUSED, SKIP TO 329) NOT PRESENT/OTHER ..... 3 (SKIP TO 329)

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND HIV TESTING FOR MEN AGE 15-59

		MAN 1	MAN 2	MAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____

**PARENTAL/RESPONSIBLE ADULT CONSENT FOR ADDITIONAL TESTING**

P A R E N T  R E S P A D U L T  C O N S E N T	325	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/ADULT.	<p>We ask you to allow CSA and THE Ethiopian Public Health Institute to store part of the blood sample at the laboratory for additional tests such as Hepatitis B or C, Measles and/or Rubella.</p> <p>The blood sample will not have any name or other data attached that could identify (NAME OF MINOR). You do not have to agree. If you do not want the blood sample stored for additional testing, (NAME OF MINOR) can still participate in the HIV testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>		
	326	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 329)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 329)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 329)

**MINOR RESPONDENT CONSENT FOR ADDITIONAL TESTING**

M I N O R  R E S P O N D E N T  C O N S E N T	327	ASK CONSENT FOR ADDITIONAL TESTING FROM MINOR RESPONDENT.	<p>We ask you to allow CSA and THE Ethiopian Public Health Institute to store part of the blood sample at the laboratory for additional tests such as Hepatitis B or C, Measles and/or Rubella.</p> <p>The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>		
	328	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN)	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN)	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN)

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND HIV TESTING FOR MEN AGE 15-59

		MAN 1	MAN 2	MAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____
329	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
330	ADDITIONAL TESTS.	IF ADULT RESPONDENT, CHECK 315; IF MINOR RESPONDENT, CHECK 326 AND 328.  IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	IF ADULT RESPONDENT, CHECK 315; IF MINOR RESPONDENT, CHECK 326 AND 328.  IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	IF ADULT RESPONDENT, CHECK 315; IF MINOR RESPONDENT, CHECK 326 AND 328.  IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.
331	RECORD HEMOGLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET.	G/DL ..... <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	G/DL ..... <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	G/DL ..... <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996
332	PLACE BAR CODE LABEL.	<div style="border: 2px dashed black; padding: 5px; text-align: center;">                         PUT THE 1ST BAR CODE LABEL HERE.                     </div> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996  PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 2px dashed black; padding: 5px; text-align: center;">                         PUT THE 1ST BAR CODE LABEL HERE.                     </div> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996  PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 2px dashed black; padding: 5px; text-align: center;">                         PUT THE 1ST BAR CODE LABEL HERE.                     </div> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996  PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
333	GO BACK TO 302 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE MEN, END INTERVIEW.			

FIELDWORKER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING BIOMARKERS

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SUPERVISOR'S OBSERVATIONS

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EDITOR'S OBSERVATIONS

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