FORMATTING DATE:	10 Oct. 2015
ENGLISH LANGUAGE:	10 Oct. 2015

#### 2015-2016 MALAWI DEMOGRAPHIC AND HEALTH SURVEY MALAWI GOVERNMENT - NATIONAL STATISTICAL OFFICE BIOMARKER QUESTIONNAIRE

IDENTIFICATION						
PLACE NAME						
		Y? (1=YES, 2=NO)				
		FIELDWORKEI				
	1	2	3	FINAL \	/ISIT	
DATE FIELDWORKER'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 OF RESPONDENT** TRANSLATOR (YES = 1, NO = 2)   LANGUAGE OF QUESTIONNAIRE** ENGLISH 03 TUMBUKA 03 TUMBUKA 02 CHICHEWA 09 OTHER						
	SUPERVISOR			OFFICE EDITOR	KEYED BY	
NAM	1E	NUMBER		NUMBER	NUMBER	

	WEIGHT, HEIGHT AND HEMOGEODIN MEASOREMENT FOR CHIEDREN AGE 0-5					
101	CHECK COLUMN 11 IN HOUSEHOLD QU YEARS IN QUESTION 102; IF MORE TH			LL ELIGIBLE CHILDREN 0-5		
		CHILD 1	CHILD 2	CHILD 3		
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	LINE NUMBER	LINE NUMBER	LINE NUMBER		
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?	DAY	DAY	DAY		
104	CHECK 103: CHILD BORN IN 2010- 2015?	YES 1 NO2 (SKIP TO 114) ←	YES 1 NO2 (SKIP TO 114) ←	YES 1 NO2 (SKIP TO 114) ←		
105	WEIGHT IN KILOGRAMS.	KG 9994 NOT PRESENT 9994 REFUSED	KG 9994 NOT PRESENT 9994 REFUSED	KG 9994 NOT PRESENT 9994 REFUSED		
106	HEIGHT IN CENTIMETERS.	CM 9994 - NOT PRESENT 9994 - REFUSED 9995 - OTHER	CM 9994 - NOT PRESENT 9994 - REFUSED 9995 - OTHER	CM 9994 NOT PRESENT 9994 REFUSED 9995 – OTHER		
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.	FIELDWORKER NUMBER	FIELDWORKER NUMBER	FIELDWORKER NUMBER		

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

WEIGHT	HEIGHT	IEMOGLO	ORIN ME	ASUREM	FNT FOR	CHILDREN	1 AGE 0-5
vv Lioi i i ,		LINCOL		ROOKLIN			

	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	LINE NUMBER	LINE NUMBER	
109	CHECK 103: CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR 5	0-5 MONTHS 1 (SKIP TO 114)	0-5 MONTHS 1 (SKIP TO 114)	0-5 MONTHS 1 (SKIP TO 114) ←	
	PREVIOUS MONTHS?	OLDER 2	OLDER 2	OLDER 2	
110	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD FROM COLUMN 1 OF	LINE NUMBER	LINE NUMBER	LINE NUMBER	
	HOUSEHOLD SCHEDULE.	(RECORD '00' IF NOT LISTED)	(RECORD '00' IF NOT LISTED)	(RECORD '00' IF NOT LISTED)	
111	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT.	As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We ask that all children born in 2010 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. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?			
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	G/DL 995 REFUSED	G/DL	
114	GO BACK TO 103 IN NEXT COLUMN OF IF NO MORE CHILDREN, GO TO 201.	THIS QUESTIONNAIRE OR IN T	HE FIRST COLUMN OF THE NEX	T PAGE;	

# 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	LINE NUMBER	LINE NUMBER
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?	DAY	DAY	DAY
104	CHECK 103: CHILD BORN IN 2010- 2015?	YES 1 NO2 (SKIP TO 114)	YES 1 NO2 (SKIP TO 114)	YES 1 NO
105	WEIGHT IN KILOGRAMS.	KG 9994 NOT PRESENT 9994 REFUSED 9995 OTHER	KG 9994 NOT PRESENT 9994 REFUSED 9995 OTHER	KG 9994 NOT PRESENT 9994 REFUSED 9995 OTHER
106	HEIGHT IN CENTIMETERS.	CM 9994	CM 9994 - 9994 - 9995 - 0THER	CM 9994   NOT PRESENT 9994   REFUSED 9995   OTHER
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.	FIELDWORKER NUMBER	FIELDWORKER NUMBER	FIELDWORKER NUMBER

		CHILD 4	CHILD 5	CHILD 6
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	LINE NUMBER	LINE NUMBER	LINE NUMBER
109	CHECK 103: CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR 5 PREVIOUS MONTHS?	0-5 MONTHS 1 → (SKIP TO 114) ←	0-5 MONTHS 1 → (SKIP TO 114) ←	0-5 MONTHS 1 → (SKIP TO 114) ←
110	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD FROM COLUMN 1 OF HOUSEHOLD SCHEDULE.	LINE NUMBER (RECORD '00' IF NOT LISTED)	LINE NUMBER (RECORD '00' IF NOT LISTED)	LINE NUMBER (RECORD '00' IF NOT LISTED)
111	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT.	As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We ask that all children born in 2010 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. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?		
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 995 REFUSED	G/DL 995 REFUSED	G/DL
114	GO BACK TO 103 IN NEXT COLUMN OF IF NO MORE CHILDREN, GO TO 201.	THIS QUESTIONNAIRE OR IN T	HE FIRST COLUMN OF AN ADDI	FIONAL QUESTIONNAIRE;

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	LINE NUMBER	LINE NUMBER	LINE NUMBER	
	COLUMN 2.	NAME	NAME	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 99994 NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG 99994 NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG 99994 NOT PRESENT 99994 REFUSED 99995 OTHER 99996	
206	HEIGHT IN CENTIMETERS.	CM 9994 NOT PRESENT	CM 9994 NOT PRESENT	CM 9994 NOT PRESENT	
207	MEASURER: ENTER YOUR FIELDWORKER NUMBER.	FIELDWORKER NUMBER	FIELDWORKER NUMBER	FIELDWORKER NUMBER	
208	CHECK 203: AGE	15-17 YEARS 1 18-49 YEARS	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	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 216) ← OTHER	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 216) ← OTHER	

			WOMAN 1	WOMAN 2	WOMAN 3		
		NAME FROM COLUMN 2.	NAME	NAME	NAME		
Γ.		A	DULT RESPONDENT C	ONSENT FOR ANEMIA	TEST		
ADULT RESPONDENT	210	ASK CONSENT FOR ANEMIA TEST.	health problem that usually results fro government to develop programs to p For the anemia testing, we will need a clean and completely safe. It has new blood will be tested for anemia immed	a few drops of blood from a finger. The e er been used before and will be thrown diately, and the result will be told to you ared with anyone other than members o	sease. This survey will assist the equipment used to take the blood is away after we take your blood. The right away. The result will be kept		
C O N S E N T	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	YES	YES		
		ADU	LT RESPONDENT CON	ISENT FOR DBS COLL	ECTION		
ADULT RESPONDEN	212	ASK CONSENT FOR DBS COLLECTION.	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. 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. 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?				
T CONSENT	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)		

			WOMAN 1	WOMAN 2	WOMAN 3
		NAME FROM COLUMN 2.	NAME	NAME	NAME
A	_	ADUL	RESPONDENT CONS	ENT FOR ADDITIONAL	TESTING
DULT RESPOZDEZT	214	ASK CONSENT FOR ADDITIONAL TESTING.	tests or research. We are not certain The blood sample will not have any na	istical Office to store part of the blood s about what additional tests might be do ame or other data attached that could ic tored for additional testing, you can still mple stored for additional testing?	ne. lentify you. You do not have to agree.
C O N S E N T	215	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED	GRANTED	GRANTED

			WOMAN 1	WOMAN 2	WOMAN 3
		NAME FROM COLUMN 2.	NAME	NAME	NAME
	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)
		PARENT	AL/RESPONSIBLE AD	ULT CONSENT FOR AN	NEMIA TEST
PARENT   RESP ADU	217	ASK CONSENT FOR ANEMIA TEST FROM PARENT/ADULT.	health problem that usually results fro government to develop programs to p For the anemia testing, we will need a clean and completely safe. It has new be tested for anemia immediately, and	a few drops of blood from a finger. The e er been used before and will be thrown d the result will be told to you and (NAM II not be shared with anyone other than to decide.	sease. This survey will assist the equipment used to take the blood is away after each test. The blood will IE OF MINOR) right away. The result
LT 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)
		M	INOR RESPONDENT C	ONGENT FOR ANEMIA	TEST
MINOR RESPONDENT	219	M ASK CONSENT FOR ANEMIA TEST FROM RESPONDENT.	INOR RESPONDENT 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 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?		
- CONSENT	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	YES	YES

-		VEIGH	T, HEIGHT, HEMOGLOBIN MEASURE	MENT AND HIV TESTING FOR WOM	EN AGE 15-49
			WOMAN 1	WOMAN 2	WOMAN 3
		NAME FROM COLUMN 2.	NAME	NAME	NAME
		PARENTAI	L/RESPONSIBLE ADUL	T CONSENT FOR DBS	COLLECTION
PARENT   RESP AD	221	ASK CONSENT FOR DBS COLLECTION FROM PARENT/ADULT.	For the HIV test, we need a few (more clean and completely safe. It has new be attached so we will not be able to t MINOR)'s test results either. If (NAME		ipment used to take the blood is away after each test. No names will I be able to know (NAME OF atus, I can provide a list of [nearby]
DULT CONSENT	222	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2- (SIGN AND ENTER YOUR FIELDWORKER NUMBER) (IF REFUSED, SKIP TO 229) NOT PRESENT/OTHER 3 (SKIP TO 229)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2- (SIGN AND ENTER YOUR FIELDWORKER NUMBER) (IF REFUSED, SKIP TO 229) NOT PRESENT/OTHER 3 (SKIP TO 229)
		MIN	OR RESPONDENT CON	ISENT FOR DRS COLL	ECTION
MINOR RESPONDENT	223	ASK CONSENT FOR DBS COLLECTION FROM MINOR RESPONDENT.	As part of the survey we also are aski that can lead to AIDS. The HIV testing For the HIV testing, we need a few (m clean and completely safe. It has new names will be attached so we will not results either. If you want to know whe	ing people all over the country to give b g is being done to see how many peopl hore) drops of blood from a finger. The er been used before and will be thrown be able to tell you the test results. No c ether you have HIV, I can provide you w also give you a voucher for free services e facilities.	lood for HIV testing. HIV is the virus e have HIV. equipment used to take the blood is away after we take your blood. No one else will be able to know your test <i>v</i> ith a list of [nearby] facilities offering
C O N S E N T	224	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED	GRANTED	GRANTED

		WOMAN 1	WOMAN 2	WOMAN 3	
	NAME FROM COLUMN 2.	NAME	NAME	NAME	
	PARENTAL/	RESPONSIBLE ADULT	CONSENT FOR ADDIT	IONAL TESTING	
225 ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/ADULT. We ask you to allow the National Statistical Office to store part of the blood tests or research. We are not certain about what additional tests might be detected The blood sample will not have any name or other data attached that could not have to agree. If you do not want the blood sample stored for additional participate in the HIV testing in this survey.   Will you allow us to keep the blood sample stored for additional testing?		ne. dentify (NAME OF MINOR). You do			
226	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 - 	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)	
-				TESTING	
M	MINOR RESPONDENT CONSENT FOR ADDITIONAL TESTING				

м	MINOR RESPONDENT CONSENT FOR ADDITIONAL TESTING					
- NOR RESPORDERT	227	ASK CONSENT FOR ADDITIONAL TESTING FROM MINOR RESPONDENT.	TIONALtests or research. We are not certain about what additional tests might be done.NG FROMThe blood sample will not have any name or other data attached that could identify you. You do			
C O N S E N T	228	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 MINOR RESPONDENT REFUSED 2- 	GRANTED 1 MINOR RESPONDENT REFUSED 2- (SIGN)	GRANTED 1 MINOR RESPONDENT REFUSED 2 -	

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2.	NAME	NAME	NAME
229	PREPARE EQUIPMEN PROCEED WITH THE		ST(S) FOR WHICH CONSENT HAS BI	EEN OBTAINED AND
230	ADDITIONAL TESTS.	IF ADULT RESPONDENT, CHECK 215; IF MINOR RESPONDENT, CHECK 226 AND 228.	IF ADULT RESPONDENT, CHECK 215; IF MINOR RESPONDENT, CHECK 226 AND 228.	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 CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.
231	RECORD HEMOGLOBIN LEVEL HERE AND	G/DL	G/DL	G/DL
	IN ANEMIA PAMPHLET.	NOT PRESENT	NOT PRESENT   994     REFUSED   995     OTHER   996	NOT PRESENT
232	PLACE BAR CODE LABEL.	PUT THE 1ST BAR CODE LABEL HERE.	PUT THE 1ST BAR CODE LABEL HERE.	PUT THE 1ST BAR CODE LABEL HERE.
		NOT PRESENT 99994 REFUSED 99995 OTHER 99996	NOT PRESENT 99994 REFUSED 99995 OTHER 99996	NOT PRESENT 999994 REFUSED
		PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	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.			

# HIV TESTING FOR MEN AGE 15-54

301	CHECK COLUMN 10 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.	LINE NUMBER	LINE NUMBER	LINE NUMBER		
	NAME FROM COLUMN 2.	NAME	NAME	NAME		
303	CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 7 (AGE):	15-17 YEARS 1 18-54 YEARS 2	15-17 YEARS 1 18-54 YEARS 2	15-17 YEARS 1 18-54 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		
308	CHECK 303: AGE	15-17 YEARS 1	15-17 YEARS 1	15-17 YEARS 1		
000		18-54 YEARS 2 (SKIP TO 312) ←	18-54 YEARS 2 (SKIP TO 312) ←	18-54 YEARS 2 (SKIP TO 312)		
309	CHECK 304: MARITAL STATUS	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 316) ← OTHER	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 316) ← OTHER	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 312) ← OTHER		

			MAN 1	MAN 2	MAN 3	
		NAME FROM COLUMN 2.	NAME	NAME	NAME	
-		ADU	LT RESPONDENT CON	ISENT FOR DBS COLL	ECTION	
ADULT RESPONDENT	312	ASK CONSENT FOR DBS COLLECTION.	As part of the survey we also are aski that can lead to AIDS. The HIV testing For the HIV testing, we need a few dr and completely safe. It has never bee will be attached so we will not be able either. If you want to know whether you	ing people all over the country to give bl g is being done to see how many people ops of blood from a finger. The equipme in used before and will be thrown away to tell you the test results. No one else bu have HIV, I can provide you with a lis also give you a voucher for free services e facilities.	ood for HIV testing. HIV is the virus a have HIV. ent used to take the blood is clean after we take your blood. No names will be able to know your test results t of [nearby] facilities offering	
C O N S E N T	313	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED	GRANTED	GRANTED	
Α		ADUL	RESPONDENT CONSENT FOR ADDITIONAL TESTING			
DULT RESPONDENT	314	ASK CONSENT FOR ADDITIONAL TESTING.	We ask you to allow the National Statistical Office to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done. 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. Will you allow us to keep the blood sample stored for additional testing?			
C O N S E N T	315	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED 2-	GRANTED 1 RESPONDENT REFUSED 2- 	GRANTED 1 RESPONDENT REFUSED 2- 	

			MAN 1	MAN 2	MAN 3
		NAME FROM COLUMN 2.	NAME	NAME	NAME
	316	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)
		PARENTAL	L/RESPONSIBLE ADUL	T CONSENT FOR DBS	COLLECTION
Р	321	ASK CONSENT FOR DBS COLLECTION FROM		ing people all over the country to take a one to see how many people have HIV.	n HIV test. HIV is the virus that can
A R E N T		PARENT/ADULT.	For the HIV test, we 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. 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.		
R E S P A D			Do you have any questions? You can say yes or no. It is up to you Will you allow (NAME OF MINOR) to		
U L T C O	322	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 -	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2-	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2-
N S E N T			(SIGN AND ENTER YOUR FIELDWORKER NUMBER) (IF REFUSED, SKIP TO 329) NOT PRESENT/OTHER 3 (SKIP TO 329) ←	(SIGN AND ENTER YOUR FIELDWORKER NUMBER) (IF REFUSED, SKIP TO 329) NOT PRESENT/OTHER 3 (SKIP TO 329) ←	(SIGN AND ENTER YOUR FIELDWORKER NUMBER) (IF REFUSED, SKIP TO 329) NOT PRESENT/OTHER 3 (SKIP TO 329) ←
			OR RESPONDENT CON		
M	323	ASK CONSENT FOR DBS COLLECTION FROM MINOR		ing people all over the country to give bl g is being done to see how many people	
·NORRESP		RESPONDENT.	and completely safe. It has never bee attached so we will not be able to tell If you want to know whether you have and testing for HIV. I will also give you you can use at any of these facilities.	ops of blood from a finger. The equipme on used before and will be thrown away you the test results. No one else will be HIV, I can provide you with a list of [ne u a voucher for free services for you (an	after each test. No names will be able to know your test results either. arby] facilities offering counseling
FONDENT			Do you have any questions? You can say yes or no. It is up to you Will you give blood for the HIV testing		
C O N S E	324	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 MINOR RESPONDENT REFUSED 2-	GRANTED 1 MINOR RESPONDENT REFUSED 2-	GRANTED 1 MINOR RESPONDENT REFUSED 2 -
N T			(IF REFUSED, SKIP TO 329)	(IF REFUSED, SKIP TO 329)	(IF REFUSED, SKIP TO 329)

(SKIP TO 329) 🗲

(SKIP TO 329) 🗲

(SKIP TO 329) 🗲

			MAN 1	MAN 2	MAN 3		
Γ		NAME FROM COLUMN 2.	NAME	NAME	NAME		
Р		PARENTAL/F	RESPONSIBLE ADULT	CONSENT FOR ADDIT	IONAL TESTING		
A 3: R E N T		ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/ADULT.	We ask you to allow National Statistical Office to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done. 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.				
R E S P A D U			Will you allow us to keep the blood sample stored for additional testing?				
L T <sup>3:</sup> C O N S E N T		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)		
M		MINOF	RESPONDENT CONS	ENT FOR ADDITIONAL	TESTING		
	27	ASK CONSENT FOR	We ask you to allow National Statistic	al Office to store part of the blood sam	ple at the laboratory for additional		

M	MINOR RESPONDENT CONSENT FOR ADDITIONAL TESTING					
I NOR RESPONDENT	327	ASK CONSENT FOR ADDITIONAL TESTING FROM MINOR RESPONDENT.	<ul><li>We ask you to allow National Statistical Office to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</li><li>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.</li><li>Will you allow us to keep the blood sample stored for additional testing?</li></ul>			
C O N S E N T	328	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 MINOR RESPONDENT REFUSED 2 -	GRANTED 1 MINOR RESPONDENT REFUSED 2- (SIGN)	GRANTED 1 MINOR RESPONDENT REFUSED 2 -	

		MAN 1	MAN 2	MAN 3
	NAME FROM COLUMN 2.	NAME	NAME	NAME
329	PREPARE EQUIPMEN PROCEED WITH THE		ST(S) FOR WHICH CONSENT HAS BI	EEN OBTAINED AND
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.
332	PLACE BAR CODE LABEL.	PUT THE 1ST BAR CODE LABEL HERE. NOT PRESENT 999994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. NOT PRESENT 99994 REFUSED	PUT THE 1ST BAR CODE LABEL HERE. NOT PRESENT
333	GO BACK TO 302 IN N IF NO MORE MEN, EN		AIRE OR IN THE FIRST COLUMN OF A	AN ADDITIONAL QUESTIONNAIRE;

# FIELDWORKER'S OBSERVATIONS

# TO BE FILLED IN AFTER COMPLETING BIOMARKERS

SUPERVISOR'S OBSERVATIONS EDITOR'S OBSERVATIONS