FORMATTING DATE: 16 Sep 2019 ENGLISH LANGUAGE: 31 May 2019

# 2019 GHANA MALARIA INDICATOR SURVEY BIOMARKER QUESTIONNAIRE

MINISTRY OF HEALTH GHANA STATISTICAL SERVICE

		IDENTIFIC	ATION				
LOCALITY NAME							
NAME OF HOUSEHOLD HE	EAD						
CLUSTER NUMBER						<u> </u>	
HOUSEHOLD NUMBER							
		BIOMARKER TECH	HNICIAN VISITS				
	1	2	3		FINAL VIS	SIT	
DATE				DAY			
BIOMARKER TECH'S				MONTH		<u> </u>	
NAME				YEAR	2 0	1	9
NEXT VISIT: DATE				TOTAL N			
TIME				OF VI	5115		
NOTES:				TOTAL 5	· · · · · · · · · · · · · · · · · · ·		
				TOTAL EI			
LANGUAGE OF QUESTIONNAIRE**	1 LANGUAG		NATIVE LANGUAGE OF RESPONDENT**		TRANS (YES = 1,	SLATOR NO = 2)	
LANGUAGE OF QUESTIONNAIRE**	GLISH	01 ENGL		05 DAGBANI	I		
		02 AKAN	N 04 EWE	06 OTHER	(SPEC	CIFY)	
		HOUSEHOLD INT	ERVIEWER				
		NA	ME				
		SUPERVIS					
	NAME		NUMBER				

101	CHECK COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 102; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 9.	NAME	NAME	NAME
103	COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM HOUSEHOLD SCHEDULE. IF COMPLETE DATE OF BIRTH NOT PROVIDED ASK: What is (NAME)'s date of birth?	DAY	DAY	DAY
104	CHECK 103: CHILD BORN IN 2014- 2019?	YES	YES	YES
105	CHECK 103: CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR 5 PREVIOUS MONTHS?	0-5 MONTHS 1 (SKIP TO 130) CLDER 2	0-5 MONTHS 1 (SKIP TO 130) CLDER 2	0-5 MONTHS 1 (SKIP TO 130) COLDER
106	NAME OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD.	NAME	NAME	NAME
107	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT.	As part of this survey, we are asking children all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We ask that all children born in 2014 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.  The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.  Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?		
108	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1   (SIGN)   REFUSED 2   NOT PRESENT/OTHER . 3	GRANTED	GRANTED 1   (SIGN)   REFUSED 2   NOT PRESENT/OTHER . 3

		CHILD 1	CHILD 2	CHILD 3	
	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 9.	NAME	NAME NAME	NAME NAME	
109	ASK CONSENT FOR MALARIA TEST FROM PARENT/OTHER ADULT.	malaria. Malaria is a serious illne survey will assist the governmen.  We ask that all children born in 2 few drops of blood from a finger of the result will be told to you right laboratory for testing. You will no strictly confidential and will not be Do you have any questions? You can say yes or no. It is up to			
110	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED 1 REFUSED 2  (SIGN AND ENTER YOUR FIELDWORKER NUMBER)  NOT PRESENT/OTHER . 3	GRANTED	GRANTED 1 REFUSED 2 -	
111	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).				
112	PLACE BAR CODE LABEL FOR MALARIA LAB TEST.	PUT THE 1ST BAR CODE LABEL HERE.  NOT PRESENT 99994 REFUSED 99995 OTHER 99996  PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE.  NOT PRESENT 99994 REFUSED 99995 OTHER 99996  PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE.  NOT PRESENT 99994 REFUSED 99995 OTHER 99996  PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	
113	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA AND MALARIA PAMPHLET.	G/DL 994  NOT PRESENT 994  REFUSED 995  OTHER 996	G/DL 994  NOT PRESENT 994  REFUSED 995  OTHER 996	G/DL 994  NOT PRESENT 994  REFUSED 995  OTHER 996	
114	CIRCLE THE CODE FOR THE MALARIA RDT.	TESTED	TESTED	TESTED	

		CHILD 1	CHILD 2	CHILD 3
	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 9.	NAME	NAME	NAME
115	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE ANEMIA AND MALARIA PAMPHLET.	POSITIVE	POSITIVE	POSITIVE
116	CHECK 113: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA . 1 8.0 G/DL OR ABOVE . 2 NOT PRESENT . 3 REFUSED . 4 OTHER . 6 (SKIP TO 130)	BELOW 8.0 G/DL,     SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 — NOT PRESENT 3 — REFUSED 4 — OTHER 6 — (SKIP TO 130)	BELOW 8.0 G/DL,     SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 — NOT PRESENT 3 — REFUSED 4 — OTHER 6 — (SKIP TO 130)
117	SEVERE ANEMIA REFERRAL  RECORD THE RESULT OF THE ANEMIA TEST ON THE REFERRAL FORM.	The anemia test shows that (NAI be taken to a health facility imme (SKIP TO 130)	ME OF CHILD) has severe anemia ediately.	. Your child is very ill and must
118	Does (NAME) suffer from any of the following illnesses or symptoms:  a) Extreme weakness?  b) Heart problems?	YES NO a) EXTREME WEAKNESS 1 2 b) HEART	YES NO a) EXTREME WEAKNESS 1 2 b) HEART	YES NO a) EXTREME WEAKNESS 1 2 b) HEART
	c) Loss of consciousness? d) Rapid or difficult breathing? e) Seizures? f) Abnormal bleeding g) Jaundice or yellow skin? h) Dark urine?	PROBLEMS 1 2 c) LOSS OF     CONSCIOUS. 1 2 d) RAPID     BREATHING 1 2 e) SEIZURES 1 2 f) BLEEDING 1 2 g) JAUNDICE 1 2 h) DARK URINE 1 2	PROBLEMS 1 2 c) LOSS OF	PROBLEMS 1 2 c) LOSS OF
119	CHECK 118: ANY 'YES' CIRCLED?	NO YES (SKIP TO 122)	NO YES (SKIP TO 122)	NO YES (SKIP TO 122)
120	CHECK 113: HEMOGLOBIN RESULT	BELOW 8.0 G/DL,  SEVERE ANEMIA 1 (SKIP TO 122)  8.0 G/DL OR ABOVE . 2  NOT PRESENT 3  REFUSED 4  OTHER 6	BELOW 8.0 G/DL,  SEVERE ANEMIA 1 -  (SKIP TO 122)  8.0 G/DL OR ABOVE 2  NOT PRESENT 3  REFUSED 4  OTHER 6	BELOW 8.0 G/DL,  SEVERE ANEMIA 1 7 (SKIP TO 122)  8.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6
121	In the past two weeks has (NAME) taken or is taking ACT given by a doctor or health professional to treat the malaria?  VERIFY BY ASKING TO SEE TREATMENT	YES	YES	YES

		CHILD 1	CHILD 2	CHILD 3
	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 9.	LINE NUMBER	LINE NUMBER	LINE NUMBER
		NAME	NAME	NAME
122	RECORD THE RESULT OF THE MALARIA RDT ON THE REFERRAL FORM.	The malaria test shows that (NAME OF CHILD) has malaria. Your child also has symptoms of severe malaria. The malaria treatment I have will not help your child, and I cannot give you the medication. Your child is very ill and must be taken to a health facility right away.  (SKIP TO 128)		
123	ALREADY TAKING ACT REFERRAL STATEMENT	You have told me that (NAME OF CHILD) had already received ACT for malaria. Therefore, I cannot give you additional ACT. However, the test shows that he/she has malaria. If your child has a fever for two days after the last dose of ACT, you should take the child to the nearest health facility for further examination.  (SKIP TO 130)		
124	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/OTHER	The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called ACT. ACT is very effective and in a few days it should get rid of the fever and other symptoms. You do not have to give the child the medicine. This is up to you. Please tell me whether you accept the medicine or not.		
125	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	ACCEPTED MEDICINE . 1 (SIGN) REFUSED	ACCEPTED MEDICINE . 1	ACCEPTED MEDICINE . 1  (SIGN)  REFUSED
126	CHECK 125: MEDICATION ACCEPTED	ACCEPTED MEDICINE . 1 REFUSED 2 OTHER 6 (SKIP TO 130) ←	ACCEPTED MEDICINE . 1 REFUSED 2 ¬ OTHER 6 ¬ (SKIP TO 130) ←	ACCEPTED MEDICINE . 1 REFUSED 2 ¬ OTHER 6 ¬ (SKIP TO 130) ←
127	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/OTHER ADULT.	TREATMENT WITH ARTESUNATE-AMODIAQUINE (AA) Weight (in kg) – Approximate age ≥4.5kg to 9kg (under 1 year) >9kg - <18kg (age 1-5 years)  1 tablet AS- AQ (25 mg/67.5 mg) daily for 3 days >9kg - <18kg (age 1-5 years)  1 tablet AS-AQ (50mg/135mg) daily for 3 days  Give the child one tablet each day for three consecutive days. Take the medicine with fatty food or drinks like milk or breast milk. For smaller children, put the tablet in a little water, mix water and tablet well, and give to the child. If your child vomits within an hour of taking the medicine, repeat the dose and get additional tablets.  ALSO TELL THE PARENT / OTHER ADULT: If (NAME OF CHILD) has any of the following symptoms, you should take him/her to a health professional for further assessment and treatment right away: A high temperature or fever Fast or difficulty breathing		
		Not able to drink or breastfeed Gets sicker or does not get be (SKIP TO 130) ←		
128	CHECK 113: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6 (SKIP TO 130)	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6 (SKIP TO 130)	BELOW 8.0 G/DL,
129	SEVERE ANEMIA REFERRAL RECORD THE RESULT OF THE ANEMIA TEST ON THE REFERRAL	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.		
130	GO BACK TO 103 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, END INTERVIEW.			

101	CHECK COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 102; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).				
		CHILD 4	CHILD 5	CHILD 6	
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 9.	NAME	LINE NUMBER	NAME	
103	COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM HOUSEHOLD SCHEDULE. IF COMPLETE DATE OF BIRTH NOT PROVIDED ASK: What is (NAME)'s date of birth?	DAY	DAY	DAY	
104	CHECK 103: CHILD BORN IN 2014- 2019?	YES	YES	YES	
105	CHECK 103: CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR 5 PREVIOUS MONTHS?	0-5 MONTHS 1 (SKIP TO 130) CLDER 2	0-5 MONTHS 1 (SKIP TO 130)  OLDER 2	0-5 MONTHS 1 ☐ (SKIP TO 130) ← OLDER 2	
106	NAME OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD.	NAME	NAME	NAME	
107	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT.	As part of this survey, we are asking children all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We ask that all children born in 2014 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.  The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.  Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?			
108	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1  (SIGN)  REFUSED 2  NOT PRESENT/OTHER . 3	GRANTED 1  (SIGN)  REFUSED 2  NOT PRESENT/OTHER . 3	GRANTED 1  (SIGN)  REFUSED 2  NOT PRESENT/OTHER . 3	

		CHILD 4	CHILD 5	CHILD 6
	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 9.	NAME	NAME	NAME
109	ASK CONSENT FOR MALARIA TEST FROM PARENT/OTHER ADULT.	As part of this survey, we are asking children all over the country to take a test to see if they have malaria. Malaria is a serious illness caused by a parasite transmitted by a mosquito bite. This survey will assist the government to develop programs to prevent malaria.  We ask that all children born in 2014 or later take part in malaria testing in this survey and give a few drops of blood from a finger or heel. One blood drop will be tested for malaria immediately, and the result will be told to you right away. A few blood drops will be collected on slide(s) and taken to a laboratory for testing. You will not be told the results of the laboratory testing. All results will be kept strictly confidential and will not be shared with anyone other than members of our survey team.  Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the malaria test?		
110	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED 1 REFUSED 2  (SIGN AND ENTER YOUR FIELDWORKER NUMBER)  NOT PRESENT/OTHER 3	GRANTED	GRANTED 1 REFUSED 2 - (SIGN AND ENTER YOUR FIELDWORKER NUMBER)  NOT PRESENT/OTHER . 3
111	1 PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
112	PLACE BAR CODE LABEL FOR MALARIA LAB TEST.	PUT THE 1ST BAR CODE LABEL HERE.  NOT PRESENT 99994 REFUSED 99996 OTHER 99996 PUT THE 2ND BAR CODE	PUT THE 1ST BAR CODE LABEL HERE.  NOT PRESENT 99994 REFUSED 99996 OTHER 99996 PUT THE 2ND BAR CODE	PUT THE 1ST BAR CODE LABEL HERE.  NOT PRESENT 99994 REFUSED 99996 OTHER 99996 PUT THE 2ND BAR CODE
		LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.
113	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA AND MALARIA PAMPHLET.	G/DL 994  REFUSED 995  OTHER 996	G/DL 994  NOT PRESENT 994  REFUSED 995  OTHER 996	G/DL 994  NOT PRESENT 995  REFUSED 995  OTHER 996
114	CIRCLE THE CODE FOR THE MALARIA RDT.	TESTED	TESTED	TESTED 1  NOT PRESENT 2 −  REFUSED 3 −  OTHER 6 −  (SKIP TO 116) ←

		CHILD 4	CHILD 5	CHILD 6
	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 9.	NAME	NAME NAME	NAME
115	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE ANEMIA AND MALARIA PAMPHLET.	POSITIVE 1 (SKIP TO 118) ← NEGATIVE	POSITIVE	POSITIVE 1   (SKIP TO 118) ←
116	CHECK 113: HEMOGLOBIN RESULT	BELOW 8.0 G/DL,	BELOW 8.0 G/DL,	BELOW 8.0 G/DL,
117	SEVERE ANEMIA REFERRAL  RECORD THE RESULT OF THE ANEMIA TEST ON THE REFERRAL FORM.	The anemia test shows that (NAI be taken to a health facility imme (SKIP TO 130)	ME OF CHILD) has severe anemia diately.	. Your child is very ill and must
118	Does (NAME) suffer from any of the following illnesses or symptoms:  a) Extreme weakness?  b) Heart problems?  c) Loss of consciousness?  d) Rapid or difficult breathing?  e) Seizures? f) Abnormal bleeding g) Jaundice or yellow skin? h) Dark urine?	YES NO  a) EXTREME     WEAKNESS 1 2 b) HEART     PROBLEMS 1 2 c) LOSS OF     CONSCIOUS. 1 2 d) RAPID     BREATHING 1 2 e) SEIZURES 1 2 f) BLEEDING 1 2 g) JAUNDICE 1 2 h) DARK URINE 1 2	a) EXTREME WEAKNESS 1 2 b) HEART PROBLEMS 1 2 c) LOSS OF CONSCIOUS. 1 2 d) RAPID BREATHING 1 2 e) SEIZURES 1 2 f) BLEEDING 1 2 g) JAUNDICE 1 2	a) EXTREME WEAKNESS 1 2 b) HEART PROBLEMS 1 2 c) LOSS OF CONSCIOUS. 1 2 d) RAPID BREATHING 1 2 e) SEIZURES 1 2 f) BLEEDING 1 2 g) JAUNDICE 1 2 h) DARK URINE 1 2
119	CHECK 118: ANY 'YES' CIRCLED?	NO YES (SKIP TO 122)	NO YES (SKIP TO 122)	NO YES (SKIP TO 122)
120	CHECK 113: HEMOGLOBIN RESULT	BELOW 8.0 G/DL,  SEVERE ANEMIA 1 -  (SKIP TO 122)  8.0 G/DL OR ABOVE . 2  NOT PRESENT 3  REFUSED 4  OTHER 6	BELOW 8.0 G/DL,	BELOW 8.0 G/DL,
121	In the past two weeks has (NAME) taken or is taking ACT given by a doctor or health professional to treat the malaria?  VERIFY BY ASKING TO SEE TREATMENT	YES	YES	YES

				CHILD 6
	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 9.	LINE NUMBER	LINE NUMBER	LINE NUMBER
		NAME	NAME	NAME
122	RECORD THE RESULT OF THE MALARIA RDT ON THE REFERRAL FORM.	severe malaria. The malaria trea	ME OF CHILD) has malaria. Your of tment I have will not help your child and must be taken to a health facili	d, and I cannot give you the
123	ALREADY TAKING ACT REFERRAL STATEMENT	You have told me that (NAME OF CHILD) had already received ACT for malaria. Therefore, I cannot give you additional ACT. However, the test shows that he/she has malaria. If your child has a fever for two days after the last dose of ACT, you should take the child to the nearest health facility for further examination.  (SKIP TO 130)		
124	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/OTHER	called ACT. ACT is very effective	child has malaria. We can give yo and in a few days it should get rid ive the child the medicine. This is u	of the fever and other
125	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	ACCEPTED MEDICINE . 1 (SIGN) REFUSED	ACCEPTED MEDICINE . 1 (SIGN) REFUSED 2 OTHER 6	ACCEPTED MEDICINE . 1 (SIGN) REFUSED
126	CHECK 125: MEDICATION ACCEPTED	ACCEPTED MEDICINE . 1 REFUSED 2 OTHER 6 (SKIP TO 130) ←	ACCEPTED MEDICINE . 1 REFUSED 2 ¬ OTHER 6 ¬ (SKIP TO 130) ←	ACCEPTED MEDICINE . 1 REFUSED 2 OTHER 6 - (SKIP TO 130) ←
127	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/OTHER ADULT.	TREATMENT WITH ARTESUNATE-AMODIAQUINE (AA)  Weight (in kg) – Approximate age Dosage  ≥4.5kg to 9kg (under 1 year) 1 tablet AS- AQ (25 mg/67.5 mg) daily for 3 days  >9kg - <18kg (age 1-5 years) 1 tablet AS-AQ (50mg/135mg) daily for 3 days  Give the child one tablet each day for three consecutive days. Take the medicine with fatty food or drinks like milk or breast milk. For smaller children, put the tablet in a little water, mix water and tablet well, and give to the child. If your child vomits within an hour of taking the medicine, repeat the dose and get additional tablets.  ALSO TELL THE PARENT / OTHER ADULT:  If (NAME OF CHILD) has any of the following symptoms, you should take him/her to a health professional for further assessment and treatment right away:  A high temperature or fever  Fast or difficulty breathing  Not able to drink or breastfeed  Gets sicker or does not get better in two days		
128	CHECK 113: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6 (SKIP TO 130)	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6 (SKIP TO 130)	BELOW 8.0 G/DL,
129	SEVERE ANEMIA REFERRAL RECORD THE RESULT OF THE ANEMIA TEST ON THE REFERRAL	The anemia test shows that (NAI be taken to a health facility imme	ME OF CHILD) has severe anemia ediately.	. Your child is very ill and must
130	GO BACK TO 103 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, END INTERVIEW.			

## FIELDWORKER'S OBSERVATIONS

## TO BE FILLED IN AFTER COMPLETING BIOMARKERS

SUPERVISOR'S OBSERVATIONS