

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

101	CHECK COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 102; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
103	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?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
104	CHECK 103: CHILD BORN IN 2014-2019?	YES 1 NO 2 (SKIP TO 114) ←	YES 1 NO 2 (SKIP TO 114) ←	YES 1 NO 2 (SKIP TO 114) ←
105	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
106	HEIGHT IN CENTIMETERS.	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 108) ←	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 108) ←	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 108) ←
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.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER

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

101	CHECK COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 102; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
109	CHECK 103: CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR 5 PREVIOUS MONTHS?	0-5 MONTHS 1] (SKIP TO 114) ← OLDER 2	0-5 MONTHS 1] (SKIP TO 114) ← OLDER 2	0-5 MONTHS 1] (SKIP TO 114) ← OLDER 2
110	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD FROM COLUMN 1 OF HOUSEHOLD SCHEDULE.	LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)
111	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We ask that all children born in 2014 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?</p>		
112	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1] _____ (SIGN) ← REFUSED 2] NOT PRESENT/OTHER . 3] (SKIP TO 114) ←	GRANTED 1] _____ (SIGN) ← REFUSED 2] NOT PRESENT/OTHER . 3] (SKIP TO 114) ←	GRANTED 1] _____ (SIGN) ← REFUSED 2] NOT PRESENT/OTHER . 3] (SKIP TO 114) ←
113	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED995 OTHER996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED995 OTHER996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED995 OTHER996
114	GO BACK TO 103 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 201.			

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

		CHILD 4	CHILD 5	CHILD 6
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
103	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?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
104	CHECK 103: CHILD BORN IN 2014-2019?	YES 1 NO 2 (SKIP TO 114) ←	YES 1 NO 2 (SKIP TO 114) ←	YES 1 NO 2 (SKIP TO 114) ←
105	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
106	HEIGHT IN CENTIMETERS.	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 108) ←	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 108) ←	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 108) ←
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.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER

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

		CHILD 4	CHILD 5	CHILD 6
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
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 <input type="checkbox"/> (SKIP TO 114) ← OLDER 2	0-5 MONTHS 1 <input type="checkbox"/> (SKIP TO 114) ← OLDER 2	0-5 MONTHS 1 <input type="checkbox"/> (SKIP TO 114) ← OLDER 2
110	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD FROM COLUMN 1 OF HOUSEHOLD SCHEDULE.	LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)
111	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We ask that all children born in 2014 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?</p>		
112	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 <input type="checkbox"/> _____ (SIGN) ← REFUSED 2 <input type="checkbox"/> NOT PRESENT/OTHER . 3 <input type="checkbox"/> (SKIP TO 114) ←	GRANTED 1 <input type="checkbox"/> _____ (SIGN) ← REFUSED 2 <input type="checkbox"/> NOT PRESENT/OTHER . 3 <input type="checkbox"/> (SKIP TO 114) ←	GRANTED 1 <input type="checkbox"/> _____ (SIGN) ← REFUSED 2 <input type="checkbox"/> NOT PRESENT/OTHER . 3 <input type="checkbox"/> (SKIP TO 114) ←
113	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED 995 OTHER 996
114	GO BACK TO 103 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 201.			

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

201	CHECK COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE WOMEN IN 202, 203, AND 204. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		WOMAN 1	WOMAN 2	WOMAN 3
202	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 9. NAME FROM COLUMN 2.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
203	CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 7 (AGE):	15-17 YEARS 1 18-49 YEARS 2	15-17 YEARS 1 18-49 YEARS 2	15-17 YEARS 1 18-49 YEARS 2
204	CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 8 (MARITAL STATUS):	CODE 4 (NEVER IN UNION) . 1 OTHER 2	CODE 4 (NEVER IN UNION) . 1 OTHER 2	CODE 4 (NEVER IN UNION) . 1 OTHER 2
205	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996
206	HEIGHT IN CENTIMETERS.	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
207	MEASURER: ENTER YOUR FIELDWORKER NUMBER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER
208	CHECK 203: AGE	15-17 YEARS 1 18-49 YEARS 2 (SKIP TO 210) ←	15-17 YEARS 1 18-49 YEARS 2 (SKIP TO 210) ←	15-17 YEARS 1 18-49 YEARS 2 (SKIP TO 210) ←
209	CHECK 204: MARITAL STATUS	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 216) ← OTHER 2	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 216) ← OTHER 2	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 216) ← OTHER 2

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

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____

ADULT RESPONDENT CONSENT FOR ANEMIA TEST

ADULT RESPONDENT CONSENT	210	ASK CONSENT FOR ANEMIA TEST.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you take the anemia test?</p>		
	211	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF REFUSED, SKIP TO 212) NOT PRESENT/OTHER 3 (SKIP TO 212) ←	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF REFUSED, SKIP TO 212) NOT PRESENT/OTHER 3 (SKIP TO 212) ←	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) (IF REFUSED, SKIP TO 212) NOT PRESENT/OTHER 3 (SKIP TO 212) ←
	211A	CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8

ADULT RESPONDENT CONSENT FOR DBS COLLECTION

ADULT RESPONDENT CONSENT	212	ASK CONSENT FOR DBS COLLECTION.	<p>As part of the survey we also are asking people all over the country to give blood for HIV testing to be done in a laboratory. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV.</p> <p>For the HIV testing, we need a few (more) drops of blood from a finger. The blood will be collected on a paper card. 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 written on the card so we will not be able to tell you the test results. No one else will be able to know your test results either.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood on a paper card for HIV testing in a laboratory?</p>		
	213	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 215A) NOT PRESENT/OTHER 3 (SKIP TO 215A) ←	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER ID NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 215A) NOT PRESENT/OTHER 3 (SKIP TO 215A) ←	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER ID NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 215A) NOT PRESENT/OTHER 3 (SKIP TO 215A) ←

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

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____

ADULT RESPONDENT CONSENT FOR ADDITIONAL TESTING

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

ADULT RESPONDENT CONSENT FOR RDT TESTING

ADULT RESPONDENT CONSENT	215A	ASK CONSENT FOR RDT TESTING	<p>If you want to know your HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test.</p> <p>For the rapid 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. The result of the test will be available in 20-30 minutes.</p> <p>If the test is positive, I will give you a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood for the rapid HIV testing?</p>		
	215B	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND SKIP TO 229)	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND SKIP TO 229)	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND SKIP TO 229)

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

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____
216	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> (RECORD '00' IF NOT LISTED)	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> (RECORD '00' IF NOT LISTED)	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> (RECORD '00' IF NOT LISTED)
PARENTAL/RESPONSIBLE ADULT CONSENT FOR ANEMIA TEST				
PARENT RESPONSIBLE ADULT CONSENT	217	<p>ASK CONSENT FOR ANEMIA TEST FROM PARENT/ADULT.</p> <p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF MINOR) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF MINOR) to take the anemia test?</p>		
	218	<p>CIRCLE THE CODE AND SIGN YOUR NAME.</p> <p>GRANTED 1] PARENT/OTHER RESPONSIBLE ADULT REFUSED 2] _____ ← (SIGN) (IF REFUSED, SKIP TO 221)</p> <p>NOT PRESENT/OTHER 3] (SKIP TO 221) ←</p>	<p>GRANTED 1] PARENT/OTHER RESPONSIBLE ADULT REFUSED 2] _____ ← (SIGN) (IF REFUSED, SKIP TO 221)</p> <p>NOT PRESENT/OTHER 3] (SKIP TO 221) ←</p>	<p>GRANTED 1] PARENT/OTHER RESPONSIBLE ADULT REFUSED 2] _____ ← (SIGN) (IF REFUSED, SKIP TO 221)</p> <p>NOT PRESENT/OTHER 3] (SKIP TO 221) ←</p>
MINOR RESPONDENT CONSENT FOR ANEMIA TEST				
MINOR RESPONDENT CONSENT	219	<p>ASK CONSENT FOR ANEMIA TEST FROM RESPONDENT.</p> <p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF PARENT/RESPONSIBLE ADULT) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you take the anemia test?</p>		
	220	<p>CIRCLE THE CODE AND SIGN YOUR NAME.</p> <p>GRANTED 1] MINOR RESPONDENT REFUSED 2] _____ ← (SIGN) (IF REFUSED, SKIP TO 221)</p> <p>NOT PRESENT/OTHER 3] (SKIP TO 221) ←</p>	<p>GRANTED 1] MINOR RESPONDENT REFUSED 2] _____ ← (SIGN) (IF REFUSED, SKIP TO 221)</p> <p>NOT PRESENT/OTHER 3] (SKIP TO 221) ←</p>	<p>GRANTED 1] MINOR RESPONDENT REFUSED 2] _____ ← (SIGN) (IF REFUSED, SKIP TO 221)</p> <p>NOT PRESENT/OTHER 3] (SKIP TO 221) ←</p>
	220A	<p>CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant?</p> <p>YES 1 NO 2 DON'T KNOW 8</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>

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

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____

PARENTAL/RESPONSIBLE ADULT CONSENT FOR DBS COLLECTION

P A R E N T R E S P O N S I B L E A D U L T C O N S E N T	221	ASK CONSENT FOR DBS COLLECTION FROM PARENT/ADULT.	<p>As part of the survey we also are asking people all over the country to give blood for HIV testing to be done in a laboratory. HIV is the virus that can lead to AIDS. The HIV test is being done to see how many people have HIV.</p> <p>For the HIV test, we need a few (more) drops of blood from a finger. The blood will be collected on a paper card. 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 written on the card so we will not be able to provide the results of (NAME OF MINOR)'s test. No one else will be able to know (NAME OF MINOR)'s test results either.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF MINOR) to give blood on a paper card for the HIV testing in a laboratory?</p>		
	222	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	<p>GRANTED 1]</p> <p>PARENT/OTHER RESPONSIBLE ADULT REFUSED 2]</p> <p>←</p> <p>_____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER)</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>(IF REFUSED, SKIP TO 228B)</p> <p>NOT PRESENT/OTHER 3]</p> <p>(SKIP TO 228B) ←</p>	<p>GRANTED 1]</p> <p>PARENT/OTHER RESPONSIBLE ADULT REFUSED 2]</p> <p>←</p> <p>_____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER)</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>(IF REFUSED, SKIP TO 228B)</p> <p>NOT PRESENT/OTHER 3]</p> <p>(SKIP TO 228B) ←</p>	<p>GRANTED 1]</p> <p>PARENT/OTHER RESPONSIBLE ADULT REFUSED 2]</p> <p>←</p> <p>_____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER)</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>(IF REFUSED, SKIP TO 228B)</p> <p>NOT PRESENT/OTHER 3]</p> <p>(SKIP TO 228B) ←</p>

MINOR RESPONDENT CONSENT FOR DBS COLLECTION

M I N O R R E S P O N D E N T C O N S E N T	223	ASK CONSENT FOR DBS COLLECTION FROM MINOR RESPONDENT.	<p>As part of the survey we also are asking people all over the country to give blood for HIV testing to be done in a laboratory. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV.</p> <p>For the HIV testing, we need a few (more) drops of blood from a finger. The blood will be collected on a paper card. 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 written on the card so we will not be able to tell you the test results. No one else will be able to know your test results either.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood on a paper card for the HIV testing in a laboratory?</p>		
	224	CIRCLE THE CODE AND SIGN YOUR NAME.	<p>GRANTED 1]</p> <p>MINOR RESPONDENT REFUSED 2]</p> <p>←</p> <p>_____ (SIGN)</p> <p>(IF REFUSED, SKIP TO 228B)</p> <p>NOT PRESENT/OTHER 3]</p> <p>(SKIP TO 228B) ←</p>	<p>GRANTED 1]</p> <p>MINOR RESPONDENT REFUSED 2]</p> <p>←</p> <p>_____ (SIGN)</p> <p>(IF REFUSED, SKIP TO 228B)</p> <p>NOT PRESENT/OTHER 3]</p> <p>(SKIP TO 228B) ←</p>	<p>GRANTED 1]</p> <p>MINOR RESPONDENT REFUSED 2]</p> <p>←</p> <p>_____ (SIGN)</p> <p>(IF REFUSED, SKIP TO 228B)</p> <p>NOT PRESENT/OTHER 3]</p> <p>(SKIP TO 228B) ←</p>

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

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____

PARENTAL/RESPONSIBLE ADULT CONSENT FOR ADDITIONAL TESTING					
E N T R E S P A D U L T C O N S E N T	225	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/ADULT.	<p>We ask you to allow Statistics Sierra Leone to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify (NAME OF MINOR). You do not have to agree. If you do not want the blood sample stored for additional testing, (NAME OF MINOR) can still participate in the HIV testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>		
	226	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 228B)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 228B)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 228B)

MINOR RESPONDENT CONSENT FOR ADDITIONAL TESTING					
M I N O R R E S P O N D E N T C O N S E N T	227	ASK CONSENT FOR ADDITIONAL TESTING FROM MINOR RESPONDENT.	<p>We ask you to allow Statistics Sierra Leone to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>		
	228A	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN)	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN)	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN)

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

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____

PARENTAL/RESPONSIBLE ADULT CONSENT FOR RDT TESTING					
P A R E N T R E S P O N S I B L E A D U L T C O N S E N T	228B	ASK CONSENT FOR RDT FROM PARENT/RESPONSIBLE ADULT	<p>If you want (NAME OF MINOR) to know her HIV status right now, we can do a rapid test and tell her the result. The testing is free and we will offer counselling before and after the test.</p> <p>For the rapid 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. The result of the test will be available in 20-30 minutes.</p> <p>If the test is positive, I will give (NAME OF MINOR) a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF MINOR) to give blood for the rapid HIV test?</p>		
	228C	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2
		_____ (SIGN) (IF REFUSED, SKIP TO 229)	_____ (SIGN) (IF REFUSED, SKIP TO 229)	_____ (SIGN) (IF REFUSED, SKIP TO 229)	

MINOR RESPONDENT CONSENT FOR RDT TESTING					
M I N O R R E S P O N D E N T C O N S E N T	228D	ASK CONSENT FOR RDT TESTING FROM MINOR RESPONDENT.	<p>If you want to know your HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test.</p> <p>For the rapid 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. The result of the test will be available in 20-30 minutes.</p> <p>If the test is positive, I will give you a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood for the rapid HIV testing?</p>		
	228E	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 MINOR RESPONDENT REFUSED 2	GRANTED 1 MINOR RESPONDENT REFUSED 2	GRANTED 1 MINOR RESPONDENT REFUSED 2
		_____ (SIGN)	_____ (SIGN)	_____ (SIGN)	

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

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____
229	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
230	ADDITIONAL TESTS.	IF ADULT RESPONDENT, CHECK 215; IF MINOR RESPONDENT, CHECK 226 AND 228A. IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	IF ADULT RESPONDENT, CHECK 215; IF MINOR RESPONDENT, CHECK 226 AND 228A. IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	IF ADULT RESPONDENT, CHECK 215; IF MINOR RESPONDENT, CHECK 226 AND 228A. IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.
231	RECORD HEMOGLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET.	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996
232	PLACE BAR CODE LABEL.	<div style="border: 1px dashed black; padding: 5px; width: fit-content; margin: 0 auto;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; width: fit-content; margin: 0 auto;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; width: fit-content; margin: 0 auto;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
233	RECORD THE RESULT OF THE "DETERMINE HIV RDT" HERE.	POSITIVE 1 NEGATIVE 2 } (SKIP TO 236) ← NOT PRESENT 3 } REFUSED ... 4 } OTHER 5 } (SKIP TO 238) ←	POSITIVE 1 NEGATIVE 2 } (SKIP TO 236) ← NOT PRESENT 3 } REFUSED 4 } OTHER 5 } (SKIP TO 238) ←	POSITIVE 1 NEGATIVE 2 } (SKIP TO 236) ← NOT PRESENT 3 } REFUSED 4 } OTHER 5 } (SKIP TO 238) ←
234	RECORD THE RESULT OF THE "STATPAK HIV RDT" HERE	POSITIVE 1 NEGATIVE 2 } (SKIP TO 237) ← NOT PRESENT 3 } REFUSED 4 } OTHER 5 } (SKIP TO 238) ←	POSITIVE 1 NEGATIVE 2 } (SKIP TO 237) ← NOT PRESENT 3 } REFUSED 4 } OTHER 5 } (SKIP TO 238) ←	POSITIVE 1 NEGATIVE 2 } (SKIP TO 237) ← NOT PRESENT 3 } REFUSED 4 } OTHER 5 } (SKIP TO 238) ←
235	IF 233 AND 234 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 238			
236	IF 233 IS NEGATIVE, RESPONDENT IS HIV NEGATIVE: INFORM THE RESPONDENT OF NEGATIVE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. SKIP TO 238			

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

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____
237	<p>IF 233 IS POSITIVE AND 234 IS NEGATIVE, RESPONDENT'S HIV STATUS IS INDETERMINATE:</p> <p>INFORM THE RESPONDENT OF INDETERMINATE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, RECOMMEND THAT RESPONDENT IS RETESTED IN 14 DAYS AND PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV TESTING CAN BE CONDUCTED.</p>			
238	WHILE TESTING THIS PERSON, WAS ANY RDT INVALID/DID ANY RDT FAIL TO RUN, THAT IS, THE CONTROL BAND DID NOT APPEAR?	RDT CONDUCTED, YES ANY INVALID 1 RDT CONDUCTED, NONE INVALID 2 NO RDT CONDUCTED 3] (SKIP TO 241) ←	RDT CONDUCTED, YES ANY INVALID 1 RDT CONDUCTED, NONE INVALID 2 NO RDT CONDUCTED 3] (SKIP TO 241) ←	RDT CONDUCTED, YES ANY INVALID 1 RDT CONDUCTED, NONE INVALID 2 NO RDT CONDUCTED 3] (SKIP TO 241) ←
239	RECORD NUMBER OF INVALID RESULTS USING "DETERMINE HIV RDT"	<div style="text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER 00	<div style="text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER 00	<div style="text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER 00
240	RECORD NUMBER OF INVALID RESULTS USING "STATPAK HIV RDT"	<div style="text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER 00	<div style="text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER 00	<div style="text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER 00
241	GO BACK TO 202 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, GO TO 301.			

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND HIV TESTING FOR MEN AGE 15-59

301	CHECK COLUMN 10 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE MEN IN 302, 303, AND 304. IF THERE ARE MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		MAN 1	MAN 2	MAN 3
302	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 10. NAME FROM COLUMN 2.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
303	CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 7 (AGE):	15-17 YEARS 1 18-59 YEARS 2	15-17 YEARS 1 18-59 YEARS 2	15-17 YEARS 1 18-59 YEARS 2
304	CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 8 (MARITAL STATUS):	CODE 4 (NEVER IN UNION) . 1 OTHER 2	CODE 4 (NEVER IN UNION) . 1 OTHER 2	CODE 4 (NEVER IN UNION) . 1 OTHER 2
305	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996
306	HEIGHT IN CENTIMETERS.	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
307	MEASURER: ENTER YOUR FIELDWORKER NUMBER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER
308	CHECK 303: AGE	15-17 YEARS 1 18-59 YEARS 2 (SKIP TO 310) ←	15-17 YEARS 1 18-59 YEARS 2 (SKIP TO 310) ←	15-17 YEARS 1 18-59 YEARS 2 (SKIP TO 310) ←
309	CHECK 304: MARITAL STATUS	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 316) ← OTHER 2	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 316) ← OTHER 2	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 316) ← OTHER 2

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

		MAN 1	MAN 2	MAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____

ADULT RESPONDENT CONSENT FOR ANEMIA TEST

ADULT RESPONDENT CONSENT	310	ASK CONSENT FOR ANEMIA TEST.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you take the anemia test?</p>		
	311	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) NOT PRESENT/OTHER 3	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) NOT PRESENT/OTHER 3	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN) NOT PRESENT/OTHER 3

ADULT RESPONDENT CONSENT FOR DBS COLLECTION

ADULT RESPONDENT CONSENT	312	ASK CONSENT FOR DBS COLLECTION.	<p>As part of the survey we also are asking people all over the country to give blood for HIV testing to be done in a laboratory. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV.</p> <p>For the HIV testing, we need a few (more) drops of blood from a finger. The blood will be collected on a paper card. 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 written on the card so we will not be able to tell you the test results. No one else will be able to know your test results either.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood on a paper card for the HIV testing in a laboratory?</p>		
	313	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) [][][][] (IF REFUSED, SKIP TO 315A) NOT PRESENT/OTHER 3 (SKIP TO 315A)	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) [][][][] (IF REFUSED, SKIP TO 315A) NOT PRESENT/OTHER 3 (SKIP TO 315A)	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) [][][][] (IF REFUSED, SKIP TO 315A) NOT PRESENT/OTHER 3 (SKIP TO 315A)

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

		MAN 1	MAN 2	MAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____

ADULT RESPONDENT CONSENT FOR ADDITIONAL TESTING

ADULT RESPONDENT CONSENT	314	ASK CONSENT FOR ADDITIONAL TESTING.	<p>We ask you to allow Statistics Sierra Leone to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>		
	315	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN)	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN)	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN)

ADULT RESPONDENT CONSENT FOR RDT TESTING

ADULT RESPONDENT CONSENT	315A	ASK CONSENT FOR RDT TESTING	<p>If you want to know your HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test.</p> <p>For the rapid 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. The result of the test will be available in 20-30 minutes.</p> <p>If the test is positive, I will give you a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood for the rapid HIV testing?</p>		
	315B	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND SKIP TO 329)	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND SKIP TO 329)	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND SKIP TO 329)

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

		MAN 1	MAN 2	MAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____
316	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> (RECORD '00' IF NOT LISTED)	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> (RECORD '00' IF NOT LISTED)	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> (RECORD '00' IF NOT LISTED)

PARENTAL/RESPONSIBLE ADULT CONSENT FOR ANEMIA TEST

P A R E N T R E S P O N S I B L E A D U L T C O N S E N T	317	ASK CONSENT FOR ANEMIA TEST FROM PARENT/ADULT.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF MINOR) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF MINOR) to take the anemia test?</p>		
	318	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 321) NOT PRESENT/OTHER 3 (SKIP TO 321)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 321) NOT PRESENT/OTHER 3 (SKIP TO 321)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 321) NOT PRESENT/OTHER 3 (SKIP TO 321)

MINOR RESPONDENT CONSENT FOR ANEMIA TEST

M I N O R R E S P O N D E N T C O N S E N T	319	ASK CONSENT FOR ANEMIA TEST FROM RESPONDENT.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF PARENT/RESPONSIBLE ADULT) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you take the anemia test?</p>		
	320	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) NOT PRESENT/OTHER 3	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) NOT PRESENT/OTHER 3	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) NOT PRESENT/OTHER 3

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

	MAN 1	MAN 2	MAN 3
NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____

PARENTAL/RESPONSIBLE ADULT CONSENT FOR DBS COLLECTION

P A R E N T R E S P O N S I B L E A D U L T C O N S E N T	321	ASK CONSENT FOR DBS COLLECTION FROM PARENT/ADULT.	<p>As part of the survey we also are asking people all over the country to give blood for HIV testing to be done in a laboratory. HIV is the virus that can lead to AIDS. The HIV test is being done to see how many people have HIV.</p> <p>For the HIV test, we need a few (more) drops of blood from a finger. The blood will be collected on a paper card. 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 written on the card so we will not be able to provide the results of (NAME OF MINOR)'s test. No one else will be able to know (NAME OF MINOR)'s test results either.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF MINOR) to give blood on a paper card for the HIV testing in a laboratory?</p>		
	322	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) [][][][] (IF REFUSED, SKIP TO 328B) NOT PRESENT/OTHER 3 (SKIP TO 328B) ←	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) [][][][] (IF REFUSED, SKIP TO 328B) NOT PRESENT/OTHER 3 (SKIP TO 328B) ←	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) [][][][] (IF REFUSED, SKIP TO 328B) NOT PRESENT/OTHER 3 (SKIP TO 328B) ←

MINOR RESPONDENT CONSENT FOR DBS COLLECTION

M I N O R R E S P O N D E N T C O N S E N T	323	ASK CONSENT FOR DBS COLLECTION FROM MINOR RESPONDENT.	<p>As part of the survey we also are asking people all over the country to give blood for HIV testing to be done in a laboratory. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV.</p> <p>For the HIV testing, we need a few (more) drops of blood from a finger. The blood will be collected on a paper card. 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 written on the card so we will not be able to tell you the test results. No one else will be able to know your test results either.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood on a paper card for the HIV testing in a laboratory?</p>		
	324	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 328B) NOT PRESENT/OTHER 3 (SKIP TO 328B) ←	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 328B) NOT PRESENT/OTHER 3 (SKIP TO 328B) ←	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 328B) NOT PRESENT/OTHER 3 (SKIP TO 328B) ←

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

		MAN 1	MAN 2	MAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____

PARENTAL/RESPONSIBLE ADULT CONSENT FOR ADDITIONAL TESTING

P A R E N T R E S P A D U L T C O N S E N T	325	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/ADULT.	<p>We ask you to allow Statistics Sierra Leone to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify (NAME OF MINOR). You do not have to agree. If you do not want the blood sample stored for additional testing, (NAME OF MINOR) can still participate in the HIV testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>		
	326	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 328B)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 328B)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 328B)

MINOR RESPONDENT CONSENT FOR ADDITIONAL TESTING

M I N O R R E S P O N D E N T C O N S E N T	327	ASK CONSENT FOR ADDITIONAL TESTING FROM MINOR RESPONDENT.	<p>We ask you to allow Statistics Sierra Leone to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>		
	328A	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN)	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN)	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN)

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

		MAN 1	MAN 2	MAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____

PARENTAL/RESPONSIBLE ADULT CONSENT FOR RDT TESTING					
P A R E N T R E S P O N S I B L E A D U L T C O N S E N T	328B	ASK CONSENT FOR RDT FROM PARENT/RESPONSIBLE ADULT	<p>If you want (NAME OF MINOR) to know his HIV status right now, we can do a rapid test and tell him the result. The testing is free and we will offer counselling before and after the test.</p> <p>For the rapid 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. The result of the test will be available in 20-30 minutes.</p> <p>If the test is positive, I will give (NAME OF MINOR) a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF MINOR) to give blood for the rapid HIV test?</p>		
	328C	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1] PARENT/OTHER RESPONSIBLE ADULT REFUSED 2] _____ (SIGN) (IF REFUSED, SKIP TO 229)	GRANTED 1] PARENT/OTHER RESPONSIBLE ADULT REFUSED 2] _____ (SIGN) (IF REFUSED, SKIP TO 229)	GRANTED 1] PARENT/OTHER RESPONSIBLE ADULT REFUSED 2] _____ (SIGN) (IF REFUSED, SKIP TO 329)

MINOR RESPONDENT CONSENT FOR RDT TESTING					
M I N O R R E S P O N D E N T C O N S E N T	328D	ASK CONSENT FOR RDT TESTING FROM MINOR RESPONDENT.	<p>If you want to know your HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test.</p> <p>For the rapid 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. The result of the test will be available in 20-30 minutes.</p> <p>If the test is positive, I will give you a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood for the rapid HIV testing?</p>		
	328E	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED 1] MINOR RESPONDENT REFUSED 2] _____ (SIGN)	GRANTED 1] MINOR RESPONDENT REFUSED 2] _____ (SIGN)	GRANTED 1] MINOR RESPONDENT REFUSED 2] _____ (SIGN)

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

		MAN 1	MAN 2	MAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____
329	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
330	ADDITIONAL TESTS.	IF ADULT RESPONDENT, CHECK 315; IF MINOR RESPONDENT, CHECK 326 AND 328A. IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	IF ADULT RESPONDENT, CHECK 315; IF MINOR RESPONDENT, CHECK 326 AND 328A. IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	IF ADULT RESPONDENT, CHECK 315; IF MINOR RESPONDENT, CHECK 326 AND 328A. IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.
331	RECORD HEMOGLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET.	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996
332	PLACE BAR CODE LABEL.	<div style="border: 1px dashed black; padding: 5px;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
333	RECORD THE RESULT OF THE "DETERMINE HIV RDT" HERE.	POSITIVE 1 NEGATIVE 2 (SKIP TO 336) ← NOT PRESENT 3 REFUSED 4 OTHER 5 (SKIP TO 338) ←	POSITIVE 1 NEGATIVE 2 (SKIP TO 336) ← NOT PRESENT 3 REFUSED 4 OTHER 5 (SKIP TO 338) ←	POSITIVE 1 NEGATIVE 2 (SKIP TO 336) ← NOT PRESENT 3 REFUSED 4 OTHER 5 (SKIP TO 338) ←
334	RECORD THE RESULT OF THE "STATPAK HIV RDT" HERE	POSITIVE 1 NEGATIVE 2 (SKIP TO 337) ← NOT PRESENT 3 REFUSED 4 OTHER 5 (SKIP TO 338) ←	POSITIVE 1 NEGATIVE 2 (SKIP TO 337) ← NOT PRESENT 3 REFUSED 4 OTHER 5 (SKIP TO 338) ←	POSITIVE 1 NEGATIVE 2 (SKIP TO 337) ← NOT PRESENT 3 REFUSED 4 OTHER 5 (SKIP TO 338) ←
335	IF 333 AND 334 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 338			

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

		MAN 1	MAN 2	MAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____
336	IF 333 IS NEGATIVE, RESPONDENT IS HIV NEGATIVE: INFORM THE RESPONDENT OF NEGATIVE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. SKIP TO 338			
337	IF 333 IS POSITIVE AND 334 IS NEGATIVE, RESPONDENT'S HIV STATUS IS INDETERMINATE: INFORM THE RESPONDENT OF INDETERMINATE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, RECOMMEND THAT RESPONDENT IS RETESTED IN 14 DAYS AND PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV TESTING CAN BE CONDUCTED.			
338	WHILE TESTING THIS PERSON, WAS ANY RDT INVALID/DID ANY RDT FAIL TO RUN, THAT IS, THE CONTROL BAND DID NOT APPEAR?	RDT CONDUCTED, YES ANY INVALID 1 RDT CONDUCTED, NONE INVALID 2 NO RDT CONDUCTED 3 (SKIP TO 341) ←	RDT CONDUCTED, YES ANY INVALID 1 RDT CONDUCTED, NONE INVALID 2 NO RDT CONDUCTED 3 (SKIP TO 341) ←	RDT CONDUCTED, YES ANY INVALID 1 RDT CONDUCTED, NONE INVALID 2 NO RDT CONDUCTED 3 (SKIP TO 341) ←
339	RECORD NUMBER OF INVALID RESULTS USING "DETERMINE HIV RDT"	<input type="text"/> <input type="text"/> RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER 00	<input type="text"/> <input type="text"/> RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER 00	<input type="text"/> <input type="text"/> RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER 00
340	RECORD NUMBER OF INVALID RESULTS USING "STATPAK HIV RDT" <small>UCDE</small>	<input type="text"/> <input type="text"/> RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER 00	<input type="text"/> <input type="text"/> RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER 00	<input type="text"/> <input type="text"/> RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER 00
341	GO BACK TO 302 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE MEN, END INTERVIEW.			

