

IDENTIFICATION														
PROVINCE:		DISTRICT:		SECTOR:										
NAME OF HOUSEHOLD HEAD _____														
CLUSTER NUMBER	.....				<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>									
STRUCTURE NUMBER	.....				<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>									
HOUSEHOLD NUMBER	.....				<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>									
HOUSEHOLD SELECTED FOR MICRONUTRIENT/ ANEMIA / MALARIA TESTING? (1=YES, 2=NO) .....					<table border="1" style="width: 20px; height: 20px;"> <tr><td></td></tr> </table>									
BIOMARKER VISITS														
	1	2	3	FINAL VISIT										
DATE	_____	_____	_____	DAY	<table border="1" style="width: 20px; height: 20px;"> <tr><td></td><td></td></tr> </table>									
BIOMARKER'S NAME	_____	_____	_____	MONTH	<table border="1" style="width: 20px; height: 20px;"> <tr><td></td><td></td></tr> </table>									
				YEAR	<table border="1" style="width: 40px; height: 20px;"> <tr><td style="text-align: center;">2</td><td style="text-align: center;">0</td><td></td><td></td></tr> </table>	2	0							
2	0													
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS	<table border="1" style="width: 20px; height: 20px;"> <tr><td></td></tr> </table>									
TIME	_____	_____												
NOTES:				TOTAL ELIGIBLE WOMEN										
				<table border="1" style="width: 40px; height: 20px;"> <tr><td></td><td></td></tr> </table>										
				TOTAL ELIGIBLE CHILDREN										
				<table border="1" style="width: 40px; height: 20px;"> <tr><td></td><td></td></tr> </table>										
LANGUAGE OF QUESTIONNAIRE**	<table border="1" style="width: 20px; height: 20px;"> <tr><td style="text-align: center;">0</td><td style="text-align: center;">1</td></tr> </table>	0	1	LANGUAGE OF INTERVIEW**	<table border="1" style="width: 20px; height: 20px;"> <tr><td></td><td></td></tr> </table>			NATIVE LANGUAGE OF RESPONDENT**	<table border="1" style="width: 20px; height: 20px;"> <tr><td></td><td></td></tr> </table>			TRANSLATOR (YES = 1, NO = 2)	<table border="1" style="width: 20px; height: 20px;"> <tr><td></td></tr> </table>	
0	1													
LANGUAGE OF QUESTIONNAIRE**	<b>ENGLISH</b>													
	**LANGUAGE CODES: 01 ENGLISH 02 KINYARWANDA													
SUPERVISOR														
NAME				<table border="1" style="width: 40px; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>										
				NUMBER										

401	<b>INTERVIEWER TO COMPLETE Q. 402-403 USING TABLET REPORT</b> USE THE INTERVIEWER'S MENU AND SELECT THE APPROPRIATE OPTION TO LIST ALL CHILDREN AGE 0-5 ELIGIBLE FOR BIOMARKER TESTING. RECORD THE COMPLETE NAME, AGE AND THE LINE NUMBER AS THEY APPEAR IN THE REPORT ON YOUR TABLET. LIST EACH CHILD IN THE SAME ORDER SHOWN IN THE REPORT. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). WRITE THE NAME OF EACH ELIGIBLE CHILD ON EACH SUBSEQUENT PAGES.			
		CHILD 1	CHILD 2	CHILD 3
402	FROM TABLET'S REPORT:  WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>
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?	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"/>
404	CHECK 403: CHILD BORN IN 2014-2019?	YES ..... 1 NO ..... 2 (SKIP TO 434) ←	YES ..... 1 NO ..... 2 (SKIP TO 434) ←	YES ..... 1 NO ..... 2 (SKIP TO 434) ←
404A	In the last week, has (NAME) been given NOOTRITOTO, SHISHA KIBONDO, SOSOMA fortified or CSB+?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
404B	At what time approximately did (NAME) his/her most recent meal or was breastfed?  USING 24 HOURS SYSTEM	HOURS ..... <input type="text"/> <input type="text"/> MINUTE ..... <input type="text"/> <input type="text"/>  DID NOT EAT TODAY 99	HOURS ..... <input type="text"/> <input type="text"/> MINUTE ..... <input type="text"/> <input type="text"/>  DID NOT EAT TODAY 99	HOURS ..... <input type="text"/> <input type="text"/> MINUTE ..... <input type="text"/> <input type="text"/>  DID NOT EAT TODAY 99
404C	<b>MEASURER AND ASSISTANT START FROM HERE</b>			
405	ASSISTANT TO RECORD <b>WEIGHT</b> IN KILOGRAMS.	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996
406	ASSISTANT TO RECORD <b>HEIGHT/LENGTH</b> IN CENTIMETERS.	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996
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.	<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
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) ←  OLDER ..... 2	0-5 MONTHS ..... 1 (SKIP TO 434) ←  OLDER ..... 2	0-5 MONTHS ..... 1 (SKIP TO 434) ←  OLDER ..... 2

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410	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 _____
411	ASK CONSENT FOR BLOOD BIOLOGICAL TESTING FROM PARENT/OTHER ADULT.	<p>As part of this survey, we are asking children 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 result from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat these health problems.</p> <p>We ask that all children born in 2014 or later take part in testing in this survey by providing a small amount of blood. Taking a blood sample may cause some discomfort. 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 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.</p> <p>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?</p>		
412	CIRCLE THE CODE, ENTER YOUR FIELDWORKER NUMBER, AND SIGN YOUR NAME.	GRANTED ..... 1 REFUSED ..... 2 _____ (SIGN) FIELDWORKER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED SKIP TO 434) NOT PRESENT/OTHER 3 (SKIP TO 434) ←	GRANTED ..... 1 REFUSED ..... 2 _____ (SIGN) FIELDWORKER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED SKIP TO 434) NOT PRESENT/OTHER 3 (SKIP TO 434) ←	GRANTED ..... 1 REFUSED ..... 2 _____ (SIGN) FIELDWORKER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (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 ..... 1 REFUSED ..... 2 b) Anemia test? GRANTED ..... 1 REFUSED ..... 2 c) Vitamin and mineral test? GRANTED ..... 1 REFUSED ..... 2 _____ (SIGN) FIELDWORKER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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413A	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
414	<b>PURPLE TOP TUBE (EDTA)</b> RECORD THE RESULT OF THE PURPLE TOP (EDTA) TUBE BLOOD SAMPLE COLLECTION	COLLECTED ..... 1 INSUFFICIENT SAMPLE 2 NOT PRESENT .... 4 REFUSED ..... 5 OTHER ..... 6	COLLECTED ..... 1 INSUFFICIENT SAMPLE 2 NOT PRESENT .... 4 REFUSED ..... 5 OTHER ..... 6	COLLECTED ..... 1 INSUFFICIENT SAMPLE 2 NOT PRESENT .... 4 REFUSED ..... 5 OTHER ..... 6
415	<b>RED TOP TUBE</b> RECORD THE RESULT OF THE RED TOP TUBE BLOOD SAMPLE COLLECTION	COLLECTED ..... 1 INSUFFICIENT SAMPLE 2 NOT PRESENT .... 4 REFUSED ..... 5 OTHER ..... 6	COLLECTED ..... 1 INSUFFICIENT SAMPLE 2 NOT PRESENT .... 4 REFUSED ..... 5 OTHER ..... 6	COLLECTED ..... 1 INSUFFICIENT SAMPLE 2 NOT PRESENT .... 4 REFUSED ..... 5 OTHER ..... 6
415a	CHECK Q414 and Q415:	Q414 (4, 5 or 6) AND Q415 (4, 5, or 6) ..... 1 (SKIP TO 434) ← OTHER ..... 2	414 (4, 5 or 6) AND 415 (4, 5, or 6) ..... 1 (SKIP TO 434) ← OTHER ..... 2	414 (4, 5 or 6) AND 415 (4, 5, or 6) ..... 1 (SKIP TO 434) ← OTHER ..... 2
416	PLACE BAR CODE LABEL.  CONFIRM BAR CODE PLACED BASED ON THE TUBES AND TRANSMITTAL FORM	<div style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> PURPLE TUBE ..... A RED TUBE ..... B TRANSMITTAL FORM ..... C	<div style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> PURPLE TUBE ..... A RED TUBE ..... B TRANSMITTAL FORM ..... C	<div style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> PURPLE TUBE ..... A RED TUBE ..... B TRANSMITTAL FORM ..... C
417	DATE BLOOD SAMPLE TAKEN	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"/>
418	TIME BLOOD DRAWN USING 24 HOURS SYSTEM	HOURS ..... <input type="text"/> <input type="text"/> MINUTE ..... <input type="text"/> <input type="text"/>	HOURS ..... <input type="text"/> <input type="text"/> MINUTE ..... <input type="text"/> <input type="text"/>	HOURS ..... <input type="text"/> <input type="text"/> MINUTE ..... <input type="text"/> <input type="text"/>
<b>RESULTS OF HEMOGLOBIN TEST</b>				
419	RECORD HEMOGLOBIN LEVEL HERE AND IN THE PAMPHLET.	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/> INSUFFICIENT SAMPLE 992 NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/> INSUFFICIENT SAMPLE 992 NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/> INSUFFICIENT SAMPLE 992 NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996
<b>RESULTS OF MALARIA RDT TEST</b>				
420	CIRCLE THE CODE FOR THE MALARIA RDT.	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) ←	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 ..... 1 NEGATIVE ..... 2 OTHER ..... 6 (SKIP TO 432) ←	POSITIVE ..... 1 NEGATIVE ..... 2 OTHER ..... 6 (SKIP TO 432) ←	POSITIVE ..... 1 NEGATIVE ..... 2 OTHER ..... 6 (SKIP TO 432) ←

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422	Does (NAME) suffer from any of the following illnesses or symptoms:	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>a) EXTREME WEAKNESS</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) HEART PROBLEMS</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) LOSS OF CONSCIOUS.</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) RAPID BREATHING</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) SEIZURES</td> <td>1</td> <td>2</td> </tr> <tr> <td>f) BLEEDING</td> <td>1</td> <td>2</td> </tr> <tr> <td>g) JAUNDICE</td> <td>1</td> <td>2</td> </tr> <tr> <td>h) DARK URINE</td> <td>1</td> <td>2</td> </tr> </table>		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	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>a) EXTREME WEAKNESS</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) HEART PROBLEMS</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) LOSS OF CONSCIOUS.</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) RAPID BREATHING</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) SEIZURES</td> <td>1</td> <td>2</td> </tr> <tr> <td>f) BLEEDING</td> <td>1</td> <td>2</td> </tr> <tr> <td>g) JAUNDICE</td> <td>1</td> <td>2</td> </tr> <tr> <td>h) DARK URINE</td> <td>1</td> <td>2</td> </tr> </table>		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	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>a) EXTREME WEAKNESS</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) HEART PROBLEMS</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) LOSS OF CONSCIOUS.</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) RAPID BREATHING</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) SEIZURES</td> <td>1</td> <td>2</td> </tr> <tr> <td>f) BLEEDING</td> <td>1</td> <td>2</td> </tr> <tr> <td>g) JAUNDICE</td> <td>1</td> <td>2</td> </tr> <tr> <td>h) DARK URINE</td> <td>1</td> <td>2</td> </tr> </table>		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
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423	CHECK 422: ANY 'YES' CIRCLED?	<table border="0"> <tr> <td>NO</td> <td>YES</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>↓</td> <td>↙</td> </tr> <tr> <td></td> <td>(SKIP TO 426)</td> </tr> </table>	NO	YES	<input type="checkbox"/>	<input type="checkbox"/>	↓	↙		(SKIP TO 426)	<table border="0"> <tr> <td>NO</td> <td>YES</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>↓</td> <td>↙</td> </tr> <tr> <td></td> <td>(SKIP TO 426)</td> </tr> </table>	NO	YES	<input type="checkbox"/>	<input type="checkbox"/>	↓	↙		(SKIP TO 426)	<table border="0"> <tr> <td>NO</td> <td>YES</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>↓</td> <td>↙</td> </tr> <tr> <td></td> <td>(SKIP TO 426)</td> </tr> </table>	NO	YES	<input type="checkbox"/>	<input type="checkbox"/>	↓	↙		(SKIP TO 426)																																																									
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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	<table border="0"> <tr> <td>YES</td> <td>... 1</td> </tr> <tr> <td>(SKIP TO 427)</td> <td>↙</td> </tr> <tr> <td>NO</td> <td>... 2</td> </tr> <tr> <td>(SKIP TO 428)</td> <td>↙</td> </tr> </table>	YES	... 1	(SKIP TO 427)	↙	NO	... 2	(SKIP TO 428)	↙	<table border="0"> <tr> <td>YES</td> <td>... 1</td> </tr> <tr> <td>(SKIP TO 427)</td> <td>↙</td> </tr> <tr> <td>NO</td> <td>... 2</td> </tr> <tr> <td>(SKIP TO 428)</td> <td>↙</td> </tr> </table>	YES	... 1	(SKIP TO 427)	↙	NO	... 2	(SKIP TO 428)	↙	<table border="0"> <tr> <td>YES</td> <td>... 1</td> </tr> <tr> <td>(SKIP TO 427)</td> <td>↙</td> </tr> <tr> <td>NO</td> <td>... 2</td> </tr> <tr> <td>(SKIP TO 428)</td> <td>↙</td> </tr> </table>	YES	... 1	(SKIP TO 427)	↙	NO	... 2	(SKIP TO 428)	↙																																																									
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426	<b><u>SEVERE MALARIA REFERRAL</u></b>  RECORD THE RESULT OF THE MALARIA RDT ON THE REFERRAL FORM.	<p>The malaria test shows that (NAME OF CHILD) has malaria. Your child also has symptoms of severe malaria. The malaria treatment I have will not help your child, and I cannot give you the medication. Your child is very ill and must be taken to a health facility right away, if the child has already taken a treatment for malaria please take him to the nearest health facility for a checkup, to determine if the malaria is cured.</p> <p><b>(SKIP TO 432)</b></p>																																																																																			
427	ALREADY TAKING ACT REFERRAL STATEMENT	<p>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.</p> <p><b>(SKIP TO 432)</b></p>																																																																																			

		CHILD 1	CHILD 2	CHILD 3															
402	FROM TABLET'S REPORT:  WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>															
428	READ INFORMATION FOR MALARIA TREATMENT AND	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 ..... 2 OTHER ..... 6	ACCEPTED MEDICINE . 1 (SIGN) _____ REFUSED ..... 2 OTHER ..... 6	ACCEPTED MEDICINE . 1 (SIGN) _____ REFUSED ..... 2 OTHER ..... 6															
430	CHECK 429: MEDICATION ACCEPTED	ACCEPTED MEDICINE . 1 REFUSED ..... 2 OTHER ..... 6 (SKIP TO 432) ←	ACCEPTED MEDICINE . 1 REFUSED ..... 2 OTHER ..... 6 (SKIP TO 432) ←	ACCEPTED MEDICINE . 1 REFUSED ..... 2 OTHER ..... 6 (SKIP TO 432) ←															
431	TREATMENT FOR CHILDREN WITH POSITIVE MALARIA TESTS	<table border="1"> <thead> <tr> <th colspan="3">TREATMENT WITH ACT</th> </tr> <tr> <th>WEIGHT (in kg)</th> <th>AGE</th> <th>ARTEMETHER-LUMEFANTRINE</th> </tr> </thead> <tbody> <tr> <td>LESS THAN 5 KGS</td> <td>NOTHING</td> <td>NOTHING</td> </tr> <tr> <td>5-14 KGS</td> <td>6 MONTHS - 3 YEARS</td> <td>1 TABLET TWICE A DAY FOR 3 DAYS</td> </tr> <tr> <td>15-25 KGS</td> <td>4 - 8 YEARS</td> <td>2 TABLETS TWICE A DAY FOR 3 DAYS</td> </tr> </tbody> </table> <p>IF CHILD WEIGHS LESS THAN 5 KGS, DO NOT LEAVE DRUGS. TELL PARENTS TO TAKE CHILD TO HEALTH FACILITY.</p> <p>ALSO TELL THE PARENT/OTHER ADULT: If [NAME] has a high fever, fast or difficult breathing, is not able to drink or breastfeed, gets sicker or does not get better in two days, you should take him/her to a health professional for treatment right away. <b>(SKIP TO 432)</b></p>			TREATMENT WITH ACT			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
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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	<b><u>SEVERE ANEMIA REFERRAL</u></b>	The anemia test shows that (NAME OF CHILD) has severe anemia. Your child is very ill and must be taken to a health facility immediately.																	
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.																		

401	<p><b>INTERVIEWER TO COMPLETE Q. 402-403 USING TABLET REPORT</b>                  USE THE INTERVIEWER'S MENU AND SELECT THE APPROPRIATE OPTION TO LIST ALL CHILDREN AGE 0-5 ELIGIBLE FOR BIOMARKER TESTING. RECORD THE COMPLETE NAME, AGE AND THE LINE NUMBER AS THEY APPEAR IN THE REPORT ON YOUR TABLET. LIST EACH CHILD IN THE SAME ORDER SHOWN IN THE REPORT. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). WRITE THE NAME OF EACH ELIGIBLE CHILD ON EACH SUBSEQUENT PAGES.</p>			
		CHILD 1	CHILD 2	CHILD 3
402	FROM TABLET'S REPORT:  WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>
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?	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/>
404	CHECK 403: CHILD BORN IN 2014-2019?	YES ..... 1 NO ..... 2 (SKIP TO 434) ←	YES ..... 1 NO ..... 2 (SKIP TO 434) ←	YES ..... 1 NO ..... 2 (SKIP TO 434) ←
404A	In the last week, has (NAME) been given NOOTRITOTO, SHISHA KIBONDO, SOSOMA fortified or CSB+?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
404B	At what time approximately did (NAME) his/her most recent meal or was breastfed?  USING 24 HOURS SYSTEM	HOURS ..... <input type="text"/> <input type="text"/> MINUTE ..... <input type="text"/> <input type="text"/>  DID NOT EAT TODAY 99	HOURS ..... <input type="text"/> <input type="text"/> MINUTE ..... <input type="text"/> <input type="text"/>  DID NOT EAT TODAY 99	HOURS ..... <input type="text"/> <input type="text"/> MINUTE ..... <input type="text"/> <input type="text"/>  DID NOT EAT TODAY 99
404C	<b>MEASURER AND ASSISTANT START FROM HERE</b>			
405	ASSISTANT TO RECORD WEIGHT IN KILOGRAMS.	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996
406	ASSISTANT TO RECORD HEIGHT/LENGTH IN CENTIMETERS.	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996
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.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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) ←  OLDER ..... 2	0-5 MONTHS ..... 1 (SKIP TO 434) ←  OLDER ..... 2	0-5 MONTHS ..... 1 (SKIP TO 434) ←  OLDER ..... 2

		CHILD 1	CHILD 2	CHILD 3
402	FROM TABLET'S REPORT:  WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>
410	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 _____
411	ASK CONSENT FOR BLOOD BIOLOGICAL TESTING FROM PARENT/OTHER ADULT.	<p>As part of this survey, we are asking children 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 result from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat these health problems.</p> <p>We ask that all children born in 2014 or later take part in testing in this survey by providing a small amount of blood. Taking a blood sample may cause some discomfort. 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 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.</p> <p>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?</p>		
412	CIRCLE THE CODE, ENTER YOUR FIELDWORKER NUMBER, AND SIGN YOUR NAME.	GRANTED ..... 1 REFUSED ..... 2 _____ (SIGN) FIELDWORKER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED SKIP TO 434) NOT PRESENT/OTHER 3 (SKIP TO 434) ←	GRANTED ..... 1 REFUSED ..... 2 _____ (SIGN) FIELDWORKER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED SKIP TO 434) NOT PRESENT/OTHER 3 (SKIP TO 434) ←	GRANTED ..... 1 REFUSED ..... 2 _____ (SIGN) FIELDWORKER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (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 ..... 1 REFUSED ..... 2 b) Anemia test? GRANTED ..... 1 REFUSED ..... 2 c) Vitamin and mineral test? GRANTED ..... 1 REFUSED ..... 2 _____ (SIGN) FIELDWORKER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>



		CHILD 1	CHILD 2	CHILD 3
402	FROM TABLET'S REPORT:  WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>
413A	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
414	<b>PURPLE TOP TUBE (EDTA)</b> RECORD THE RESULT OF THE PURPLE TOP (EDTA) TUBE BLOOD SAMPLE COLLECTION	COLLECTED ..... 1 INSUFFICIENT SAMPLE 2 NOT PRESENT .... 4 REFUSED ..... 5 OTHER ..... 6	COLLECTED ..... 1 INSUFFICIENT SAMPLE 2 NOT PRESENT .... 4 REFUSED ..... 5 OTHER ..... 6	COLLECTED ..... 1 INSUFFICIENT SAMPLE 2 NOT PRESENT .... 4 REFUSED ..... 5 OTHER ..... 6
415	<b>RED TOP TUBE</b> RECORD THE RESULT OF THE RED TOP TUBE BLOOD SAMPLE COLLECTION	COLLECTED ..... 1 INSUFFICIENT SAMPLE 2 NOT PRESENT .... 4 REFUSED ..... 5 OTHER ..... 6	COLLECTED ..... 1 INSUFFICIENT SAMPLE 2 NOT PRESENT .... 4 REFUSED ..... 5 OTHER ..... 6	COLLECTED ..... 1 INSUFFICIENT SAMPLE 2 NOT PRESENT .... 4 REFUSED ..... 5 OTHER ..... 6
415a	CHECK Q414 and Q415:	Q414 (4, 5 or 6) AND Q415 (4, 5, or 6) ..... 1 (SKIP TO 434) ← OTHER ..... 2	414 (4, 5 or 6) AND 415 (4, 5, or 6) ..... 1 (SKIP TO 434) ← OTHER ..... 2	414 (4, 5 or 6) AND 415 (4, 5, or 6) ..... 1 (SKIP TO 434) ← OTHER ..... 2
416	PLACE BAR CODE LABEL.  CONFIRM BAR CODE PLACED BASED ON THE TUBES AND TRANSMITTAL FORM	<div style="border: 2px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> PURPLE TUBE ..... A RED TUBE ..... B TRANSMITTAL FORM ..... C	<div style="border: 2px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> PURPLE TUBE ..... A RED TUBE ..... B TRANSMITTAL FORM ..... C	<div style="border: 2px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> PURPLE TUBE ..... A RED TUBE ..... B TRANSMITTAL FORM ..... C
417	DATE BLOOD SAMPLE TAKEN	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"/>
418	TIME BLOOD DRAWN USING 24 HOURS SYSTEM	HOURS ..... <input type="text"/> <input type="text"/> MINUTE ..... <input type="text"/> <input type="text"/>	HOURS ..... <input type="text"/> <input type="text"/> MINUTE ..... <input type="text"/> <input type="text"/>	HOURS ..... <input type="text"/> <input type="text"/> MINUTE ..... <input type="text"/> <input type="text"/>
<b>RESULTS OF HEMOGLOBIN TEST</b>				
419	RECORD HEMOGLOBIN LEVEL HERE AND IN THE PAMPHLET.	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/> INSUFFICIENT SAMPLE 992 NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/> INSUFFICIENT SAMPLE 992 NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/> INSUFFICIENT SAMPLE 992 NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996
<b>RESULTS OF MALARIA RDT TEST</b>				
420	CIRCLE THE CODE FOR THE MALARIA RDT.	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) ←	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 ..... 1 NEGATIVE ..... 2 OTHER ..... 6 (SKIP TO 432) ←	POSITIVE ..... 1 NEGATIVE ..... 2 OTHER ..... 6 (SKIP TO 432) ←	POSITIVE ..... 1 NEGATIVE ..... 2 OTHER ..... 6 (SKIP TO 432) ←

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422	Does (NAME) suffer from any of the following illnesses or symptoms:	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>a) EXTREME WEAKNESS</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) HEART PROBLEMS</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) LOSS OF CONSCIOUS.</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) RAPID BREATHING</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) SEIZURES</td> <td>1</td> <td>2</td> </tr> <tr> <td>f) BLEEDING</td> <td>1</td> <td>2</td> </tr> <tr> <td>g) JAUNDICE</td> <td>1</td> <td>2</td> </tr> <tr> <td>h) DARK URINE</td> <td>1</td> <td>2</td> </tr> </table>		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	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>a) EXTREME WEAKNESS</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) HEART PROBLEMS</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) LOSS OF CONSCIOUS.</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) RAPID BREATHING</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) SEIZURES</td> <td>1</td> <td>2</td> </tr> <tr> <td>f) BLEEDING</td> <td>1</td> <td>2</td> </tr> <tr> <td>g) JAUNDICE</td> <td>1</td> <td>2</td> </tr> <tr> <td>h) DARK URINE</td> <td>1</td> <td>2</td> </tr> </table>		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	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>a) EXTREME WEAKNESS</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) HEART PROBLEMS</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) LOSS OF CONSCIOUS.</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) RAPID BREATHING</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) SEIZURES</td> <td>1</td> <td>2</td> </tr> <tr> <td>f) BLEEDING</td> <td>1</td> <td>2</td> </tr> <tr> <td>g) JAUNDICE</td> <td>1</td> <td>2</td> </tr> <tr> <td>h) DARK URINE</td> <td>1</td> <td>2</td> </tr> </table>		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
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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	<table border="0"> <tr> <td>YES</td> <td>... 1</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="3" style="text-align: center;">(SKIP TO 427) ←</td> </tr> <tr> <td>NO</td> <td>... 2</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="3" style="text-align: center;">(SKIP TO 428) ←</td> </tr> </table>	YES	... 1	<input type="checkbox"/>	(SKIP TO 427) ←			NO	... 2	<input type="checkbox"/>	(SKIP TO 428) ←			<table border="0"> <tr> <td>YES</td> <td>... 1</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="3" style="text-align: center;">(SKIP TO 427) ←</td> </tr> <tr> <td>NO</td> <td>... 2</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="3" style="text-align: center;">(SKIP TO 428) ←</td> </tr> </table>	YES	... 1	<input type="checkbox"/>	(SKIP TO 427) ←			NO	... 2	<input type="checkbox"/>	(SKIP TO 428) ←			<table border="0"> <tr> <td>YES</td> <td>... 1</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="3" style="text-align: center;">(SKIP TO 427) ←</td> </tr> <tr> <td>NO</td> <td>... 2</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="3" style="text-align: center;">(SKIP TO 428) ←</td> </tr> </table>	YES	... 1	<input type="checkbox"/>	(SKIP TO 427) ←			NO	... 2	<input type="checkbox"/>	(SKIP TO 428) ←																																															
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426	<b>SEVERE MALARIA REFERRAL</b>  RECORD THE RESULT OF THE MALARIA RDT ON THE REFERRAL FORM.	<p>The malaria test shows that (NAME OF CHILD) has malaria. Your child also has symptoms of severe malaria. The malaria treatment I have will not help your child, and I cannot give you the medication. Your child is very ill and must be taken to a health facility right away, if the child has already taken a treatment for malaria please take him to the nearest health facility for a checkup, to determine if the malaria is cured.</p> <p><b>(SKIP TO 432)</b></p>																																																																																			
427	ALREADY TAKING ACT REFERRAL STATEMENT	<p>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.</p> <p><b>(SKIP TO 432)</b></p>																																																																																			

		CHILD 1	CHILD 2	CHILD 3															
402	FROM TABLET'S REPORT:  WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>															
428	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.																	
429	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	ACCEPTED MEDICINE . 1 (SIGN) _____ ← REFUSED ..... 2 OTHER ..... 6	ACCEPTED MEDICINE . 1 (SIGN) _____ ← REFUSED ..... 2 OTHER ..... 6	ACCEPTED MEDICINE . 1 (SIGN) _____ ← REFUSED ..... 2 OTHER ..... 6															
430	CHECK 429: MEDICATION ACCEPTED	ACCEPTED MEDICINE . 1 REFUSED ..... 2 OTHER ..... 6 (SKIP TO 432) ←	ACCEPTED MEDICINE . 1 REFUSED ..... 2 OTHER ..... 6 (SKIP TO 432) ←	ACCEPTED MEDICINE . 1 REFUSED ..... 2 OTHER ..... 6 (SKIP TO 432) ←															
431	TREATMENT FOR CHILDREN WITH POSITIVE MALARIA TESTS	<table border="1"> <thead> <tr> <th colspan="3">TREATMENT WITH ACT</th> </tr> <tr> <th>WEIGHT (in kg)</th> <th>AGE</th> <th>ARTEMETHER-LUMEFANTRINE</th> </tr> </thead> <tbody> <tr> <td>LESS THAN 5 KGS</td> <td>NOTHING</td> <td>NOTHING</td> </tr> <tr> <td>5-14 KGS</td> <td>6 MONTHS - 3 YEARS</td> <td>1 TABLET TWICE A DAY FOR 3 DAYS</td> </tr> <tr> <td>15-25 KGS</td> <td>4 - 8 YEARS</td> <td>2 TABLETS TWICE A DAY FOR 3 DAYS</td> </tr> </tbody> </table> <p>IF CHILD WEIGHS LESS THAN 5 KGS, DO NOT LEAVE DRUGS. TELL PARENTS TO TAKE CHILD TO HEALTH FACILITY.</p> <p>ALSO TELL THE PARENT/OTHER ADULT: If [NAME] has a high fever, fast or difficult breathing, is not able to drink or breastfeed, gets sicker or does not get better in two days, you should take him/her to a health professional for treatment right away. (SKIP TO 432)</p>			TREATMENT WITH ACT			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
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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	<b><u>SEVERE ANEMIA REFERRAL</u></b>	The anemia test shows that (NAME OF CHILD) has severe anemia. Your child is very ill and must be taken to a health facility immediately.																	
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.																		

501	<p><b>INTERVIEWER TO COMPLETE Q.502-505 USING TABLET REPORT</b>                  USE THE INTERVIEWER'S MENU AND SELECT THE APPROPRIATE OPTION TO LIST ALL WOMEN AGE 15-49 ELIGIBLE FOR BIOMARKER TESTING. RECORD THE COMPLETE NAME, AGE, THE LINE NUMBER, AND MARITAL STATUS AS THEY APPEAR IN THE REPORT ON YOUR TABLET. LIST EACH WOMAN IN THE SAME ORDER SHOWN IN THE REPORT. IF MORE THAN THREE WOMEN USE ADDITIONAL QUESTIONNAIRE(S). WRITE THE NAME OF EACH ELIGIBLE WOMAN ON EACH SUBSEQUENT PAGES.</p>			
		WOMAN 1	WOMAN 2	WOMAN 3
502	FROM TABLET'S REPORT:  WRITE WOMAN'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>
503	FROM TABLET'S REPORT:  WOMAN'S 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
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 ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
505A	In the last 6 months did you receive a deworming treatment?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
505B	In the past week have you consumed Nootrimama, SHISHA KIBONDO, SOSOMA fortified or CSB+?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
505C	At what time approximately did you eat your most recent meal?  USING 24 HOURS SYSTEM	HOURS ..... <input type="text"/> <input type="text"/> MINUTE ..... <input type="text"/> <input type="text"/>  DID NOT EAT TODAY 99	HOURS ..... <input type="text"/> <input type="text"/> MINUTE ..... <input type="text"/> <input type="text"/>  DID NOT EAT TODAY 99	HOURS ..... <input type="text"/> <input type="text"/> MINUTE ..... <input type="text"/> <input type="text"/>  DID NOT EAT TODAY 99
505D	<b>MEASURER AND ASSISTANT START FROM HERE</b>			
506	ASSISTANT TO RECORD <b>WEIGHT</b> 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
507	ASSISTANT TO RECORD <b>HEIGHT</b> 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
508	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
509	CHECK 503: AGE.	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (SKIP TO 511) ←	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (SKIP TO 511) ←	15-17 YEARS ..... 1 18-49 YEARS ..... 2 (SKIP TO 511) ←
510	CHECK 504: MARITAL STATUS.	NEVER IN UNION ... 1 (SKIP TO 516) ←  OTHER ..... 2	NEVER IN UNION ... 1 (SKIP TO 516) ←  OTHER ..... 2	NEVER IN UNION ... 1 (SKIP TO 516) ←  OTHER ..... 2

		WOMAN 1	WOMAN 2	WOMAN 3
502	FROM TABLET'S REPORT:  WRITE WOMAN'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>

**ADULT RESPONDENT CONSENT FOR BLOOD COLLECTION AND TESTING**

ADULT RESPONDENT

511	ASK CONSENT FOR BLOOD COLLECTION FROM RESPONDENT.	<p>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.</p> <p>We ask that you provide a sample of your blood. Taking a blood sample may 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.</p> <p>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.</p> <p>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?</p>		
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CONSENT

512	CIRCLE THE CODE, ENTER YOUR FIELDWORKER NUMBER, AND SIGN YOUR NAME.	GRANTED ..... 1 REFUSED ..... 2 _____ (SIGN) FIELDWORKER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED SKIP TO 514) NOT PRESENT/OTHER 3 (SKIP TO 514)	GRANTED ..... 1 REFUSED ..... 2 _____ (SIGN) FIELDWORKER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED SKIP TO 514) NOT PRESENT/OTHER 3 (SKIP TO 514)	GRANTED ..... 1 REFUSED ..... 2 _____ (SIGN) FIELDWORKER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED SKIP TO 514) NOT PRESENT/OTHER 3 (SKIP TO 514)
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513	Will you take the:  CIRCLE THE CODE, ENTER YOUR FIELDWORKER NUMBER, AND SIGN YOUR NAME.	Malaria test? GRANTED ..... 1 REFUSED ..... 2  Anemia test? GRANTED ..... 1 REFUSED ..... 2  Vitamin and mineral test? GRANTED ..... 1 REFUSED ..... 2  _____ (SIGN)	Malaria test? GRANTED ..... 1 REFUSED ..... 2  Anemia test? GRANTED ..... 1 REFUSED ..... 2  Vitamin and mineral test? GRANTED ..... 1 REFUSED ..... 2  _____ (SIGN)	Malaria test? GRANTED ..... 1 REFUSED ..... 2  Anemia test? GRANTED ..... 1 REFUSED ..... 2  Vitamin and mineral test? GRANTED ..... 1 REFUSED ..... 2  _____ (SIGN)
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		WOMAN 1	WOMAN 2	WOMAN 3
502	FROM TABLET'S REPORT:  WRITE WOMAN'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE _____ NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE _____ NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE _____ NUMBER ..... <input type="text"/> <input type="text"/>

**ADULT RESPONDENT CONSENT FOR URINE COLLECTION AND TESTING**

ADULT RESPONDENT CONSENT	514	ASK CONSENT FOR URINE COLLECTION AND TESTING FROM RESPONDENT.	<p>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.</p> <p>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.</p> <p>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.</p> <p>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?</p>		
	515	CIRCLE THE CODE, ENTER YOUR FIELDWORKER NUMBER, AND SIGN YOUR NAME.	GRANTED ..... 1 ] REFUSED ..... 2 ] _____ ← (SIGN) FIELDWORKER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (SKIP TO 526) NOT PRESENT/OTHER 3 ] (SKIP TO 526) ←	GRANTED ..... 1 ] REFUSED ..... 2 ] _____ ← (SIGN) FIELDWORKER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (SKIP TO 526) NOT PRESENT/OTHER 3 ] (SKIP TO 526) ←	GRANTED ..... 1 ] REFUSED ..... 2 ] _____ ← (SIGN) FIELDWORKER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (SKIP TO 526) NOT PRESENT/OTHER 3 ] (SKIP TO 526) ←

		WOMAN 1	WOMAN 2	WOMAN 3
502	FROM TABLET'S REPORT:  WRITE WOMAN'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>
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/RESPONSIBLE ADULT CONSENT FOR BLOOD COLLECTION AND TESTING**

P A R E N T  R E S P  A D U L T  C O N S E N T	516	ASK CONSENT FOR BLOOD COLLECTION FROM PARENT/ADULT.	<p>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.</p> <p>For the tests we will need a sample of [NAME OF MINOR]'s blood. Taking a blood sample may 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.</p> <p>The blood will be tested for malaria and anemia immediately, and the result will be told to you and [NAME OF MINOR] 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 [NAME OF MINOR] and will only be used for survey purposes. The results will be kept strictly confidential.</p> <p>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 MINOR) to give blood?</p>		
	517	CIRCLE THE CODE, ENTER YOUR FIELDWORKER NUMBER, AND SIGN YOUR NAME.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ... 2  _____ (SIGN) FIELDWORKER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED SKIP TO 522) NOT PRESENT/OTHER 3 (SKIP TO 522)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ... 2  _____ (SIGN) FIELDWORKER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED SKIP TO 522) NOT PRESENT/OTHER 3 (SKIP TO 522)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ... 2  _____ (SIGN) FIELDWORKER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED SKIP TO 522) NOT PRESENT/OTHER 3 (SKIP TO 522)
	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? GRANTED ..... 1 REFUSED ..... 2  Vitamin and mineral test? GRANTED ..... 1 REFUSED ..... 2  _____ (SIGN)	Malaria test? GRANTED ..... 1 REFUSED ..... 2  Anemia test? GRANTED ..... 1 REFUSED ..... 2  Vitamin and mineral test? GRANTED ..... 1 REFUSED ..... 2  _____ (SIGN)	Malaria test? GRANTED ..... 1 REFUSED ..... 2  Anemia test? GRANTED ..... 1 REFUSED ..... 2  Vitamin and mineral test? 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	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>

**MINOR RESPONDENT CONSENT FOR BLOOD COLLECTION AND TESTING**

MINOR RESPONDENT CONSENT

519	ASK CONSENT FOR BLOOD COLLECTION FROM MINOR RESPONDENT.	<p>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.</p> <p>We ask that you provide a sample of your blood. Taking a blood sample may 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.</p> <p>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.</p> <p>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?</p>		
520	CIRCLE THE CODE, ENTER YOUR FIELDWORKER NUMBER, AND SIGN YOUR NAME.	GRANTED ..... 1 ] REFUSED ..... 2 ] _____ (SIGN) ← FIELDWORKER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED SKIP TO 522) NOT PRESENT/OTHER 3 ] (SKIP TO 522) ←	GRANTED ..... 1 ] REFUSED ..... 2 ] _____ (SIGN) ← FIELDWORKER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED SKIP TO 522) NOT PRESENT/OTHER 3 ] (SKIP TO 522) ←	GRANTED ..... 1 ] REFUSED ..... 2 ] _____ (SIGN) ← FIELDWORKER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED SKIP TO 522) NOT PRESENT/OTHER 3 ] (SKIP TO 522) ←
521	Will you take the:  CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	Malaria test? GRANTED ..... 1 REFUSED ..... 2  Anemia test? GRANTED ..... 1 REFUSED ..... 2  Vitamin and mineral test? GRANTED ..... 1 REFUSED ..... 2  _____ (SIGN)	Malaria test? GRANTED ..... 1 REFUSED ..... 2  Anemia test? GRANTED ..... 1 REFUSED ..... 2  Vitamin and mineral test? GRANTED ..... 1 REFUSED ..... 2  _____ (SIGN)	Malaria test? GRANTED ..... 1 REFUSED ..... 2  Anemia test? GRANTED ..... 1 REFUSED ..... 2  Vitamin and mineral test? 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	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>

521a	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 _____
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**PARENT/RESPONSIBLE ADULT CONSENT FOR URINE COLLECTION AND 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	522	ASK CONSENT FOR URINE AND TESTING FROM PARENT/ADULT.	<p>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.</p> <p>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.</p> <p>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.</p> <p>You can say yes or no. Do you have any questions? Will you allow [NAME OF MINOR] to provide urine for the iodine testing?</p>		
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C O N S E N T	523	CIRCLE THE CODE, ENTER YOUR FIELDWORKER NUMBER, AND SIGN YOUR NAME.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ... 2  _____ (SIGN) FIELDWORKER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED SKIP TO 526)  NOT PRESENT/OTHER 3 (SKIP TO 526)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ... 2  _____ (SIGN) FIELDWORKER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED SKIP TO 526)  NOT PRESENT/OTHER 3 (SKIP TO 526)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ... 2  _____ (SIGN) FIELDWORKER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED SKIP TO 526)  NOT PRESENT/OTHER 3 (SKIP TO 526)
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**MINOR RESPONDENT CONSENT FOR URINE COLLECTION AND TESTING**

M I N O R  R E S P O N D E N T  C O N S E N T	524	ASK CONSENT FOR URINE COLLECTION AND TESTING FROM MINOR RESPONDENT.	<p>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.</p> <p>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.</p> <p>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.</p> <p>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?</p>		
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C O N S E N T	525	CIRCLE THE CODE, ENTER YOUR FIELDWORKER NUMBER, AND SIGN YOUR NAME.	GRANTED ..... 1 REFUSED ..... 2  _____ (SIGN) FIELDWORKER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER 3	GRANTED ..... 1 REFUSED ..... 2  _____ (SIGN) FIELDWORKER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER 3	GRANTED ..... 1 REFUSED ..... 2  _____ (SIGN) FIELDWORKER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER 3
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		WOMAN 1	WOMAN 2	WOMAN 3
502	FROM TABLET'S REPORT:  WRITE WOMAN'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>
526	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
527	<b>PURPLE TOP TUBE (EDTA)</b> RECORD THE RESULT OF THE PURPLE TOP (EDTA) TUBE BLOOD SAMPLE COLLECTION.	COLLECTED ..... 1 INSUFFICIENT SAMPLE 2 NOT PRESENT ..... 4 REFUSED ..... 5 OTHER ..... 6	COLLECTED ..... 1 INSUFFICIENT SAMPLE 2 NOT PRESENT ..... 4 REFUSED ..... 5 OTHER ..... 6	COLLECTED ..... 1 INSUFFICIENT SAMPLE 2 NOT PRESENT ..... 4 REFUSED ..... 5 OTHER ..... 6
528	<b>RED TOP TUBE</b> RECORD THE RESULT OF THE RED TOP TUBE BLOOD SAMPLE COLLECTION.	COLLECTED ..... 1 INSUFFICIENT SAMPLE 2 NOT PRESENT ..... 4 REFUSED ..... 5 OTHER ..... 6	COLLECTED ..... 1 INSUFFICIENT SAMPLE 2 NOT PRESENT ..... 4 REFUSED ..... 5 OTHER ..... 6	COLLECTED ..... 1 INSUFFICIENT SAMPLE 2 NOT PRESENT ..... 4 REFUSED ..... 5 OTHER ..... 6
528a	CHECK Q527 and Q528:	Q527 (4, 5 or 6) AND Q528 (4, 5, or 6) ..... 1 (SKIP TO 537) ←	Q527 (4, 5 or 6) AND Q528 (4, 5, or 6) ..... 1 (SKIP TO 537) ←	Q527 (4, 5 or 6) AND Q528 (4, 5, or 6) ..... 1 (SKIP TO 537) ←
529	PLACE BAR CODE LABEL.  CONFIRM BAR CODE PLACED ON THE CONTAINER, TUBES, AND TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> CONTAINER ..... A PURPLE TUBE ..... B RED TUBE ..... C TRANSMITTAL FORM D	<div style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> CONTAINER ..... A PURPLE TUBE ..... B RED TUBE ..... C TRANSMITTAL FORM D	<div style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> CONTAINER ..... A PURPLE TUBE ..... B RED TUBE ..... C TRANSMITTAL FORM... D
530	DATE BLOOD SAMPLE TAKEN.	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"/>
531	TIME BLOOD DRAWN.  USING 24 HOURS SYSTEM	HOURS ..... <input type="text"/> <input type="text"/> MINUTE ..... <input type="text"/> <input type="text"/>	HOURS ..... <input type="text"/> <input type="text"/> MINUTE ..... <input type="text"/> <input type="text"/>	HOURS ..... <input type="text"/> <input type="text"/> MINUTE ..... <input type="text"/> <input type="text"/>
<b>RESULTS OF HEMOGLOBIN TEST</b>				
532	RECORD HEMOGLOBIN LEVEL HERE AND IN THE PAMPHLET.	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/> NOT ENOUGH BLOOD 992 NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/> NOT ENOUGH BLOOD 992 NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/> NOT ENOUGH BLOOD 992 NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996
<b>RESULTS OF MALARIA RDT TEST</b>				
533	CIRCLE THE CODE FOR THE MALARIA RDT	TESTED ..... 1 NOT ENOUGH BLOOD 2 NOT PRESENT ..... 4 REFUSED ..... 5 OTHER ..... 6 (SKIP TO 535) ←	TESTED ..... 1 NOT ENOUGH BLOOD 2 NOT PRESENT ..... 4 REFUSED ..... 5 OTHER ..... 6 (SKIP TO 535) ←	TESTED ..... 1 NOT ENOUGH BLOOD 2 NOT PRESENT ..... 4 REFUSED ..... 5 OTHER ..... 6 (SKIP TO 535) ←
534	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE PAMPHLET.	POSITIVE ..... 1 NEGATIVE ..... 2 OTHER ..... 6	POSITIVE ..... 1 NEGATIVE ..... 2 OTHER ..... 6	POSITIVE ..... 1 NEGATIVE ..... 2 OTHER ..... 6

		WOMAN 1	WOMAN 2	WOMAN 3
502	FROM TABLET'S REPORT:  WRITE WOMAN'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>	NAME _____  AGE ..... <input type="text"/> <input type="text"/>  LINE NUMBER ..... <input type="text"/> <input type="text"/>
535	<b>URINE SPECIMEN</b> RECORD THE RESULT OF THE URINE SPECIMEN COLLECTION	COLLECTED ..... 1 INSUFFICIENT SAMPLE . 2 NOT PRESENT ..... 4 REFUSED ..... 5 OTHER ..... 6	COLLECTED ..... 1 INSUFFICIENT SAMPLE . 2 NOT PRESENT ..... 4 REFUSED ..... 5 OTHER ..... 6	COLLECTED ..... 1 INSUFFICIENT SAMPLE . 2 NOT PRESENT ..... 4 REFUSED ..... 5 OTHER ..... 6
536	DATE URINE SAMPLE TAKEN	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"/>
537	CHECK 534:	CODE '1' IS CIRCLED <input type="checkbox"/> CODE '2 OR 6' IS CIRCLED <input type="checkbox"/> (SKIP TO 546) ←	CODE '1' IS CIRCLED <input type="checkbox"/> CODE '2 OR 6' IS CIRCLED <input type="checkbox"/> (SKIP TO 546) ←	CODE '1' IS CIRCLED <input type="checkbox"/> CODE '2 OR 6' IS CIRCLED <input type="checkbox"/> (SKIP TO 546) ←
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 ..... 1 (SKIP TO 539) ← NO ..... 2 (SKIP TO 540) ←	YES ..... 1 (SKIP TO 539) ← NO ..... 2 (SKIP TO 540) ←	YES ..... 1 (SKIP TO 539) ← NO ..... 2 (SKIP TO 540) ←
539	ALREADY TAKING [FIRST LINE MEDICATION] REFERRAL STATEMENT	You have told me that you had already received Coartem for malaria. Therefore, I cannot give you additional Coartem. However, the test shows that you has malaria. If you has a fever for two days after the last dose of Coartem, you should go to the nearest health facility for further examination.  (SKIP TO 546)		
540	CHECK 505 FOR PREGNANCY STATUS	YES ..... 1 (GO TO 545) ← OTHER ..... 2	YES ..... 1 (GO TO 545) ← OTHER ..... 2	YES ..... 1 (GO TO 545) ← OTHER ..... 2
541	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/OTHER ADULT.	The malaria test shows that you has malaria. We can give you free medicine. The medicine is called Coartem is very effective and in a few days it should get rid of the fever and other symptoms. You do not have to take the medicine. This is up to you. Please tell me whether you accept the medicine or not.		
542	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	ACCEPTED MEDICINE . 1 _____ (SIGN) ← REFUSED ..... 2 OTHER ..... 6	ACCEPTED MEDICINE . 1 _____ (SIGN) ← REFUSED ..... 2 OTHER ..... 6	ACCEPTED MEDICINE . 1 _____ (SIGN) ← REFUSED ..... 2 OTHER ..... 6
543	CHECK 542: MEDICATION ACCEPTED	ACCEPTED MEDICINE . 1 REFUSED ..... 2 OTHER ..... 6 (GO TO 546) ←	ACCEPTED MEDICINE . 1 REFUSED ..... 2 OTHER ..... 6 (GO TO 546) ←	ACCEPTED MEDICINE . 1 REFUSED ..... 2 OTHER ..... 6 (GO TO 546) ←
544	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO ADULT.	≥ 35 kg <input type="checkbox"/> Age ≥ 15 yrs <input type="checkbox"/> 20 mg AS + 120 mg AQ <input type="checkbox"/> 4 pills twice a day for 3 days  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.		
545	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.			