

DEMOGRAPHIC AND HEALTH SURVEYS
 MODEL BIOMARKER QUESTIONNAIRE

[NAME OF COUNTRY]
 [NAME OF ORGANIZATION]

IDENTIFICATION (1)								
PLACE NAME _____								
NAME OF HOUSEHOLD HEAD _____								
CLUSTER NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>				
HOUSEHOLD NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>				
[COUNTRY-SPECIFIC QUESTION ON BIOMARKER SUBSAMPLING]								
[FIELDWORKER] VISITS								
	1	2	3	FINAL VISIT				
DATE	_____	_____	_____	DAY <table border="1" style="width: 20px; height: 20px; float: right;"> </table>				
[FIELDWORKER'S] NAME	_____	_____	_____	MONTH <table border="1" style="width: 20px; height: 20px; float: right;"> </table>				
				YEAR <table border="1" style="width: 20px; height: 20px; float: right;"> </table>				
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 20px; height: 20px; float: right;"> </table>				
TIME	_____	_____						
NOTES: _____ _____ _____ _____				TOTAL ELIGIBLE WOMEN <table border="1" style="width: 20px; height: 20px; float: right;"> </table>				
				TOTAL ELIGIBLE MEN <table border="1" style="width: 20px; height: 20px; float: right;"> </table>				
				TOTAL ELIGIBLE CHILDREN <table border="1" style="width: 20px; height: 20px; float: right;"> </table>				
LANGUAGE OF QUESTIONNAIRE**	<table border="1" style="width: 20px; height: 20px;">0</table> <table border="1" style="width: 20px; height: 20px;">1</table>	LANGUAGE OF INTERVIEW**	<table border="1" style="width: 20px; height: 20px;"> </table> <table border="1" style="width: 20px; height: 20px;"> </table>	NATIVE LANGUAGE OF RESPONDENT**				
				TRANSLATOR (YES = 1, NO = 2) <table border="1" style="width: 20px; height: 20px;"> </table>				
LANGUAGE OF QUESTIONNAIRE**	ENGLISH							
	**LANGUAGE CODES:							
	01 ENGLISH	03 LANGUAGE 3	05 LANGUAGE 5					
	02 LANGUAGE 2	04 LANGUAGE 4	06 LANGUAGE 6					
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR				
NAME	<table border="1" style="width: 40px; height: 20px;"> </table>	NAME	<table border="1" style="width: 40px; height: 20px;"> </table>	<table border="1" style="width: 20px; height: 20px;"> </table>				
	NUMBER		NUMBER	NUMBER				
				KEYED BY				
				<table border="1" style="width: 20px; height: 20px;"> </table>				
				NUMBER				

Note: Brackets [] indicate items that should be adapted on a country-specific basis.

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

101 (2)	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS" [COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE]. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 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 (2)	CHECK CAPI OUTPUT AND RECORD LINE NUMBER AND NAME OF CHILD. [RECORD LINE NUMBER FROM COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE; RECORD NAME FROM COLUMN 2 IN HOUSEHOLD QUESTIONNAIRE.]	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
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 <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"/>
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 <input type="text"/>
105	CHECK 104: CHILD AGE 0-4 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/>	→ 125
106 (3)	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 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. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> 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 (4)	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES 1 NO 2
113	ENTER [FIELDWORKER] NUMBER OF MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> [FIELDWORKER] NUMBER
114	ENTER [FIELDWORKER] NUMBER OF ASSISTANT MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> [FIELDWORKER] NUMBER
115	TODAY'S DATE:	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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

	CHILD 1	SKIP
116	RECORD HEIGHT/LENGTH AND WEIGHT IN THE [ANTHROPOMETRY AND ANEMIA PAMPHLET].	
117	CHECK 103: IS THE CHILD AGE 0-5 MONTHS OR IS THE CHILD OLDER? OLDER <input type="checkbox"/> AGE 0-5 MONTHS <input type="checkbox"/>	→ 125
118	LINE NUMBER AND NAME OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD FROM COLUMNS 1 AND 2 OF HOUSEHOLD SCHEDULE. RECORD '00' IF NOT LISTED.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
119	ASK CONSENT FOR ANEMIA TEST FROM PARENT/RESPONSIBLE ADULT: As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We ask that all children under age 5 take part in anemia testing. The anemia test requires a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?	
120	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3 → 122
121	SIGN NAME AND ENTER [FIELDWORKER] NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> [FIELDWORKER] NUMBER
122	RECORD HEMOGLOBIN LEVEL HERE AND IN THE [ANTHROPOMETRY AND ANEMIA PAMPHLET].	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT994 REFUSED995 OTHER996 → 125
123 (5)	CHECK 113: HEMOGLOBIN RESULT	BELOW [8.0 G/DL], SEVERE ANEMIA 1 [8.0 G/DL] OR ABOVE 2 → 125
124	The anemia test shows that (NAME OF CHILD) has severe anemia. Your child is very ill and must be taken to a health facility immediately. RECORD THE RESULT OF THE ANEMIA TEST ON THE SEVERE ANEMIA REFERRAL FORM.	
125	IF ANOTHER CHILD, GO TO 103 ON THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 201.	

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

101 (2)	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS" [COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE]. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 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 (2)	CHECK CAPI OUTPUT AND RECORD LINE NUMBER AND NAME OF CHILD. [RECORD LINE NUMBER FROM COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE; RECORD NAME FROM COLUMN 2 IN HOUSEHOLD QUESTIONNAIRE.]	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
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 <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"/>
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 <input type="text"/>
105	CHECK 104: CHILD AGE 0-4 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/>	→ 125
106 (3)	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 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. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> 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 (4)	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES 1 NO 2
113	ENTER [FIELDWORKER] NUMBER OF MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> [FIELDWORKER] NUMBER
114	ENTER [FIELDWORKER] NUMBER OF ASSISTANT MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> [FIELDWORKER] NUMBER
115	TODAY'S DATE:	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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

	CHILD 2	SKIP
116	RECORD HEIGHT/LENGTH AND WEIGHT IN THE [ANTHROPOMETRY AND ANEMIA PAMPHLET].	
117	CHECK 103: IS THE CHILD AGE 0-5 MONTHS OR IS THE CHILD OLDER? OLDER <input type="checkbox"/> AGE 0-5 MONTHS <input type="checkbox"/>	→ 125
118	LINE NUMBER AND NAME OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD FROM COLUMNS 1 AND 2 OF HOUSEHOLD SCHEDULE. RECORD '00' IF NOT LISTED.	LINE NUMBER <input type="text"/> NAME _____
119	ASK CONSENT FOR ANEMIA TEST FROM PARENT/RESPONSIBLE ADULT: As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We ask that all children under age 5 take part in anemia testing. The anemia test requires a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?	
120	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3 → 122
121	SIGN NAME AND ENTER [FIELDWORKER] NUMBER OF HEMOGLOBIN MEASURER.	(SIGN) <input type="text"/> [FIELDWORKER] NUMBER
122	RECORD HEMOGLOBIN LEVEL HERE AND IN THE [ANTHROPOMETRY AND ANEMIA PAMPHLET].	G/DL <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996 → 125
123 (5)	CHECK 113: HEMOGLOBIN RESULT	BELOW [8.0 G/DL], SEVERE ANEMIA 1 [8.0 G/DL] OR ABOVE 2 → 125
124	The anemia test shows that (NAME OF CHILD) has severe anemia. Your child is very ill and must be taken to a health facility immediately. RECORD THE RESULT OF THE ANEMIA TEST ON THE SEVERE ANEMIA REFERRAL FORM.	
125	IF ANOTHER CHILD, GO TO 103 ON THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 201.	

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

101 (2)	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS" [COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE]. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 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 (2)	CHECK CAPI OUTPUT AND RECORD LINE NUMBER AND NAME OF CHILD. [RECORD LINE NUMBER FROM COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE; RECORD NAME FROM COLUMN 2 IN HOUSEHOLD QUESTIONNAIRE.]	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	
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 <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"/>	
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 <input type="text"/>	
105	CHECK 104: CHILD AGE 0-4 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 125
106 (3)	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 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. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 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 (4)	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES 1 NO 2	
113	ENTER [FIELDWORKER] NUMBER OF MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> [FIELDWORKER] NUMBER	
114	ENTER [FIELDWORKER] NUMBER OF ASSISTANT MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> [FIELDWORKER] NUMBER	
115	TODAY'S DATE:	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

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

	CHILD 3	SKIP
116	RECORD HEIGHT/LENGTH AND WEIGHT IN THE [ANTHROPOMETRY AND ANEMIA PAMPHLET].	
117	CHECK 103: IS THE CHILD AGE 0-5 MONTHS OR IS THE CHILD OLDER? OLDER <input type="checkbox"/> AGE 0-5 MONTHS <input type="checkbox"/>	→ 125
118	LINE NUMBER AND NAME OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD FROM COLUMNS 1 AND 2 OF HOUSEHOLD SCHEDULE. RECORD '00' IF NOT LISTED.	LINE NUMBER <input type="text"/> NAME _____
119	ASK CONSENT FOR ANEMIA TEST FROM PARENT/RESPONSIBLE ADULT: As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We ask that all children under age 5 take part in anemia testing. The anemia test requires a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?	
120	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3 → 122
121	SIGN NAME AND ENTER [FIELDWORKER] NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> [FIELDWORKER] NUMBER
122	RECORD HEMOGLOBIN LEVEL HERE AND IN THE [ANTHROPOMETRY AND ANEMIA PAMPHLET].	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996 → 125
123 (5)	CHECK 113: HEMOGLOBIN RESULT	BELOW [8.0 G/DL], SEVERE ANEMIA 1 [8.0 G/DL] OR ABOVE 2 → 125
124	The anemia test shows that (NAME OF CHILD) has severe anemia. Your child is very ill and must be taken to a health facility immediately. RECORD THE RESULT OF THE ANEMIA TEST ON THE SEVERE ANEMIA REFERRAL FORM.	
125	IF ANOTHER CHILD, GO TO 103 IN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 201.	

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

201 (2)	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS" [COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE]. 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 (2)	CHECK CAPI OUTPUT AND RECORD LINE NUMBER AND NAME OF WOMAN. [RECORD LINE NUMBER FROM COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE; RECORD NAME FROM COLUMN 2 IN HOUSEHOLD QUESTIONNAIRE.]	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
203 (2)	CHECK CAPI OUTPUT FOR AGE: [CHECK COLUMN 7 IN HOUSEHOLD QUESTIONNAIRE (AGE).]	15-17 YEARS 1 18-49 YEARS 2
204 (2)	CHECK CAPI OUTPUT FOR MARITAL STATUS: [CHECK COLUMN 8 IN HOUSEHOLD QUESTIONNAIRE (MARITAL STATUS).]	CODE 4 (NEVER IN UNION) ... 1 OTHER 2
205 (3)	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
		} → 207
206	WAS THE WOMAN WEARING ONLY LIGHTWEIGHT CLOTHING?	YES 1 NO 2
207	HEIGHT IN CENTIMETERS.	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
		} → 209
208 (4)	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES 1 NO 2
209	ENTER [FIELDWORKER] NUMBER OF MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> [FIELDWORKER] NUMBER
210	ENTER [FIELDWORKER] NUMBER OF ASSISTANT MEASURER. IF NO ASSISTANT MEASURER, ENTER 9999.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> [FIELDWORKER] NUMBER
211	TODAY'S DATE:	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
212	CHECK 203: AGE 15-17 YEARS <input type="checkbox"/> AGE 18-49 YEARS <input type="checkbox"/>	→ 214
213	CHECK 204: OTHER <input type="checkbox"/> CODE 4 (NEVER IN UNION) <input type="checkbox"/>	→ 217

	WOMAN 1	SKIP		
ADULT RESPONDENT CONSENT FOR ANEMIA TEST				
A D U L T R E S P O N D E N T C O N S E N T	214	<p>ASK CONSENT FOR ANEMIA TEST:</p> <p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you take the anemia test?</p>		
	215	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3	→ 225
	216	SIGN NAME AND ENTER [FIELDWORKER] NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) <div style="display: flex; justify-content: center; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> [FIELDWORKER] NUMBER	→ 225

	WOMAN 1		SKIP
217	RECORD LINE NUMBER AND NAME OF PARENT/OTHER ADULT RESPONSIBLE FOR MINOR. RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> NAME _____	

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	PARENT/RESPONSIBLE ADULT CONSENT FOR ANEMIA TEST			
	218	ASK CONSENT FOR ANEMIA TEST FROM PARENT/RESPONSIBLE ADULT: As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF MINOR) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF MINOR) to take the anemia test?		
	219	CIRCLE THE CODE.	GRANTED 1 PARENT/RESPONSIBLE ADULT REFUSED 2 NOT PRESENT/OTHER 3	→ 225
	220	SIGN NAME AND ENTER [FIELDWORKER] NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) <div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> [FIELDWORKER] NUMBER	
221	CHECK 219:	CONSENT <input type="checkbox"/> GRANTED CONSENT <input type="checkbox"/> REFUSED	→ 225	

M I N O R R E S P O N D E N T A S S E N T	MINOR RESPONDENT ASSENT FOR ANEMIA TEST			
	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 [FIELDWORKER] NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) <div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> [FIELDWORKER] NUMBER	

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

		WOMAN 1	SKIP
225	RECORD HEMOGLOBIN LEVEL HERE AND IN THE [ANTHROPOMETRY AND ANEMIA PAMPHLET].	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT994 REFUSED995 OTHER996	→ 228
226 (5)	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 205 ON THE NEXT PAGE; IF NO MORE WOMEN, GO TO 301.		

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

201 (2)	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS" [COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE]. 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 (2)	CHECK CAPI OUTPUT AND RECORD LINE NUMBER AND NAME OF WOMAN. [RECORD LINE NUMBER FROM COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE; RECORD NAME FROM COLUMN 2 IN HOUSEHOLD QUESTIONNAIRE.]	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
203 (2)	CHECK CAPI OUTPUT FOR AGE: [CHECK COLUMN 7 IN HOUSEHOLD QUESTIONNAIRE (AGE).]	15-17 YEARS 1 18-49 YEARS 2
204 (2)	CHECK CAPI OUTPUT FOR MARITAL STATUS: [CHECK COLUMN 8 IN HOUSEHOLD QUESTIONNAIRE (MARITAL STATUS).]	CODE 4 (NEVER IN UNION) ... 1 OTHER 2
205 (3)	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
		} → 207
206	WAS THE WOMAN WEARING ONLY LIGHTWEIGHT CLOTHING?	YES 1 NO 2
207	HEIGHT IN CENTIMETERS.	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
		} → 209
208 (4)	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES 1 NO 2
209	ENTER [FIELDWORKER] NUMBER OF MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> [FIELDWORKER] NUMBER
210	ENTER [FIELDWORKER] NUMBER OF ASSISTANT MEASURER. IF NO ASSISTANT MEASURER, ENTER 9999.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> [FIELDWORKER] NUMBER
211	TODAY'S DATE:	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
212	CHECK 203: AGE 15-17 YEARS <input type="checkbox"/> AGE 18-49 YEARS <input type="checkbox"/>	→ 214
213	CHECK 204: OTHER <input type="checkbox"/> CODE 4 (NEVER IN UNION) <input type="checkbox"/>	→ 217

	WOMAN 2	SKIP
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ADULT RESPONDENT CONSENT FOR ANEMIA TEST								
A D U L T R E S P O N D E N T C O N S E N T	214	<p>ASK CONSENT FOR ANEMIA TEST:</p> <p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you take the anemia test?</p>						
	215	<p>CIRCLE THE CODE.</p> <table style="width: 100%; border: none;"> <tr> <td style="padding: 2px 10px 2px 0;">GRANTED</td> <td style="text-align: right; padding: 2px 0 2px 10px;">1</td> </tr> <tr> <td style="padding: 2px 10px 2px 0;">REFUSED</td> <td style="text-align: right; padding: 2px 0 2px 10px;">2</td> </tr> <tr> <td style="padding: 2px 10px 2px 0;">NOT PRESENT/OTHER</td> <td style="text-align: right; padding: 2px 0 2px 10px;">3</td> </tr> </table> <p style="text-align: right; margin-top: 5px;">→ 225</p>	GRANTED	1	REFUSED	2	NOT PRESENT/OTHER	3
GRANTED	1							
REFUSED	2							
NOT PRESENT/OTHER	3							
	216	<p>SIGN NAME AND ENTER [FIELDWORKER] NUMBER OF HEMOGLOBIN MEASURER.</p> <div style="text-align: center; margin-top: 10px;"> <p>_____</p> <p>(SIGN)</p> <div style="display: flex; justify-content: center; gap: 5px; margin: 5px 0;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <p>[FIELDWORKER] NUMBER</p> </div> <p style="text-align: right; margin-top: 5px;">→ 225</p>						

	WOMAN 2		SKIP
217	RECORD LINE NUMBER AND NAME OF PARENT/OTHER ADULT RESPONSIBLE FOR MINOR. RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> NAME _____	

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	PARENT/RESPONSIBLE ADULT CONSENT FOR ANEMIA TEST		
	218	ASK CONSENT FOR ANEMIA TEST FROM PARENT/RESPONSIBLE ADULT: As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF MINOR) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF MINOR) to take the anemia test?	
	219	CIRCLE THE CODE.	GRANTED 1 PARENT/RESPONSIBLE ADULT REFUSED 2 NOT PRESENT/OTHER 3 → 225
	220	SIGN NAME AND ENTER [FIELDWORKER] NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) <div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> [FIELDWORKER] NUMBER
221	CHECK 219:	CONSENT GRANTED <input type="checkbox"/> CONSENT REFUSED <input type="checkbox"/>	→ 225

M I N O R R E S P O N D E N T A S S E N T	MINOR RESPONDENT ASSENT FOR ANEMIA TEST		
	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 [FIELDWORKER] NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) <div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> [FIELDWORKER] NUMBER

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

		WOMAN 2	SKIP
225	RECORD HEMOGLOBIN LEVEL HERE AND IN THE [ANTHROPOMETRY AND ANEMIA PAMPHLET].	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT994 REFUSED995 OTHER996	→ 228
226 (5)	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 205 IN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, GO TO 301.		

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR MEN AGE 15-49]

301 (2)	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 (2)	CHECK CAPI OUTPUT AND RECORD LINE NUMBER AND NAME OF MAN. [RECORD LINE NUMBER FROM COLUMN 10 IN HOUSEHOLD QUESTIONNAIRE; RECORD NAME FROM COLUMN 2 IN HOUSEHOLD QUESTIONNAIRE.]	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	
303 (2)	CHECK CAPI OUTPUT FOR AGE: [CHECK COLUMN 7 IN HOUSEHOLD QUESTIONNAIRE (AGE).]	15-17 YEARS 1 18-[49] YEARS 2	
304 (2)	CHECK CAPI OUTPUT FOR MARITAL STATUS: [CHECK COLUMN 8 IN HOUSEHOLD QUESTIONNAIRE (MARITAL STATUS).]	CODE 4 (NEVER IN UNION) ... 1 OTHER 2	
305 (3)	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	→ 307
306	WAS THE MAN WEARING ONLY LIGHTWEIGHT CLOTHING?	YES 1 NO 2	
307	HEIGHT IN CENTIMETERS.	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	→ 309
308 (4)	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES 1 NO 2	
309	ENTER [FIELDWORKER] NUMBER OF MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> [FIELDWORKER] NUMBER	
310	ENTER [FIELDWORKER] NUMBER OF ASSISTANT MEASURER. IF NO ASSISTANT MEASURER, ENTER 9999.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> [FIELDWORKER] NUMBER	
311	TODAY'S DATE:	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
312	CHECK 303:	AGE 15-17 YEARS <input type="checkbox"/> AGE 18-[49] YEARS <input type="checkbox"/>	→ 314
313	CHECK 304:	OTHER <input type="checkbox"/> CODE 4 (NEVER IN UNION) <input type="checkbox"/>	→ 317

	MAN 1	SKIP
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ADULT RESPONDENT CONSENT FOR ANEMIA TEST												
A D U L T R E S P O N D E N T C O N S E N T	314	<p>ASK CONSENT FOR ANEMIA TEST:</p> <p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after 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>										
	315	<p>CIRCLE THE CODE.</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">GRANTED</td> <td style="border: none; text-align: right;">1</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">REFUSED</td> <td style="border: none; text-align: right;">2</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">NOT PRESENT/OTHER</td> <td style="border: none; text-align: right;">3</td> <td style="border: none; text-align: right;">→ 325</td> </tr> </table>	GRANTED	1		REFUSED	2		NOT PRESENT/OTHER	3	→ 325	
GRANTED	1											
REFUSED	2											
NOT PRESENT/OTHER	3	→ 325										
	316	<p>SIGN NAME AND ENTER [FIELDWORKER] NUMBER OF HEMOGLOBIN MEASURER.</p> <table style="width: 100%; border: none; margin-top: 10px;"> <tr> <td style="border: none; text-align: center;">_____</td> <td style="border: none; text-align: center;">(SIGN)</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none; text-align: center;"> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </td> <td style="border: none; text-align: center;">[FIELDWORKER] NUMBER</td> <td style="border: none; text-align: right;">→ 325</td> </tr> </table>	_____	(SIGN)		<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					[FIELDWORKER] NUMBER	→ 325
_____	(SIGN)											
<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					[FIELDWORKER] NUMBER	→ 325						

	MAN 1		SKIP
317	RECORD LINE NUMBER AND NAME OF PARENT/OTHER ADULT RESPONSIBLE FOR MINOR. RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <div style="border: 1px solid black; width: 40px; height: 25px; margin: 5px auto;"></div> NAME _____	
PARENT/RESPONSIBLE ADULT CONSENT FOR ANEMIA TEST			
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	318	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?	
	319	CIRCLE THE CODE.	GRANTED 1 PARENT/RESPONSIBLE ADULT REFUSED 2 NOT PRESENT/OTHER 3 → 325
	320	SIGN NAME AND ENTER [FIELDWORKER] NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) <div style="border: 1px solid black; width: 80px; height: 25px; margin: 5px auto;"></div> [FIELDWORKER] NUMBER
321	CHECK 319:	CONSENT <input type="checkbox"/> GRANTED ↓	CONSENT <input type="checkbox"/> REFUSED → 325

MINOR RESPONDENT ASSENT FOR ANEMIA TEST			
M I N O R R E S P O N D E N T A S S E N T	322	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?	
	323	CIRCLE THE CODE.	GRANTED 1 MINOR RESPONDENT REFUSED 2 NOT PRESENT/OTHER 3 → 325
	324	SIGN NAME AND ENTER [FIELDWORKER] NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) <div style="border: 1px solid black; width: 80px; height: 25px; margin: 5px auto;"></div> [FIELDWORKER] NUMBER

WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR MEN AGE 15-[49]

MAN 1		SKIP
325	RECORD HEMOGLOBIN LEVEL HERE AND IN THE [ANTHROPOMETRY AND ANEMIA PAMPHLET].	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 994 REFUSED995 OTHER996
326 (5)	CHECK 325: HEMOGLOBIN RESULT	BELOW [8.0 G/DL], SEVERE ANEMIA 1 [8.0 G/DL] OR ABOVE 2
327	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.	
328	IF ANOTHER MAN, GO TO 305 ON THE NEXT PAGE; IF NO MORE MEN, END INTERVIEW.	

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR MEN AGE 15-49]

301 (2)	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 (2)	CHECK CAPI OUTPUT AND RECORD LINE NUMBER AND NAME OF MAN. [RECORD LINE NUMBER FROM COLUMN 10 IN HOUSEHOLD QUESTIONNAIRE; RECORD NAME FROM COLUMN 2 IN HOUSEHOLD QUESTIONNAIRE.]	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	
303 (2)	CHECK CAPI OUTPUT FOR AGE: [CHECK COLUMN 7 IN HOUSEHOLD QUESTIONNAIRE (AGE).]	15-17 YEARS 1 18-[49] YEARS 2	
304 (2)	CHECK CAPI OUTPUT FOR MARITAL STATUS: [CHECK COLUMN 8 IN HOUSEHOLD QUESTIONNAIRE (MARITAL STATUS).]	CODE 4 (NEVER IN UNION) ... 1 OTHER 2	
305 (3)	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	→ 307
306	WAS THE MAN WEARING ONLY LIGHTWEIGHT CLOTHING?	YES 1 NO 2	
307	HEIGHT IN CENTIMETERS.	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	→ 309
308 (4)	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES 1 NO 2	
309	ENTER [FIELDWORKER] NUMBER OF MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> [FIELDWORKER] NUMBER	
310	ENTER [FIELDWORKER] NUMBER OF ASSISTANT MEASURER. IF NO ASSISTANT MEASURER, ENTER 9999.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> [FIELDWORKER] NUMBER	
311	TODAY'S DATE:	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
312	CHECK 303: AGE 15-17 YEARS <input type="checkbox"/> AGE 18-[49] YEARS <input type="checkbox"/>		→ 314
313	CHECK 304: OTHER <input type="checkbox"/> CODE 4 (NEVER IN UNION) <input type="checkbox"/>		→ 317

	MAN 2	SKIP
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ADULT RESPONDENT CONSENT FOR ANEMIA TEST		
A D U L T R E S P O N D E N T C O N S E N T	314 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 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 take the anemia test?	
	315 CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3 → 325
	316 SIGN NAME AND ENTER [FIELDWORKER] NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) → 325 <div style="display: flex; justify-content: center; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> [FIELDWORKER] NUMBER

	MAN 2		SKIP
317	RECORD LINE NUMBER AND NAME OF PARENT/OTHER ADULT RESPONSIBLE FOR MINOR. RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> NAME _____	
PARENT/RESPONSIBLE ADULT CONSENT FOR ANEMIA TEST			
PARENT/RESPONSIBLE ADULT CONSENT	318	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?	
	319	CIRCLE THE CODE.	GRANTED 1 PARENT/RESPONSIBLE ADULT REFUSED 2 NOT PRESENT/OTHER 3 → 325
	320	SIGN NAME AND ENTER [FIELDWORKER] NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) <div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> [FIELDWORKER] NUMBER
321	CHECK 319:	CONSENT GRANTED <input type="checkbox"/>	CONSENT REFUSED <input type="checkbox"/> → 325

MINOR RESPONDENT ASSENT FOR ANEMIA TEST			
MINOR RESPONDENT ASSENT	322	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?	
	323	CIRCLE THE CODE.	GRANTED 1 MINOR RESPONDENT REFUSED 2 NOT PRESENT/OTHER 3 → 325
	324	SIGN NAME AND ENTER [FIELDWORKER] NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) <div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> [FIELDWORKER] NUMBER

WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR MEN AGE 15-[49]

	MAN 2		SKIP
325	RECORD HEMOGLOBIN LEVEL HERE AND IN THE [ANTHROPOMETRY AND ANEMIA PAMPHLET].	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 994 REFUSED995 OTHER996	→ 328
326 (5)	CHECK 325: HEMOGLOBIN RESULT	BELOW [8.0 G/DL], SEVERE ANEMIA 1 [8.0 G/DL] OR ABOVE 2	→ 328
327	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.		
328	IF ANOTHER MAN, GO TO 305 IN ADDITIONAL QUESTIONNAIRE; IF NO MORE MEN, END INTERVIEW.		

[FIELDWORKER'S] OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING BIOMARKERS

SUPERVISOR'S OBSERVATIONS

BIOMARKER: FOOTNOTES

- (1) This section should be adapted for country-specific survey design.
- (2) Adjust instructions according to whether questionnaire data for the survey is being collected by CAPI or on paper. Instructions for paper surveys are shown in brackets.
- (3) In countries where the weighing scale shows the weight to only one decimal place, retain only one box after the decimal point and delete the first '9' from the other three codes.
- (4) Adapt wording of instruction to accommodate local practices.
- (5) Cutoff for severe anemia should be adapted to country standard.