

GOVERNMENT OF LIBERIA  
LIBERIA INSTITUTE OF STATISTICS AND GEO-INFORMATION SERVICES

IDENTIFICATION								
PLACE NAME _____								
NAME OF HOUSEHOLD HEAD _____								
CLUSTER NUMBER .....				<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td></tr> </table>				
HOUSEHOLD NUMBER .....				<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td></tr> </table>				
HOUSEHOLD SELECTED FOR MAN'S SURVEY AND BIOMARKERS? (1=YES, 2=NO) .....								
BIOMARKER VISITS								
	1	2	3	FINAL VISIT				
DATE	_____	_____	_____	DAY <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td></tr> </table>				
BIOMARKER'S NAME	_____	_____	_____	MONTH YEAR <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25px; height: 20px; text-align: center;">2</td><td style="width: 25px; height: 20px; text-align: center;">0</td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td></tr> </table>	2	0		
2	0							
NEXT VISIT: DATE TIME	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25px; height: 20px;"></td></tr> </table>				
NOTES: _____ _____ _____ _____				TOTAL ELIGIBLE WOMEN <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td></tr> </table>				
				TOTAL ELIGIBLE MEN <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td></tr> </table>				
				TOTAL ELIGIBLE CHILDREN <table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td></tr> </table>				
SUPERVISOR								
_____				<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td></tr> </table>				
NAME				NUMBER				

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

101	<p><b>INTERVIEWER TO COMPLETE Q. 102 USING TABLET REPORT AND Q. 103 USING BIRTH HISTORY</b>                  USE THE INTERVIEWER'S MENU AND SELECT THE APPROPRIATE OPTION TO LIST ALL CHILDREN AGE 0-5 ELIGIBLE FOR BIOMARKER TESTING. RECORD THE COMPLETE NAME, AGE AND THE LINE NUMBER AS THEY APPEAR IN THE REPORT ON YOUR TABLET. LIST EACH CHILD IN THE SAME ORDER SHOWN IN THE REPORT. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). WRITE THE NAME OF EACH ELIGIBLE CHILD ON EACH SUBSEQUENT PAGES.</p>			
		CHILD 1	CHILD 2	CHILD 3
102	FROM TABLET'S REPORT:  WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER FROM HOUSEHOLD QUESTIONNAIRE.	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>
103	INTERVIEWER OR SUPERVISOR TO COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM BIRTH HISTORY.	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"/>	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"/>	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"/>
103A	<p><b>MEASURER AND ASSISTANT START FROM HERE</b></p>			
104	CHECK 103: CHILD BORN IN 2014-2020?	YES ..... 1 NO ..... 2 (SKIP TO 114) ←	YES ..... 1 NO ..... 2 (SKIP TO 114) ←	YES ..... 1 NO ..... 2 (SKIP TO 114) ←
105	ASSISTANT TO RECORD WEIGHT IN KILOGRAMS.	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996
106	CHECK 103 TO DETERMINE HOW CHILD NEEDS TO BE MEASURED. ASSISTANT TO RECORD HEIGHT/LENGTH IN CENTIMETERS.	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996
107	CHILD MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2
108	MEASURER: ENTER YOUR FIELDWORKER NUMBER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

		CHILD 1	CHILD 2	CHILD 3
102	FROM TABLET'S REPORT:  WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER FROM HOUSEHOLD QUESTIONNAIRE.	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>
109	CHECK 103: CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR 5 PREVIOUS MONTHS?	0-5 MONTHS ..... 1 ] (SKIP TO 114) ←  OLDER ..... 2	0-5 MONTHS ..... 1 ] (SKIP TO 114) ←  OLDER ..... 2	0-5 MONTHS ..... 1 ] (SKIP TO 114) ←  OLDER ..... 2
110	WRITE THE NAME OF THE PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD	NAME OF PARENT/ADULT RESPONSIBLE  NAME _____	NAME OF PARENT/ADULT RESPONSIBLE  NAME _____	NAME OF PARENT/ADULT RESPONSIBLE  NAME _____
111	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We ask that all children born in 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.</p> <p>The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?</p>		
112	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 ] _____ (SIGN) ← REFUSED ..... 2 ] NOT PRESENT/OTHER . 3 ] (SKIP TO 114) ←	GRANTED ..... 1 ] _____ (SIGN) ← REFUSED ..... 2 ] NOT PRESENT/OTHER . 3 ] (SKIP TO 114) ←	GRANTED ..... 1 ] _____ (SIGN) ← REFUSED ..... 2 ] NOT PRESENT/OTHER . 3 ] (SKIP TO 114) ←
113	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED ..... 995 OTHER ..... 996	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED ..... 995 OTHER ..... 996	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED ..... 995 OTHER ..... 996
114	GO BACK TO 103 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 201.			

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

101	<p><b>INTERVIEWER TO COMPLETE Q. 102 USING TABLET REPORT AND Q. 103 USING BIRTH HISTORY</b>                  USE THE INTERVIEWER'S MENU AND SELECT THE APPROPRIATE OPTION TO LIST ALL CHILDREN AGE 0-5 ELIGIBLE FOR BIOMARKER TESTING. RECORD THE COMPLETE NAME, AGE AND THE LINE NUMBER AS THEY APPEAR IN THE REPORT ON YOUR TABLET. LIST EACH CHILD IN THE SAME ORDER SHOWN IN THE REPORT. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). WRITE THE NAME OF EACH ELIGIBLE CHILD ON EACH SUBSEQUENT PAGES.</p>			
		CHILD 4	CHILD 5	CHILD 6
102	FROM TABLET'S REPORT:  WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER FROM HOUSEHOLD QUESTIONNAIRE.	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>
103	INTERVIEWER OR SUPERVISOR TO COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM BIRTH HISTORY.	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"/>	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"/>	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"/>
103/	<p><b>MEASURER AND ASSISTANT START FROM HERE</b></p>			
104	CHECK 103: CHILD BORN IN 2014-2020?	YES ..... 1 NO ..... 2 (SKIP TO 114) ←	YES ..... 1 NO ..... 2 (SKIP TO 114) ←	YES ..... 1 NO ..... 2 (SKIP TO 114) ←
105	ASSISTANT TO RECORD <b>WEIGHT</b> IN KILOGRAMS.	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996
106	CHECK 103 TO DETERMINE HOW CHILD NEEDS TO BE MEASURED.  ASSISTANT TO RECORD <b>HEIGHT/LENGTH</b> IN CENTIMETERS.	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996
107	CHILD MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2
108	MEASURER: ENTER YOUR FIELDWORKER NUMBER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

		CHILD 4	CHILD 5	CHILD 6
102	FROM TABLET'S REPORT:  WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER FROM HOUSEHOLD QUESTIONNAIRE.	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>
109	CHECK 103: CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR 5 PREVIOUS MONTHS?	0-5 MONTHS ..... 1 ] (SKIP TO 114) ←  OLDER ..... 2	0-5 MONTHS ..... 1 ] (SKIP TO 114) ←  OLDER ..... 2	0-5 MONTHS ..... 1 ] (SKIP TO 114) ←  OLDER ..... 2
110	WRITE THE NAME OF THE PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD	NAME OF PARENT/ADULT RESPONSIBLE  NAME _____	NAME OF PARENT/ADULT RESPONSIBLE  NAME _____	NAME OF PARENT/ADULT RESPONSIBLE  NAME _____
111	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We ask that all children born in 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.</p> <p>The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?</p>		
112	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 ] _____ (SIGN) ← REFUSED ..... 2 ] NOT PRESENT/OTHER . 3 ] (SKIP TO 114) ←	GRANTED ..... 1 ] _____ (SIGN) ← REFUSED ..... 2 ] NOT PRESENT/OTHER . 3 ] (SKIP TO 114) ←	GRANTED ..... 1 ] _____ (SIGN) ← REFUSED ..... 2 ] NOT PRESENT/OTHER . 3 ] (SKIP TO 114) ←
113	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED ..... 995 OTHER ..... 996	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED ..... 995 OTHER ..... 996	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED ..... 995 OTHER ..... 996
114	GO BACK TO 103 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 201.			

201	<p><b>INTERVIEWER TO COMPLETE Q. 202-204A USING TABLET REPORT</b>                  USE THE APPROPRIATE OPTION FROM THE INTERVIEWER'S MENU TO LIST ALL WOMEN AGE 15-49 ELIGIBLE FOR BIOMARKER TESTING. IN EACH COLUMN, WRITE THE COMPLETE NAME, AGE AND LINE NUMBER AS THEY APPEAR IN THE REPORT ON YOUR TABLET. ALSO CIRCLE THE APPROPRIATE CODE FOR QUESTION 203. IF THE WOMAN'S AGE IS 15-17, COMPLETE QUESTION 204 USING THE MARITAL STATUS INFORMATION PRINTED IN THE TABLET'S REPORT.                  IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).</p>			
		WOMAN 1	WOMAN 2	WOMAN 3
202	FROM TABLET'S REPORT:  WRITE WOMAN'S AGE  WRITE WOMAN'S LINE NUMBER	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>
203	FROM TABLET'S REPORT:  CIRCLE CODE FOR AGE GROUP.	15-17 YEARS ..... 1 18-49 YEARS ..... 2 SKIP TO 204A ←	15-17 YEARS ..... 1 18-49 YEARS ..... 2 SKIP TO 204A ←	15-17 YEARS ..... 1 18-49 YEARS ..... 2 SKIP TO 204A ←
204	FROM TABLET'S REPORT:  CIRCLE CODE FOR MARITAL STATUS	CODE 4 (NEVER IN UNION) . 1 OTHER ..... 2	CODE 4 (NEVER IN UNION) . 1 OTHER ..... 2	CODE 4 (NEVER IN UNION) . 1 OTHER ..... 2
		WOMAN 1	WOMAN 2	WOMAN 3
204A	NAME FROM 202.	NAME _____	NAME _____	NAME _____
204B	<p><b>BIOMARKER START FROM HERE:</b>                  BEFORE PROCEEDING WITH THE CONSENT STATEMENTS, ASK THE RESPONDENT HER AGE AND MARITAL STATUS TO CONFIRM THE INFORMATION IN Q203/Q204. IF THERE ARE ANY DISCREPANCIES THAT AFFECT THE INFORMED CONSENT PATTERN (MINOR VS. ADULT); GO BACK TO Q203/Q204 AND MAKE CORRECTIONS. PLEASE INFORM THE INTERVIEWER OF NEEDED ADJUSTMENTS IN THE HOUSEHOLD SCHEDULE (QH07/QH08), IF NECESSARY.</p>			
205	WEIGHT IN KILOGRAMS.	KG. .... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>  NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	KG. .... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>  NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	KG. .... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>  NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996
206	HEIGHT IN CENTIMETERS.	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>  NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>  NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>  NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996
207	MEASURER: ENTER YOUR FIELDWORKER NUMBER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER

		WOMAN 1	WOMAN 2	WOMAN 3
204A	NAME FROM 202.	NAME _____	NAME _____	NAME _____
208	CHECK 203: AGE	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (SKIP TO 210) ←	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (SKIP TO 210) ←	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (SKIP TO 210) ←
209	CHECK 204: MARITAL STATUS	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 218) ← OTHER ..... 2	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 218) ← OTHER ..... 2	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 218) ← OTHER ..... 2

**ADULT RESPONDENT CONSENT FOR ANEMIA TEST**

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

**ADULT RESPONDENT CONSENT FOR DBS COLLECTION**

ADULT RESPONDENT CONSENT	212	ASK CONSENT FOR DBS COLLECTION.	<p>As part of the survey we also are asking people all over the country to give blood for HIV testing. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV.</p> <p>For the HIV testing, we need a few (more) drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. No names will be attached so we will not be able to tell you the test results. No one else will be able to know your test results either.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood for the HIV testing?</p>		
	213	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED ..... 1 RESPONDENT REFUSED ... 2 ← _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 216) NOT PRESENT/OTHER ..... 3 (SKIP TO 216) ←	GRANTED ..... 1 RESPONDENT REFUSED ... 2 ← _____ (SIGN AND ENTER YOUR FIELDWORKER ID NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 216) NOT PRESENT/OTHER ..... 3 (SKIP TO 216) ←	GRANTED ..... 1 RESPONDENT REFUSED ... 2 ← _____ (SIGN AND ENTER YOUR FIELDWORKER ID NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 216) NOT PRESENT/OTHER ..... 3 (SKIP TO 216) ←

		WOMAN 1	WOMAN 2	WOMAN 3
204A	NAME FROM 202.	NAME _____	NAME _____	NAME _____

ADULT RESPONDENT CONSENT FOR ADDITIONAL TESTING					
ADULT RESPONDENT	214	ASK CONSENT FOR ADDITIONAL TESTING.	<p>We ask you to allow the National Reference Laboratory to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>		
	CONSENT	215	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN)	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN)

ADULT RESPONDENT CONSENT FOR RDT TESTING					
ADULT RESPONDENT	216	ASK CONSENT FOR HIV RDT TEST.	<p>If you want to know your HIV status right now, we can do a rapid diagnostic test and tell you the result. The testing is free and we will offer counseling before and after the test.</p> <p>For the rapid HIV test, we need a few (more) drops of blood from a finger. We will use the same rapid tests used in hospitals in Liberia. 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 result of the test will be available in about 15 minutes.</p> <p>If the test is positive, I will give you a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health.</p> <p>Do you have any questions?</p> <p>You can say yes or no. It is up to you to decide.</p> <p>Will you give blood for rapid HIV testing?</p>		
	CONSENT	217	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN, ENTER YOUR FIELDWORKER NUMBER, AND SKIP TO 235) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER ..... 3 (SKIP TO 235)	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN, ENTER YOUR FIELDWORKER NUMBER, AND SKIP TO 235) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER ..... 3 (SKIP TO 235)



		WOMAN 1	WOMAN 2	WOMAN 3
204A	NAME FROM 202.	NAME _____	NAME _____	NAME _____

218	WRITE THE NAME OF THE PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT	NAME _____	NAME _____	NAME _____
-----	---	------------	------------	------------

**PARENTAL/RESPONSIBLE ADULT CONSENT FOR ANEMIA TEST**

P A R E N T  R E S P  A D U L T  C O N S E N T	219	ASK CONSENT FOR ANEMIA TEST FROM PARENT/ADULT.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF MINOR) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF MINOR) to take the anemia test?</p>		
	220	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 223) NOT PRESENT/OTHER ..... 3 (SKIP TO 223)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 223) NOT PRESENT/OTHER ..... 3 (SKIP TO 223)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 223) NOT PRESENT/OTHER ..... 3 (SKIP TO 223)

**MINOR RESPONDENT CONSENT FOR ANEMIA TEST**

M I N O R  R E S P O N D E N T  C O N S E N T	221	ASK CONSENT FOR ANEMIA TEST FROM RESPONDENT.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF PARENT/RESPONSIBLE ADULT) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you take the anemia test?</p>		
	222	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 223) NOT PRESENT/OTHER ..... 3 (SKIP TO 223)	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 223) NOT PRESENT/OTHER ..... 3 (SKIP TO 223)	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 223) NOT PRESENT/OTHER ..... 3 (SKIP TO 223)
	222A	ASK: Are you pregnant?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8

		WOMAN 1	WOMAN 2	WOMAN 3
204A	NAME FROM 202.	NAME _____	NAME _____	NAME _____

PARENTAL/RESPONSIBLE ADULT CONSENT FOR DBS COLLECTION					
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	223	ASK CONSENT FOR DBS COLLECTION FROM PARENT/ADULT.	<p>As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that can lead to AIDS. The HIV test is being done to see how many people have HIV.</p> <p>For the HIV test, we need a few (more) drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one else will be able to know (NAME OF MINOR)'s test results either.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF MINOR) to give blood for the HIV testing?</p>		
	224	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 231) NOT PRESENT/OTHER ..... 3 (SKIP TO 231)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 231) NOT PRESENT/OTHER ..... 3 (SKIP TO 231)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 231) NOT PRESENT/OTHER ..... 3 (SKIP TO 231)

MINOR RESPONDENT CONSENT FOR DBS COLLECTION					
M I N O R  R E S P O N D E N T  C O N S E N T	225	ASK CONSENT FOR DBS COLLECTION FROM MINOR RESPONDENT.	<p>As part of the survey we also are asking people all over the country to give blood for HIV testing. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV.</p> <p>For the HIV testing, we need a few (more) drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. No names will be attached so we will not be able to tell you the test results. No one else will be able to know your test results either.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood for the HIV testing?</p>		
	226	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 231) NOT PRESENT/OTHER ..... 3 (SKIP TO 231)	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 231) NOT PRESENT/OTHER ..... 3 (SKIP TO 231)	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 231) NOT PRESENT/OTHER ..... 3 (SKIP TO 231)

		WOMAN 1	WOMAN 2	WOMAN 3
204A	NAME FROM 202.	NAME _____	NAME _____	NAME _____

PARENTAL/RESPONSIBLE ADULT CONSENT FOR ADDITIONAL TESTING					
P A R E N T  R E S P A D U L T  C O N S E N T	227	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/ADULT.	<p>We ask you to allow the National Reference Laboratory to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify (NAME OF MINOR). You do not have to agree. If you do not want the blood sample stored for additional testing, (NAME OF MINOR) can still participate in the HIV testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>		
	228	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 231) NOT PRESENT/OTHER ..... 3 (SKIP TO 231)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 231) NOT PRESENT/OTHER ..... 3 (SKIP TO 231)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 231) NOT PRESENT/OTHER ..... 3 (SKIP TO 231)

MINOR RESPONDENT CONSENT FOR ADDITIONAL TESTING					
M I N O R  R E S P O N D E N T  C O N S E N T	229	ASK CONSENT FOR ADDITIONAL TESTING FROM MINOR RESPONDENT.	<p>We ask you to allow the National Reference Laboratory to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>		
	230	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN)	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN)	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN)

		WOMAN 1	WOMAN 2	WOMAN 3
204A	NAME FROM 202.	NAME _____	NAME _____	NAME _____

PARENTAL/RESPONSIBLE ADULT CONSENT FOR RDT TESTING																						
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	231	<p>ASK CONSENT FOR RDT TEST FROM PARENT/ADULT.</p> <p>If you want (NAME OF MINOR) to know her HIV status right now, we can do a rapid diagnostic test and tell her the result. The testing is free and we will offer counseling before and after the test.</p> <p>For the rapid HIV test, we need a few (more) drops of blood from a finger. We will use the same rapid tests used in hospitals in Liberia. 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 result of the test will be available in about 15 minutes.</p> <p>If the test is positive, I will give (NAME OF MINOR) a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health.</p> <p>Do you have any questions?</p> <p>You can say yes or no. It is up to you to decide.</p> <p>Will you allow (NAME OF MINOR) to give blood for rapid HIV testing?</p>																				
	232	<p>CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.</p> <table border="0"> <tr> <td>GRANTED . . . . . 1</td> <td>GRANTED . . . . . 1</td> <td>GRANTED . . . . . 1</td> </tr> <tr> <td>PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2</td> <td>PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2</td> <td>PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2</td> </tr> <tr> <td style="text-align: center;">(SIGN AND ENTER YOUR FIELDWORKER NUMBER)</td> <td style="text-align: center;">(SIGN AND ENTER YOUR FIELDWORKER NUMBER)</td> <td style="text-align: center;">(SIGN AND ENTER YOUR FIELDWORKER NUMBER)</td> </tr> <tr> <td style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </td> <td style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </td> <td style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </td> </tr> <tr> <td>(IF REFUSED, SKIP TO 235)</td> <td>(IF REFUSED, SKIP TO 235)</td> <td>(IF REFUSED, SKIP TO 235)</td> </tr> <tr> <td>NOT PRESENT/OTHER . . . . . 3</td> <td>NOT PRESENT/OTHER . . . . . 3</td> <td>NOT PRESENT/OTHER . . . . . 3</td> </tr> <tr> <td style="text-align: center;">(SKIP TO 235)</td> <td style="text-align: center;">(SKIP TO 235)</td> <td style="text-align: center;">(SKIP TO 235)</td> </tr> </table>	GRANTED . . . . . 1	GRANTED . . . . . 1	GRANTED . . . . . 1	PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2	PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2	PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2	(SIGN AND ENTER YOUR FIELDWORKER NUMBER)	(SIGN AND ENTER YOUR FIELDWORKER NUMBER)	(SIGN AND ENTER YOUR FIELDWORKER NUMBER)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(IF REFUSED, SKIP TO 235)	(IF REFUSED, SKIP TO 235)	(IF REFUSED, SKIP TO 235)	NOT PRESENT/OTHER . . . . . 3	NOT PRESENT/OTHER . . . . . 3	NOT PRESENT/OTHER . . . . . 3	(SKIP TO 235)	(SKIP TO 235)
GRANTED . . . . . 1	GRANTED . . . . . 1	GRANTED . . . . . 1																				
PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2	PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2	PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2																				
(SIGN AND ENTER YOUR FIELDWORKER NUMBER)	(SIGN AND ENTER YOUR FIELDWORKER NUMBER)	(SIGN AND ENTER YOUR FIELDWORKER NUMBER)																				
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																				
(IF REFUSED, SKIP TO 235)	(IF REFUSED, SKIP TO 235)	(IF REFUSED, SKIP TO 235)																				
NOT PRESENT/OTHER . . . . . 3	NOT PRESENT/OTHER . . . . . 3	NOT PRESENT/OTHER . . . . . 3																				
(SKIP TO 235)	(SKIP TO 235)	(SKIP TO 235)																				

MINOR RESPONDENT CONSENT FOR RDT TEST													
M I N O R  R E S P O N D E N T  C O N S E N T	233	<p>ASK CONSENT FOR RDT TEST FROM MINOR RESPONDENT.</p> <p>If you want to know your HIV status right now, we can do a rapid diagnostic test and tell you the result. The testing is free and we will offer counseling before and after the test.</p> <p>For the rapid HIV test, we need a few (more) drops of blood from a finger. We will use the same rapid tests used in hospitals in Liberia. 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 result of the test will be available in about 15 minutes.</p> <p>If the test is positive, I will give you a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health.</p> <p>Do you have any questions?</p> <p>You can say yes or no. It is up to you to decide.</p> <p>Will you give blood for rapid HIV testing?</p>											
	234	<p>CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.</p> <table border="0"> <tr> <td>GRANTED . . . . . 1</td> <td>GRANTED . . . . . 1</td> <td>GRANTED . . . . . 1</td> </tr> <tr> <td>MINOR RESPONDENT REFUSED . . . . . 2</td> <td>MINOR RESPONDENT REFUSED . . . . . 2</td> <td>MINOR RESPONDENT REFUSED . . . . . 2</td> </tr> <tr> <td style="text-align: center;">(SIGN)</td> <td style="text-align: center;">(SIGN)</td> <td style="text-align: center;">(SIGN)</td> </tr> <tr> <td>NOT PRESENT/OTHER . . . . . 3</td> <td>NOT PRESENT/OTHER . . . . . 3</td> <td>NOT PRESENT/OTHER . . . . . 3</td> </tr> </table>	GRANTED . . . . . 1	GRANTED . . . . . 1	GRANTED . . . . . 1	MINOR RESPONDENT REFUSED . . . . . 2	MINOR RESPONDENT REFUSED . . . . . 2	MINOR RESPONDENT REFUSED . . . . . 2	(SIGN)	(SIGN)	(SIGN)	NOT PRESENT/OTHER . . . . . 3	NOT PRESENT/OTHER . . . . . 3
GRANTED . . . . . 1	GRANTED . . . . . 1	GRANTED . . . . . 1											
MINOR RESPONDENT REFUSED . . . . . 2	MINOR RESPONDENT REFUSED . . . . . 2	MINOR RESPONDENT REFUSED . . . . . 2											
(SIGN)	(SIGN)	(SIGN)											
NOT PRESENT/OTHER . . . . . 3	NOT PRESENT/OTHER . . . . . 3	NOT PRESENT/OTHER . . . . . 3											

		WOMAN 1	WOMAN 2	WOMAN 3
204A	NAME FROM 202.	NAME _____	NAME _____	NAME _____

235	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
235A	PLACE BAR CODE LABEL.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">           PUT THE 1ST BAR CODE LABEL HERE.         </div> <p>NOT PRESENT ..... 99994          REFUSED ..... 99995          OTHER ..... 99996</p> <p>PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.</p>	<div style="border: 1px dashed black; padding: 5px; text-align: center;">           PUT THE 1ST BAR CODE LABEL HERE.         </div> <p>NOT PRESENT ..... 99994          REFUSED ..... 99995          OTHER ..... 99996</p> <p>PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.</p>	<div style="border: 1px dashed black; padding: 5px; text-align: center;">           PUT THE 1ST BAR CODE LABEL HERE.         </div> <p>NOT PRESENT ..... 99994          REFUSED ..... 99995          OTHER ..... 99996</p> <p>PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.</p>
236	ADDITIONAL TESTS.	<p>IF ADULT RESPONDENT, CHECK 215; IF MINOR RESPONDENT, CHECK 228 AND 230.</p> <p>IF CONSENT HAS NOT BEEN GRANTED, WRITE "NAT" ON THE FILTER PAPER.</p>	<p>IF ADULT RESPONDENT, CHECK 215; IF MINOR RESPONDENT, CHECK 228 AND 230.</p> <p>IF CONSENT HAS NOT BEEN GRANTED, WRITE "NAT" ON THE FILTER PAPER.</p>	<p>IF ADULT RESPONDENT, CHECK 215; IF MINOR RESPONDENT, CHECK 228 AND 230.</p> <p>IF CONSENT HAS NOT BEEN GRANTED, WRITE "NAT" ON THE FILTER PAPER.</p>
237	RECORD HEMOGLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET.	<p>G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/></p> <p>NOT PRESENT ..... 994          REFUSED ..... 995          OTHER ..... 996</p>	<p>G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/></p> <p>NOT PRESENT ..... 994          REFUSED ..... 995          OTHER ..... 996</p>	<p>G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/></p> <p>NOT PRESENT ..... 994          REFUSED ..... 995          OTHER ..... 996</p>

		WOMAN 1	WOMAN 2	WOMAN 3
204A	NAME FROM 202.	NAME _____	NAME _____	NAME _____

239	RECORD THE RESULT OF THE "DETERMINE HIV RDT" HERE.	POSITIVE ..... 1 NEGATIVE ..... 2 (SKIP TO 243) ← NOT PRESENT ..... 3 REFUSED ..... 4 OTHER ..... 5 (SKIP TO 245) ←	POSITIVE ..... 1 NEGATIVE ..... 2 (SKIP TO 243) ← NOT PRESENT ..... 3 REFUSED ..... 4 OTHER ..... 5 (SKIP TO 245) ←	POSITIVE ..... 1 NEGATIVE ..... 2 (SKIP TO 243) ← NOT PRESENT ..... 3 REFUSED ..... 4 OTHER ..... 5 (SKIP TO 245) ←
240	RECORD THE RESULT OF THE "SD BIOLINE HIV RDT" HERE.	POSITIVE ..... 1 (SKIP TO 242) ← NEGATIVE ..... 2 NOT PRESENT ..... 3 REFUSED ..... 4 OTHER ..... 5 (SKIP TO 245) ←	POSITIVE ..... 1 (SKIP TO 242) ← NEGATIVE ..... 2 NOT PRESENT ..... 3 REFUSED ..... 4 OTHER ..... 5 (SKIP TO 245) ←	POSITIVE ..... 1 (SKIP TO 242) ← NEGATIVE ..... 2 NOT PRESENT ..... 3 REFUSED ..... 4 OTHER ..... 5 (SKIP TO 245) ←
241	RECORD THE RESULT OF THE "UNIGOLD HIV RDT"	POSITIVE ..... 1 NEGATIVE ..... 2 (SKIP TO 243) ← NOT PRESENT ..... 3 REFUSED ..... 4 OTHER ..... 5 (SKIP TO 245) ←	POSITIVE ..... 1 NEGATIVE ..... 2 (SKIP TO 243) ← NOT PRESENT ..... 3 REFUSED ..... 4 OTHER ..... 5 (SKIP TO 245) ←	POSITIVE ..... 1 NEGATIVE ..... 2 (SKIP TO 243) ← NOT PRESENT ..... 3 REFUSED ..... 4 OTHER ..... 5 (SKIP TO 245) ←

		WOMAN 1	WOMAN 2	WOMAN 3
204A	NAME FROM 202.	NAME _____	NAME _____	NAME _____
242	<p>IF 239 AND 240 ARE POSITIVE OR 239 AND 241 ARE POSITIVE, <u>RESPONDENT IS HIV POSITIVE:</u></p> <p>INFORM SURVEY PARTICIPANT ABOUT POSITIVE HIV STATUS AND PROVIDE POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV CARE AND TREATMENT SERVICES ARE AVAILABLE.</p> <p>SKIP TO 245</p>			
243	<p>IF 239 IS NEGATIVE OR 240 AND 241 ARE NEGATIVE, <u>RESPONDENT IS HIV NEGATIVE:</u></p> <p>INFORM THE RESPONDENT OF NEGATIVE TEST RESULT, AND CONDUCT POST-TEST COUNSELING.</p>			
245	WHILE TESTING THIS PERSON, WAS ANY RDT INVALID/DID ANY RDT FAIL TO RUN, THAT IS, THE CONTROL BAND DID NOT APPEAR?	RDT CONDUCTED, YES ANY INVALID ..... 1 RDT CONDUCTED, NONE INVALID ..... 2 NO RDT CONDUCTED .... 3 (SKIP TO 249) ←	RDT CONDUCTED, YES ANY INVALID ..... 1 RDT CONDUCTED, NONE INVALID ..... 2 NO RDT CONDUCTED .... 3 (SKIP TO 249) ←	RDT CONDUCTED, YES ANY INVALID ..... 1 RDT CONDUCTED, NONE INVALID ..... 2 NO RDT CONDUCTED .... 3 (SKIP TO 249) ←
246	RECORD NUMBER OF INVALID RESULTS USING "DETERMINE HIV RDT"	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00
247	RECORD NUMBER OF INVALID RESULTS USING "SD BIOLINE HIV RDT"	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00
248	RECORD NUMBER OF INVALID RESULTS USING "UNIGOLD HIV RDT" HERE.	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00
249	GO TO 401 IN THE NEXT SECTION OF THIS QUESTIONNAIRE AND CONTINUE WITH THE SAME WOMAN.			

301	<p><b>INTERVIEWER TO COMPLETE Q. 302-304A USING TABLET REPORT</b>                  USE THE APPROPRIATE OPTION FROM THE INTERVIEWER'S MENU TO LIST ALL MEN AGE 15-59 ELIGIBLE FOR BIOMARKER TESTING. IN EACH COLUMN, WRITE THE COMPLETE NAME, AGE AND LINE NUMBER AS THEY APPEAR IN THE REPORT ON YOUR TABLET. ALSO CIRCLE THE APPROPRIATE CODE FOR QUESTION 303. IF THE MAN'S AGE IS 15-17, COMPLETE QUESTION 304 USING THE MARITAL STATUS INFORMATION PRINTED IN THE TABLET'S REPORT. IF THERE ARE MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S).</p>			
		MAN 1	MAN 2	MAN 3
302	FROM TABLET'S REPORT:  WRITE MAN'S AGE  WRITE MAN'S LINE NUMBER	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>
303	FROM TABLET'S REPORT:  CIRCLE CODE FOR AGE GROUP.	15-17 YEARS ..... 1 18-59 YEARS ..... 2 SKIP TO 304A ←	15-17 YEARS ..... 1 18-59 YEARS ..... 2 SKIP TO 304A ←	15-17 YEARS ..... 1 18-59 YEARS ..... 2 SKIP TO 304A ←
304	FROM TABLET'S REPORT:  CIRCLE CODE FOR MARITAL STATUS	CODE 4 (NEVER IN UNION) . 1 OTHER ..... 2	CODE 4 (NEVER IN UNION) . 1 OTHER ..... 2	CODE 4 (NEVER IN UNION) . 1 OTHER ..... 2
		MAN 1	MAN 2	MAN 3
304A	NAME FROM 302.	NAME _____	NAME _____	NAME _____
304B	<p><b>BIOMARKER START FROM HERE:</b>                  BEFORE PROCEEDING WITH THE CONSENT STATEMENTS, ASK THE RESPONDENT HIS AGE AND MARITAL STATUS TO CONFIRM THE INFORMATION IN Q303/Q304. IF THERE ARE ANY DISCREPANCIES THAT AFFECT THE INFORMED CONSENT PATTERN (MINOR VS. ADULT); GO BACK TO Q303/Q304 AND MAKE CORRECTIONS. PLEASE INFORM THE INTERVIEWER OF NEEDED ADJUSTMENTS IN THE HOUSEHOLD SCHEDULE (QH07/QH08), IF NECESSARY.</p>			
308	CHECK 303: AGE	15-17 YEARS ..... 1 18-59 YEARS ..... 2 (SKIP TO 310) ←	15-17 YEARS ..... 1 18-59 YEARS ..... 2 (SKIP TO 310) ←	15-17 YEARS ..... 1 18-59 YEARS ..... 2 (SKIP TO 310) ←
309	CHECK 304: MARITAL STATUS	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 316) ← OTHER ..... 2	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 316) ← OTHER ..... 2	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 316) ← OTHER ..... 2



		MAN 1	MAN 2	MAN 3
304A	NAME FROM 302.	NAME _____	NAME _____	NAME _____

**ADULT RESPONDENT CONSENT FOR DBS COLLECTION**

ADULT RESPONDENT CONSENT	310	ASK CONSENT FOR DBS COLLECTION.	<p>As part of the survey we also are asking people all over the country to give blood for HIV testing. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV.</p> <p>For the HIV testing, we need a few (more) drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. No names will be attached so we will not be able to tell you the test results. No one else will be able to know your test results either.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood for the HIV testing?</p>		
	311	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 314) NOT PRESENT/OTHER ..... 3 (SKIP TO 314)	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER ID NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 314) NOT PRESENT/OTHER ..... 3 (SKIP TO 314)	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER ID NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 314) NOT PRESENT/OTHER ..... 3 (SKIP TO 314)

**ADULT RESPONDENT CONSENT FOR ADDITIONAL TESTING**

ADULT RESPONDENT CONSENT	312	ASK CONSENT FOR ADDITIONAL TESTING.	<p>We ask you to allow the National Reference Laboratory to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>		
	313	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN)	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN)	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN)

**ADULT RESPONDENT CONSENT FOR RDT TESTING**

ADULT RESPONDENT CONSENT	314	ASK CONSENT FOR HIV RDT TEST.	<p>If you want to know your HIV status right now, we can do a rapid diagnostic test and tell you the result. The testing is free and we will offer counseling before and after the test.</p> <p>For the rapid HIV test, we need a few (more) drops of blood from a finger. We will use the same rapid tests used in hospitals in Liberia. 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 result of the test will be available in about 15 minutes.</p> <p>If the test is positive, I will give you a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood for rapid HIV testing?</p>		
	315	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN, ENTER YOUR FIELDWORKER NUMBER, AND SKIP TO 329) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER ..... 3 (SKIP TO 329)	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN, ENTER YOUR FIELDWORKER NUMBER, AND SKIP TO 329) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER ..... 3 (SKIP TO 329)	GRANTED ..... 1 RESPONDENT REFUSED ... 2 _____ (SIGN, ENTER YOUR FIELDWORKER NUMBER, AND SKIP TO 329) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER ..... 3 (SKIP TO 329)

		MAN 1	MAN 2	MAN 3
304A	NAME FROM 302.	NAME _____	NAME _____	NAME _____

316	WRITE THE NAME OF THE PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT	NAME _____	NAME _____	NAME _____
-----	---	------------	------------	------------

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

P A R E N T	317	ASK CONSENT FOR DBS COLLECTION FROM PARENT/ADULT.	<p>As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that can lead to AIDS. The HIV test is being done to see how many people have HIV.</p> <p>For the HIV test, we need a few (more) drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one else will be able to know (NAME OF MINOR)'s test results either.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF MINOR) to give blood for the HIV testing?</p>		
	R E S P O N S I B L E	318	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 325)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 325)
A D U L T				NOT PRESENT/OTHER ..... 3 (SKIP TO 325)	NOT PRESENT/OTHER ..... 3 (SKIP TO 325)
	C O N S E N T				

**MINOR RESPONDENT CONSENT FOR DBS COLLECTION**

M I N O R	319	ASK CONSENT FOR DBS COLLECTION FROM MINOR RESPONDENT.	<p>As part of the survey we also are asking people all over the country to give blood for HIV testing. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV.</p> <p>For the HIV testing, we need a few (more) drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. No names will be attached so we will not be able to tell you the test results. No one else will be able to know your test results either.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood for the HIV testing?</p>		
	R E S P O N D E N T	320	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 325)	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 325)
C O N S E N T				NOT PRESENT/OTHER ..... 3 (SKIP TO 325)	NOT PRESENT/OTHER ..... 3 (SKIP TO 325)

		MAN 1	MAN 2	MAN 3
304A	NAME FROM 302.	NAME _____	NAME _____	NAME _____

PARENTAL/RESPONSIBLE ADULT CONSENT FOR ADDITIONAL TESTING					
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	321	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/ADULT.	<p>We ask you to allow the National Reference Laboratory to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify (NAME OF MINOR). You do not have to agree. If you do not want the blood sample stored for additional testing, (NAME OF MINOR) can still participate in the HIV testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>		
	322	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 325) NOT PRESENT/OTHER ..... 3 (SKIP TO 325)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 325) NOT PRESENT/OTHER ..... 3 (SKIP TO 325)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 325) NOT PRESENT/OTHER ..... 3 (SKIP TO 325)

MINOR RESPONDENT CONSENT FOR ADDITIONAL TESTING					
M I N O R  R E S P O N D E N T  C O N S E N T	323	ASK CONSENT FOR ADDITIONAL TESTING FROM MINOR RESPONDENT.	<p>We ask you to allow the National Reference Laboratory to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>		
	324	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN)	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN)	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN)

		MAN 1	MAN 2	MAN 3
304A	NAME FROM 302.	NAME _____	NAME _____	NAME _____

PARENTAL/RESPONSIBLE ADULT CONSENT FOR RDT TESTING					
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	325	ASK CONSENT FOR RDT TEST FROM PARENT/ADULT.	<p>If you want (NAME OF MINOR) to know her HIV status right now, we can do a rapid diagnostic test and tell him the result. The testing is free and we will offer counseling before and after the test.</p> <p>For the rapid HIV test, we need a few (more) drops of blood from a finger. We will use the same rapid tests used in hospitals in Liberia. 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 result of the test will be available in about 15 minutes.</p> <p>If the test is positive, I will give (NAME OF MINOR) a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF MINOR) to give blood for rapid HIV testing?</p>		
	326	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 329) NOT PRESENT/OTHER ..... 3 (SKIP TO 329)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 329) NOT PRESENT/OTHER ..... 3 (SKIP TO 329)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 329) NOT PRESENT/OTHER ..... 3 (SKIP TO 329)

MINOR RESPONDENT CONSENT FOR RDT TEST					
M I N O R  R E S P O N D E N T  C O N S E N T	327	ASK CONSENT FOR RDT TEST FROM MINOR RESPONDENT.	<p>If you want to know your HIV status right now, we can do a rapid diagnostic test and tell you the result. The testing is free and we will offer counseling before and after the test.</p> <p>For the rapid HIV test, we need a few (more) drops of blood from a finger. We will use the same rapid tests used in hospitals in Liberia. 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 result of the test will be available in about 15 minutes.</p> <p>If the test is positive, I will give you a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood for rapid HIV testing?</p>		
	328	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) NOT PRESENT/OTHER ..... 3	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) NOT PRESENT/OTHER ..... 3	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) NOT PRESENT/OTHER ..... 3

		MAN 1	MAN 2	MAN 3
304A	NAME FROM 302.	NAME _____	NAME _____	NAME _____

329	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
329A	PLACE BAR CODE LABEL.	<div style="border: 2px dashed black; padding: 5px; text-align: center;">           PUT THE 1ST BAR CODE LABEL HERE.         </div> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	<div style="border: 2px dashed black; padding: 5px; text-align: center;">           PUT THE 1ST BAR CODE LABEL HERE.         </div> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	<div style="border: 2px dashed black; padding: 5px; text-align: center;">           PUT THE 1ST BAR CODE LABEL HERE.         </div> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996
		PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
330	ADDITIONAL TESTS.	IF ADULT RESPONDENT, CHECK 313; IF MINOR RESPONDENT, CHECK 322 AND 324.  IF CONSENT HAS NOT BEEN GRANTED, WRITE "NAT" ON THE FILTER PAPER.	IF ADULT RESPONDENT, CHECK 313; IF MINOR RESPONDENT, CHECK 322 AND 324.  IF CONSENT HAS NOT BEEN GRANTED, WRITE "NAT" ON THE FILTER PAPER.	IF ADULT RESPONDENT, CHECK 313; IF MINOR RESPONDENT, CHECK 322 AND 324.  IF CONSENT HAS NOT BEEN GRANTED, WRITE "NAT" ON THE FILTER PAPER.
332	RECORD THE RESULT OF THE "DETERMINE HIV RDT" HERE.	POSITIVE ..... 1 NEGATIVE ..... 2 (SKIP TO 336) ← 2 NOT PRESENT ..... 3 REFUSED ..... 4 OTHER ..... 5 (SKIP TO 337) ← 5	POSITIVE ..... 1 NEGATIVE ..... 2 (SKIP TO 336) ← 2 NOT PRESENT ..... 3 REFUSED ..... 4 OTHER ..... 5 (SKIP TO 337) ← 5	POSITIVE ..... 1 NEGATIVE ..... 2 (SKIP TO 336) ← 2 NOT PRESENT ..... 3 REFUSED ..... 4 OTHER ..... 5 (SKIP TO 337) ← 5
333	RECORD THE RESULT OF THE "SD BIOLINE HIV RDT" HERE.	POSITIVE ..... 1 (SKIP TO 335) ← 1 NEGATIVE ..... 2 NOT PRESENT ..... 3 REFUSED ..... 4 OTHER ..... 5 (SKIP TO 337) ← 5	POSITIVE ..... 1 (SKIP TO 335) ← 1 NEGATIVE ..... 2 NOT PRESENT ..... 3 REFUSED ..... 4 OTHER ..... 5 (SKIP TO 337) ← 5	POSITIVE ..... 1 (SKIP TO 335) ← 1 NEGATIVE ..... 2 NOT PRESENT ..... 3 REFUSED ..... 4 OTHER ..... 5 (SKIP TO 337) ← 5
334	RECORD THE RESULT OF THE "UNIGOLD HIV RDT"	POSITIVE ..... 1 NEGATIVE ..... 2 (SKIP TO 336) ← 2 NOT PRESENT ..... 3 REFUSED ..... 4 OTHER ..... 5 (SKIP TO 337) ← 5	POSITIVE ..... 1 NEGATIVE ..... 2 (SKIP TO 336) ← 2 NOT PRESENT ..... 3 REFUSED ..... 4 OTHER ..... 5 (SKIP TO 337) ← 5	POSITIVE ..... 1 NEGATIVE ..... 2 (SKIP TO 336) ← 2 NOT PRESENT ..... 3 REFUSED ..... 4 OTHER ..... 5 (SKIP TO 337) ← 5

		MAN 1	MAN 2	MAN 3
304A	NAME FROM 302.	NAME _____	NAME _____	NAME _____
335	<p>IF 332 AND 333 ARE POSITIVE OR 332 AND 334 ARE POSITIVE, <u>RESPONDENT IS HIV POSITIVE:</u></p> <p>INFORM SURVEY PARTICIPANT ABOUT POSITIVE HIV STATUS AND PROVIDE POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV CARE AND TREATMENT SERVICES ARE AVAILABLE.</p> <p>SKIP TO 337</p>			
336	<p>IF 332 IS NEGATIVE OR 333 AND 334 ARE NEGATIVE, <u>RESPONDENT IS HIV NEGATIVE:</u></p> <p>INFORM THE RESPONDENT OF NEGATIVE TEST RESULT, AND CONDUCT POST-TEST COUNSELING.</p>			
337	WHILE TESTING THIS PERSON, WAS ANY RDT INVALID/DID ANY RDT FAIL TO RUN, THAT IS, THE CONTROL BAND DID NOT APPEAR?	RDT CONDUCTED, YES ANY INVALID ..... 1 RDT CONDUCTED, NONE INVALID ..... 2 NO RDT CONDUCTED ..... 3 ] (SKIP TO 341) ←	RDT CONDUCTED, YES ANY INVALID ..... 1 RDT CONDUCTED, NONE INVALID ..... 2 NO RDT CONDUCTED ..... 3 ] (SKIP TO 341) ←	RDT CONDUCTED, YES ANY INVALID ..... 1 RDT CONDUCTED, NONE INVALID ..... 2 NO RDT CONDUCTED ..... 3 ] (SKIP TO 341) ←
338	RECORD NUMBER OF INVALID RESULTS USING "DETERMINE HIV RDT"	<input type="text"/> <input type="text"/> RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00	<input type="text"/> <input type="text"/> RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00	<input type="text"/> <input type="text"/> RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00
339	RECORD NUMBER OF INVALID RESULTS USING "SD BIOLINE HIV RDT"	<input type="text"/> <input type="text"/> RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00	<input type="text"/> <input type="text"/> RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00	<input type="text"/> <input type="text"/> RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00
340	RECORD NUMBER OF INVALID RESULTS USING "UNIGOLD HIV RDT" HERE.	<input type="text"/> <input type="text"/> RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00	<input type="text"/> <input type="text"/> RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00	<input type="text"/> <input type="text"/> RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00
341	GO TO 501 IN THE NEXT SECTION OF THIS QUESTIONNAIRE AND CONTINUE WITH THE SAME MAN.			







2019-20 LIBERIA DEMOGRAPHIC AND HEALTH SURVEY  
 CONSENT TO FOLLOW-UP STUDY

GOVERNMENT OF LIBERIA  
 LIBERIA INSTITUTE OF STATISTICS AND GEO-INFORMATION SERVICES

IDENTIFICATION									
PLACE NAME _____									
NAME OF HOUSEHOLD HEAD _____									
CLUSTER NUMBER .....	<table border="1" style="display: inline-table; 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> <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>								
HOUSEHOLD NUMBER .....									
ADDRESS IN DETAIL _____									

CONSENT TO FOLLOW-UP STUDY FOR WOMEN AGE 15-49

	WOMAN 1	WOMAN 2	WOMAN 3												
401	COPY INFORMATION FROM Q.202: NAME _____ AGE ..... <table border="1" style="display: inline-table; border-collapse: collapse; width: 30px; height: 20px;"><tr><td style="width: 15px;"></td><td style="width: 15px;"></td></tr></table> LINE NUMBER ..... <table border="1" style="display: inline-table; border-collapse: collapse; width: 30px; height: 20px;"><tr><td style="width: 15px;"></td><td style="width: 15px;"></td></tr></table>					COPY INFORMATION FROM Q.202: NAME _____ AGE ..... <table border="1" style="display: inline-table; border-collapse: collapse; width: 30px; height: 20px;"><tr><td style="width: 15px;"></td><td style="width: 15px;"></td></tr></table> LINE NUMBER ..... <table border="1" style="display: inline-table; border-collapse: collapse; width: 30px; height: 20px;"><tr><td style="width: 15px;"></td><td style="width: 15px;"></td></tr></table>					COPY INFORMATION FROM Q.202: NAME _____ AGE ..... <table border="1" style="display: inline-table; border-collapse: collapse; width: 30px; height: 20px;"><tr><td style="width: 15px;"></td><td style="width: 15px;"></td></tr></table> LINE NUMBER ..... <table border="1" style="display: inline-table; border-collapse: collapse; width: 30px; height: 20px;"><tr><td style="width: 15px;"></td><td style="width: 15px;"></td></tr></table>				
402	COPY INFORMATION FROM Q.203: 15-17 YEARS ..... 1 18-49 YEARS ..... 2 (SKIP TO 404) ←	COPY INFORMATION FROM Q.203: 15-17 YEARS ..... 1 18-49 YEARS ..... 2 (SKIP TO 404) ←	COPY INFORMATION FROM Q.203: 15-17 YEARS ..... 1 18-49 YEARS ..... 2 (SKIP TO 404) ←												
403	COPY INFORMATION FROM Q.204: CODE 4 (NEVER IN UNION) ..... 1 (SKIP TO 406) ← OTHER ..... 2	COPY INFORMATION FROM Q.204: CODE 4 (NEVER IN UNION) ..... 1 (SKIP TO 406) ← OTHER ..... 2	COPY INFORMATION FROM Q.204: CODE 4 (NEVER IN UNION) ..... 1 (SKIP TO 406) ← OTHER ..... 2												

**ADULT RESPONDENT CONSENT FOR FOLLOW UP STUDY**

404	<p>In the next few days, another team from the Ministry of Health would like to visit you to conduct additional blood testing for different health conditions. Knowing how many Liberians have health conditions helps the Ministry of Health plan programs to help keep our people healthy. If you agree, they will collect a small amount of blood from your arm. The information from the blood tests will help the Ministry of Health plan vaccination and treatment programs. You do not have to permit the visit but we hope you will agree since your participation will help the Ministry know which communities need help to prevent certain kinds of illnesses and what kind of help they need.</p> <p>Do you have any questions? Do you agree to another visit by a Ministry of Health team?</p>														
405	GRANTED ..... 1 RESPONDENT REFUSED ..... 2 ← _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <table border="1" style="display: inline-table; border-collapse: collapse; width: 40px; height: 20px;"><tr><td style="width: 10px;"></td><td style="width: 10px;"></td><td style="width: 10px;"></td><td style="width: 10px;"></td></tr></table> (IF GRANTED, SKIP TO 411) (IF REFUSED, SKIP TO 412) NOT PRESENT/OTHER ..... 3 (SKIP TO 412) ←					GRANTED ..... 1 RESPONDENT REFUSED ..... 2 ← _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <table border="1" style="display: inline-table; border-collapse: collapse; width: 40px; height: 20px;"><tr><td style="width: 10px;"></td><td style="width: 10px;"></td><td style="width: 10px;"></td><td style="width: 10px;"></td></tr></table> (IF GRANTED, SKIP TO 411) (IF REFUSED, SKIP TO 412) NOT PRESENT/OTHER ..... 3 (SKIP TO 412) ←					GRANTED ..... 1 RESPONDENT REFUSED ..... 2 ← _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <table border="1" style="display: inline-table; border-collapse: collapse; width: 40px; height: 20px;"><tr><td style="width: 10px;"></td><td style="width: 10px;"></td><td style="width: 10px;"></td><td style="width: 10px;"></td></tr></table> (IF GRANTED, SKIP TO 411) (IF REFUSED, SKIP TO 412) NOT PRESENT/OTHER ..... 3 (SKIP TO 412) ←				

	WOMAN 1	WOMAN 2	WOMAN 3
401	COPY INFORMATION FROM Q.202: NAME _____ AGE ..... <input type="text"/> <input type="text"/> LINE NUMBER ..... <input type="text"/> <input type="text"/>	COPY INFORMATION FROM Q.202: NAME _____ AGE ..... <input type="text"/> <input type="text"/> LINE NUMBER ..... <input type="text"/> <input type="text"/>	COPY INFORMATION FROM Q.202: NAME _____ AGE ..... <input type="text"/> <input type="text"/> LINE NUMBER ..... <input type="text"/> <input type="text"/>

406	NAME OF THE PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT _____	NAME OF THE PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT _____	NAME OF THE PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT _____
-----	--	--	--

**PARENTAL/RESPONSIBLE ADULT CONSENT FOR FOLLOW UP STUDY**

407	<p>In the next few days, another team from the Ministry of Health would like to visit (NAME OF MINOR) to conduct additional blood testing for different health conditions. Knowing how many Liberians have health conditions helps the Ministry of Health plan programs to help keep our people healthy. If you agree, they will collect a small amount of blood from (NAME OF MINOR)'s arm. The information from the blood tests will help the Ministry of Health plan vaccination and treatment programs. You do not have to permit the visit but we hope you will agree since the participation of (NAME OF MINOR) will help the Ministry know which communities need help to prevent certain kinds of illnesses and what kind of help they need.</p> <p>Do you have any questions? Do you agree for (NAME OF MINOR) to get another visit by a Ministry of Health team?</p>		
-----	--	--	--

408	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 412) NOT PRESENT/OTHER ..... 3 (SKIP TO 412)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 412) NOT PRESENT/OTHER ..... 3 (SKIP TO 412)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 412) NOT PRESENT/OTHER ..... 3 (SKIP TO 412)
-----	--	--	--

**MINOR RESPONDENT CONSENT FOR FOLLOW UP STUDY**

409	<p>In the next few days, another team from the Ministry of Health would like to visit you to conduct additional blood testing for different health conditions. Knowing how many Liberians have health conditions helps the Ministry of Health plan programs to help keep our people healthy. If you agree, they will collect a small amount of blood from your arm. The information from the blood tests will help the Ministry of Health plan vaccination and treatment programs. You do not have to permit the visit but we hope you will agree since your participation will help the Ministry know which communities need help to prevent certain kinds of illnesses and what kind of help they need.</p> <p>Do you have any questions? Do you agree to another visit by a Ministry of Health team?</p>		
-----	---	--	--

410	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 412) NOT PRESENT/OTHER ..... 3 (SKIP TO 412)	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 412) NOT PRESENT/OTHER ..... 3 (SKIP TO 412)	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 412) NOT PRESENT/OTHER ..... 3 (SKIP TO 412)
-----	--	--	--

411	PLACE THE WHOLE BARCODE LABEL HERE. _____ NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	PLACE THE WHOLE BARCODE LABEL HERE. _____ NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	PLACE THE WHOLE BARCODE LABEL HERE. _____ NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996
-----	---	---	---

412	GO BACK TO 204A IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, GO TO 301.		
-----	--	--	--

CONSENT TO FOLLOW-UP STUDY FOR MEN AGE 15-59

	MAN 1	MAN 2	MAN 3
501	COPY INFORMATION FROM 302: NAME _____ AGE ..... <input type="text"/> <input type="text"/> LINE NUMBER ..... <input type="text"/> <input type="text"/>	COPY INFORMATION FROM 302: NAME _____ AGE ..... <input type="text"/> <input type="text"/> LINE NUMBER ..... <input type="text"/> <input type="text"/>	COPY INFORMATION FROM 302: NAME _____ AGE ..... <input type="text"/> <input type="text"/> LINE NUMBER ..... <input type="text"/> <input type="text"/>
502	COPY INFORMATION FROM 303: 15-17 YEARS ..... 1 18-59 YEARS ..... 2 (SKIP TO 504) ←	COPY INFORMATION FROM 303: 15-17 YEARS ..... 1 18-59 YEARS ..... 2 (SKIP TO 504) ←	COPY INFORMATION FROM 303: 15-17 YEARS ..... 1 18-59 YEARS ..... 2 (SKIP TO 504) ←
503	COPY INFORMATION FROM 304: CODE 4 (NEVER IN UNION) ..... 1 (SKIP TO 506) ← OTHER ..... 2	COPY INFORMATION FROM 304: CODE 4 (NEVER IN UNION) ..... 1 (SKIP TO 506) ← OTHER ..... 2	COPY INFORMATION FROM 304: CODE 4 (NEVER IN UNION) ..... 1 (SKIP TO 506) ← OTHER ..... 2

**ADULT RESPONDENT CONSENT FOR FOLLOW UP STUDY**

504	<p>In the next few days, another team from the Ministry of Health would like to visit you to conduct additional blood testing for different health conditions. Knowing how many Liberians have health conditions helps the Ministry of Health plan programs to help keep our people healthy. If you agree, they will collect a small amount of blood from your arm. The information from the blood tests will help the Ministry of Health plan vaccination and treatment programs. You do not have to permit the visit but we hope you will agree since your participation will help the Ministry know which communities need help to prevent certain kinds of illnesses and what kind of help they need.</p> <p>Do you have any questions? Do you agree to another visit by a Ministry of Health team?</p>		
505	GRANTED ..... 1 RESPONDENT REFUSED ..... 2 ← _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF GRANTED, SKIP TO 511) (IF REFUSED, SKIP TO 512) NOT PRESENT/OTHER ..... 3 (SKIP TO 512) ←	GRANTED ..... 1 RESPONDENT REFUSED ..... 2 ← _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF GRANTED, SKIP TO 511) (IF REFUSED, SKIP TO 512) NOT PRESENT/OTHER ..... 3 (SKIP TO 512) ←	GRANTED ..... 1 RESPONDENT REFUSED ..... 2 ← _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF GRANTED, SKIP TO 511) (IF REFUSED, SKIP TO 512) NOT PRESENT/OTHER ..... 3 (SKIP TO 512) ←

	MAN 1	MAN 2	MAN 3
501	COPY INFORMATION FROM 302: NAME _____ AGE ..... <input type="text"/> <input type="text"/> LINE NUMBER ..... <input type="text"/> <input type="text"/>	COPY INFORMATION FROM 302: NAME _____ AGE ..... <input type="text"/> <input type="text"/> LINE NUMBER ..... <input type="text"/> <input type="text"/>	COPY INFORMATION FROM 302: NAME _____ AGE ..... <input type="text"/> <input type="text"/> LINE NUMBER ..... <input type="text"/> <input type="text"/>

506	NAME OF THE PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT _____	NAME OF THE PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT _____	NAME OF THE PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT _____
-----	--	--	--

**PARENTAL/RESPONSIBLE ADULT CONSENT FOR FOLLOW UP STUDY**

507	In the next few days, another team from the Ministry of Health would like to visit (NAME OF MINOR) to conduct additional blood testing for different health conditions. Knowing how many Liberians have health conditions helps the Ministry of Health plan programs to help keep our people healthy. If you agree, they will collect a small amount of blood from (NAME OF MINOR)'s arm. The information from the blood tests will help the Ministry of Health plan vaccination and treatment programs. You do not have to permit the visit but we hope you will agree since the participation of (NAME OF MINOR) will help the Ministry know which communities need help to prevent certain kinds of illnesses and what kind of help they need.		
-----	---	--	--

508	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 512) NOT PRESENT/OTHER ..... 3 (SKIP TO 512)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 512) NOT PRESENT/OTHER ..... 3 (SKIP TO 512)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 512) NOT PRESENT/OTHER ..... 3 (SKIP TO 512)
-----	--	--	--

**MINOR RESPONDENT CONSENT FOR FOLLOW UP STUDY**

509	In the next few days, another team from the Ministry of Health would like to visit you to conduct additional blood testing for different health conditions. Knowing how many Liberians have health conditions helps the Ministry of Health plan programs to help keep our people healthy. If you agree, they will collect a small amount of blood from your arm. The information from the blood tests will help the Ministry of Health plan vaccination and treatment programs. You do not have to permit the visit but we hope you will agree since your participation will help the Ministry know which communities need help to prevent certain kinds of illnesses and what kind of help they need.  Do you have any questions? Do you agree to another visit by a Ministry of Health team?		
-----	--	--	--

510	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 512) NOT PRESENT/OTHER ..... 3 (SKIP TO 512)	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 512) NOT PRESENT/OTHER ..... 3 (SKIP TO 512)	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 512) NOT PRESENT/OTHER ..... 3 (SKIP TO 512)
-----	---	---	---

511	<div style="border: 1px dashed black; padding: 5px; text-align: center;">                         PLACE THE WHOLE BARCODE LABEL HERE.                     </div> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	<div style="border: 1px dashed black; padding: 5px; text-align: center;">                         PLACE THE WHOLE BARCODE LABEL HERE.                     </div> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996	<div style="border: 1px dashed black; padding: 5px; text-align: center;">                         PLACE THE WHOLE BARCODE LABEL HERE.                     </div> NOT PRESENT ..... 99994 REFUSED ..... 99995 OTHER ..... 99996
-----	--	--	--

512	GO BACK TO 301 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE MEN, END QUESTIONNAIRE.		
-----	---	--	--

SUPERVISOR NAME _____		SUPERVISOR NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
-----------------------	--	---	--

EBOLA ANTIBODY AND HEPATITIS B AND C TESTING FOR WOMEN AGE 15-49

		WOMAN 1	WOMAN 2	WOMAN 3
601	CHECK 401:  WRITE WOMAN'S AGE  WRITE WOMAN'S LINE NUMBER	NAME _____  AGE ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>  LINE NUMBER ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	NAME _____  AGE ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>  LINE NUMBER ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	NAME _____  AGE ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>  LINE NUMBER ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
602	CHECK 402: AGE	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (SKIP TO 603A) ←	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (SKIP TO 603A) ←	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (SKIP TO 603A) ←
603	CHECK 403: MARITAL STATUS	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 620) ← OTHER ..... 2	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 620) ← OTHER ..... 2	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 620) ← OTHER ..... 2
603A	CHECK CONSENT FOR FOLLOW UP: IS BARCODE PRESENT?	NO → SKIP TO 640      YES ↓	NO → SKIP TO 640      YES ↓	NO → SKIP TO 640      YES ↓
604	READ INTRODUCTION AND PURPOSE TO RESPONDENT	<p>The National Public Health Institute of Liberia (NPHIL), the Ministry of Health, the World Health Organization, the United States Centers for Disease Control and other Liberia Demographic Health Survey partners are conducting a national survey about health issues. This includes testing for diseases like hepatitis and whether people's bodies carry the memory of illnesses they had in the past. The memory of some illnesses in your blood can protect you from getting that illness again. I would like to discuss this part of the survey with you. If I use some words that you do not understand, please ask me to explain.</p> <p>The hepatitis B &amp; C diseases are a result of an infection with the hepatitis B &amp; C virus. These diseases may cause liver damage and other serious health problems. We are inviting you to allow us to examine your blood in order to know how many people have the hepatitis B &amp; C virus. This information is very important to help the Ministry of Health to plan for programs to prevent and treat this disease. The results of the tests for hepatitis will be shared with you by phone in about three months. If the test shows that you have the hepatitis B or C virus, we will give you a referral to County Health Team or other health facility for counseling and advice about treatment.</p> <p>The Ministry of Health is also interested in testing people for the memory of the Ebola virus disease. No one in Liberia has Ebola right now. We are inviting you to allow us to examine your blood for signs of remembering the Ebola virus because there is still a lot about Ebola virus disease that we do not know. What we do know is that people who were sick with Ebola carry a memory of Ebola in their blood. This memory protects them from getting Ebola again. We are looking to learn more about the differences in people whose bodies do and do not remember Ebola virus. We do not know if people can become infected with Ebola virus but not feel sick or how many Liberians are protected from Ebola today. We are inviting you to allow us to examine your blood for the memory of the Ebola virus. This information will help our Ministry of Health know where to offer vaccination programs and where to work closely with communities if Ebola ever returns.</p>		

		WOMAN 1	WOMAN 2	WOMAN 3
601	CHECK 401:  WRITE WOMAN'S AGE  WRITE WOMAN'S LINE NUMBER	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>
605	READ PROCEDURE TO RESPONDENT	If you agree to participate in this part of the survey, we would like to collect 1 teaspoon (4 ml) of blood in total from a vein in your arm. We will test this blood later in the laboratory in order to know if your body remembers the Ebola virus and if you have hepatitis B or C. Blood collection will take about 15 minutes. The equipment we will use to take the blood from your arm is clean and completely safe. We have not used it on anyone else and we will safely dispose of it when we have finished.		
606	READ RISKS TO RESPONDENT	The risk to you from this testing is small. The testing part of the survey is not harmful although you may experience a very small pain for a short time during blood sample collection. There are very minimal risks associated with having your blood drawn. You may get some bruising where the blood is taken from your arm. If you have any bleeding, swelling or other problem later, you should tell our study staff or your health worker.		
607	READ BENEFITS TO RESPONDENT	The information we collect during our survey may not help you directly but it could benefit many other people in the future because it will help the Ministry of Health plan for programs to treat hepatitis and provide better services for Ebola survivors.		
608	READ CONFIDENTIALITY TO RESPONDENT	What we talk about will be kept private. The results of these test will be kept confidential. To keep your privacy, we will keep the records under a number and will not record your name. We will keep the records in locked files. Only staff from this survey will be allowed to look at them. Your name or other facts that might point to you will not appear when we report the findings of this survey.		
609	READ FUTURE TESTING STATEMENT TO RESPONDENT	We would like to ask your permission to store your leftover blood for future tests. These tests may be for other health issues, which are important to the health of Liberians. This sample will be stored for an indefinite amount of time but your name will not be on the sample. Your leftover blood will not be sold or used for commercial reasons. If you do not agree to future tests to your blood samples, we will destroy your blood samples after survey-related testing has been completed.		
610	READ COST/PAYMENT STATEMENT TO RESPONDENT	Being part of this survey is up to you. If you decide not to participate in our survey, it will not affect any of your participation in other parts of the survey. It will not cost you or your family anything. You will not receive any money for your participation.		
611	READ RIGHT TO REFUSE OR WITHDRAW TO RESPONDENT	You are free to participate in this survey or not. You can quit at any time if you wish. If you decide you do not want to take part, it will not affect any care or treatment you or your family members receive. If at any time you decide that you do not want to stay in the survey, you can leave and it will not affect any health care you or your family members receive.		
612	READ PERSONS TO CONTACT TO RESPONDENT	This project has been approved by the UL PIRE Ethical Review Board. You will be offered a copy of this form to keep. If at any time you have questions about this survey you may contact the National Public Health Institute of Liberia or the UL PIRE IRB. You may also contact the National Public Health Institute of Liberia or the UL-PIRE IRB if you feel you have been harmed, or if you have questions about your rights as a survey participant. The contact person at the National Public Health Institute of Liberia is Mr. Bode Shobayo (Cell #: 0776787871).		

		WOMAN 1	WOMAN 2	WOMAN 3
601	CHECK 401:  WRITE WOMAN'S AGE  WRITE WOMAN'S LINE NUMBER	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>

ADULT RESPONDENT					
E V I D E N C E C O N S E N T	613	READ TESTING FOR MEMORY OF EBOLA CONSENT TO RESPONDENT.	Would you allow me to take a sample of your blood from your arm for testing for the memory of Ebola? You can say yes or no. It is up to you to decide.		
	614	CIRCLE THE CODE AND ASK THE RESPONDENT TO SIGN BELOW.	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT)  _____ (INTERVIEWER SIGNATURE)  NOT PRESENT/OTHER .... 3	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT)  _____ (INTERVIEWER SIGNATURE)  NOT PRESENT/OTHER .... 3	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT)  _____ (INTERVIEWER SIGNATURE)  NOT PRESENT/OTHER .... 3
	615	READ HEPATITIS B AND C TESTING CONSENT TO RESPONDENT	Would you allow me to take a sample of your blood from your arm for testing for Hepatitis B and C? You can say yes or no. It is up to you to decide.		
H E P A T I T I S C O N S E N T	616	CIRCLE THE CODE AND ASK THE RESPONDENT TO SIGN BELOW.	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT)  _____ (INTERVIEWER SIGNATURE)  NOT PRESENT/OTHER .... 3	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT)  _____ (INTERVIEWER SIGNATURE)  NOT PRESENT/OTHER .... 3	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT)  _____ (INTERVIEWER SIGNATURE)  NOT PRESENT/OTHER .... 3
	617	CHECK Q. 614 AND Q.616	ONE OR MORE 'GRANTED' 1 NEITHER GRANTED ..... 2 (SKIP TO 640) ←	ONE OR MORE 'GRANTED' 1 NEITHER GRANTED ..... 2 (SKIP TO 640) ←	ONE OR MORE 'GRANTED' 1 NEITHER GRANTED ..... 2 (SKIP TO 640) ←
A D D I T I O N A L C O N S E N T	618	READ FUTURE TESTING CONSENT TO RESPONDENT	Do you agree for us to store your leftover blood for future testing? You can say yes or no. It is up to you to decide.		
	619	CIRCLE THE CODE AND ASK THE RESPONDENT TO SIGN BELOW.	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT)  _____ (INTERVIEWER SIGNATURE) (SKIP TO 636A)  NOT PRESENT/OTHER .... 3 (SKIP TO 640) ←	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT)  _____ (INTERVIEWER SIGNATURE) (SKIP TO 636A)  NOT PRESENT/OTHER .... 3 (SKIP TO 640) ←	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT)  _____ (INTERVIEWER SIGNATURE) (SKIP TO 636A)  NOT PRESENT/OTHER .... 3 (SKIP TO 640) ←

		WOMAN 1	WOMAN 2	WOMAN 3
601	CHECK 401:  WRITE WOMAN'S AGE  WRITE WOMAN'S LINE NUMBER	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>
620	WRITE THE NAME OF THE PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT	NAME _____	NAME _____	NAME _____

PARENTAL/RESPONSIBLE ADULT CONSENT																										
EVIDENCE CONSENT	621	READ THE FULL TEXT TO THE PARENT/RESPONSIBLE ADULT	READ Q604 - Q612.																							
	622	READ TESTING FOR MEMORY OF EBOLA CONSENT TO RESPONDENT.	Would you allow me to take a sample of blood from (NAME OF MINOR)'s arm for testing for the memory of Ebola? You can say yes or no. It is up to you to decide.																							
	623	CIRCLE THE CODE AND ASK THE RESPONDENT TO SIGN BELOW.	<table border="1"> <tr> <td>GRANTED ..... 1</td> <td>GRANTED ..... 1</td> <td>GRANTED ..... 1</td> </tr> <tr> <td>RESPONDENT REFUSED ... 2</td> <td>RESPONDENT REFUSED ... 2</td> <td>RESPONDENT REFUSED ... 2</td> </tr> <tr> <td colspan="3" style="text-align: center;">←</td> </tr> <tr> <td colspan="3" style="text-align: center;">_____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT)</td> </tr> <tr> <td colspan="3" style="text-align: center;">_____ (INTERVIEWER SIGNATURE)</td> </tr> <tr> <td colspan="3" style="text-align: center;">IF REFUSED SKIP TO 627</td> </tr> <tr> <td>NOT PRESENT/OTHER .... 3</td> <td>NOT PRESENT/OTHER .... 3</td> <td>NOT PRESENT/OTHER .... 3</td> </tr> <tr> <td colspan="3" style="text-align: center;">(SKIP TO 627) ←</td> </tr> </table>	GRANTED ..... 1	GRANTED ..... 1	GRANTED ..... 1	RESPONDENT REFUSED ... 2	RESPONDENT REFUSED ... 2	RESPONDENT REFUSED ... 2	←			_____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT)			_____ (INTERVIEWER SIGNATURE)			IF REFUSED SKIP TO 627			NOT PRESENT/OTHER .... 3	NOT PRESENT/OTHER .... 3	NOT PRESENT/OTHER .... 3	(SKIP TO 627) ←	
GRANTED ..... 1	GRANTED ..... 1	GRANTED ..... 1																								
RESPONDENT REFUSED ... 2	RESPONDENT REFUSED ... 2	RESPONDENT REFUSED ... 2																								
←																										
_____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT)																										
_____ (INTERVIEWER SIGNATURE)																										
IF REFUSED SKIP TO 627																										
NOT PRESENT/OTHER .... 3	NOT PRESENT/OTHER .... 3	NOT PRESENT/OTHER .... 3																								
(SKIP TO 627) ←																										

MINOR RESPONDENT CONSENT																				
EVIDENCE CONSENT	624	READ THE FULL TEXT TO THE MINOR	READ Q604 - Q612.																	
	625	READ TESTING FOR MEMORY OF EBOLA CONSENT TO RESPONDENT.	Would you allow me to take a sample of your blood from your arm for testing for the memory of Ebola? You can say yes or no. It is up to you to decide.																	
	626	CIRCLE THE CODE AND ASK THE RESPONDENT TO SIGN BELOW.	<table border="1"> <tr> <td>GRANTED ..... 1</td> <td>GRANTED ..... 1</td> <td>GRANTED ..... 1</td> </tr> <tr> <td>RESPONDENT REFUSED ... 2</td> <td>RESPONDENT REFUSED ... 2</td> <td>RESPONDENT REFUSED ... 2</td> </tr> <tr> <td colspan="3" style="text-align: center;">←</td> </tr> <tr> <td colspan="3" style="text-align: center;">_____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT)</td> </tr> <tr> <td colspan="3" style="text-align: center;">_____ (INTERVIEWER SIGNATURE)</td> </tr> <tr> <td colspan="3" style="text-align: center;">NOT PRESENT/OTHER .... 3</td> </tr> </table>	GRANTED ..... 1	GRANTED ..... 1	GRANTED ..... 1	RESPONDENT REFUSED ... 2	RESPONDENT REFUSED ... 2	RESPONDENT REFUSED ... 2	←			_____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT)			_____ (INTERVIEWER SIGNATURE)			NOT PRESENT/OTHER .... 3	
GRANTED ..... 1	GRANTED ..... 1	GRANTED ..... 1																		
RESPONDENT REFUSED ... 2	RESPONDENT REFUSED ... 2	RESPONDENT REFUSED ... 2																		
←																				
_____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT)																				
_____ (INTERVIEWER SIGNATURE)																				
NOT PRESENT/OTHER .... 3																				



		WOMAN 1	WOMAN 2	WOMAN 3
601	CHECK 401:  WRITE WOMAN'S AGE  WRITE WOMAN'S LINE NUMBER	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>

PARENTAL/RESPONSIBLE ADULT CONSENT					
H E P A T I T I S  C O N S E N T	627	READ HEPATITIS B AND C TESTING CONSENT TO RESPONDENT	Would you allow me to take a sample of blood from (NAME OF MINOR)'s arm for testing for Hepatitis B and C? You can say yes or no. It is up to you to decide.		
	628	CIRCLE THE CODE AND ASK THE RESPONDENT TO SIGN BELOW.	GRANTED ..... 1 } RESPONDENT REFUSED ... 2 }  _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT)  _____ (INTERVIEWER SIGNATURE)  IF REFUSED SKIP TO 631  NOT PRESENT/OTHER .... 3 } (SKIP TO 631) ←	GRANTED ..... 1 } RESPONDENT REFUSED ... 2 }  _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT)  _____ (INTERVIEWER SIGNATURE)  IF REFUSED SKIP TO 631  NOT PRESENT/OTHER .... 3 } (SKIP TO 631) ←	GRANTED ..... 1 } RESPONDENT REFUSED ... 2 }  _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT)  _____ (INTERVIEWER SIGNATURE)  IF REFUSED SKIP TO 631  NOT PRESENT/OTHER .... 3 } (SKIP TO 631) ←

MINOR RESPONDENT CONSENT					
H E P A T I T I S  C O N S E N T	628A	CHECK Q.626	CODE 1 OR 2 CIRCLED ... 1 } (SKIP TO 629) ← NEITHER 1 OR 2 CIRCLED . 2	CODE 1 OR 2 CIRCLED ... 1 } (SKIP TO 629) ← NEITHER 1 OR 2 CIRCLED . 2	CODE 1 OR 2 CIRCLED ... 1 } (SKIP TO 629) ← NEITHER 1 OR 2 CIRCLED . 2
	628B	READ THE FULL TEXT TO THE MINOR	READ Q604 - Q612.		
	629	READ HEPATITIS B AND C TESTING CONSENT TO RESPONDENT	Would you allow me to take a sample of your blood from your arm for testing for Hepatitis B and C? You can say yes or no. It is up to you to decide.		
	630	CIRCLE THE CODE AND ASK THE RESPONDENT TO SIGN BELOW.	GRANTED ..... 1 } RESPONDENT REFUSED ... 2 }  _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT)  _____ (INTERVIEWER SIGNATURE)  NOT PRESENT/OTHER .... 3 } (SKIP TO 640) ←	GRANTED ..... 1 } RESPONDENT REFUSED ... 2 }  _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT)  _____ (INTERVIEWER SIGNATURE)  NOT PRESENT/OTHER .... 3 } (SKIP TO 640) ←	GRANTED ..... 1 } RESPONDENT REFUSED ... 2 }  _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT)  _____ (INTERVIEWER SIGNATURE)  NOT PRESENT/OTHER .... 3 } (SKIP TO 640) ←
631	CHECK Q. 626 AND Q.630	ONE OR MORE 'GRANTED' 1 NEITHER GRANTED ..... 2 } (SKIP TO 640) ←	ONE OR MORE 'GRANTED' 1 NEITHER GRANTED ..... 2 } (SKIP TO 640) ←	ONE OR MORE 'GRANTED' 1 NEITHER GRANTED ..... 2 } (SKIP TO 640) ←	

		WOMAN 1	WOMAN 2	WOMAN 3
601	CHECK 401:  WRITE WOMAN'S AGE  WRITE WOMAN'S LINE NUMBER	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>

PARENTAL/RESPONSIBLE ADULT CONSENT					
A D D . T E S T I N G  C O N S E N T	632	READ FUTURE TESTING CONSENT TO RESPONDENT	Do you agree for us to store (NAME OF MINOR)'s leftover blood for future testing? You can say yes or no. It is up to you to decide.		
	633	CIRCLE THE CODE AND ASK THE RESPONDENT TO SIGN BELOW.	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT)  _____ (INTERVIEWER SIGNATURE)  IF REFUSED SKIP TO 636A  NOT PRESENT/OTHER .... 3 (SKIP TO 636A)	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT)  _____ (INTERVIEWER SIGNATURE)  IF REFUSED SKIP TO 636A  NOT PRESENT/OTHER .... 3 (SKIP TO 636A)	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT)  _____ (INTERVIEWER SIGNATURE)  IF REFUSED SKIP TO 636A  NOT PRESENT/OTHER .... 3 (SKIP TO 636A)

MINOR RESPONDENT CONSENT					
	634	READ FUTURE TESTING CONSENT TO RESPONDENT	Do you agree for us to store your leftover blood for future testing? You can say yes or no. It is up to you to decide.		
	635	CIRCLE THE CODE AND ASK THE RESPONDENT TO SIGN BELOW.	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT)  _____ (INTERVIEWER SIGNATURE)  NOT PRESENT/OTHER .... 3	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER)  _____ (INTERVIEWER SIGNATURE)  NOT PRESENT/OTHER .... 3	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER)  _____ (INTERVIEWER SIGNATURE)  NOT PRESENT/OTHER .... 3

EBOLA ANTIBODY AND HEPATITIS B AND C TESTING FOR WOMEN AGE 15-49

		WOMAN 1	WOMAN 2	WOMAN 3
601	CHECK 401:  WRITE WOMAN'S AGE  WRITE WOMAN'S LINE NUMBER	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>
636A	DID RESPONDENT CONSENT TO BLOOD COLLECTION?	YES <input type="checkbox"/> NO <input type="checkbox"/> SKIP TO 640	YES <input type="checkbox"/> NO <input type="checkbox"/> SKIP TO 640	YES <input type="checkbox"/> NO <input type="checkbox"/> SKIP TO 640
636B	<p>PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).</p> <p><u>ENSURE CORRECT STICKERS ARE AFFIXED TO EACH VIAL</u></p> <p>FOR ADULT REPENDENTS:                      - IF "GRANTED" SELECTED IN <b>EITHER 614 OR 616</b>, AFFIX <b>BARCODE</b>                      - IF "GRANTED" SELECTED IN <b>614</b>, AFFIX <b>RED STICKER (E)</b>                      - IF "GRANTED" SELECTED IN <b>616</b>, AFFIX <b>BLUE STICKER (H)</b>                      - IF "GRANTED" SELECTED IN <b>619</b>, AFFIX <b>YELLOW STICKER</b></p> <p>FOR MINOR REPENDENTS:                      - IF "GRANTED" SELECTED IN <b>EITHER 626 OR 630</b>, AFFIX <b>BARCODE</b>                      - IF "GRANTED" SELECTED IN <b>626</b>, AFFIX <b>RED STICKER (E)</b>                      - IF "GRANTED" SELECTED IN <b>630</b>, AFFIX <b>BLUE STICKER (H)</b>                      - IF "GRANTED" SELECTED IN <b>635</b>, AFFIX <b>YELLOW STICKER</b></p> <p><u>AFFIX THIRD BARCODE ON HEPATITIS B &amp; C INFORMATION SHEET</u></p>			
637	WAS BLOOD SAMPLE TAKEN FROM RESPONDENT?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
640	<p>GO BACK TO 601 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE;  IF NO MORE WOMEN, GO TO 701.</p>			

		MAN 1	MAN 2	MAN 3
701	CHECK 501:  WRITE MAN'S AGE  WRITE MAN'S LINE NUMBER	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>
702	CHECK 502: AGE	15-17 YEARS ..... 1 18-59 YEARS ..... 2 (SKIP TO 703A) ←	15-17 YEARS ..... 1 18-59 YEARS ..... 2 (SKIP TO 703A) ←	15-17 YEARS ..... 1 18-59 YEARS ..... 2 (SKIP TO 703A) ←
703	CHECK 503: MARITAL STATUS	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 720) ← OTHER ..... 2	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 720) ← OTHER ..... 2	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 720) ← OTHER ..... 2
703A	CHECK CONSENT FOR FOLLOW UP. IS BARCODE PRESENT?	NO → SKIP TO 740      YES ↓	NO → SKIP TO 740      YES ↓	NO → SKIP TO 740      YES ↓
704	READ INTRODUCTION AND PURPOSE TO RESPONDENT	<p>The National Public Health Institute of Liberia (NPHIL), the Ministry of Health, the World Health Organization, the United States Centers for Disease Control and other Liberia Demographic Health Survey partners are conducting a national survey about health issues. This includes testing for diseases like hepatitis and whether people's bodies carry the memory of illnesses they had in the past. The memory of some illnesses in your blood can protect you from getting that illness again. I would like to discuss this part of the survey with you. If I use some words that you do not understand, please ask me to explain.</p> <p>The hepatitis B &amp; C diseases are a result of an infection with the hepatitis B &amp; C virus. These diseases may cause liver damage and other serious health problems. We are inviting you to allow us to examine your blood in order to know how many people have the hepatitis B &amp; C virus. This information is very important to help the Ministry of Health to plan for programs to prevent and treat this disease. The results of the tests for hepatitis will be shared with you by phone in about three months. If the test shows that you have the hepatitis B or C virus, we will give you a referral to County Health Team or other health facility for counseling and advice about treatment.</p> <p>The Ministry of Health is also interested in testing people for the memory of the Ebola virus disease. No one in Liberia has Ebola right now. We are inviting you to allow us to examine your blood for signs of remembering the Ebola virus because there is still a lot about Ebola virus disease that we do not know. What we do know is that people who were sick with Ebola carry a memory of Ebola in their blood. This memory protects them from getting Ebola again. We are looking to learn more about the differences in people whose bodies do and do not remember Ebola virus. We do not know if people can become infected with Ebola virus but not feel sick or how many Liberians are protected from Ebola today. We are inviting you to allow us to examine your blood for the memory of the Ebola virus. This information will help our Ministry of Health know where to offer vaccination programs and where to work closely with communities if Ebola ever returns.</p>		

		MAN 1	MAN 2	MAN 3
701	CHECK 501:  WRITE MAN'S AGE  WRITE MAN'S LINE NUMBER	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>
705	READ PROCEDURE TO RESPONDENT	If you agree to participate in this part of the survey, we would like to collect 1 teaspoon (4 ml) of blood in total from a vein in your arm. We will test this blood later in the laboratory in order to know if your body remembers the Ebola virus and if you have hepatitis B or C. Blood collection will take about 15 minutes. The equipment we will use to take the blood from your arm is clean and completely safe. We have not used it on anyone else and we will safely dispose of it when we have finished.		
706	READ RISKS TO RESPONDENT	The risk to you from this testing is small. The testing part of the survey is not harmful although you may experience a very small pain for a short time during blood sample collection. There are very minimal risks associated with having your blood drawn. You may get some bruising where the blood is taken from your arm. If you have any bleeding, swelling or other problem later, you should tell our study staff or your health worker.		
707	READ BENEFITS TO RESPONDENT	The information we collect during our survey may not help you directly but it could benefit many other people in the future because it will help the Ministry of Health plan for programs to treat hepatitis and provide better services for Ebola survivors.		
708	READ CONFIDENTIALITY TO RESPONDENT	What we talk about will be kept private. The results of these test will be kept confidential. To keep your privacy, we will keep the records under a number and will not record your name. We will keep the records in locked files. Only staff from this survey will be allowed to look at them. Your name or other facts that might point to you will not appear when we report the findings of this survey.		
709	READ FUTURE TESTING STATEMENT TO RESPONDENT	We would like to ask your permission to store your leftover blood for future tests. These tests may be for other health issues, which are important to the health of Liberians. This sample will be stored for an indefinite amount of time but your name will not be on the sample. Your leftover blood will not be sold or used for commercial reasons. If you do not agree to future tests to your blood samples, we will destroy your blood samples after survey-related testing has been completed.		
710	READ COST/PAYMENT STATEMENT TO RESPONDENT	Being part of this survey is up to you. If you decide not to participate in our survey, it will not affect any of your participation in other parts of the survey. It will not cost you or your family anything. You will not receive any money for your participation.		
711	READ RIGHT TO REFUSE OR WITHDRAW TO RESPONDENT	You are free to participate in this survey or not. You can quit at any time if you wish. If you decide you do not want to take part, it will not affect any care or treatment you or your family members receive. If at any time you decide that you do not want to stay in the survey, you can leave and it will not affect any health care you or your family members receive.		
712	READ PERSONS TO CONTACT TO RESPONDENT	This project has been approved by the UL PIRE Ethical Review Board. You will be offered a copy of this form to keep. If at any time you have questions about this survey you may contact the National Public Health Institute of Liberia or the UL PIRE IRB. You may also contact the National Public Health Institute of Liberia or the UL-PIRE IRB if you feel you have been harmed, or if you have questions about your rights as a survey participant. The contact person at the National Public Health Institute of Liberia is Mr. Bode Shobayo (Cell #: 0776787871).		

		MAN 1	MAN 2	MAN 3
701	CHECK 501:  WRITE MAN'S AGE  WRITE MAN'S LINE NUMBER	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>

ADULT RESPONDENT					
E V I D E N C E C O N S E N T	713	READ TESTING FOR MEMORY OF EBOLA CONSENT TO RESPONDENT.	Would you allow me to take a sample of your blood from your arm for testing for the memory of Ebola? You can say yes or no. It is up to you to decide.		
	714	CIRCLE THE CODE AND ASK THE RESPONDENT TO SIGN BELOW.	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT)  _____ (INTERVIEWER SIGNATURE)  NOT PRESENT/OTHER .... 3	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT)  _____ (INTERVIEWER SIGNATURE)  NOT PRESENT/OTHER .... 3	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT)  _____ (INTERVIEWER SIGNATURE)  NOT PRESENT/OTHER .... 3
	715	READ HEPATITIS B AND C TESTING CONSENT TO RESPONDENT	Would you allow me to take a sample of your blood from your arm for testing for Hepatitis B and C? You can say yes or no. It is up to you to decide.		
H E P A T I T I S C O N S E N T	716	CIRCLE THE CODE AND ASK THE RESPONDENT TO SIGN BELOW.	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT)  _____ (INTERVIEWER SIGNATURE)  NOT PRESENT/OTHER .... 3	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT)  _____ (INTERVIEWER SIGNATURE)  NOT PRESENT/OTHER .... 3	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT)  _____ (INTERVIEWER SIGNATURE)  NOT PRESENT/OTHER .... 3
	717	CHECK Q. 714 AND Q.716	ONE OR MORE 'GRANTED' 1 NEITHER GRANTED ..... 2 (SKIP TO 740) ←	ONE OR MORE 'GRANTED' 1 NEITHER GRANTED ..... 2 (SKIP TO 740) ←	ONE OR MORE 'GRANTED' 1 NEITHER GRANTED ..... 2 (SKIP TO 740) ←
A D D I T I O N A L C O N S E N T	718	READ FUTURE TESTING CONSENT TO RESPONDENT	Do you agree for us to store your leftover blood for future testing? You can say yes or no. It is up to you to decide.		
	719	CIRCLE THE CODE AND ASK THE RESPONDENT TO SIGN BELOW.	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT)  _____ (INTERVIEWER SIGNATURE)  (SKIP TO 736A)  NOT PRESENT/OTHER .... 3 (SKIP TO 740) ←	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT)  _____ (INTERVIEWER SIGNATURE)  (SKIP TO 736A)  NOT PRESENT/OTHER .... 3 (SKIP TO 740) ←	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT)  _____ (INTERVIEWER SIGNATURE)  (SKIP TO 736A)  NOT PRESENT/OTHER .... 3 (SKIP TO 740) ←

		MAN 1	MAN 2	MAN 3
701	CHECK 501:  WRITE MAN'S AGE  WRITE MAN'S LINE NUMBER	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>
720	WRITE THE NAME OF THE PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT	NAME _____	NAME _____	NAME _____

**PARENTAL/RESPONSIBLE ADULT CONSENT**

EVIDENCE CONSENT	721	READ THE FULL TEXT TO THE PARENT/RESPONSIBLE ADULT	READ Q704 - Q712.		
	722	READ TESTING FOR MEMORY OF EBOLA CONSENT TO RESPONDENT.	Would you allow me to take a sample of blood from (NAME OF MINOR)'s arm for testing for the memory of Ebola? You can say yes or no. It is up to you to decide.		
	723	CIRCLE THE CODE AND ASK THE RESPONDENT TO SIGN BELOW.	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT)  _____ (INTERVIEWER SIGNATURE)  IF REFUSED SKIP TO 727  NOT PRESENT/OTHER .... 3 (SKIP TO 727) ←	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT)  _____ (INTERVIEWER SIGNATURE)  IF REFUSED SKIP TO 727  NOT PRESENT/OTHER .... 3 (SKIP TO 727) ←	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT)  _____ (INTERVIEWER SIGNATURE)  IF REFUSED SKIP TO 727  NOT PRESENT/OTHER .... 3 (SKIP TO 727) ←

**MINOR RESPONDENT CONSENT**

EVIDENCE CONSENT	724	READ THE FULL TEXT TO THE MINOR	READ Q704 - Q712.		
	725	READ TESTING FOR MEMORY OF EBOLA CONSENT TO RESPONDENT.	Would you allow me to take a sample of your blood from your arm for testing for the memory of Ebola? You can say yes or no. It is up to you to decide.		
	726	CIRCLE THE CODE AND ASK THE RESPONDENT TO SIGN BELOW.	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT)  _____ (INTERVIEWER SIGNATURE)  NOT PRESENT/OTHER .... 3	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT)  _____ (INTERVIEWER SIGNATURE)  NOT PRESENT/OTHER .... 3	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT)  _____ (INTERVIEWER SIGNATURE)  NOT PRESENT/OTHER .... 3

		MAN 1	MAN 2	MAN 3
701	CHECK 501:  WRITE MAN'S AGE  WRITE MAN'S LINE NUMBER	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>

PARENTAL/RESPONSIBLE ADULT CONSENT					
H E P A T I T I S  C O N S E N T	727	READ HEPATITIS B AND C TESTING CONSENT TO RESPONDENT	Would you allow me to take a sample of blood from (NAME OF MINOR)'s arm for testing for Hepatitis B and C? You can say yes or no. It is up to you to decide.		
	728	CIRCLE THE CODE AND ASK THE RESPONDENT TO SIGN BELOW.	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT)  _____ (INTERVIEWER SIGNATURE)  IF REFUSED SKIP TO 731  NOT PRESENT/OTHER .... 3 (SKIP TO 731) ←	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT)  _____ (INTERVIEWER SIGNATURE)  IF REFUSED SKIP TO 731  NOT PRESENT/OTHER .... 3 (SKIP TO 731) ←	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT)  _____ (INTERVIEWER SIGNATURE)  IF REFUSED SKIP TO 731  NOT PRESENT/OTHER .... 3 (SKIP TO 731) ←

MINOR RESPONDENT CONSENT				
728A	CHECK Q.626	CODE 1 OR 2 CIRCLED ... 1 (SKIP TO 729) ← NEITHER 1 OR 2 CIRCLED . 2	CODE 1 OR 2 CIRCLED ... 1 (SKIP TO 729) ← NEITHER 1 OR 2 CIRCLED . 2	CODE 1 OR 2 CIRCLED ... 1 (SKIP TO 729) ← NEITHER 1 OR 2 CIRCLED . 2
728B	READ THE FULL TEXT TO THE MINOR	READ Q704 - Q712.		
729	READ HEPATITIS B AND C TESTING CONSENT TO RESPONDENT	Would you allow me to take a sample of your blood from your arm for testing for Hepatitis B and C? You can say yes or no. It is up to you to decide.		
730	CIRCLE THE CODE AND ASK THE RESPONDENT TO SIGN BELOW.	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT)  _____ (INTERVIEWER SIGNATURE)  NOT PRESENT/OTHER .... 3 (SKIP TO 740) ←	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT)  _____ (INTERVIEWER SIGNATURE)  NOT PRESENT/OTHER .... 3 (SKIP TO 740) ←	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT)  _____ (INTERVIEWER SIGNATURE)  NOT PRESENT/OTHER .... 3 (SKIP TO 740) ←
731	CHECK Q. 726 AND Q.730	ONE OR MORE 'GRANTED' 1 NEITHER GRANTED ..... 2 (SKIP TO 740) ←	ONE OR MORE 'GRANTED' 1 NEITHER GRANTED ..... 2 (SKIP TO 740) ←	ONE OR MORE 'GRANTED' 1 NEITHER GRANTED ..... 2 (SKIP TO 740) ←



		MAN 1	MAN 2	MAN 3
701	CHECK 501:  WRITE MAN'S AGE  WRITE MAN'S LINE NUMBER	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>

PARENTAL/RESPONSIBLE ADULT CONSENT					
A D D . T E S T I N G  C O N S E N T	732	READ FUTURE TESTING CONSENT TO RESPONDENT	Do you agree for us to store (NAME OF MINOR)'s leftover blood for future testing? You can say yes or no. It is up to you to decide.		
	733	CIRCLE THE CODE AND ASK THE RESPONDENT TO SIGN BELOW.	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT)  _____ (INTERVIEWER SIGNATURE)  IF REFUSED SKIP TO 736A  NOT PRESENT/OTHER .... 3 (SKIP TO 736A)	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT)  _____ (INTERVIEWER SIGNATURE)  IF REFUSED SKIP TO 736A  NOT PRESENT/OTHER .... 3 (SKIP TO 736A)	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT)  _____ (INTERVIEWER SIGNATURE)  IF REFUSED SKIP TO 736A  NOT PRESENT/OTHER .... 3 (SKIP TO 736A)

MINOR RESPONDENT CONSENT					
	734	READ FUTURE TESTING CONSENT TO RESPONDENT	Do you agree for us to store your leftover blood for future testing? You can say yes or no. It is up to you to decide.		
	735	CIRCLE THE CODE AND ASK THE RESPONDENT TO SIGN BELOW.	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT)  _____ (INTERVIEWER SIGNATURE)  NOT PRESENT/OTHER .... 3	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER)  _____ (INTERVIEWER SIGNATURE)  NOT PRESENT/OTHER .... 3	GRANTED ..... 1 RESPONDENT REFUSED ... 2  _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER)  _____ (INTERVIEWER SIGNATURE)  NOT PRESENT/OTHER .... 3

EBOLA ANTIBODY AND HEPATITIS B AND C TESTING FOR MEN AGE 15-59

		MAN 1	MAN 2	MAN 3
701	CHECK 501:  WRITE MAN'S AGE  WRITE MAN'S LINE NUMBER	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>
736A	DID RESPONDENT CONSENT TO BLOOD COLLECTION	YES <input type="checkbox"/> NO <input type="checkbox"/> SKIP TO 740	YES <input type="checkbox"/> NO <input type="checkbox"/> SKIP TO 740	YES <input type="checkbox"/> NO <input type="checkbox"/> SKIP TO 740
736B	<p>PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).</p> <p><u>ENSURE CORRECT STICKERS ARE AFFIXED TO EACH VIAL</u></p> <p>FOR ADULT REPENDENTS:                      - IF "GRANTED" SELECTED IN <b>EITHER 714 OR 716</b>, AFFIX <b>BARCODE</b>                      - IF "GRANTED" SELECTED IN <b>714</b>, AFFIX <b>RED STICKER (E)</b>                      - IF "GRANTED" SELECTED IN <b>716</b>, AFFIX <b>BLUE STICKER (H)</b>                      - IF "GRANTED" SELECTED IN <b>719</b>, AFFIX <b>YELLOW STICKER</b></p> <p>FOR MINOR REPENDENTS:                      - IF "GRANTED" SELECTED IN <b>EITHER 726 OR 730</b>, AFFIX <b>BARCODE</b>                      - IF "GRANTED" SELECTED IN <b>726</b>, AFFIX <b>RED STICKER (E)</b>                      - IF "GRANTED" SELECTED IN <b>730</b>, AFFIX <b>BLUE STICKER (H)</b>                      - IF "GRANTED" SELECTED IN <b>735</b>, AFFIX <b>YELLOW STICKER</b></p> <p><u>AFFIX THIRD BARCODE ON HEPATITIS B &amp; C INFORMATION SHEET</u></p>			
737	WAS BLOOD SAMPLE TAKEN FROM RESPONDENT?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
740	<p>GO BACK TO 701 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE MEN, END QUESTIONNAIRE.</p>			





2019-20 LIBERIA DEMOGRAPHIC AND HEALTH SURVEY  
BIOMARKER QUESTIONNAIRE

REVISIT

GOVERNMENT OF LIBERIA  
LIBERIA INSTITUTE OF STATISTICS AND GEO-INFORMATION SERVICES

IDENTIFICATION												
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> <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> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>								
BIOMARKER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>								
BIOMARKER'S NAME	_____	_____	_____	MONTH <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>								
				YEAR <table border="1" style="width: 60px; height: 20px; float: right;"> <tr><td>2</td><td>0</td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>	2	0						
2	0											
NEXT VISIT: DATE TIME	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td> </td></tr> </table>								
NOTES:  _____ _____ _____ _____ _____				TOTAL ELIGIBLE CHILDREN <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td> </td><td> </td></tr> </table>								
SUPERVISOR												
_____ NAME				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> NUMBER								

WEIGHT AND HEIGHT MEASUREMENT FOR CHILDREN AGE 0-5

101	<b>SUPERVISOR TO COMPLETE Q. 102-105 USING TABLET REPORT</b> USE THE SUPERVISORS MENU AND SELECT THE APPROPRIATE OPTION TO LIST ALL CHILDREN AGE 0-5 ELIGIBLE FOR REVISIT. RECORD THE COMPLETE NAME, AGE AND THE LINE NUMBER AS THEY APPEAR IN THE REPORT ON YOUR TABLET. LIST EACH CHILD IN THE SAME ORDER SHOWN IN THE REPORT. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). WRITE THE NAME OF EACH ELIGIBLE CHILD ON EACH SUBSEQUENT PAGES.			
		CHILD 1	CHILD 2	CHILD 3
102	FROM TABLET'S REPORT:  WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER .	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>
103	FROM TABLET REPORT COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR)	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"/>	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"/>	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	CHECK 103: CHILD BORN IN 2014-2020?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
105	FROM TABLET REPORT INDICATE HOW CHILD WAS MEASURED FIRST TIME: LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2
<b>MEASURER AND ASSISTANT START FROM HERE</b>				
106	ASSISTANT TO RECORD <b>WEIGHT</b> IN KILOGRAMS.	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>  NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>  NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>  NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996
107	CHECK 103 TO DETERMINE HOW CHILD NEEDS TO BE MEASURED.  ASSISTANT TO RECORD <b>HEIGHT/LENGTH</b> IN CENTIMETERS.	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>  NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>  NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>  NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996
108	CHILD MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2
109	MEASURER: ENTER YOUR FIELDWORKER NUMBER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER

















101	<b>SUPERVISOR TO COMPLETE Q. 102-105 USING TABLET REPORT</b> USE THE SUPERVISORS MENU AND SELECT THE APPROPRIATE OPTION TO LIST ALL CHILDREN AGE 0-5 ELIGIBLE FOR REVISIT. RECORD THE COMPLETE NAME, AGE AND THE LINE NUMBER AS THEY APPEAR IN THE REPORT ON YOUR TABLET. LIST EACH CHILD IN THE SAME ORDER SHOWN IN THE REPORT. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). WRITE THE NAME OF EACH ELIGIBLE CHILD ON EACH SUBSEQUENT PAGES.			
		CHILD 4	CHILD 5	CHILD 6
102	FROM TABLET'S REPORT:  WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER .	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>
103	FROM TABLET REPORT COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR)	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/>
104	CHECK 103: CHILD BORN IN 2014-2020?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
105	FROM TABLET REPORT INDICATE HOW CHILD WAS MEASURED FIRST TIME: LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2
<b>MEASURER AND ASSISTANT START FROM HERE</b>				
106	ASSISTANT TO RECORD <b>WEIGHT</b> IN KILOGRAMS.	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>  NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>  NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>  NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996
107	CHECK 103 TO DETERMINE HOW CHILD NEEDS TO BE MEASURED.  ASSISTANT TO RECORD <b>HEIGHT/LENGTH</b> IN CENTIMETERS.	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>  NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>  NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>  NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996
108	CHILD MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2
109	MEASURER: ENTER YOUR FIELDWORKER NUMBER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER
<b>FIELDWORKER'S OBSERVATIONS</b> TO BE FILLED IN AFTER COMPLETING BIOMARKERS				





## ADDITIONAL DHS PROGRAM RESOURCES

---

<b>The DHS Program Website</b> – Download free DHS reports, standard documentation, key indicator data, and training tools, and view announcements.	DHSprogram.com		
<b>STATcompiler</b> – Build custom tables, graphs, and maps with data from 90 countries and thousands of indicators.	Statcompiler.com		
<b>DHS Program Mobile App</b> – Access key DHS indicators for 90 countries on your mobile device (Apple, Android, or Windows).	Search DHS Program in your iTunes or Google Play store		
<b>DHS Program User Forum</b> – Post questions about DHS data, and search our archive of FAQs.	userforum.DHSprogram.com		
<b>Tutorial Videos</b> – Watch interviews with experts and learn DHS basics, such as sampling and weighting, downloading datasets, and how to read DHS tables.	www.youtube.com/DHSProgram		
<b>Datasets</b> – Download DHS datasets for analysis.	DHSprogram.com/Data		
<b>Spatial Data Repository</b> – Download geographically-linked health and demographic data for mapping in a geographic information system (GIS).	spatialdata.DHSprogram.com		
<b>Social Media</b> – Follow The DHS Program and join the conversation. Stay up to date through:			
 <b>Facebook</b> www.facebook.com/DHSprogram		 <b>LinkedIn</b> www.linkedin.com/company/dhs-program	
 <b>YouTube</b> www.youtube.com/DHSprogram		 <b>Blog</b> Blog.DHSprogram.com	
 <b>Twitter</b> www.twitter.com/DHSprogram	