#### BIOMARKER QUESTIONNAIRE

MINISTRY OF HEALTH

## **CAPILLARY BLOOD**

#### NATIONAL INSTITUTE OF STATISTICS OF RWANDA

IDENTIFICATION				
PLACE NAME				
NAME OF HOUSEHOLE	D HEAD			
CLUSTER NUMBER				
HOUSEHOLD NUMBER				
HOUSEHOLD SELECTE	ED FOR MAN'S SURVE	/ AND BIOMARKERS? (	1=YES, 2=NO)	
		BIOMARKER	VISITS	
	1	2	3	FINAL VISIT
DATE BIOMARKER'S NAME				DAY MONTH YEAR 2 0
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS
TIME				OF VISITS
NOTES:				TOTAL ELIGIBLE WOMEN  TOTAL ELIGIBLE MEN  TOTAL ELIGIBLE
				CHILDREN
LANGUAGE OF QUESTIONNAIRE** 0 1 LANGUAGE OF INTERVIEW** NATIVE LANGUAGE OF RESPONDENT** TRANSLATOR (YES = 1, NO = 2)  LANGUAGE OF ENGLISH  **LANGUAGE CODES: 01 ENGLISH  02 FORMULE HOUSE				
02 KINYARWANDA  SUPERVISOR  NAME  NUMBER				

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

101	INTERVIEWER TO COMPLETE Q. 102-103 USING TABLET REPORT  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.				
		CHILD 1	CHILD 2	CHILD 3	
102	FROM TABLET'S REPORT:	NAME	NAME	NAME	
	WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	AGELINE NUMBER	AGELINE NUMBER	AGE	
103	FROM TABLET'S REPORT:  IF MOTHER INTERVIEWED COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM BIRTH HISTORY. IF MOTHER NOT INTERVIEWED ASK:  What is (NAME)'s date of birth?	MONTHYEAR	MONTHYEAR	MONTHYEAR	
104	CHECK 103: CHILD BORN IN 2014-2019?	YES	YES	YES	
104A	MEASURER AND ASSISTANT STAR	T FROM HERE			
105	ASSISTANT TO RECORD WEIGHT IN KILOGRAMS.	KG	KG	KG	
106	ASSISTANT TO RECORD HEIGHT/LENGTH IN CENTIMETERS.	CM	CM	CM	
107	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	
108	MEASURER: ENTER YOUR FIELDWORKER NUMBER.	FIELDWORKER NUMBER	FIELDWORKER NUMBER	FIELDWORKER NUMBER	
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 133)  OLDER 2	0-5 MONTHS 1 (SKIP TO 133) OLDER 2	0-5 MONTHS 1 (SKIP TO 114) COLDER	

		CHILD 1	CHILD 2	CHILD 3
102	FROM TABLET'S REPORT:	NAME	NAME	NAME
	WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	AGELINE NUMBER	AGELINE NUMBER	AGELINE NUMBER
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.	serious health problem that usua survey will assist the government children born in 2014 or later take from a finger or heel. The equipment never been used before and will.  The blood will be tested for anemoresult will be kept strictly confider survey team.  Do you have any questions?	nia immediately, and the result will l ntial and will not be shared with any	tion, or chronic disease. This nd treat anemia. We ask that all ley and give a few drops of blood n and completely safe. It has be told to you right away. The
		You can say yes or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?		
112	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED	GRANTED 1 PREFUSED 2 - (SIGN AND ENTER YOUR FIELDWORKER NUMBER)  NOT PRESENT/OTHER 3	GRANTED 1 REFUSED 2  (SIGN AND ENTER YOUR FIELDWORKER NUMBER)  NOT PRESENT/OTHER 3
113	ASK CONSENT FOR MALARIA TEST FROM PARENT/OTHER ADULT.	malaria. Malaria is a serious illne will assist the government to dev  We ask that all children born in 2 drops of blood from a finger or he result will be told to you right awa laboratory for testing. You will no strictly confidential and will not be Do you have any questions? You can say yes or no. It is up to	king children all over the country to ass caused by a parasite transmitte elop programs to prevent malaria.  2014 or later take part in malaria testeel. One blood drop will be tested fay. A few blood drops will be collect to be told the results of the laboratore shared with anyone other than meaning you to decide.  I you to decide.	d by a mosquito bite. This survey sting in this survey and give a few or malaria immediately, and the ted on slide(s) and taken to a ry testing. All results will be kept embers of our survey team.
114	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED	GRANTED	GRANTED 1 REFUSED 2  (SIGN AND ENTER YOUR FIELDWORKER NUMBER)  NOT PRESENT/OTHER 3

		CHILD 1	CHILD 2	CHILD 3
102	FROM TABLET'S REPORT:	NAME	NAME	NAME
	WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	AGELINE NUMBER	AGELINE NUMBER	AGELINE NUMBER
114Ā	PREPARE EQUIPMENT AND SUPPLI WITH THE TEST(S).	ES ONLY FOR THE TEST(S) FOR	R WHICH CONSENT HAS BEEN C	DBTAINED AND PROCEED
115	PLACE BAR CODE LABEL FOR MALARIA LAB TEST.	PUT THE 1ST BAR CODE LABEL HERE.  NOT PRESENT 99994 REFUSED 99995 OTHER 99996  PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE.  NOT PRESENT 99994 REFUSED 99995 OTHER 99996  PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE.  NOT PRESENT 99994 REFUSED 99995 OTHER 99996  PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.
116	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL	G/DL	G/DL
		RESULTS OF MA	LARIA RDT TEST	
117	CIRCLE THE CODE FOR THE MALARIA RDT.	TESTED 1  NOT PRESENT 2  REFUSED 3 -  OTHER 6 -  (SKIP TO 119) ←	TESTED 1  NOT PRESENT 2  REFUSED 3 -  OTHER 6 -  (SKIP TO 119) ←	TESTED 1  NOT PRESENT 2  REFUSED 3  OTHER 6  (SKIP TO 119)
118	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE PAMPHLET.	POSITIVE	POSITIVE	POSITIVE
119	CHECK 116: HEMOGLOBIN RESULT	BELOW 8.0 G/DL,	BELOW 8.0 G/DL,	BELOW 8.0 G/DL,  SEVERE ANEMIA
120	SEVERE ANEMIA REFERRAL  RECORD THE RESULT OF THE ANEMIA TEST ON THE REFERRAL FORM.	The anemia test shows that (NAI taken to a health facility immedia (SKIP TO 133)	ME OF CHILD) has severe anemia tely.	. Your child is very ill and must be

		CHILD 1	CHILD 2	CHILD 3
102	FROM TABLET'S REPORT:  WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	AGE	AGE	AGE
121	Does (NAME) suffer from any of the following illnesses or symptoms:  a) Extreme weakness?  b) Heart problems?  c) Loss of consciousness?  d) Rapid or difficult breathing?  e) Seizures? f) Abnormal bleeding? g) Jaundice or yellow skin? h) Dark urine?  CHECK 121: ANY 'YES' CIRCLED?	YES NO  a) EXTREME WEAKNESS 1 2 b) HEART PROBLEMS 1 2 c) LOSS OF CONSCIOUS. 1 2 d) RAPID BREATHING 1 2 e) SEIZURES 1 2 f) BLEEDING 1 2 g) JAUNDICE 1 2 h) DARK URINE 1 2	YES NO  a) EXTREME WEAKNESS 1 2 b) HEART PROBLEMS 1 2 c) LOSS OF CONSCIOUS. 1 2 d) RAPID BREATHING 1 2 e) SEIZURES 1 2 f) BLEEDING 1 2 g) JAUNDICE 1 2 h) DARK URINE 1 2	YES NO  a) EXTREME WEAKNESS 1 2 b) HEART PROBLEMS 1 2 c) LOSS OF CONSCIOUS. 1 2 d) RAPID BREATHING 1 2 e) SEIZURES 1 2 f) BLEEDING 1 2 g) JAUNDICE 1 2 h) DARK URINE 1 2
123	CHECK 116: HEMOGLOBIN RESULT	SKIP TO 125)	SKIP TO 125)	(SKIP TO 125)   BELOW 8.0 G/DL, SEVERE ANEMIA 1 (SKIP TO 125)   8.0 G/DL OR ABOVE . 2 NOT PRESENT
124	In the past two weeks has (NAME) taken or is taking ACT given by a doctor or health center to treat the malaria?  VERIFY BY ASKING TO SEE TREATMENT	YES	YES	YES
125	SEVERE MALARIA REFERRAL RECORD THE RESULT OF THE MALARIA RDT ON THE REFERRAL FORM.	malaria. The malaria treatment I Your child is very ill and must be	ME OF CHILD) has malaria. Your of have will not help your child, and I taked to a health facility right aways him to the nearest health facility f	y, if the child has alredy taken a

		CHILD 1	CHILD 2	CHILD 3
102	FROM TABLET'S REPORT:	NAME	NAME	NAME
	WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	AGELINE NUMBER	AGELINE NUMBER	AGE
126	ALREADY TAKING ACT REFERRAL STATEMENT	You have told me that (NAME OF CHILD) had already received ACT for malaria. Therefore, I cannot give you additional ACT. However, the test shows that he/she has malaria. If your child has a fever for two days after the last dose of ACT, you should take the child to the nearest health facility for further examination.  (SKIP TO 133)		
127	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/OTHER ADULT.	The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called ACT. ACT is very effective and in a few days it should get rid of the fever and other symptoms. You do not have to give the child the medicine. This is up to you. Please tell me whether you accept the medicine or not.		
128	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	ACCEPTED MEDICINE . 1	ACCEPTED MEDICINE . 1	ACCEPTED MEDICINE . 1
129	CHECK 128: MEDICATION ACCEPTED	ACCEPTED MEDICINE . 1 REFUSED 2 OTHER 6	ACCEPTED MEDICINE . 1 REFUSED 2 - OTHER 6 -	ACCEPTED MEDICINE . 1 REFUSED
		(SKIP TO 133) <del>←</del>	(SKIP TO 133) ←	(SKIP TO 133) ←
130	TREATMENT FOR CHILDREN		TREATMENT WITH ACT	, ,
130	TREATMENT FOR CHILDREN WITH POSITIVE MALARIA TESTS	WEIGHT (in kg) LESS THAN 5 KGS	TREATMENT WITH ACT AGE NOTHING	ARTEMETHER-LUMEFANTRINE NOTHING
130		WEIGHT (in kg)	TREATMENT WITH ACT AGE	ARTEMETHER-LUMEFANTRINE
130		WEIGHT (in kg)  LESS THAN 5 KGS  5-14 KGS  15-25 KGS  IF CHILD WEIGHS LESS THAN	TREATMENT WITH ACT AGE  NOTHING 6 MONTHS - 3 YEARS	ARTEMETHER-LUMEFANTRINE  NOTHING  1 TAB TWICE A DAY FOR 3 DAYS  2 TABS TWICE A DAY FOR 3 DAYS
130		WEIGHT (in kg)  LESS THAN 5 KGS  5-14 KGS  15-25 KGS  IF CHILD WEIGHS LESS THAN CHILD TO HEALTH FACILITY.  ALSO TELL THE PARENT/OTHI	TREATMENT WITH ACT AGE  NOTHING 6 MONTHS - 3 YEARS 4 - 8 YEARS 5 KGS, DO NOT LEAVE DRUGS.  ER ADULT: If [NAME] has a high feets sicker or does not get better in	ARTEMETHER-LUMEFANTRINE  NOTHING  1 TAB TWICE A DAY FOR 3 DAYS  2 TABS TWICE A DAY FOR 3 DAYS  TELL PARENTS TO TAKE  ever, fast or difficult breathing, is
130		WEIGHT (in kg)  LESS THAN 5 KGS  5-14 KGS  15-25 KGS  IF CHILD WEIGHS LESS THAN CHILD TO HEALTH FACILITY.  ALSO TELL THE PARENT/OTHI not able to drink or breastfeed, ghim/her to a health professional in	TREATMENT WITH ACT AGE  NOTHING 6 MONTHS - 3 YEARS 4 - 8 YEARS 5 KGS, DO NOT LEAVE DRUGS.  ER ADULT: If [NAME] has a high feets sicker or does not get better in	ARTEMETHER-LUMEFANTRINE  NOTHING  1 TAB TWICE A DAY FOR 3 DAYS  2 TABS TWICE A DAY FOR 3 DAYS  TELL PARENTS TO TAKE  ever, fast or difficult breathing, is
	WITH POSITIVE MALARIA TESTS  CHECK 116:	WEIGHT (in kg)  LESS THAN 5 KGS 5-14 KGS 15-25 KGS  IF CHILD WEIGHS LESS THAN CHILD TO HEALTH FACILITY.  ALSO TELL THE PARENT/OTHI not able to drink or breastfeed, g him/her to a health professional to (SKIP TO 133)  BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6 (SKIP TO 133)	TREATMENT WITH ACT  AGE  NOTHING 6 MONTHS - 3 YEARS 4 - 8 YEARS  5 KGS, DO NOT LEAVE DRUGS.  ER ADULT: If [NAME] has a high feets sicker or does not get better in for treatment right away.  BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE NOT PRESENT 3 REFUSED 4 OTHER (SKIP TO 133)  ME OF CHILD) has severe anemia	ARTEMETHER-LUMEFANTRINE  NOTHING  1 TAB TWICE A DAY FOR 3 DAYS  2 TABS TWICE A DAY FOR 3 DAYS  TELL PARENTS TO TAKE  Ever, fast or difficult breathing, is two days, you should take  BELOW 8.0 G/DL, SEVERE ANEMIA  8.0 G/DL OR ABOVE NOT PRESENT REFUSED 4 OTHER 6 (SKIP TO 133)

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

101	INTERVIEWER TO COMPLETE Q. 102-103 USING TABLET REPORT  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.				
		CHILD 4	CHILD 5	CHILD 6	
102	FROM TABLET'S REPORT:	NAME	NAME	NAME	
	WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	AGE	AGE	AGE	
103	FROM TABLET'S REPORT:  IF MOTHER INTERVIEWED COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM BIRTH HISTORY. IF MOTHER NOT INTERVIEWED ASK:  What is (NAME)'s date of birth?	MONTH	MONTHYEAR	MONTHYEAR	
104	CHECK 103: CHILD BORN IN 2014-2019?	YES	YES	YES	
104A	MEASURER AND ASSISTANT STAR	T FROM HERE			
105	ASSISTANT TO RECORD WEIGHT IN KILOGRAMS.	KG	KG	KG	
106	ASSISTANT TO RECORD HEIGHT/LENGTH IN CENTIMETERS.	CM	CM	CM	
107	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	
108	MEASURER: ENTER YOUR FIELDWORKER NUMBER.	FIELDWORKER NUMBER	FIELDWORKER NUMBER	FIELDWORKER NUMBER	
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 133) ← ☐ OLDER 2	0-5 MONTHS 1 ☐ (SKIP TO 133) ← ☐ OLDER 2	0-5 MONTHS 1	

		CHILD 4	CHILD 5	CHILD 6
102	FROM TABLET'S REPORT:	NAME	NAME	NAME
	WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	AGE	AGE	AGE
110	WRITE THE NAME OF THE PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD	NAME OF PARENT/ADULT RESPONSIBLE	NAME OF PARENT/ADULT RESPONSIBLE	NAME OF PARENT/ADULT RESPONSIBLE
		NAME	NAME	NAME
111	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT.	serious health problem that usua survey will assist the governmen children born in 2014 or later tak from a finger or heel. The equipn never been used before and will	king people all over the country to the country to the lily results from poor nutrition, infect to develop programs to prevent a separt in anemia testing in this survenent used to take the blood is clear be thrown away after each test.	ction, or chronic disease. This and treat anemia. We ask that all yey and give a few drops of blood on and completely safe. It has
		result will be kept strictly confider survey team.	ntial and will not be shared with any	yone other than members of our
		Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?		
112	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED 1 7 REFUSED 2 7 (SIGN AND ENTER YOUR FIELDWORKER NUMBER)	GRANTED 1 7 REFUSED 2 7	GRANTED
		NOT PRESENT/OTHER 3	NOT PRESENT/OTHER 3	NOT PRESENT/OTHER 3
113	ASK CONSENT FOR MALARIA TEST FROM PARENT/OTHER ADULT.	As part of this survey, we are asl malaria. Malaria is a serious illne will assist the government to dev  We ask that all children born in 2 drops of blood from a finger or he result will be told to you right awa laboratory for testing. You will no strictly confidential and will not be Do you have any questions?  You can say yes or no. It is up to	king children all over the country to ss caused by a parasite transmitte elop programs to prevent malaria. 2014 or later take part in malaria te- eel. One blood drop will be tested f ay. A few blood drops will be collect t be told the results of the laborato e shared with anyone other than m	e take a test to see if they have and by a mosquito bite. This survey sting in this survey and give a few for malaria immediately, and the ted on slide(s) and taken to a ry testing. All results will be kept embers of our survey team.
114	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED	GRANTED	GRANTED 1 7 REFUSED 2 - (SIGN AND ENTER YOUR FIELDWORKER NUMBER) NOT PRESENT/OTHER 3

		CHILD 4	CHILD 5	CHILD 6
102	FROM TABLET'S REPORT:	NAME	NAME	NAME
	WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	AGE	AGE	AGE
_		NUMBER	NUMBER	NUMBER
114A	PREPARE EQUIPMENT AND SUPPLI WITH THE TEST(S).	IES ONLY FOR THE TEST(S) FOR	R WHICH CONSENT HAS BEEN C	OBTAINED AND PROCEED
115	PLACE BAR CODE LABEL FOR MALARIA LAB TEST.	PUT THE 1ST BAR CODE LABEL HERE.	PUT THE 1ST BAR CODE LABEL HERE.	PUT THE 1ST BAR CODE LABEL HERE.
		NOT PRESENT       99994         REFUSED       99995         OTHER       99996	NOT PRESENT       99994         REFUSED       99995         OTHER       99996	NOT PRESENT        99994         REFUSED        99995         OTHER        99996
		PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.
116	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL 995 OTHER996	G/DL 995 OTHER .996	G/DL 995 OTHER996
		RESULTS OF MA	LARIA RDT TEST	
117	CIRCLE THE CODE FOR THE MALARIA RDT.	TESTED 1  NOT PRESENT 2 ¬  REFUSED 3 ¬  OTHER 6 ¬  (SKIP TO 119) ←	TESTED 1  NOT PRESENT 2  REFUSED 3-  OTHER 6-  (SKIP TO 119) ←	TESTED 1  NOT PRESENT 2  REFUSED 3  OTHER 6  (SKIP TO 119)
118	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE PAMPHLET.	POSITIVE	POSITIVE	POSITIVE
119	CHECK 116: HEMOGLOBIN RESULT	BELOW 8.0 G/DL,  SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 ¬  NOT PRESENT 3 ¬  REFUSED 4 ¬  OTHER 6 ¬  (SKIP TO 133) ←	BELOW 8.0 G/DL,	BELOW 8.0 G/DL, SEVERE ANEMIA
120	SEVERE ANEMIA REFERRAL  RECORD THE RESULT OF THE ANEMIA TEST ON THE REFERRAL FORM.	The anemia test shows that (NAN taken to a health facility immedian (SKIP TO 133)	ME OF CHILD) has severe anemia tely.	. Your child is very ill and must be

		CHILD 4	CHILD 5	CHILD 6
102	FROM TABLET'S REPORT:	NAME	NAME	NAME
	WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	AGELINE NUMBER	AGE	AGE
121	Does (NAME) suffer from any of the following illnesses or symptoms:  a) Extreme weakness?  b) Heart problems?  c) Loss of consciousness?  d) Rapid or difficult breathing?  e) Seizures? f) Abnormal bleeding? g) Jaundice or yellow skin? h) Dark urine?	YES NO  a) EXTREME WEAKNESS 1 2 b) HEART PROBLEMS 1 2 c) LOSS OF CONSCIOUS. 1 2 d) RAPID BREATHING 1 2 e) SEIZURES 1 2 f) BLEEDING 1 2 g) JAUNDICE 1 2 h) DARK URINE 1 2	yES NO  a) EXTREME WEAKNESS 1 2 b) HEART PROBLEMS 1 2 c) LOSS OF CONSCIOUS. 1 2 d) RAPID BREATHING 1 2 e) SEIZURES 1 2 f) BLEEDING 1 2 g) JAUNDICE 1 2 h) DARK URINE 1 2	YES NO  a) EXTREME     WEAKNESS 1 2 b) HEART     PROBLEMS 1 2 c) LOSS OF     CONSCIOUS. 1 2 d) RAPID     BREATHING 1 2 e) SEIZURES 1 2 f) BLEEDING 1 2 g) JAUNDICE 1 2 h) DARK URINE 1 2
122	CHECK 121: ANY 'YES' CIRCLED?	NO YES (SKIP TO 125)	NO YES (SKIP TO 125)	NO YES (SKIP TO 125)
123	CHECK 116: HEMOGLOBIN RESULT	BELOW 8.0 G/DL,  SEVERE ANEMIA 1  (SKIP TO 125)  8.0 G/DL OR ABOVE 2  NOT PRESENT 3  REFUSED 4  OTHER 6	BELOW 8.0 G/DL,  SEVERE ANEMIA 1  (SKIP TO 125)   8.0 G/DL OR ABOVE 2  NOT PRESENT 3  REFUSED 4  OTHER 6	BELOW 8.0 G/DL,  SEVERE ANEMIA 1  (SKIP TO 125) ←  8.0 G/DL OR ABOVE . 2  NOT PRESENT
124	In the past two weeks has (NAME) taken or is taking ACT given by a doctor or health center to treat the malaria?  VERIFY BY ASKING TO SEE TREATMENT	YES	YES	YES
125	SEVERE MALARIA REFERRAL  RECORD THE RESULT OF THE MALARIA RDT ON THE REFERRAL FORM.	malaria. The malaria treatment I Your child is very ill and must be	ME OF CHILD) has malaria. Your of have will not help your child, and I taked to a health facility right away him to the nearest health facility f	cannot give you the medication. ,, if the child has alredy taken a

		CHILD 4	CHILD 5	CHILD 6
102	FROM TABLET'S REPORT:	NAME	NAME	NAME
	WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	AGELINE NUMBER	AGELINE NUMBER	AGELINE NUMBER
126	ALREADY TAKING ACT REFERRAL STATEMENT	You have told me that (NAME OF CHILD) had already received ACT for malaria. Therefore, I cannot give you additional ACT. However, the test shows that he/she has malaria. If your child has a fever for two days after the last dose of ACT, you should take the child to the nearest health facility for further examination.  (SKIP TO 133)		
127	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/OTHER ADULT.	The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called ACT. ACT is very effective and in a few days it should get rid of the fever and other symptoms. You do not have to give the child the medicine. This is up to you. Please tell me whether you accept the medicine or not.		
128	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	ACCEPTED MEDICINE . 1 (SIGN) REFUSED	ACCEPTED MEDICINE . 1 (SIGN)  REFUSED	ACCEPTED MEDICINE   1
129	CHECK 128: MEDICATION ACCEPTED	ACCEPTED MEDICINE . 1 REFUSED 2 OTHER 6 - (SKIP TO 133) ←	ACCEPTED MEDICINE . 1 REFUSED 2 ¬ OTHER 6 − (SKIP TO 133) ←	ACCEPTED MEDICINE . 1 REFUSED
130	TREATMENT FOR CHILDREN WITH POSITIVE MALARIA TESTS	WEIGHT (in kg)	TREATMENT WITH ACT AGE	ARTEMETHER-LUMEFANTRINE
		LESS THAN 5 KGS 5-14 KGS 15-25 KGS	NOTHING 6 MONTHS - 3 YEARS 4 - 8 YEARS	NOTHING 1 TAB TWICE A DAY FOR 3 DAYS 2 TABS TWICE A DAY FOR 3 DAYS
		IF CHILD WEIGHS LESS THAN CHILD TO HEALTH FACILITY.	5 KGS, DO NOT LEAVE DRUGS.	TELL PARENTS TO TAKE
			ER ADULT: If [NAME] has a high for ets sicker or does not get better in for treatment right away.	
131	CHECK 116: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2— NOT PRESENT 3— REFUSED 4— OTHER 6— (SKIP TO 133)	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6 (SKIP TO 133)	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6 (SKIP TO 133)
132	SEVERE ANEMIA REFERRAL  RECORD THE RESULT OF THE ANEMIA TEST ON THE REFERRAL FORM.	The anemia test shows that (NAI taken to a health facility immedia	,	. Your child is very ill and must be
133				

201	INTERVIEWER TO COMPLETE Q. 202-204A USING TABLET REPORT  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).				
		WOMAN 1	WOMAN 2	WOMAN 3	
202	FROM TABLET'S REPORT: WRITE WOMAN'S AGE WRITE WOMAN'S LINE NUMBER	AGE	AGE	AGE	
203	FROM TABLET'S REPORT: CIRCLE CODE FOR AGE GROUP.	15-17 YEARS	15-17 YEARS	15-17 YEARS	
204	FROM TABLET'S REPORT: CIRCLE CODE FOR MARITAL STATUS	CODE 6 (NEVER IN UNION) . 1 OTHER 2	CODE 6 (NEVER IN UNION) . 1 OTHER 2	CODE 6 (NEVER IN UNION) . 1 OTHER 2	
204A	FROM TABLET'S REPORT: PREGNANCY OR ASK Are you pregnant?	YES	YES	YES	
204B	BEFORE PROCEEDIN CONFIRM THE INFOR PATTERN (MINOR VS.	FROM HERE: G WITH THE CONSENT STATEMENT: MATION IN Q203/Q204. IF THERE AR . ADULT); GO BACK TO Q203/Q204 AI ITS IN THE HOUSEHOLD SCHEDULE	E ANY DISCREPANCIES THAT AFFEO ND MAKE CORRECTIONS. PLEASE IN	CT THE INFORMED CONSENT	
205	WEIGHT IN KILOGRAMS.	KG	KG	KG	
206	HEIGHT IN CENTIMETERS.	CM	CM	CM	
207	MEASURER: ENTER YOUR FIELDWORKER NUMBER.	FIELDWORKER NUMBER	FIELDWORKER NUMBER	FIELDWORKER NUMBER	
208	CHECK 203: AGE	15-17 YEARS	15-17 YEARS	15-17 YEARS	
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) CTHER 2	

			WOMAN 1	WOMAN 2	WOMAN 3
	202	FROM TABLET'S REPORT:	NAME	NAME	NAME
		WRITE WOMAN'S AGE	AGE	AGE	AGE
		WRITE WOMAN'S LINE NUMBER	LINE NUMBER	LINE NUMBER	LINE NUMBER
		A I	OULT RESPONDENT C	ONSENT FOR ANEMIA	TEST
A D U	210	ASK CONSENT FOR ANEMIA TEST.	As part of this survey, we are asking	people all over the country to take an allow poor nutrition, infection, or chronic d	nemia test. Anemia is a serious
L T R E S			clean and completely safe. It has nev blood will be tested for anemia immed	a few drops of blood from a finger. The open been used before and will be thrown diately, and the result will be told to you ared with anyone other than members o	away after we take your blood. The right away. The result will be kept
P O N D E			Do you have any questions? You can say yes or no. It is up to you Will you take the anemia test?	to decide.	
N T C	211	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED	GRANTED	GRANTED
N S E N			(SIGN AND ENTER YOUR FIELDWORKER NUMBER)	(SIGN AND ENTER YOUR FIELDWORKER NUMBER)	(SIGN AND ENTER YOUR FIELDWORKER NUMBER)
T			NOT PRESENT/OTHER 3	NOT PRESENT/OTHER 3	NOT PRESENT/OTHER 3
1		ADI	JLT RESPONDENT CO	NSENT FOR MALARIA TI	ESTING
A D U	212	ASK CONSENT FOR MALARIA TESTING.		women all over the country to take a testite transmitted by a mosquito bite. This	
L T R E S			blood drop will be tested for malaria ir will be collected on slide(s) and taken	alaria testing in this survey and give a f mmediately, and the result will be told to to a laboratory for testing. You will not confidential and will not be shared with	you right away. A few blood drops be told the results of the laboratory
PONDEN			Do you have any questions? You can say yes or no. It is up to you Will you take the malaria rapid test ar	to decide. nd give drops on slide for Laboratory an	alysis?
T C O N S	213	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED	GRANTED	GRANTED
E N T			NOT PRESENT/OTHER 3	NOT PRESENT/OTHER 3	NOT PRESENT/OTHER 3

			WOMAN 1	WOMAN 2	WOMAN 3			
	202	FROM TABLET'S	NAME	NAME	NAME			
		REPORT: WRITE WOMAN'S AGE	AGE	AGE	AGE			
		WRITE WOMAN'S LINE NUMBER	LINE NUMBER	LINE NUMBER	LINE NUMBER			
Ī	244		LT RESPONDENT CON					
A D U	214	ASK CONSENT FOR DBS COLLECTION.		ing people all over the country to give b g is being done to see how many people				
L T R E S			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. I will provide you with a list of [nearby] facilities offering counseling and testing for HIV. I will also give you a voucher for free services for you (and for your partner if you want) that you can use at any of these facilities.					
PONDEN			Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood for the HIV testing?					
T C O N	215	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER	GRANTED	GRANTED	GRANTED			
S E N T		NUMBER.	(SIGN AND ENTER YOUR FIELDWORKER NUMBER)	(SIGN AND ENTER YOUR FIELDWORKER ID NUMBER)	(SIGN AND ENTER YOUR FIELDWORKER ID NUMBER)			
			NOT PRESENT/OTHER 3	NOT PRESENT/OTHER 3	NOT PRESENT/OTHER 3			
	016		ULT RESPONDENT CO					
Α	216	ASK CONSENT FOR HIV RDT TEST.	If you want to know your HIV status right is free and we will offer counseling be	ight now, we can do a rapid diagnostic to efore and after the test.	est and tell you the result. The testing			
D U L T			in hospitals in Rwanda. The equipmer	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 Rwanda. 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 20-30 minutes.				
R E			I will give you a referral form to go to recommended by the Ministry of Heal	the nearest health facility for follow up with.	with medical personnel, as is			
SPONDEN			Do you have any questions? You can say yes or no. It is up to you Will you give blood for rapid HIV testin					
T C O	217	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR	GRANTED	GRANTED	GRANTED			
N S E N T		FIELDWORKER NUMBER.	(SIGN, ENTER YOUR FIELDWORKER NUMBER, AND SKIP TO 235) NOT PRESENT/OTHER 3 - (SKIP TO 235)	(SIGN, ENTER YOUR FIELDWORKER NUMBER, AND SKIP TO 235) NOT PRESENT/OTHER 3 - (SKIP TO 235)	(SIGN, ENTER YOUR FIELDWORKER NUMBER, AND SKIP TO 235) NOT PRESENT/OTHER 3 - (SKIP TO 235)			

			WOMAN 1	WOMAN 2	WOMAN 3		
	202	FROM TABLET'S REPORT:	NAME	NAME	NAME		
		WRITE WOMAN'S AGE	AGE	AGE	AGE		
		WRITE WOMAN'S	LINE NUMBER	LINE NUMBER	LINE NUMBER		
		LINE NUMBER					
	218	WRITE THE NAME OF THE					
		PARENT/OTHER ADULT					
		RESPONSIBLE FOR ADOLESCENT	NAME	NAME	NAME		
		PARENT	AL/RESPONSIBLE AD	ULT CONSENT FOR AI	NEMIA TEST		
P	219	ASK CONSENT FOR ANEMIA TEST	As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the				
A R		FROM PARENT/ADULT.	government to develop programs to p	•	iscuse. This survey will assist the		
E N			clean and completely safe. It has nev	few drops of blood from a finger. The error been used before and will be thrown	away after each test. The blood will		
T				d the result will be told to you and (NAM Il not be shared with anyone other than			
R			Do you have any questions? You can say yes or no. It is up to you	to decide.			
E S			Will you allow (NAME OF MINOR) to				
P A							
D U	220	CIRCLE THE CODE AND SIGN YOUR	GRANTED	GRANTED	GRANTED		
L T		NAME.	RESPONSIBLE ADULT REFUSED 2 -	RESPONSIBLE ADULT REFUSED 2 -	RESPONSIBLE ADULT REFUSED 2 -		
с 0			(SIGN AND ENTER YOUR FIELDWORKER	(SIGN AND ENTER YOUR FIELDWORKER	(SIGN AND ENTER YOUR FIELDWORKER		
N S E			NUMBER)	NUMBER)	NUMBER)		
N T			(IF REFUSED, SKIP TO 223)	(IF REFUSED, SKIP TO 223)	(IF REFUSED, SKIP TO 223)		
			NOT PRESENT/OTHER 3 (SKIP TO 223)	NOT PRESENT/OTHER 3 ☐ (SKIP TO 223) ←	NOT PRESENT/OTHER 3 ☐ (SKIP TO 223) ←		
М		MINO	OR RESPONDENT (15-17)	vrs) ASSENT FOR ANEM	IA TEST		
I N O R	221	ASK ASSENT FOR ANEMIA TEST FROM RESPONDENT.		people all over the country to take an all m poor nutrition, infection, or chronic d revent and treat anemia.			
R E S P		NEGI GINGEINI	clean and completely safe. It has nevel blood will be tested for anemia immed	few drops of blood from a finger. The offer been used before and will be thrown liately, and the result will be told to you ht away. The result will be kept strictly of the survey feam	away after we take your blood. The and (NAME OF		
O N D E N			Do you have any questions? You can say yes or no. It is up to you Will you take the anemia test?	,			
Т							
C O N S	222	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED	GRANTED	GRANTED		
E N			(SIGN)	(SIGN)	(SIGN)		
T			NOT PRESENT/OTHER 3	NOT PRESENT/OTHER 3	NOT PRESENT/OTHER 3		

			WOMAN 1	WOMAN 2	WOMAN 3
	202	FROM TABLET'S	NAME	NAME	NAME
		REPORT: WRITE WOMAN'S AGE	AGE	AGE	AGE
		WRITE WOMAN'S LINE NUMBER	LINE NUMBER	LINE NUMBER	NUMBER
		PARENTAL	./RESPONSIBLE ADUL	T CONSENT FOR MAL	ARIA TESTING
PARENT	223	ASK CONSENT FOR MALARIA TESTING FROM PARENT/ADULT.	As part of this survey, we are asking vis a serious illness caused by a parast develop programs to prevent malaria.  We ask that all women take part in me blood drop will be tested for malaria in away. A few blood drops will be collected.	women all over the country to take a testite transmitted by a mosquito bite. This	st to see if they have malaria. Malaria is survey will assist the government to few drops of blood from a finger. One by you and (NAME OF MINOR) right by for testing. You and (NAME OF
RESP ADU			be shared with anyone other than med Do you have any questions? You can say yes or no. It is up to you	mbers of our survey team.	
ULT CONSENT	224	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED	GRANTED	GRANTED
					, ,
М		MINOR	RESPONDENT (15-17yrs)	ASSENT FOR MALARI	A TESTING
- NOR RESPONDENT	225	ASK ASSENT FOR ADDITIONAL TESTING FROM MINOR RESPONDENT.	is a serious illness caused by a paras develop programs to prevent malaria.  We ask that all women take part in malablood drop will be tested for malaria in PARENT/RESPONSIBLE ADULT) rig laboratory for testing. You will not be to confidential and will not be shared with Do you have any questions?  You can say yes or no. It is up to you	alaria testing in this survey and give a fi mmediately, and the result will be told to the away. A few blood drops will be colle told the results of the laboratory testing th anyone other than members of our su	few drops of blood from a finger. One to you and (NAME OF exted on slide(s) and taken to a large will be kept strictly urvey team.
CONSENT	226	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 1   MINOR RESPONDENT REFUSED 2   (SIGN)   NOT PRESENT/OTHER 3	GRANTED 1 1   MINOR RESPONDENT REFUSED 2   (SIGN)   NOT PRESENT/OTHER 3	GRANTED 1 - MINOR RESPONDENT REFUSED 2 - (SIGN)  NOT PRESENT/OTHER 3

			WOMAN 1	WOMAN 2	WOMAN 3	
	202	FROM TABLET'S REPORT:	NAME	NAME	NAME	
		WRITE WOMAN'S	AGE	AGE	AGE	
		AGE	LINE	LINE	LINE	
		WRITE WOMAN'S LINE NUMBER	NUMBER	NUMBER	NUMBER	
		PARENTAL	/RESPONSIBLE ADUL	T CONSENT FOR DBS	COLLECTION	
P A	227	ASK CONSENT FOR DBS COLLECTION		ing people all over the country to take a one to see how many people have HIV.		
RENT		FROM PARENT/ADULT.	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 15-17yrs)'s test results either. I will provide a list of [nearby] facilities offering counseling and testing for HIV. I will also give her a voucher for free services that can be used at any of these facilities.			
R E S P			Do you have any questions? You can say yes or no. It is up to you Will you allow (NAME OF MINOR 15-	to decide. 17yrs) to give blood for the HIV testing'	?	
C D U L T C	228	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED	GRANTED	GRANTED	
ONSENT			(SIGN AND ENTER YOUR FIELDWORKER NUMBER) (IF REFUSED, SKIP TO 231)	(SIGN AND ENTER YOUR FIELDWORKER NUMBER) (IF REFUSED, SKIP TO 231)	(SIGN AND ENTER YOUR FIELDWORKER NUMBER) (IF REFUSED, SKIP TO 231)	
			NOT PRESENT/OTHER 3 ¬ (SKIP TO 231) ←	NOT PRESENT/OTHER 3 (SKIP TO 231) ←	NOT PRESENT/OTHER 3 ☐ (SKIP TO 231)	
		MINOR	RESPONDENT (15-17yrs)	ASSENT FOR DBS CO	LLECTION	
I N	229	ASK ASSENT FOR DBS COLLECTION	•	ing people all over the country to give b g is being done to see how many peopl	<u> </u>	
OR RESPO		FROM MINOR RESPONDENT.	clean and completely safe. It has nev names will be attached so we will not results either. I will provide you with a	nore) drops of blood from a finger. The erer been used before and will be thrown be able to tell you the test results. No callist of [nearby] facilities offering couns or you (and for your partner if you want)	away after we take your blood. No one else will be able to know your test eling and testing for HIV. I will also	
N D E N T			Do you have any questions? You can say yes or no. It is up to you Will you give blood for the HIV testing			
CONS	230	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED	GRANTED	GRANTED	
E N			(SIGN)	(SIGN)	(SIGN)	
T			NOT PRESENT/OTHER 3	NOT PRESENT/OTHER 3	NOT PRESENT/OTHER 3	

			WOMAN 1	WOMAN 2	WOMAN 3
	202	FROM TABLET'S REPORT:	NAME	NAME	NAME
		WRITE WOMAN'S	AGE	AGE	AGE
		WRITE WOMAN'S LINE NUMBER	NUMBER	LINE NUMBER	LINE NUMBER
		DADENTAI		T CONSENT FOR HIV	PAT TESTING
I	231	ASK CONSENT FOR		ow her HIV status right now, we can do	
P A	201	RDT TEST FROM PARENT/ADULT.	and (NAME OF MINOR) the result. The	ne testing is free and we will offer couns (more) drops of blood from a finger. W	seling before and after the test.
R E N			in hospitals in Rwanda. The equipmer	nt used to take the blood is clean and cafter each test. The result of the test wil	ompletely safe. It has never been
T _			I will give (NAME OF MINOR) a referr personnel, as is recommended by the	al form to go to the nearest health facil Ministry of Health.	ity for follow up with medical
R			Do you have any questions?		
S P			You can say yes or no. It is up to you Will you allow (NAME OF MINOR) to		
Ā					
D U L T	232	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR	GRANTED	GRANTED	GRANTED
С О		FIELDWORKER NUMBER.			
N S E N			(SIGN AND ENTER YOUR FIELDWORKER NUMBER)	(SIGN AND ENTER YOUR FIELDWORKER NUMBER)	(SIGN AND ENTER YOUR FIELDWORKER NUMBER)
T			(IF REFUSED, SKIP TO 235)  NOT PRESENT/OTHER 3 ¬	(IF REFUSED, SKIP TO 235)  NOT PRESENT/OTHER 3 ¬	(IF REFUSED, SKIP TO 235)  NOT PRESENT/OTHER 3 ¬
			(SKIP TO 235) ←	(SKIP TO 235) ←	(SKIP TO 235) ←
		MINC	OR RESPONDENT (15-17)	rs) ASSENT FOR HIV R	DT TEST
M I N	233	ASK ASSENT FOR RDT TEST FROM MINOR RESPONDENT.		ght now, we can do a rapid diagnostic to e result. The testing is free and we will c	
O R R		NESI GIDENT.	in hospitals in Rwanda. The equipmer	(more) drops of blood from a finger. W nt used to take the blood is clean and c after each test. The result of the test wil	ompletely safe. It has never been
E S P			I will give you a referral form to go to t recommended by the Ministry of Heal	the nearest health facility for follow up v th.	vith medical personnel, as is
O N			Do you have any questions?		
D E N T			You can say yes or no. It is up to you Will you give blood for rapid HIV testin		
С					
O N S E	234	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER	GRANTED	GRANTED	GRANTED
N T		NUMBER.	(SIGN)	(SIGN)	(SIGN)
			NOT PRESENT/OTHER 3	NOT PRESENT/OTHER 3	NOT PRESENT/OTHER 3

		WOMAN 1	WOMAN 2	WOMAN 3
202	FROM TABLET'S REPORT:	NAME	NAME	NAME
	WRITE WOMAN'S AGE	AGE	AGE	AGE
	WRITE WOMAN'S LINE NUMBER	LINE NUMBER	LINE NUMBER	LINE NUMBER
235	PREPARE EQUIPMENT PROCEED WITH THE	T AND SUPPLIES ONLY FOR THE TESTEST(S).	ST(S) FOR WHICH CONSENT HAS BE	EEN OBTAINED AND
236	PLACE BAR CODE LABEL.	PUT THE 1ST BAR CODE LABEL HERE.	PUT THE 1ST BAR CODE LABEL HERE.	PUT THE 1ST BAR CODE LABEL HERE.
		NOT PRESENT         99994           REFUSED         99995           OTHER         99996	NOT PRESENT         99994           REFUSED         99995           OTHER         99996	NOT PRESENT         99994           REFUSED         99995           OTHER         99996
		PUT THE 2ND BAR CODE LABEL ON BLOOD SLIDE, THE 3RD ON FILTER PAPER, THE 4TH ON THE TRANSMITTAL FORM BLOOD SLIDE, AND THE 5TH ON THE DBS TRANSMITTAL FORM.	PUT THE 2ND BAR CODE LABEL ON BLOOD SLIDE, THE 3RD ON FILTER PAPER, THE 4TH ON THE TRANSMITTAL FORM BLOOD SLIDE, AND THE 5TH ON THE DBS TRANSMITTAL FORM.	PUT THE 2ND BAR CODE LABEL ON BLOOD SLIDE, THE 3RD ON FILTER PAPER, THE 4TH ON THE TRANSMITTAL FORM BLOOD SLIDE, AND THE 5TH ON THE DBS TRANSMITTAL FORM.
237	RECORD HEMOGLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET.	G/DL	G/DL	G/DL
238	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE PAMPHLET.	POSITIVE	POSITIVE         1           NEGATIVE         2           NOT PRESENT         3           REFUSED         4           OTHER         5	POSITIVE         1           NEGATIVE         2           NOT PRESENT         3           REFUSED         4           OTHER         5
238A	RECORD THE RESULT OF THE MALARIA BLOOD SLIDE COLLECTION	COLLECTED         1           NOT PRESENT         3           REFUSED         4           OTHER         5	COLLECTED         1           NOT PRESENT         3           REFUSED         4           OTHER         5	COLLECTED         1           NOT PRESENT         3           REFUSED         4           OTHER         5
239	RECORD THE RESULT OF THE HIV DBS COLLECTION	COLLECTED         1           NOT PRESENT         3           REFUSED         4           OTHER         5	COLLECTED         1           NOT PRESENT         3           REFUSED         4           OTHER         5	COLLECTED         1           NOT PRESENT         3           REFUSED         4           OTHER         5
240	RECORD THE RESULT OF THE "HIV COMBO SET" HERE.	POSITIVE	POSITIVE 1  NEGATIVE 27  (SKIP TO 244)  NOT PRESENT 3  REFUSED 4  OTHER 5-  (SKIP TO 245)	POSITIVE
241	RECORD THE RESULT OF THE "HIV 1/2 STAT- PAK" 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

		WOMAN 1	WOMAN 2	WOMAN 3	
202	FROM TABLET'S REPORT:  WRITE WOMAN'S AGE  WRITE WOMAN'S LINE NUMBER	AGE	AGE	AGE	
242	IF 240 AND 241 ARE POSITIVE RESPONDENT IS HIV POSITIVE:  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.  SKIP TO 245				
243	IF 240 IS POSTIVE AND 241 IS NEGATIVE RESPONDENT RESULTS ARE INCONCLUSIVE:  INFORM SURVEY PARTICIPANT RESULTS ARE NOT CONCLUSIVE AND PROVIDE POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY AFTER 4 WEEKS FOR FURTHER EXAMS.  SKIP TO 245				
244	IF 240 IS NEGATIVE  RESPONDENT IS HIV NEGATIVE:  INFORM THE RESPONDENT OF NEGATIVE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY FOR FURTHER COUNSELING				
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	RDT CONDUCTED, YES ANY INVALID	RDT CONDUCTED, YES ANY INVALID	
246	RECORD NUMBER OF INVALID RESULTS USING "HIV COMBO SET"	RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00	RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00	RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00	
247	RECORD NUMBER OF INVALID RESULTS USING "HIV 1/2 STAT-PAK"	RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00	RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00	RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00	

		WOMAN 1	WOMAN 2	WOMAN 3
202	FROM TABLET'S REPORT:	NAME	NAME	NAME
	WRITE WOMAN'S AGE WRITE WOMAN'S LINE NUMBER	AGE	AGE	AGE
248	CHECK 238:	CODE '1' CODE '2 TO 5' IS CIRCLED IS CIRCLED  (SKIP TO 257)	CODE '1' CODE '2 TO 5' IS CIRCLED IS CIRCLED (SKIP TO 257)	CODE '1' CODE '2 TO 5' IS CIRCLED IS CIRCLED  (SKIP TO 257)
249	In the past two weeks has you taken or is taking Coartem given by a doctor or health center to treat the malaria? VERIFY BY ASKING TO SEE TREATMENT	YES	YES	YES
250	ALREADY TAKING [FIRST LINE MEDICATION] REFERRAL STATEMENT	Coartem. However, the test shows the	dy received Coartem for malaria. Theref at you has malaria. If you has a fever fo st health facility for further examination.	
251	CHECK 204a: PREGNANCY STATUS	YES	YES	YES
252	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/OTHER ADULT.	very effective and in a few days it sho	malaria. We can give you free medicine ould get rid of the fever and other sympi ell me whether you accept the medicine	oms. You do not have to take the
253	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	ACCEPTED MEDICINE . 1 (SIGN) REFUSED	ACCEPTED MEDICINE . 1 (SIGN) REFUSED	ACCEPTED MEDICINE . 1 (SIGN) REFUSED
254	CHECK 253: MEDICATION ACCEPTED	ACCEPTED MEDICINE . 1 REFUSED 2 OTHER 6 - (SKIP TO 257) ←	ACCEPTED MEDICINE . 1 REFUSED 2 OTHER 6 - (SKIP TO 257) ←	ACCEPTED MEDICINE . 1 REFUSED 2 OTHER 6 - (SKIP TO 257) ←
255	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/ OTHER ADULT.	ALSO TELL THE ADULT: If you have	mg AS + 120 mg AQ 4 tales a high fever, fast or difficult breathing, should go to see a health professional for	, 0
256	READ INFORMATION FOR MALARIA REFERRAL STATEMENT TO A PREGNANT WOMAN.		However, you have told me that you ard go to the nearest health facility for furt	
257	GO BACK TO 202 IN N IF NO MORE WOMEN,	EXT COLUMN OF THIS QUESTIONNA GO TO 301.	AIRE OR IN THE FIRST COLUMN OF T	THE NEXT PAGE;

## **HIV TESTING FOR MEN AGE 15-59**

301	USE THE APPROPRIA TESTING. IN EACH CO YOUR TABLET. ALSO 304 USING THE MARIT	MPLETE Q. 302-304 USING TABLET IN THE INTERVIEWE DLUMN, WRITE THE COMPLETE NAM CIRCLE THE APPROPRIATE CODE FOR STATUS INFORMATION PRINTED THAN THREE MEN, USE ADDITIONAL	R'S MENU TO LIST ALL MEN AGE 15- E, AGE AND LINE NUMBER AS THEY OR QUESTION 303. IF THE MAN'S AC O IN THE TABLET'S REPORT.	APPEAR IN THE REPORT ON
		MAN 1	MAN 2	MAN 3
302	FROM TABLET'S REPORT: WRITE MAN'S AGE WRITE MAN'S LINE NUMBER	AGE	AGELINE NUMBER	AGE
303	FROM TABLET'S REPORT: CIRCLE CODE FOR AGE GROUP.	15-17 YEARS	15-17 YEARS	15-17 YEARS
304	FROM TABLET'S REPORT: CIRCLE CODE FOR MARITAL STATUS	CODE 6 (NEVER IN UNION) . 1 OTHER 2	CODE 6 (NEVER IN UNION) . 1 OTHER 2	CODE 6 (NEVER IN UNION) . 1 OTHER 2
304A	BIOMARKER START FROM HERE: 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.			
308	CHECK 303: AGE	15-17 YEARS	15-17 YEARS	15-17 YEARS
309	CHECK 304: MARITAL STATUS	CODE 6 (NEVER IN UNION) . 1 (SKIP TO 316) - 2	CODE 6 (NEVER IN UNION) . 1 7 (SKIP TO 316) - 2	CODE 6 (NEVER IN UNION) . 1 7 (SKIP TO 316) - 2

			MAN 1	MAN 2	MAN 3	
	302	FROM TABLET'S REPORT:	NAME	NAME	NAME	
		WRITE MAN'S AGE	AGE	AGE	AGE	
		WRITE MAN'S LINE NUMBER	LINE NUMBER	LINE NUMBER	LINE NUMBER	
		ADU	IT DESDONDENT CON	SENT FOR DBS COLL	ECTION	
Α	310	ASK CONSENT FOR		ing people all over the country to give b		
A D U	310	DBS COLLECTION.		g is being done to see how many people		
L T R E S			and completely safe. It has never bee will be attached so we will not be able either. I will provide you with a list of f	ops of blood from a finger. The equipmen used before and will be thrown away to tell you the test results. No one else acilities offering counseling and testing partner if you want) that you can use a	after we take your blood. No names will be able to know your test results for HIV. I will also give you a voucher	
PONDEN			Do you have any questions? You can say yes or no. It is up to you Will you give blood for the HIV testing			
T CONS	311	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NI IMBER	GRANTED	GRANTED	GRANTED	
E N T						
•			NOT PRESENT/OTHER 3	NOT PRESENT/OTHER 3	NOT PRESENT/OTHER 3	
I	044		OULT RESPONDENT C			
	314	ASK CONSENT FOR HIV RDT TEST.	If you want to know your HIV status rights is free and we will offer counseling be	ght now, we can do a rapid diagnostic to fore and after the test.	est and tell you the result. The testing	
A D U L T			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 Rwanda. 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 20-30 minutes.			
R E			I will give you a referral form to go to recommended by the Ministry of Heal	the nearest health facility for follow up v th.	vith medical personnel, as is	
S P			Do you have any questions?			
0 N D E			You can say yes or no. It is up to you Will you give blood for rapid HIV testii			
N T						
C O N	315	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR	GRANTED	GRANTED	GRANTED	
S E N T		FIELDWORKER NUMBER.	(SIGN, ENTER YOUR FIELDWORKER NUMBER, AND SKIP TO 329)  NOT PRESENT/OTHER 3 ¬	(SIGN, ENTER YOUR FIELDWORKER NUMBER, AND SKIP TO 329)  NOT PRESENT/OTHER 3 ¬	(SIGN, ENTER YOUR FIELDWORKER NUMBER, AND SKIP TO 329)  NOT PRESENT/OTHER 3 ¬	
			(SKIP TO 329) ←	(SKIP TO 329)	(SKIP TO 329) ←	

			MAN 1	MAN 2	MAN 3
	302	FROM TABLET'S REPORT:	NAME	NAME	NAME
		WRITE MAN'S AGE	AGE	AGE	AGE
		WRITE MAN'S LINE	LINE NUMBER	LINE NUMBER	LINE NUMBER
		NUMBER			
Ī	316	WRITE THE NAME			
		OF THE PARENT/OTHER			
		ADULT RESPONSIBLE FOR	NAME	NAME	NAME
		ADOLESCENT	/DECDONCIDIE ADUL	T CONSENT FOR DRS	COLLECTION
Г			./RESPONSIBLE ADUL		
Р	317	ASK CONSENT FOR DBS COLLECTION		ing people all over the country to take a one to see how many people have HIV.	
A R		FROM PARENT/ADULT.		e) drops of blood from a finger. The equ	
E N			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		
Т				vide a list of [nearby] facilities offering ones that can be used at any of these fac	
R			Do you have any questions?	An denide	
E S			You can say yes or no. It is up to you Will you allow (NAME OF MINOR) to		
Р					
A D	318	CIRCLE THE CODE,	GRANTED17	GRANTED17	GRANTED 17
U L		SIGN YOUR NAME, AND ENTER YOUR	PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 –	PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 -	PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 -
Т		FIELDWORKER NUMBER.	ADULT REPUSED 2-	ADULT REPUSED 2-	ADULT REPUSED 2-
٦			(SIGN AND ENTER YOUR	(SIGN AND ENTER YOUR	(SIGN AND ENTER YOUR
C O N			FIELDWORKER NUMBER)	FIELDWORKER NUMBER)	FIELDWORKER NUMBER)
0 N S			•	FIELDWORKER NOIVIBER)	FIELDWORKER NUMBER)
O N			•	(IF REFUSED, SKIP TO 325)	(IF REFUSED, SKIP TO 325)
O N S E			FIELDWORKER NUMBER)		
O N S E		MINOR	FIELDWORKER NUMBER)  (IF REFUSED, SKIP TO 325)  NOT PRESENT/OTHER 3 ¬	(IF REFUSED, SKIP TO 325)  NOT PRESENT/OTHER 3 ¬ (SKIP TO 325) ←	(IF REFUSED, SKIP TO 325)  NOT PRESENT/OTHER 3 ¬ (SKIP TO 325) ←
O N S E N T	319	ASK ASSENT FOR DBS COLLECTION	(IF REFUSED, SKIP TO 325)  NOT PRESENT/OTHER 3 (SKIP TO 325)  RESPONDENT (15-17yrs)  As part of the survey we also are aski	(IF REFUSED, SKIP TO 325)  NOT PRESENT/OTHER 3 ¬ (SKIP TO 325) ←	(IF REFUSED, SKIP TO 325)  NOT PRESENT/OTHER 3 (SKIP TO 325)  LLECTION  lood for HIV testing. HIV is the virus
O N S E N T	319	ASK ASSENT FOR	FIELDWORKER NUMBER)  (IF REFUSED, SKIP TO 325)  NOT PRESENT/OTHER 3 (SKIP TO 325)  RESPONDENT (15-17yrs)  As part of the survey we also are aski that can lead to AIDS. The HIV testing  For the HIV testing, we need a few (m	(IF REFUSED, SKIP TO 325)  NOT PRESENT/OTHER 3 (SKIP TO 325)  ASSENT FOR DBS CO ring people all over the country to give big is being done to see how many people are of the people	(IF REFUSED, SKIP TO 325)  NOT PRESENT/OTHER 3 (SKIP TO 325)  L L E C T I O N  lood for HIV testing. HIV is the virus a have HIV.  equipment used to take the blood is
ONSENT MINOR RE	319	ASK ASSENT FOR DBS COLLECTION FROM MINOR	FIELDWORKER NUMBER)  (IF REFUSED, SKIP TO 325)  NOT PRESENT/OTHER 3 (SKIP TO 325)   RESPONDENT (15-17yrs)  As part of the survey we also are askithat can lead to AIDS. The HIV testing.  For the HIV testing, we need a few (modern and completely safe. It has nevenames will be attached so we will not	(IF REFUSED, SKIP TO 325)  NOT PRESENT/OTHER 3 (SKIP TO 325)  ASSENT FOR DBS CO ring people all over the country to give be g is being done to see how many people all over the country to give be go is being done to see how many people riore) drops of blood from a finger. The ear been used before and will be thrown be able to tell you the test results. No compare the country to give be a seen used before and will be thrown be able to tell you the test results.	(IF REFUSED, SKIP TO 325)  NOT PRESENT/OTHER 3 (SKIP TO 325)  L L E C T I O N  lood for HIV testing. HIV is the virus a have HIV.  equipment used to take the blood is away after we take your blood. No one else will be able to know your test
ONSENT MINOR R	319	ASK ASSENT FOR DBS COLLECTION FROM MINOR	RESPONDENT (15-17yrs)  As part of the survey we also are askit that can lead to AIDS. The HIV testing.  For the HIV testing, we need a few (m clean and completely safe. It has nevnames will be attached so we will not results either. I will provide you with a	(IF REFUSED, SKIP TO 325)  NOT PRESENT/OTHER 3 (SKIP TO 325)  ASSENT FOR DBS CO ring people all over the country to give be g is being done to see how many people all over the country to give be go is being done to see how many people are been used before and will be thrown	(IF REFUSED, SKIP TO 325)  NOT PRESENT/OTHER 3 (SKIP TO 325)  L L E C T I O N  lood for HIV testing. HIV is the virus a have HIV.  equipment used to take the blood is away after we take your blood. No one else will be able to know your test bling and testing for HIV. I will also
ONSENT MINOR RESP	319	ASK ASSENT FOR DBS COLLECTION FROM MINOR	FIELDWORKER NUMBER)  (IF REFUSED, SKIP TO 325)  NOT PRESENT/OTHER 3 (SKIP TO 325)   RESPONDENT (15-17yrs)  As part of the survey we also are asking that can lead to AIDS. The HIV testing that can lead to AIDS. The HIV testing we need a few (modean and completely safe. It has nevenames will be attached so we will not results either. I will provide you with a give you a voucher for free services for facilities.  Do you have any questions?	(IF REFUSED, SKIP TO 325)  NOT PRESENT/OTHER 3 (SKIP TO 325)  ASSENT FOR DBS CO  Ing people all over the country to give be g is being done to see how many people all over the country to give be g is being done to see how many people all over the test results. No concept to the country to give be given be able to tell you the test results. No concept to the country of the c	(IF REFUSED, SKIP TO 325)  NOT PRESENT/OTHER 3 (SKIP TO 325)  L L E C T I O N  lood for HIV testing. HIV is the virus a have HIV.  equipment used to take the blood is away after we take your blood. No one else will be able to know your test bling and testing for HIV. I will also
ONSENT MINOR RESPONDEN	319	ASK ASSENT FOR DBS COLLECTION FROM MINOR	(IF REFUSED, SKIP TO 325)  NOT PRESENT/OTHER 3 (SKIP TO 325)  RESPONDENT (15-17yrs)  As part of the survey we also are aski that can lead to AIDS. The HIV testing. For the HIV testing, we need a few (m clean and completely safe. It has nevnames will be attached so we will not results either. I will provide you with a give you a voucher for free services for facilities.	(IF REFUSED, SKIP TO 325)  NOT PRESENT/OTHER 3 (SKIP TO 325)  ASSENT FOR DBS CO  Ing people all over the country to give be g is being done to see how many people all over the country to give be g is being done to see how many people all over the test results. No collist of [nearby] facilities offering counse or you (and for your partner if you want) to decide.	(IF REFUSED, SKIP TO 325)  NOT PRESENT/OTHER 3 (SKIP TO 325)  L L E C T I O N  lood for HIV testing. HIV is the virus a have HIV.  equipment used to take the blood is away after we take your blood. No one else will be able to know your test bling and testing for HIV. I will also
ONSENT MINOR RESPONDE	319	ASK ASSENT FOR DBS COLLECTION FROM MINOR	FIELDWORKER NUMBER)  (IF REFUSED, SKIP TO 325)  NOT PRESENT/OTHER 3 (SKIP TO 325)  RESPONDENT (15-17yrs)  As part of the survey we also are asking that can lead to AIDS. The HIV testing. For the HIV testing, we need a few (modean and completely safe. It has newnames will be attached so we will not results either. I will provide you with a give you a voucher for free services for facilities.  Do you have any questions? You can say yes or no. It is up to you	(IF REFUSED, SKIP TO 325)  NOT PRESENT/OTHER 3 (SKIP TO 325)  ASSENT FOR DBS CO  Ing people all over the country to give be g is being done to see how many people all over the country to give be g is being done to see how many people all over the test results. No collist of [nearby] facilities offering counse or you (and for your partner if you want) to decide.	(IF REFUSED, SKIP TO 325)  NOT PRESENT/OTHER 3 (SKIP TO 325)  L L E C T I O N  lood for HIV testing. HIV is the virus a have HIV.  equipment used to take the blood is away after we take your blood. No one else will be able to know your test bling and testing for HIV. I will also
ONSENT MINOR RESPONDENT		ASK ASSENT FOR DBS COLLECTION FROM MINOR RESPONDENT.	FIELDWORKER NUMBER)  (IF REFUSED, SKIP TO 325)  NOT PRESENT/OTHER 3 (SKIP TO 325)  RESPONDENT (15-17yrs)  As part of the survey we also are askithat can lead to AIDS. The HIV testing.  For the HIV testing, we need a few (modean and completely safe. It has newnames will be attached so we will not results either. I will provide you with a give you a voucher for free services for facilities.  Do you have any questions?  You can say yes or no. It is up to you will you give blood for the HIV testing.	(IF REFUSED, SKIP TO 325)  NOT PRESENT/OTHER 3 (SKIP TO 325)  ASSENT FOR DBS CO  Ing people all over the country to give be g is being done to see how many people all over the country to give be g is being done to see how many people all over the country to give be g is being done to see how many people all over the test results. No collist of [nearby] facilities offering counse for you (and for your partner if you want) to decide.	(IF REFUSED, SKIP TO 325)  NOT PRESENT/OTHER 3 (SKIP TO 325)  L L E C T I O N  lood for HIV testing. HIV is the virus e have HIV.  equipment used to take the blood is away after we take your blood. No one else will be able to know your test eling and testing for HIV. I will also that you can use at any of these
ONSENT MINOR RESPONDENT CO		ASK ASSENT FOR DBS COLLECTION FROM MINOR RESPONDENT.  CIRCLE THE CODE AND SIGN YOUR	FIELDWORKER NUMBER)  (IF REFUSED, SKIP TO 325)  NOT PRESENT/OTHER 3 (SKIP TO 325)  RESPONDENT (15-17yrs)  As part of the survey we also are askithat can lead to AIDS. The HIV testing.  For the HIV testing, we need a few (model of the survey) we also are askithat can lead to AIDS. The HIV testing.  For the HIV testing, we need a few (model of the HIV testing) will be attached so we will not results either. I will provide you with a give you a voucher for free services for facilities.  Do you have any questions?  You can say yes or no. It is up to you will you give blood for the HIV testing.  GRANTED 17  MINOR RESPONDENT	(IF REFUSED, SKIP TO 325)  NOT PRESENT/OTHER 3 (SKIP TO 325)  ASSENT FOR DBS CO  Ing people all over the country to give be g is being done to see how many people are been used before and will be thrown be able to tell you the test results. No co list of [nearby] facilities offering counse or you (and for your partner if you want)  to decide.  GRANTED	(IF REFUSED, SKIP TO 325)  NOT PRESENT/OTHER 3 (SKIP TO 325)  L L E C T I O N  lood for HIV testing. HIV is the virus e have HIV.  equipment used to take the blood is away after we take your blood. No one else will be able to know your test eling and testing for HIV. I will also that you can use at any of these  GRANTED

			MAN 1	MAN 1 MAN 2			
	302	FROM TABLET'S NAME		NAME	NAME		
		WRITE MAN'S AGE	AGE	AGE	AGE		
		WRITE MAN'S LINE NUMBER	LINE NUMBER	LINE NUMBER	LINE NUMBER		
_		PARENT	AL/RESPONSIBLE AD	ULT CONSENT FOR R	DT TESTING		
P	PARENTAL/RESPONSIBLE ADULT CONSENT FOR RD 1  325 ASK CONSENT FOR RD 1  ASK CONSENT FOR RD 1  If you want (NAME OF MINOR) to know her HIV status right now, we can do a rand (NAME OF MINOR) the result. The testing is free and we will offer counseling the parenty of the parenty				seling before and after the test.		
For the rapid HIV test, we need a few (more) drops of blood from a finger. We will use in hospitals in Rwanda. The equipment used to take the blood is clean and completely used before and will be thrown away after each test. The result of the test will be avail					ompletely safe. It has never been		
T 			I will give (NAME OF MINOR) a referr personnel, as is recommended by the	ral form to go to the nearest health facil Ministry of Health.	ity for follow up with medical		
R			Do you have any questions?				
E S P			You can say yes or no. It is up to you Will you allow (NAME OF MINOR) to				
A							
D U L T	326	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER	GRANTED	GRANTED	GRANTED		
C O N S	`		(SIGN AND ENTER YOUR FIELDWORKER NUMBER)	(SIGN AND ENTER YOUR FIELDWORKER NUMBER)	(SIGN AND ENTER YOUR FIELDWORKER NUMBER)		
E N T			(IF REFUSED, SKIP TO 329)	(IF REFUSED, SKIP TO 329)	(IF REFUSED, SKIP TO 329)		
			NOT PRESENT/OTHER 3 ¬ (SKIP TO 329) ←	NOT PRESENT/OTHER 3 (SKIP TO 329)	NOT PRESENT/OTHER 3 (SKIP TO 329)		
1		MII	NOR RESPONDENT (15-	17yrs) ASSENT FOR RD1	T TEST		
M I N	327	ASK ASSENT FOR RDT TEST FROM MINOR RESPONDENT.		ght now, we can do a rapid diagnostic t e result. The testing is free and we will o			
O R R		NESI ONDENT.	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 Rwanda. 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 20-30 minutes.				
E S P			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.				
O N			Do you have any questions?				
E			You can say yes or no. It is up to you to decide. Will you give blood for rapid HIV testing?				
N T C			Will you give blood for rapid HIV testing?				
ONSEN	328	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER	GRANTED	GRANTED	GRANTED 1 ¬ MINOR RESPONDENT REFUSED 2 ¬		
T		NUMBER.	(SIGN)	(SIGN)	(SIGN)		
			NOT PRESENT/OTHER 3	NOT PRESENT/OTHER 3	NOT PRESENT/OTHER 3		

		MAN 1	MAN 2	MAN 3
302	FROM TABLET'S REPORT: WRITE MAN'S AGE WRITE MAN'S LINE NUMBER	AGE	AGE	AGE
329	PREPARE EQUIPMENT PROCEED WITH THE	T AND SUPPLIES ONLY FOR THE TEST(S).	ST(S) FOR WHICH CONSENT HAS BE	EEN OBTAINED AND
329A	PLACE BAR CODE LABEL.	PUT THE 1ST BAR CODE LABEL HERE.  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 1ST BAR CODE LABEL HERE.  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 1ST BAR CODE LABEL HERE.  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.
332	RECORD THE RESULT OF THE "HIV COMBO SET" HERE.	POSITIVE 1 NEGATIVE 2 (SKIP TO 336)  NOT PRESENT 3 REFUSED 4 OTHER 5 (SKIP TO 337)	POSITIVE 1  NEGATIVE 2  (SKIP TO 336)  NOT PRESENT 3  REFUSED 4  OTHER 5  (SKIP TO 337)	POSITIVE
333	RECORD THE RESULT OF THE "HIV 1/2 STAT-PAK" HERE.	POSITIVE 1 NEGATIVE 2  (SKIP TO 335A)  NOT PRESENT 3 REFUSED 4 OTHER 5  (SKIP TO 337)	POSITIVE 1 NEGATIVE 2  (SKIP TO 335A)  NOT PRESENT 3  REFUSED 4 OTHER 5- (SKIP TO 337)	POSITIVE

		MAN 1	MAN 2	MAN 3		
302	FROM TABLET'S REPORT:	NAME	NAME	NAME		
	WRITE MAN'S AGE WRITE MAN'S LINE NUMBER	LINE NUMBER	LINE NUMBER	LINE NUMBER		
335	IF 332 AND 333 ARE P	OSITIVE				
	RESPONDENT IS HIV	POSITIVE:				
		RTICIPANT ABOUT POSITIVE HIV STA LING, PROVIDE A REFERRAL TO THE ABLE.				
	SKIP TO 337					
335A	IF 332 IS POSITIVE AND 333 IS NEGATIVE RESPONDENT RESULTS ARE INCONCLUSIVE: INFORM SURVEY PARTICIPANT RESULTS ARE NOT CONCLUSIVE AND PROVIDE POST-TEST COUNSELING. AS PART OF					
	POST-TEST COUNSEL	ING, PROVIDE A REFERRAL TO THE	NEAREST HEALTH FACILITY AFTER	R 4 WEEKS FOR FURTHER EXAMS.		
	SKIP TO 337	SKIP TO 337				
336	IF 332 IS NEGATIVE					
	RESPONDENT IS HIV NEGATIVE:					
		IDENT OF NEGATIVE TEST RESULT, H FACILITY FOR FURTHER COUNSEI		ELING. PROVIDE A REFERRAL TO		
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	RDT CONDUCTED, YES ANY INVALID	RDT CONDUCTED, YES ANY INVALID		
338	RECORD NUMBER OF INVALID RESULTS USING "HIV COMBO SET"	RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00	RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00	RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00		
339	RECORD NUMBER OF INVALID RESULTS USING "HIV 1/2 STAT-PAK"	RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00	RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00	RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00		
340	GO BACK TO 302 IN N IF NO MORE MEN, EN	EXT COLUMN OF THIS QUESTIONNA D INTERVIEW.	LIRE OR IN THE FIRST COLUMN OF T	THE NEXT PAGE;		

# FIELDWORKER'S OBSERVATIONS

## TO BE FILLED IN AFTER COMPLETING BIOMARKERS

SUPERVISOR'S OBSERVATIONS
EDITOR'S OBSERVATIONS

#### BIOMARKER QUESTIONNAIRE

MINISTRY OF HEALTH

## **VENOUS BLOOD**

#### NATIONAL INSTITUTE OF STATISTICS OF RWANDA

IDENTIFICATION					
PROVINCE:		DISTRICT:	SE	CTOR:	
NAME OF HOUSEHOLD	D HEAD				
CLUSTER NUMBER					
STRUCTURE NUMBER					
HOUSEHOLD NUMBER	₹				
HOUSEHOLD SELECTI	ED FOR MICRONUTRIE	NT/ ANEMIA / MALARIA	TESTING? (1=YES, 2=	=NO	
		BIOMARKER	VISITS		
	1	2	3	FINAL VISIT	
DATE BIOMARKER'S NAME				DAY MONTH YEAR 2 0	
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS	
NOTES:		TOTAL ELIGIBLE WOMEN			
		TOTAL ELIGIBLE CHILDREN			
QUESTIONNAINE					
	SUPERVISOR  NAME  NUMBER				

## MICRONUTRIENT, WEIGHT, HEIGHT, HEMOGLOBIN, AND MALARIA TESTING FOR CHILDREN AGE 0-5

401	INTERVIEWER TO COMPLETE Q. 402-403 USING TABLET REPORT  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.				
		CHILD 1	CHILD 2	CHILD 3	
402	FROM TABLET'S REPORT:  WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	AGE LINE NUMBER	AGE	AGELINE NUMBER	
403	FROM TABLET'S REPORT:  IF MOTHER INTERVIEWED COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM BIRTH HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	MONTHYEAR	MONTHYEAR	MONTH	
404	CHECK 403: CHILD BORN IN 2014-2019?	YES	YES	YES	
404A	In the last week, has (NAME) been given NOOTRITOTO, SHISHA KIBONDO, SOSOMA fortified or CSB+?	YES	YES	YES	
404B	At what time approximately did (NAME) his/her most recent meal or was breastfed?  USING 24 HOURS SYSTEM	HOURS  MINUTE  DID NOT EAT TODAY 99	HOURS	HOURS MINUTE  DID NOT EAT TODAY 99	
404C	MEASURER AND ASSISTANT STAF	RT FROM HERE			
405	ASSISTANT TO RECORD WEIGHT IN KILOGRAMS.	KG 9994  NOT PRESENT 9995  REFUSED 9996  OTHER 9996	KG	KG 9994  REFUSED 9995  OTHER 9996	
406	ASSISTANT TO RECORD HEIGHT/LENGTH IN CENTIMETERS.	CM	CM	CM	
407	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	
408	MEASURER: ENTER YOUR FIELDWORKER NUMBER.	FIELDWORKER NUMBER	FIELDWORKER NUMBER	FIELDWORKER	
409	CHECK 403: CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR 5 PREVIOUS MONTHS?	0-5 MONTHS 1 (SKIP TO 434) COLDER 2	0-5 MONTHS 1 (SKIP TO 434) OLDER	0-5 MONTHS 1 (SKIP TO 434) COLDER 2	

		CHILD 1	CHILD 2	CHILD 3	
402	FROM TABLET'S REPORT:	NAME	NAME	NAME	
	WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	AGELINE NUMBER	AGELINE NUMBER	AGELINE NUMBER	
410	WRITE THE NAME OF THE PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD	NAME OF PARENT/ADULT RESPONSIBLE	NAME OF PARENT/ADULT RESPONSIBLE	NAME OF PARENT/ADULT RESPONSIBLE	
		NAME	NAME	NAME	
411	ASK CONSENT FOR BLOOD BIOLOGICAL TESTING FROM PARENT/OTHER ADULT.	As part of this survey, we are askir anemia, and vitamins and mineral transmitted from a mosquito bite. A problems that usually result from passist the government to develop p.  We ask that all children born in 20 amount of blood. Taking a blood so the blood is clean and completely after each test.	levels. Malaria is a serious illness Anemia and vitamin and mineral de coor nutrition, infection, or chronic or programs to prevent and treat thes 14 or later take part in testing in thi ample my cause some discomfort.	caused by a parasite eficiencies are serious health disease. This survey will e health problems. is survey by providing a small The equipment used to take	
		The blood will be tested for malaria and anemia immediately, and the results will be told to you right away. The results will be kept strictly confidential and will not be shared with anyone other than members of our survey team. The rest of the blood will be sent to a laboratory to be tested for vitamins and minerals. The results from these tests will not be reported back to you as it will take some time to process the blood. The results will be kept strictly confidential. You can say yes or no to each test. It is up to you to decide.  Do you have any questions?  Will you allow (NAME OF CHILD) to give blood?			
412	CIRCLE THE CODE, ENTER YOUR FIELDWORKER NUMBER, AND SIGN YOUR NAME.	GRANTED	GRANTED	GRANTED 1 REFUSED 2- (SIGN)  FIELDWORKER NUMBER (IF REFUSED SKIP TO 434)  NOT PRESENT/OTHER 3 (SKIP TO 434)	
413	Will you allow (NAME OF CHILD) to take the:  CIRCLE THE CODE, ENTER YOUR FIELDWORKER NUMBER, AND SIGN YOUR NAME.	a) Malaria test?     GRANTED	a) Malaria test? GRANTED 1 REFUSED 2 b) Anemia test? GRANTED 1 REFUSED 2 c) Vitamin and mineral test? GRANTED 1 REFUSED 2  (SIGN )  FIELDWORKER NUMBER	a) Malaria test?     GRANTED	

		CHILD 1	CHILD 2	CHILD 3
402	FROM TABLET'S REPORT:	NAME	NAME	NAME
	WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	AGE	AGE	AGE
		LINE NUMBER	LINE NUMBER	LINE NUMBER
413A	PREPARE EQUIPMENT AND SUPPLIE THE TEST(S).	S ONLY FOR THE TEST(S) FOR W	HICH CONSENT HAS BEEN OBTA	AINED AND PROCEED WITH
414	PURPLE TOP TUBE (EDTA) RECORD THE RESULT OF THE PURPLE TOP (EDTA) TUBE BLOOD SAMPLE COLLECTION	COLLECTED	COLLECTED	COLLECTED
415	RED TOP TUBE RECORD THE RESULT OF THE RED TOP TUBE BLOOD SAMPLE COLLECTION	COLLECTED	COLLECTED	COLLECTED
415a	CHECK Q414 and Q415:	Q414 (4, 5 or 6) AND Q415 (4, 5, or 6)	414 (4, 5 or 6) AND 415 (4, 5, or 6)	
416	PLACE BAR CODE LABEL.	PUT THE 1ST BAR CODE LABEL HERE.	PUT THE 1ST BAR CODE LABEL HERE.	PUT THE 1ST BAR CODE LABEL HERE.
	CONFIRM BAR CODE PLACED BASED ON THE TUBES AND TRANSMITTAL FORM	PURPLE TUBE	PURPLE TUBE	PURPLE TUBE
417	DATE BLOOD SAMPLE TAKEN	DAY	DAY	DAY
		MONTH	MONTH	MONTH
		YEAR	YEAR	YEAR
418	TIME BLOOD DRAWN	HOURS	HOURS	HOURS
	USING 24 HOURS SYSTEM	MINUTE	MINUTE	MINUTE
		RESULTS OF HEMO	OGLOBIN TEST	
419	RECORD HEMOGLOBIN LEVEL HERE AND IN THE PAMPLET.	G/DL	G/DL INSUFFICIENT SAMPLE 992 NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL INSUFFICIENT SAMPLE 992 NOT PRESENT 994 REFUSED 995 OTHER 996
		RESULTS OF MALA	ARIA RDT TEST	
420	CIRCLE THE CODE FOR THE MALARIA RDT.	TESTED	TESTED 1 INSUFFICIENT SAMPLE 2 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 432)	TESTED 1 INSUFFICIENT SAMPLE 2 NOT PRESENT 4 REFUSED 5 OTHER 6 (SKIP TO 432)
421	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE PAMPHLET.	POSITIVE	POSITIVE	POSITIVE

		CHILD 1	CHILD 2	CHILD 3
402	FROM TABLET'S REPORT:	NAME	NAME	NAME
	WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	AGELINE NUMBER	AGE	AGELINE NUMBER
422	Does (NAME) suffer from any of the following illnesses or symptoms:	YES NO	YES NO	YES NO
	a) Extreme weakness? b) Heart problems? c) Loss of consciousness? d) Rapid or difficult breathing? e) Seizures? f) Abnormal bleeding? g) Jaundice or yellow skin? h) Dark urine?	a) EXTREME WEAKNESS 1 2 b) HEART PROBLEMS 1 2 c) LOSS OF CONSCIOUS. 1 2 d) RAPID BREATHING 1 2 e) SEIZURES 1 2 f) BLEEDING 1 2 g) JAUNDICE 1 2 h) DARK URINE 1 2	a) EXTREME WEAKNESS 1 2 b) HEART PROBLEMS 1 2 c) LOSS OF CONSCIOUS. 1 2 d) RAPID BREATHING 1 2 e) SEIZURES 1 2 f) BLEEDING 1 2 g) JAUNDICE 1 2 h) DARK URINE 1 2	a) EXTREME WEAKNESS 1 2 b) HEART PROBLEMS 1 2 c) LOSS OF CONSCIOUS. 1 2 d) RAPID BREATHING 1 2 e) SEIZURES 1 2 f) BLEEDING 1 2 g) JAUNDICE 1 2 h) DARK URINE 1 2
423	CHECK 422: ANY 'YES' CIRCLED?	NO YES ☐ (SKIP TO 426) ←	NO YES (SKIP TO 426)	NO YES (SKIP TO 426)
424	CHECK 419: HEMOGLOBIN RESULT	BELOW 8.0 G/DL,  SEVERE ANEMIA 1  (SKIP TO 426)  8.0 G/DL OR ABOVE 2  NOT PRESENT 3  REFUSED 4  OTHER 6	BELOW 8.0 G/DL,  SEVERE ANEMIA 17 (SKIP TO 426)  8.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6	BELOW 8.0 G/DL,  SEVERE ANEMIA 1 7  (SKIP TO 426) ←  8.0 G/DL OR ABOVE 2  NOT PRESENT 3  REFUSED 4  OTHER 6
425	In the past two weeks has (NAME) taken or is taking ACT given by a doctor or health center to treat the malaria?  VERIFY BY ASKING TO SEE TREATMENT	YES	YES	YES
426	SEVERE MALARIA REFERRAL  RECORD THE RESULT OF THE  MALARIA RDT ON THE REFERRAL FORM.	The malaria test shows that (NAM) malaria. The malaria treatment I hay Your child is very ill and must be to treatment for malaria please take had malaria is cured.  (SKIP TO 432)	ave will not help your child, and I c aken to a health facility right away,	annot give you the medication. if the child has already taken a
427	ALREADY TAKING ACT REFERRAL STATEMENT	You have told me that (NAME OF give you additional ACT. However, two days after the last dose of ACT examination. (SKIP TO 432)	the test shows that he/she has ma	alaria. If your child has a fever for

		CHILD 1	CHILD 2	CHILD 3	
402	FROM TABLET'S REPORT:	NAME	NAME	NAME	
	WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	AGE	AGE	AGE	
428	READ INFORMATION FOR MALARIA TREATMENT AND	called ACT. ACT is very effective	child has malaria. We can give yo e and in a few days it should get rid I the medicine. This is up to you. F	d of the fever and other symptoms.	
429	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	ACCEPTED MEDICINE . 1 (SIGN)  REFUSED	ACCEPTED MEDICINE . 1- (SIGN)  REFUSED . 2- OTHER 6	(SIGN)	
430	CHECK 429: MEDICATION ACCEPTED	ACCEPTED MEDICINE . 1 REFUSED 2 OTHER 6 - (SKIP TO 432)	ACCEPTED MEDICINE . 1 REFUSED	REFUSED 2 ¬	
431	TREATMENT FOR CHILDREN	TREATMENT WITH ACT			
	WITH POSITIVE MALARIA TESTS	WEIGHT (in kg)	AGE	ARTEMETHER-LUMEFANTRINE	
		LESS THAN 5 KGS	NOTHING	NOTHING	
		5-14 KGS	6 MONTHS - 3 YEARS	1 TABLET TWICE A DAY FOR 3 DAYS	
		15-25 KGS	4 - 8 YEARS	2 TABLETS TWICE A DAY FOR 3 DAYS	
		IF CHILD WEIGHS LESS THAN 5 KGS, DO NOT LEAVE DRUGS. TELL PARENTS TO TAKE CHILD TO HEALTH FACILITY.			
				ever, fast or difficult breathing, is two days, you should take him/her	
432	CHECK 419: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6 (SKIP TO 434)	BELOW 8.0 G/DL,	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6 (SKIP TO 434)	
433	SEVERE ANEMIA REFERRAL	The anemia test shows that (NAI taken to a health facility immedia	•	a. Your child is very ill and must be	
434	GO BACK TO 402 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 501.				

## MICRONUTRIENT, WEIGHT, HEIGHT, HEMOGLOBIN, AND MALARIA TESTING FOR CHILDREN AGE 0-5

401	INTERVIEWER TO COMPLETE Q. 402-403 USING TABLET REPORT  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 ADDITION, QUESTIONNAIRE(S). WRITE THE NAME OF EACH ELIGIBLE CHILD ON EACH SUBSEQUENT PAGES.				
		CHILD 1	CHILD 2	CHILD 3	
402	FROM TABLET'S REPORT:  WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	AGE LINE NUMBER	AGELINE NUMBER	AGELINE NUMBER	
403	FROM TABLET'S REPORT:  IF MOTHER INTERVIEWED COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM BIRTH HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	MONTHYEAR	DAY	DAY	
404	CHECK 403: CHILD BORN IN 2014-2019?	YES	YES	YES	
404A	In the last week, has (NAME) been given NOOTRITOTO, SHISHA KIBONDO, SOSOMA fortified or CSB+?	YES	YES	YES	
404B	At what time approximately did (NAME)his/her most recent meal or was breastfed?  USING 24 HOURS SYSTEM	HOURS	HOURS  MINUTE  DID NOT EAT TODAY 99	HOURS MINUTE DID NOT EAT TODAY 99	
404C	MEASURER AND ASSISTANT STAF	RT FROM HERE			
405	ASSISTANT TO RECORD WEIGHT IN KILOGRAMS.	KG 9994  NOT PRESENT 9995  REFUSED 9996  OTHER 9996	KG	KG	
406	ASSISTANT TO RECORD HEIGHT/LENGTH IN CENTIMETERS.	CM	CM	CM	
407	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	
408	MEASURER: ENTER YOUR FIELDWORKER NUMBER.	FIELDWORKER NUMBER	FIELDWORKER NUMBER	FIELDWORKER	
409	CHECK 403: CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR 5 PREVIOUS MONTHS?	0-5 MONTHS 1 (SKIP TO 434) COLDER 2	0-5 MONTHS 1 (SKIP TO 434)	0-5 MONTHS 1 (SKIP TO 434) OLDER 2	

		CHILD 1	CHILD 2	CHILD 3
402	FROM TABLET'S REPORT:	NAME	NAME	NAME
	WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	AGELINE NUMBER	AGE	AGELINE NUMBER
410	WRITE THE NAME OF THE PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD	NAME OF PARENT/ADULT RESPONSIBLE	NAME OF PARENT/ADULT RESPONSIBLE	NAME OF PARENT/ADULT RESPONSIBLE
		NAME	NAME	NAME
411	ASK CONSENT FOR BLOOD BIOLOGICAL TESTING FROM PARENT/OTHER ADULT.	anemia, and vitamins and mineral transmitted from a mosquito bite. A problems that usually result from p assist the government to develop p.  We ask that all children born in 20	poor nutrition, infection, or chronic or programs to prevent and treat these of the part in testing in thi ample my cause some discomfort.	caused by a parasite eficiencies are serious health disease. This survey will be health problems.  is survey by providing a small The equipment used to take
		The blood will be tested for malariaright away. The results will be kept than members of our survey team. for vitamins and minerals. The resu take some time to process the bloo You can say yes or no to each test Do you have any questions?  Will you allow (NAME OF CHILD) to	. The rest of the blood will be sent to ults from these tests will not be rep od. The results will be kept strictly of t. It is up to you to decide.	shared with anyone other to a laboratory to be tested ported back to you as it will
412	CIRCLE THE CODE, ENTER YOUR FIELDWORKER NUMBER, AND SIGN YOUR NAME.	GRANTED 1 1 REFUSED 2 - (SIGN )  FIELDWORKER NUMBER  (IF REFUSED SKIP TO 434)  NOT PRESENT/OTHER 3 (SKIP TO 434)	GRANTED 1 REFUSED 2- (SIGN )  FIELDWORKER NUMBER (IF REFUSED SKIP TO 434)  NOT PRESENT/OTHER 3- (SKIP TO 434)	GRANTED 1 REFUSED 2-  (SIGN )  FIELDWORKER NUMBER  (IF REFUSED SKIP TO 434)  NOT PRESENT/OTHER 3 (SKIP TO 434)
413	Will you allow (NAME OF CHILD) to take the: CIRCLE THE CODE, ENTER YOUR FIELDWORKER NUMBER, AND SIGN YOUR NAME.	a) Malaria test?     GRANTED	a) Malaria test?     GRANTED	a) Malaria test?     GRANTED

		CHILD 1	CHILD 2	CHILD 3
402	FROM TABLET'S REPORT:	NAME	NAME	NAME
	WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	AGE	AGE	AGE
		LINE NUMBER	LINE NUMBER	LINE NUMBER
413A	PREPARE EQUIPMENT AND SUPPLIE THE TEST(S).	S ONLY FOR THE TEST(S) FOR W	HICH CONSENT HAS BEEN OBTA	AINED AND PROCEED WITH
414	PURPLE TOP TUBE (EDTA) RECORD THE RESULT OF THE PURPLE TOP (EDTA) TUBE BLOOD SAMPLE COLLECTION	COLLECTED	COLLECTED	COLLECTED
415	RED TOP TUBE RECORD THE RESULT OF THE RED TOP TUBE BLOOD SAMPLE COLLECTION	COLLECTED	COLLECTED	COLLECTED
415a	CHECK Q414 and Q415:	Q414 (4, 5 or 6) AND Q415 (4, 5, or 6)	414 (4, 5 or 6) AND 415 (4, 5, or 6)	
416	PLACE BAR CODE LABEL.	PUT THE 1ST BAR CODE LABEL HERE.	PUT THE 1ST BAR CODE LABEL HERE.	PUT THE 1ST BAR CODE LABEL HERE.
	CONFIRM BAR CODE PLACED BASED ON THE TUBES AND TRANSMITTAL FORM	PURPLE TUBE	PURPLE TUBE	PURPLE TUBE A RED TUBE
417	DATE BLOOD SAMPLE TAKEN	DAY	DAY	DAY
418	TIME BLOOD DRAWN	YEAR	YEAR	YEAR
410	USING 24 HOURS SYSTEM	HOURS	HOURS	HOURS
	03114G 24 1100143 3131EM	MINUTE	MINUTE	MINUTE
		RESULTS OF HEMO	OGLOBIN TEST	
419	RECORD HEMOGLOBIN LEVEL HERE AND IN THE PAMPLET.	G/DL 992 INSUFFICIENT SAMPLE 992 NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL 992 INSUFFICIENT SAMPLE 992 NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL INSUFFICIENT SAMPLE 992 NOT PRESENT 994 REFUSED 995 OTHER 996
		RESULTS OF MALA	ARIA RDT TEST	
420	CIRCLE THE CODE FOR THE MALARIA RDT.	TESTED 1 INSUFFICIENT SAMPLE 2 NOT PRESENT 4 - REFUSED 5 - OTHER 6 - (SKIP TO 432)	TESTED	TESTED 1 INSUFFICIENT SAMPLE 2 NOT PRESENT 4 - REFUSED 5 - OTHER 6 - (SKIP TO 432)
421	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE PAMPHLET.	POSITIVE	POSITIVE	POSITIVE

		CHILD 1	CHILD 2	CHILD 3
402	FROM TABLET'S REPORT:	NAME	NAME	NAME
	WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	AGE LINE NUMBER	AGELINE NUMBER	AGELINE NUMBER
422	Does (NAME) suffer from any of the following illnesses or symptoms:	YES NO	YES NO	YES NO
	a) Extreme weakness? b) Heart problems? c) Loss of consciousness? d) Rapid or difficult breathing? e) Seizures? f) Abnormal bleeding? g) Jaundice or yellow skin? h) Dark urine?	a) EXTREME WEAKNESS 1 2 b) HEART PROBLEMS 1 2 c) LOSS OF CONSCIOUS. 1 2 d) RAPID BREATHING 1 2 e) SEIZURES 1 2 f) BLEEDING 1 2 g) JAUNDICE 1 2 h) DARK URINE 1 2	a) EXTREME WEAKNESS 1 2 b) HEART PROBLEMS 1 2 c) LOSS OF CONSCIOUS. 1 2 d) RAPID BREATHING 1 2 e) SEIZURES 1 2 f) BLEEDING 1 2 g) JAUNDICE 1 2 h) DARK URINE 1 2	a) EXTREME WEAKNESS 1 2 b) HEART PROBLEMS 1 2 c) LOSS OF CONSCIOUS. 1 2 d) RAPID BREATHING 1 2 e) SEIZURES 1 2 f) BLEEDING 1 2 g) JAUNDICE 1 2 h) DARK URINE 1 2
423	CHECK 422: ANY 'YES' CIRCLED?	NO YES (SKIP TO 426)	NO YES (SKIP TO 426)	NO YES (SKIP TO 426)
424	CHECK 419: HEMOGLOBIN RESULT	BELOW 8.0 G/DL,  SEVERE ANEMIA 1 (SKIP TO 426)   8.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6	BELOW 8.0 G/DL,  SEVERE ANEMIA . 17 (SKIP TO 426)  8.0 G/DL OR ABOVE . 2 NOT PRESENT . 3 REFUSED . 4 OTHER . 6	BELOW 8.0 G/DL,  SEVERE ANEMIA 1   (SKIP TO 426)
425	In the past two weeks has (NAME) taken or is taking ACT given by a doctor or health center to treat the malaria? VERIFY BY ASKING TO SEE TREATMENT	YES	YES	YES
426	SEVERE MALARIA REFERRAL  RECORD THE RESULT OF THE  MALARIA RDT ON THE REFERRAL  FORM.	The malaria test shows that (NAM) malaria. The malaria treatment I hay Your child is very ill and must be to treatment for malaria please take halaria is cured.  (SKIP TO 432)	ave will not help your child, and I c aken to a health facility right away,	annot give you the medication. if the child has already taken a
427	ALREADY TAKING ACT REFERRAL STATEMENT	You have told me that (NAME OF CHILD) had already received ACT for malaria. Therefore, I cannot give you additional ACT. However, the test shows that he/she has malaria. If your child has a fever for two days after the last dose of ACT, you should take the child to the nearest health facility for further examination.  (SKIP TO 432)		

		CHILD 1	CHILD 2	CHILD 3	
402	FROM TABLET'S REPORT:  WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	AGE	AGE	AGE	
428	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/OTHER ADULT.	called ACT. ACT is very effective	The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called ACT. ACT is very effective and in a few days it should get rid of the fever and other symptoms. You do not have to give the child the medicine. This is up to you. Please tell me whether you accept the medicine or not.		
429	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	ACCEPTED MEDICINE . 1 (SIGN) REFUSED	ACCEPTED MEDICINE . 1 (SIGN)  REFUSED	(SIGN) CEFUSED 2	
430	CHECK 429: MEDICATION ACCEPTED	ACCEPTED MEDICINE . 1 REFUSED 2 OTHER 6 (SKIP TO 432) ←	ACCEPTED MEDICINE . 1 REFUSED	REFUSED 2 7	
431	TREATMENT FOR CHILDREN	TREATMENT WITH ACT			
	WITH POSITIVE MALARIA TESTS	WEIGHT (in kg) LESS THAN 5 KGS	<b>AGE</b> NOTHING	ARTEMETHER-LUMEFANTRINE NOTHING	
		5-14 KGS	6 MONTHS - 3 YEARS	1 TABLET TWICE A DAY FOR 3 DAYS	
		15-25 KGS	4 - 8 YEARS	2 TABLETS TWICE A DAY FOR 3 DAYS	
		IF CHILD WEIGHS LESS TH.	AN 5 KGS, DO NOT LEAVE DRUG CHILD TO HEALTH FACILITY.	GS. TELL PARENTS TO TAKE	
				fever, fast or difficult breathing, is n two days, you should take him/her	
432	CHECK 419: HEMOGLOBIN RESULT	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6 (SKIP TO 434)	BELOW 8.0 G/DL,  SEVERE ANEMIA 1  8.0 G/DL OR ABOVE 2 -  NOT PRESENT 3 -  REFUSED 4 -  OTHER 6 -  (SKIP TO 434)	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6 (SKIP TO 434)	
433	SEVERE ANEMIA REFERRAL	The anemia test shows that (NA taken to a health facility immedi	,	a. Your child is very ill and must be	
434	4 GO BACK TO 402 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 501.				

501	INTERVIEWER TO COMPLETE Q.502-505 USING TABLET REPORT USE THE INTERVIEWER'S MENU AND SELECT THE APPROPRIATE OPTION TO LIST ALL WOMEN AGE 15-49 ELIGIBLE FOR				
	BIOMARKER TESTING. RECORD THI REPORT ON YOUR TABLET. LIST EA USE ADDITIONAL QUESTIONNAIRE(	ACH WOMAN IN THE SAME ORDE	ER SHOWN IN THE REPORT. IF I	MORE THAN THREE WOMEN	
		WOMAN 1	WOMAN 2	WOMAN 3	
502	FROM TABLET'S REPORT:	NAME	NAME	NAME	
	WRITE WOMAN'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	AGELINE NUMBER	AGE	AGELINE NUMBER	
503	FROM TABLET'S REPORT: WOMAN'S AGE.	15-17 YEARS 1 18-49 YEARS 2	15-17 YEARS	15-17 YEARS 1 18-49 YEARS 2	
504	FROM TABLET'S REPORT: WOMAN'S MARITAL STATUS.	NEVER IN UNION 1 OTHER 2	NEVER IN UNION 1 OTHER 2	NEVER IN UNION 1 OTHER 2	
505	FROM TABLET'S REPORT: PREGNANCY  IF NOT AVAILABLE FROM TABLET ASK Are you pregnant?	YES	YES	YES	
505A	In the last 6 months did you receive a deworming treatment?	YES	YES	YES	
505B	In the past week have you consumed Nootrimama, SHISHA KIBONDO, SOSOMA fortified or	YES 1 NO 2	YES 1 NO 2	YES	
505C	At what time approximately did you eat your most recent meal?	HOURS	HOURS	HOURS	
	USING 24 HOURS SYSTEM	MINUTE	MINUTE	MINUTE	
505D	MEASURER AND ASSISTANT STAR	T FROM HERE			
506	ASSISTANT TO RECORD WEIGHT IN KILOGRAMS.	KG	KG	KG	
507	ASSISTANT TO RECORD HEIGHT IN CENTIMETERS.	CM 9994 REFUSED 9995 OTHER 9996	CM	CM	
508	MEASURER: ENTER YOUR FIELDWORKER NUMBER.	FIELDWORKER NUMBER	FIELDWORKER NUMBER	FIELDWORKER NUMBER	
509	CHECK 503: AGE.	15-17 YEARS 1 18-49 YEARS 2 (SKIP TO 511) ←	15-17 YEARS	15-17 YEARS 1 18-49 YEARS 2 (SKIP TO 511)  —	
510	CHECK 504: MARITAL STATUS.	NEVER IN UNION 1 (SKIP TO 516)	NEVER IN UNION 1 (SKIP TO 516)	NEVER IN UNION 1 (SKIP TO 516) ←	
		OTHER 2	OTHER 2	OTHER 2	

		WOMAN 1	WOMAN 2	WOMAN 3	
502	FROM TABLET'S REPORT:  WRITE WOMAN'S COMPLETE FIRST/LAST NAME, AGE, AND	NAME	NAME	NAME	
	LINE NUMBER	LINE NUMBER	LINE NUMBER	LINE NUMBER	
	ADULT RESPON	DENT CONSENT FO	OR BLOOD COLLECTION A	ND TESTING	
511	ASK CONSENT FOR BLOOD COLLECTION FROM RESPONDENT.	and vitamins and mineral levels from a mosquito bite. Anemia at that usually results from poor nu government to develop program  We ask that you provide a samp	sking people all over the country to Malaria is a serious illness cause nd vitamin and mineral deficiencies utrition, infection, or chronic diseas is to prevent and treat these health ole of your blood. Taking a blood suipment used is clean and complet	d by a parasite transmitted sare serious health problems e. This survey will assist the problems.  ample my cause some	
		discomfort. For all tests, the equipment used 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 malaria and anemia immediately, and the result will be told to you right away. The results will be kept strictly confidential and will not be shared with anyone other than members of our survey team. The rest of the blood will be sent to a laboratory to be tested for vitamins and minerals. The results from these tests will not be reported back to you and will only be used for survey purposes. The results will be kept strictly confidential. You can say yes or no to each test. It is up to you to decide.  Do you have any questions?  Will you give blood?			
512	CIRCLE THE CODE, ENTER YOUR FIELDWORKER NUMBER, AND SIGN YOUR NAME.	GRANTED	GRANTED 1 REFUSED 2 (SIGN ) FIELDWORKER NUMBER (IF REFUSED SKIP TO 514) NOT PRESENT/OTHER 3 (SKIP TO 514)	(SIGN ) FIELDWORKER NUMBER (IF REFUSED SKIP TO 514) (SKIP TO 514) (SKIP TO 514)	
513	Will you take the:  CIRCLE THE CODE, ENTER YOUR FIELDWORKER NUMBER, AND SIGN YOUR NAME.	Malaria test?         GRANTED       1         REFUSED       2         Anemia test?       1         GRANTED       1         REFUSED       2         Vitamin and mineral test?       1         GRANTED       1         REFUSED       2         (SIGN)	Malaria test?         GRANTED       1         REFUSED       2         Anemia test?       1         GRANTED       1         REFUSED       2         Vitamin and mineral test?       1         GRANTED       1         REFUSED       2    (SIGN)	Malaria test?         GRANTED       1         REFUSED       2         Anemia test?       1         GRANTED       1         REFUSED       2         Vitamin and mineral test?       1         GRANTED       1         REFUSED       2    (SIGN)	

		WOMAN 1	WOMAN 2	WOMAN 3
502	FROM TABLET'S REPORT:  WRITE WOMAN'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	AGELINE NUMBER	AGELINE NUMBER	AGELINE NUMBER
	ADULT RESPO	NDENT CONSENT F	O R URINE COLLECTION A	ND TESTING
N 514 F 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	4 ASK CONSENT FOR URINE COLLECTION AND TESTING FROM RESPONDENT.	As part of this survey, we are asking people all over the country to take a test for iodine deficiency. Iodine deficiency can cause goiter and other health problems. This survey will assist the government to develop programs to prevent and treat these health problems.  We ask that you provide a sample of your urine. The equipment used is clean and completely safe. It has never been used before and will be thrown away after each test.  The urine will be sent to a laboratory to be tested for iodine deficiency. The results from this test will not be reported back to you and will only be used for survey purposes. The results will be kept strictly confidential.  You can say yes or no. It is up to you to decide.  Do you have any questions?  Will you give urine for the iodine testing?		
51: 50 N S	CIRCLE THE CODE, ENTER YOUR FIELDWORKER NUMBER, AND SIGN YOUR NAME.	GRANTED	GRANTED	GRANTED

		WOMAN 1	WOMAN 2	WOMAN 3
502	FROM TABLET'S REPORT:	NAME	NAME	NAME
	WRITE WOMAN'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	AGE LINE NUMBER	AGELINE NUMBER	AGELINE NUMBER
515a	WRITE THE NAME OF THE PARENT/OTHER ADULT RESPONSIBLE FOR THE ADOLESCENT.	NAME OF PARENT/ADULT RESPONSIBLE NAME	NAME OF PARENT/ADULT RESPONSIBLE NAME	NAME OF PARENT/ADULT RESPONSIBLE NAME
	PARENT/RESPONSIBL	EADULT CONSENT FO	O R BLOOD COLLECTION A	ND TESTING
516	ASK CONSENT FOR BLOOD COLLECTION FROM PARENT/ADULT.	As part of this survey, we are as and vitamins and mineral levels from a mosquito bite. Anemia ar that usually results from poor nu government to develop program.  For the tests we will need a sam cause some discomfort. For all the never been used before and will the blood will be tested for mala [NAME OF MINOR] right away, with anyone other than members laboratory to be tested for vitam.	sking people all over the country to Malaria is a serious illness cause and vitamin and mineral deficiencies strition, infection, or chronic diseasus to prevent and treat these health apple of [NAME OF MINOR]s blood. Itests, the equipment used is clean be thrown away after each test. It is and anemia immediately, and the results will be kept strictly conso of our survey team. The results from IOR] and will only be used for survest. It is up to you to decide.	take a test for malaria, anemia, d by a parasite transmitted are serious health problems e. This survey will assist the a problems.  Taking a blood sample my and completely safe. It has the result will be told to you and fidential and will not be shared the blood will be sent to a these tests will not be reported
517	CIRCLE THE CODE, ENTER YOUR FIELDWORKER NUMBER, AND SIGN YOUR NAME.	GRANTED	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2  (SIGN ) FIELDWORKER NUMBER (IF REFUSED SKIP TO 522)  NOT PRESENT/OTHER 3 (SKIP TO 522)	GRANTED
518	Will you allow (MINOR) to take the:  CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	Malaria test?         GRANTED       1         REFUSED       2         Anemia test?       1         GRANTED       1         REFUSED       2         Vitamin and mineral test?       1         GRANTED       1         REFUSED       2    (SIGN)	Malaria test?         GRANTED       1         REFUSED       2         Anemia test?       1         GRANTED       1         REFUSED       2         Vitamin and mineral test?       1         GRANTED       1         REFUSED       2    (SIGN)	Malaria test?         GRANTED       1         REFUSED       2         Anemia test?       1         GRANTED       1         REFUSED       2         Vitamin and mineral test?       1         GRANTED       1         REFUSED       2    (SIGN)

		WOMAN 1	WOMAN 2	WOMAN 3	
502	FROM TABLET'S REPORT:	NAME	NAME	NAME	
	WRITE WOMAN'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	AGELINE NUMBER	AGELINE NUMBER	AGELINE NUMBER	
- 1	MINOR RESPON	DENT CONSENT FO	R BLOOD COLLECTION A	ND TESTING	
519	ASK CONSENT FOR BLOOD COLLECTION FROM MINOR RESPONDENT.	As part of this survey, we are asking people all over the country to take a test for malaria, anemia, and vitamins and mineral levels. Malaria is a serious illness caused by a parasite transmitted from a mosquito bite. Anemia and vitamin and mineral deficiencies are serious health problems that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat these health problems.  We ask that you provide a sample of your blood. Taking a blood sample my cause some discomfort. For all tests, the equipment used 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 malaria and anemia immediately, and the result will be told to you and [PARENT/RESPONSIBLE ADULT] right away. The results will be kept strictly confidential and will not be shared with anyone other than members of our survey team. The rest of the blood will be sent to a laboratory to be tested for vitamins and minerals. The results from these tests will not be reported back to you and [PARENT/RESPONSIBLE ADULT] and will only be used for survey purposes. The results will be kept strictly confidential.  You can say yes or no to each test. It is up to you to decide.  Do you have any questions?  Will you give blood?			
520	CIRCLE THE CODE, ENTER YOUR FIELDWORKER NUMBER, AND SIGN YOUR NAME.	GRANTED	GRANTED 1 REFUSED 2 (SIGN ) FIELDWORKER NUMBER (IF REFUSED SKIP TO 522) NOT PRESENT/OTHER 3 (SKIP TO 522)	GRANTED	
521	Will you take the:  CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	Malaria test?         GRANTED       1         REFUSED       2         Anemia test?       1         GRANTED       1         REFUSED       2         Vitamin and mineral test?       1         GRANTED       1         REFUSED       2	Malaria test?         GRANTED       1         REFUSED       2         Anemia test?       1         GRANTED       1         REFUSED       2         Vitamin and mineral test?       1         GRANTED       1         REFUSED       2	Malaria test?         GRANTED       1         REFUSED       2         Anemia test?       1         GRANTED       1         REFUSED       2         Vitamin and mineral test?       1         GRANTED       1         REFUSED       2	
		(SIGN)	(SIGN)	(SIGN)	

			WOMAN 1	WOMAN 2	WOMAN 3
	502	FROM TABLET'S REPORT:	NAME	NAME	NAME
		WRITE WOMAN'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	AGELINE NUMBER	AGELINE NUMBER	AGELINE NUMBER
P		PARENT/RESPONSIBI	EADULT CONSENT F	O R URINE COLLECTION A	ND TESTING
ARENT / RESPON	522	ASK CONSENT FOR URINE AND TESTING FROM PARENT/ADULT.	As part of this survey, we are asking people all over the country to take a test for iodine deficiency. Iodine deficiency can cause goiter and other health problems. This survey will assist the government to develop programs to prevent and treat these health problems.  For the test we will need a sample of [NAME OF MINOR]s urine. The equipment used is clean and completely safe. It has never been used before and will be thrown away after each test.  The urine will be sent to a laboratory to be tested for iodine deficiency. The results from this test will not be reported back to you and [NAME OF MINOR] and will only be used for survey purposes. The results will be kept strictly confidential.  You can say yes or no.  Do you have any questions?		
S I			, , ,	R] to provide urine for the iodine to	esting?
BLE COZ	523	CIRCLE THE CODE, ENTER YOUR FIELDWORKER NUMBER, AND SIGN YOUR NAME.	GRANTED	GRANTED	GRANTED
S E N T			(SIGN ) FIELDWORKER NUMBER (IF REFUSED SKIP TO 526) NOT PRESENT/OTHER 3	(SIGN ) FIELDWORKER NUMBER (IF REFUSED SKIP TO 526)  NOT PRESENT/OTHER 3	(SIGN ) FIELDWORKER NUMBER (IF REFUSED SKIP TO 526)  NOT PRESENT/OTHER 3
			(SKIP TO 526) ←	NOT PRESENT/OTHER 3 ☐ (SKIP TO 526)	(SKIP TO 526)
М		MINOR RESPON	DENT CONSENT FO	R LIPINE COLLECTION AN	ID TESTING
I O R	524	ASK CONSENT FOR URINE COLLECTION AND TESTING FROM MINOR RESPONDENT.	As part of this survey, we are as deficiency. lodine deficiency car	sking people all over the country to n cause goiter and other health pro grams to prevent and treat these he	take a test for iodine blems. This survey will assist
R E S			We ask that you provide a sample of your urine.The equipment used is clean and completely safe. It has never been used before and will be thrown away after each test.		
PONDENT			The urine will be sent to a laboratory to be tested for iodine deficiency. The results from this test will not be reported back to you and [PARENT/RESPONSIBLE ADULT] and will only be used for survey purposes. The results will be kept strictly confidential. You can say yes or no. It is up to you to decide. Do you have any questions?  Will you give urine for the iodine testing?		
CONSENT	525	CIRCLE THE CODE, ENTER YOUR FIELDWORKER NUMBER, AND SIGN YOUR NAME.	GRANTED	GRANTED	GRANTED

		WOMAN 1	WOMAN 2	WOMAN 3
502	FROM TABLET'S REPORT:	NAME	NAME	NAME
	WRITE WOMAN'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	AGELINE NUMBER	AGELINE NUMBER	AGE LINE NUMBER
526	PREPARE EQUIPMENT AND SUPPLI THE TEST(S).	IES ONLY FOR THE TEST(S) FOR	R WHICH CONSENT HAS BEEN C	DBTAINED AND PROCEED WITH
527	PURPLE TOP TUBE (EDTA) RECORD THE RESULT OF THE PURPLE TOP (EDTA) TUBE BLOOD SAMPLE COLLECTION.	COLLECTED	COLLECTED	COLLECTED
528	RED TOP TUBE RECORD THE RESULT OF THE RED TOP TUBE BLOOD SAMPLE COLLECTION.	COLLECTED	COLLECTED	COLLECTED
528a	CHECK Q527 and Q528:	Q527 (4, 5 or 6) AND Q528 (4, 5, or 6) 1 (SKIP TO 537) OTHER 2	(SKIP TO 537) ←	(SKIP TO 537) ←
529	PLACE BAR CODE LABEL.  CONFIRM BAR CODE PLACED ON THE CONTAINER, TUBES, AND TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE.  CONTAINER	PUT THE 1ST BAR CODE LABEL HERE.  CONTAINER A PURPLE TUBE B RED TUBE C TRANSMITTAL FORM D	PUT THE 1ST BAR CODE LABEL HERE.  CONTAINER A PURPLE TUBE B RED TUBE C TRANSMITTAL FORV. D
530	DATE BLOOD SAMPLE TAKEN.	DAY  MONTH  YEAR .	DAY	DAY  MONTH  YEAR .
531	TIME BLOOD DRAWN. USING 24 HOURS SYSTEM	HOURS	HOURS	HOURS

		WOMAN 1	WOMAN 2	WOMAN 3
502	FROM TABLET'S REPORT:	NAME	NAME	NAME
	WRITE WOMAN'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	AGELINE NUMBER	AGE	AGELINE NUMBER
		RESULTS OF HEMOGL	OBIN TEST	
532	RECORD HEMOGLOBIN LEVEL HERE AND IN THE PAMPLET.	G/DL	G/DL	G/DL 992  NOT ENOUGH BLOOD 992  NOT PRESENT 994  REFUSED .995  OTHER 996
		RESULTS OF MALARIA	A RDT TEST	
533	CIRCLE THE CODE FOR THE MALARIA RDT	TESTED	TESTED	TESTED
534	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE PAMPHLET.	POSITIVE	POSITIVE	POSITIVE
535	URINE SPECIMEN RECORD THE RESULT OF THE URINE SPECIMEN COLLECTION	COLLECTED	COLLECTED	COLLECTED
536	DATE URINE SAMPLE TAKEN	DAY	DAY	DAY
537	CHECK 534:	CODE '1' CODE '2 OR 6' IS CIRCLED IS CIRCLED (SKIP TO546)	CODE '1' CODE '2 OR 6' IS CIRCLED IS CIRCLED (SKIP TO546)	CODE '1' CODE '2 OR 6' IS CIRCLED IS CIRCLED  (SKIP TO546)  CODE '2 OR 6'
538	In the past two weeks has you taken or is taking Coartem given by a doctor or health center to treat the malaria?  VERIFY BY ASKING TO SEE  TREATMENT	YES	YES	YES
539	ALREADY TAKING [FIRST LINE MEDICATION] REFERRAL STATEMENT	additional Coartem. However, th	already received Coartem for mala he test shows that you has malaria. you should go to the nearest health	. If you has a fever for two days

		WOMAN 1	WOMAN 2	WOMAN 3
502	FROM TABLET'S REPORT:  WRITE WOMAN'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	AGE	AGE	AGE
	CHECK 505 FOR PREGNANCY STATUS	YES	(GO TO 545) <b>↓</b>	YES
	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/OTHER ADULT.	Coartem is very effective and in	a few days it should get rid of the	e medicine. The medicine is called fever and other symptoms. You whether you accept the medicine
-	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	ACCEPTED MEDICINE . 1  (SIGN)  REFUSED . 2  OTHER . 6	ACCEPTED MEDICINE . 1  (SIGN)  REFUSED	ACCEPTED MEDICINE . 1
	CHECK542: MEDICATION ACCEPTED	ACCEPTED MEDICINE . 1 REFUSED		ACCEPTED MEDICINE . 1 REFUSED
	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO ADULT.	[INSERT DOSAGE INSTRUCTIONS]  ALSO TELL THE ADULT: If you have a high fever, fast or difficult breathing, is not able to drink, gets sicker or does not get better in two days, you should go to see a health professional for treatment right away.		
	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PREGNANT WOMAN.	The test shows that you has malaria. However, you have told me that you are currently pregnant. Therefore, I cannot give you Coartem. You should go to the nearest health facility for further examination and treatment.		
546	GO BACK TO 502 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, END INTERVIEW.			

## **ADDITIONAL DHS PROGRAM RESOURCES**

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Statcompiler.com	
Search DHS Program in your iTunes or Google Play store	
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