

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 style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr> </table>																		
HOUSEHOLD NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr> </table>																		
[COUNTRY-SPECIFIC QUESTION ON BIOMARKER SUBSAMPLING]																						
[FIELDWORKER] VISITS																						
	1	2	3	FINAL VISIT																		
DATE	_____	_____	_____	DAY <table border="1" style="width: 40px; height: 20px; float: right;"></table>																		
[FIELDWORKER'S] NAME	_____	_____	_____	MONTH <table border="1" style="width: 40px; height: 20px; float: right;"></table>																		
				YEAR <table border="1" style="width: 40px; height: 20px; float: right;"></table>																		
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px; float: right;"></table>																		
TIME	_____	_____																				
NOTES: _____ _____ _____ _____				TOTAL ELIGIBLE CHILDREN <table border="1" style="width: 40px; height: 20px; float: right;"></table>																		
				TOTAL ELIGIBLE WOMEN <table border="1" style="width: 40px; height: 20px; float: right;"></table>																		
				TOTAL ELIGIBLE MEN <table border="1" style="width: 40px; height: 20px; float: right;"></table>																		
LANGUAGE OF QUESTIONNAIRE**	<table border="1" style="width: 40px; height: 20px;"><tr><td style="width: 20px;">0</td><td style="width: 20px;">1</td></tr></table>	0	1	LANGUAGE OF INTERVIEW**	<table border="1" style="width: 40px; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>			NATIVE LANGUAGE OF RESPONDENT**	<table border="1" style="width: 40px; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>													
0	1																					
				TRANSLATOR (YES = 1, NO = 2) <table border="1" style="width: 40px; height: 20px; float: right;"></table>																		
LANGUAGE OF QUESTIONNAIRE**	ENGLISH																					
		**LANGUAGE CODES:	01 ENGLISH	03 LANGUAGE 3																		
			02 LANGUAGE 2	04 LANGUAGE 4																		
				05 LANGUAGE 5																		
				06 LANGUAGE 6																		
TEAM	TEAM SUPERVISOR		CAPI SUPERVISOR (2)																			
<table border="1" style="width: 40px; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>			<table border="1" style="width: 40px; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>					<table border="1" style="width: 40px; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>					<table border="1" style="width: 40px; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>					<table border="1" style="width: 40px; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>				
NUMBER	NAME	NUMBER	NAME	NUMBER																		

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

101	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN AGE 0-5 YEARS IN QUESTION 102 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN THREE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).		
CHILD 1			SKIP
102	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF CHILD.	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	
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 (4)	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 (5)	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"/>	

	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 OLDER <input type="checkbox"/> AGE 0-5 MONTHS <input type="checkbox"/>	→ 125
118	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR THE CHILD.	NAME _____ LINE NUMBER <input type="checkbox"/>
119	<p>ASK CONSENT FOR ANEMIA TEST FROM PARENT/RESPONSIBLE ADULT:</p> <p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. 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.</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>	
120	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
121	SIGN NAME AND ENTER [FIELDWORKER] NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> [FIELDWORKER] NUMBER
122	RECORD HEMOGLOBIN LEVEL HERE AND IN THE [ANTHROPOMETRY AND ANEMIA PAMPHLET].	G/DL <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> NOT PRESENT994 REFUSED995 OTHER996
123 (6)	CHECK 122: HEMOGLOBIN RESULT	BELOW [8.0 G/DL], SEVERE ANEMIA 1 [8.0 G/DL] OR ABOVE 2
124	<p>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.</p> <p>RECORD THE RESULT OF THE ANEMIA TEST ON THE SEVERE ANEMIA REFERRAL FORM.</p>	
125	IF ANOTHER CHILD, GO TO 102 ON THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 201.	

101	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN AGE 0-5 YEARS IN QUESTION 102 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN THREE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).		
	CHILD 2		SKIP
102	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF CHILD.	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	
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 (4)	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 (5)	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"/>	

	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 OLDER <input type="checkbox"/> AGE 0-5 MONTHS <input type="checkbox"/>	→ 125
118	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR THE CHILD.	NAME _____ LINE NUMBER <input type="checkbox"/>
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
121	SIGN NAME AND ENTER [FIELDWORKER] NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> [FIELDWORKER] NUMBER
122	RECORD HEMOGLOBIN LEVEL HERE AND IN THE [ANTHROPOMETRY AND ANEMIA PAMPHLET].	G/DL <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> NOT PRESENT994 REFUSED995 OTHER996
123 (6)	CHECK 122: HEMOGLOBIN RESULT	BELOW [8.0 G/DL], SEVERE ANEMIA 1 [8.0 G/DL] OR ABOVE 2
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 102 ON THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 201.	

101	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN AGE 0-5 YEARS IN QUESTION 102 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN THREE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).		
CHILD 3			SKIP
102	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF CHILD.	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	
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 (4)	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 (5)	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"/>	

	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 OLDER <input type="checkbox"/> AGE 0-5 MONTHS <input type="checkbox"/>	→ 125
118	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR THE CHILD.	NAME _____ LINE NUMBER <input type="checkbox"/>
119	<p>ASK CONSENT FOR ANEMIA TEST FROM PARENT/RESPONSIBLE ADULT:</p> <p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. 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.</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>	
120	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
121	SIGN NAME AND ENTER [FIELDWORKER] NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> [FIELDWORKER] NUMBER
122	RECORD HEMOGLOBIN LEVEL HERE AND IN THE [ANTHROPOMETRY AND ANEMIA PAMPHLET].	G/DL <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> NOT PRESENT994 REFUSED995 OTHER996
123 (6)	CHECK 122: HEMOGLOBIN RESULT	BELOW [8.0 G/DL], SEVERE ANEMIA 1 [8.0 G/DL] OR ABOVE 2
124	<p>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.</p> <p>RECORD THE RESULT OF THE ANEMIA TEST ON THE SEVERE ANEMIA REFERRAL FORM.</p>	
125	IF ANOTHER CHILD, GO TO 102 IN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 201.	

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

201	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE WOMEN IN 202, 203, AND 204 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN TWO WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).		
	WOMAN 1		SKIP
202	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF WOMAN.	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	
203	CHECK CAPI OUTPUT FOR AGE:	15-17 YEARS 1 18-49 YEARS 2	
204	CHECK CAPI OUTPUT FOR MARITAL STATUS:	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 99994 REFUSED 99995 OTHER 99996	} → 207
206 (4)	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 (5)	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"/> NEVER IN UNION <input type="checkbox"/>	} → 217

	WOMAN 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	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> <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 10px;"> <div style="width: 60%;"></div> <div style="width: 35%; text-align: right;"> <p>GRANTED 1</p> <p>REFUSED 2</p> <p>NOT PRESENT/OTHER 3</p> </div> </div>
	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> <div style="text-align: right; margin-top: 10px;">→ 225</div>

	WOMAN 1	SKIP
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217	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR MINOR.	NAME _____ LINE NUMBER OF PARENT/ RESPONSIBLE ADULT <div style="border: 1px dashed black; width: 40px; height: 20px; margin: 0 auto;"></div>
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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	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
	220	SIGN NAME AND ENTER [FIELDWORKER] NUMBER OF HEMOGLOBIN MEASURER. _____ (SIGN) <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> [FIELDWORKER] NUMBER
	221	CHECK 219: CONSENT <input type="checkbox"/> GRANTED CONSENT REFUSED OR <input type="checkbox"/> NOT PRESENT/OTHER → 225

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	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
	224	SIGN NAME AND ENTER [FIELDWORKER] NUMBER OF HEMOGLOBIN MEASURER. _____ (SIGN) <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> [FIELDWORKER] NUMBER

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 PRESENT 994 REFUSED 995 OTHER 996
226 (6)	CHECK 225: HEMOGLOBIN RESULT	BELOW [8.0 G/DL], SEVERE ANEMIA 1 [8.0 G/DL] OR ABOVE 2
227	The anemia test shows that you have severe anemia. You are very ill and must go to a health facility immediately. RECORD THE RESULT OF THE ANEMIA TEST ON THE SEVERE ANEMIA REFERRAL FORM.	
228	IF ANOTHER WOMAN, GO TO 202 ON THE NEXT PAGE; IF NO MORE WOMEN, GO TO 301.	

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

201	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE WOMEN IN 202, 203, AND 204 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN TWO WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).		
	WOMAN 2		SKIP
202	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF WOMAN.	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	
203	CHECK CAPI OUTPUT FOR AGE:	15-17 YEARS 1 18-49 YEARS 2	
204	CHECK CAPI OUTPUT FOR MARITAL STATUS:	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 99994 REFUSED 99995 OTHER 99996	→ 207
206 (4)	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 (5)	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"/> 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> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"></div> <div style="width: 35%; text-align: right;"> <p>GRANTED 1</p> <p>REFUSED 2</p> <p>NOT PRESENT/OTHER 3</p> </div> </div> <p style="text-align: right; margin-top: 5px;">→ 225</p>
	216	<p>SIGN NAME AND ENTER [FIELDWORKER] NUMBER OF HEMOGLOBIN MEASURER.</p> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> <div style="width: 60%;"></div> <div style="width: 35%; text-align: center;"> <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> </div> <p style="text-align: right; margin-top: 5px;">→ 225</p>

	WOMAN 2	SKIP
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217	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR MINOR.	NAME _____ LINE NUMBER OF PARENT/ RESPONSIBLE ADULT <div style="border: 1px dashed black; width: 40px; height: 20px; margin: 0 auto;"></div>
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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: 100px; height: 20px; margin: 0 auto;"></div> [FIELDWORKER] NUMBER
	221	CHECK 219: CONSENT <input type="checkbox"/> GRANTED CONSENT REFUSED OR <input type="checkbox"/> NOT PRESENT/OTHER → 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
	224	SIGN NAME AND ENTER [FIELDWORKER] NUMBER OF HEMOGLOBIN MEASURER. _____ (SIGN) <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> [FIELDWORKER] NUMBER

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 PRESENT 994 REFUSED 995 OTHER 996
226 (6)	CHECK 225: HEMOGLOBIN RESULT	BELOW [8.0 G/DL], SEVERE ANEMIA 1 [8.0 G/DL] OR ABOVE 2
227	The anemia test shows that you have severe anemia. You are very ill and must go to a health facility immediately. RECORD THE RESULT OF THE ANEMIA TEST ON THE SEVERE ANEMIA REFERRAL FORM.	
228	IF ANOTHER WOMAN, GO TO 202 IN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, GO TO 301.	

301	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE MEN IN 302, 303, AND 304 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN TWO MEN USE ADDITIONAL QUESTIONNAIRE(S).		
	MAN 1		SKIP
302	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF MAN.	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	
303	CHECK CAPI OUTPUT FOR AGE:	15-17 YEARS 1 18-[49] YEARS 2	
304	CHECK CAPI OUTPUT FOR MARITAL STATUS:	NEVER IN UNION 1 OTHER 2	
305 (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 99994 REFUSED 99995 OTHER 99996	→ 307
306 (4)	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"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	→ 309
308 (5)	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"/> 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	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
	316	SIGN NAME AND ENTER [FIELDWORKER] NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) <div style="display: flex; justify-content: center; gap: 5px;"> <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 1	SKIP
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317	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR MINOR.	NAME _____ LINE NUMBER OF PARENT/ RESPONSIBLE ADULT <div style="border: 1px dashed black; width: 40px; height: 20px; margin: 0 auto;"></div>
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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
	320	SIGN NAME AND ENTER [FIELDWORKER] NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) <div style="display: flex; justify-content: center; gap: 5px;"> <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
	321	CHECK 319:	CONSENT GRANTED <input type="checkbox"/> CONSENT REFUSED OR NOT PRESENT/OTHER <input type="checkbox"/>
			→ 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
	324	SIGN NAME AND ENTER [FIELDWORKER] NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) <div style="display: flex; justify-content: center; gap: 5px;"> <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 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 PRESENT994 REFUSED995 OTHER996
326 (6)	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 302 ON THE NEXT PAGE; IF NO MORE MEN, END INTERVIEW.	

301	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE MEN IN 302, 303, AND 304 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN TWO MEN USE ADDITIONAL QUESTIONNAIRE(S).		
	MAN 2		SKIP
302	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF MAN.	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	
303	CHECK CAPI OUTPUT FOR AGE:	15-17 YEARS 1 18-[49] YEARS 2	
304	CHECK CAPI OUTPUT FOR MARITAL STATUS:	NEVER IN UNION 1 OTHER 2	
305 (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 99994 REFUSED 99995 OTHER 99996	→ 307
306 (4)	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"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	→ 309
308 (5)	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"/> NEVER IN UNION <input type="checkbox"/>	→ 317

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	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3				
	316	SIGN NAME AND ENTER [FIELDWORKER] NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table> [FIELDWORKER] NUMBER				

	MAN 2	SKIP
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317	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR MINOR.	NAME _____ LINE NUMBER OF PARENT/ RESPONSIBLE ADULT <div style="border: 1px dashed black; width: 40px; height: 20px; margin: 0 auto;"></div>
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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
	320	SIGN NAME AND ENTER [FIELDWORKER] NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> [FIELDWORKER] NUMBER
	321	CHECK 319:	CONSENT GRANTED <input type="checkbox"/> CONSENT REFUSED OR NOT PRESENT/OTHER <input type="checkbox"/>
			→ 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
	324	SIGN NAME AND ENTER [FIELDWORKER] NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> [FIELDWORKER] NUMBER

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 PRESENT994 REFUSED995 OTHER996
326 (6)	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 302 IN ADDITIONAL QUESTIONNAIRE; IF NO MORE MEN, END INTERVIEW.	

BIOMARKER: FOOTNOTES

- (1) This section should be adapted for country-specific survey design.
- (2) Remove the section for recording the name and ID number of the CAPI supervisor if the survey does not have CAPI supervisors who are separate from the team supervisors.
- (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 such as brass neck coils or other heavy ornamental jewelry that cannot be removed.
- (5) Adapt wording of instruction to accommodate local practices.
- (6) Cutoff for severe anemia should be adapted to country standard.