BIOMARKER QUESTIONNAIRE

MINISTRY OF HEALTH

CAPILLARY BLOOD

NATIONAL INSTITUTE OF STATISTICS OF RWANDA

IDENTIFICATION						
PLACE NAME						
NAME OF HOUSEHOLD HEAD						
CLUSTER NUMBER	CLUSTER NUMBER					
HOUSEHOLD NUMBER						
HOUSEHOLD SELECTED FOR MAN'S SURVEY AND BIOMARKERS? (1=YES, 2=NO)						
		BIOMARKER V	/ISITS			
	1	2	3	FINAL VISIT		
DATE BIOMARKER'S NAME				DAY MONTH YEAR 2 0		
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS		
TIME						
NOTES:				TOTAL ELIGIBLE WOMEN		
				TOTAL ELIGIBLE MEN		
				TOTAL ELIGIBLE CHILDREN		
LANGUAGE OF QUESTIONNAIRE**	INTERV		NATIVE LANGUAGE DF RESPONDENT**	TRANSLATOR (YES = 1, NO = 2)		
LANGUAGE OF QUESTIONNAIRE**	NGLISH	01 E	GE CODES: ENGLISH KINYARWANDA			
		SUPERVISO NAME	OR NUMBER			

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

101	USE THE INTERVIEWER'S MENU AND SELECT THE APPROPRIATE OPTION TO LIST ALL CHILDREN AGE 0-5 ELIGIBLE FOR BIOMARKER TESTING. RECORD THE COMPLETE NAME, AGE AND THE LINE NUMBER AS THEY APPEAR IN THE REPORT ON YOUR TABLET. LIST EACH CHILD IN THE SAME ORDER SHOWN IN THE REPORT. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). WRITE THE NAME OF EACH ELIGIBLE CHILD ON EACH SUBSEQUENT PAGES.			
		CHILD 1	CHILD 2	CHILD 3
102	FROM TABLET'S REPORT:	NAME	NAME	NAME
	WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	AGELINE NUMBER	AGELINE NUMBER	AGELINE NUMBER
103	FROM TABLET'S REPORT: IF MOTHER INTERVIEWED COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM BIRTH HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	DAY	DAY	DAY
104	CHECK 103: CHILD BORN IN 2014-2019?	YES	YES	YES
104A	MEASURER AND ASSISTANT STAR	T FROM HERE		
105	ASSISTANT TO RECORD WEIGHT IN KILOGRAMS.	KG	KG	KG
106	ASSISTANT TO RECORD HEIGHT/LENGTH IN CENTIMETERS.	CM	CM	CM
107	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2
108	MEASURER: ENTER YOUR FIELDWORKER NUMBER.	FIELDWORKER NUMBER	FIELDWORKER NUMBER	FIELDWORKER NUMBER
109	CHECK 103: CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR 5 PREVIOUS MONTHS?	0-5 MONTHS 1 (SKIP TO 133)	0-5 MONTHS 1 (SKIP TO 133)	0-5 MONTHS 1 (SKIP TO 114)

		CHILD 1	CHILD 2	CHILD 3
102	FROM TABLET'S REPORT:	NAME	NAME	NAME
	WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	AGE	AGE	AGE
110	WRITE THE NAME OF THE PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD	NAME OF PARENT/ADULT RESPONSIBLE NAME	NAME OF PARENT/ADULT RESPONSIBLE NAME	NAME OF PARENT/ADULT RESPONSIBLE NAME
111	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT.	serious health problem that usual survey will assist the government children born in 2014 or later take from a finger or heel. The equipm never been used before and will be. The blood will be tested for anem result will be kept strictly confiden survey team. Do you have any questions? You can say yes or no. It is up to	nia immediately, and the result will be national mile and will not be shared with any	cion, or chronic disease. This and treat anemia. We ask that all ey and give a few drops of blood and completely safe. It has be told to you right away. The
112	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED 1 TREFUSED 2 TO STATE TO STA	GRANTED 1 7 REFUSED 2 7 (SIGN AND ENTER YOUR FIELDWORKER NUMBER) NOT PRESENT/OTHER 3	GRANTED
113	ASK CONSENT FOR MALARIA TEST FROM PARENT/OTHER ADULT.	malaria. Malaria is a serious illnes will assist the government to deve We ask that all children born in 20 drops of blood from a finger or he result will be told to you right awa laboratory for testing. You will not strictly confidential and will not be Do you have any questions? You can say yes or no. It is up to	king children all over the country to to see caused by a parasite transmitted elop programs to prevent malaria. 2014 or later take part in malaria tested. One blood drop will be tested for any. A few blood drops will be collected to be told the results of the laboratory eshared with anyone other than menyou to decide. The program of	thing in this survey and give a few or malaria immediately, and the ed on slide(s) and taken to a y testing. All results will be kept embers of our survey team.
114	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED 1 REFUSED 2 GIGN AND ENTER YOUR FIELDWORKER NUMBER) NOT PRESENT/OTHER 3	GRANTED 1 REFUSED 2 (SIGN AND ENTER YOUR FIELDWORKER NUMBER) NOT PRESENT/OTHER 3	GRANTED 1 REFUSED 2 (SIGN AND ENTER YOUR FIELDWORKER NUMBER) NOT PRESENT/OTHER 3

		CHILD 1	CHILD 2	CHILD 3	
102	FROM TABLET'S REPORT:	NAME	NAME	NAME	
	WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	AGE	AGE	AGE	
114A	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).				
115	PLACE BAR CODE LABEL FOR MALARIA LAB TEST.	PUT THE 1ST BAR CODE LABEL HERE. NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	
116	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL 994 NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL 994 NOT PRESENT 994 REFUSED 995 OTHER 996	G/DL 994 NOT PRESENT 994 REFUSED 995 OTHER 996	
		RESULTS OF MA	LARIA RDT TEST	•	
117	CIRCLE THE CODE FOR THE MALARIA RDT.	TESTED	TESTED	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 119)	
118	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE PAMPHLET.	POSITIVE	POSITIVE	POSITIVE	
119	CHECK 116: HEMOGLOBIN RESULT	BELOW 8.0 G/DL,	BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6 (SKIP TO 133)	BELOW 8.0 G/DL,	
120	SEVERE ANEMIA REFERRAL RECORD THE RESULT OF THE ANEMIA TEST ON THE REFERRAL FORM.	The anemia test shows that (NAN taken to a health facility immediate (SKIP TO 133)	ME OF CHILD) has severe anemia. tely.	Your child is very ill and must be	

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

		CHILD 1	CHILD 2	CHILD 3
102	FROM TABLET'S REPORT:	NAME	NAME	NAME
	WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	AGE	AGE	AGE
126	ALREADY TAKING ACT REFERRAL STATEMENT	give you additional ACT. Howeve	F CHILD) had already received ACT rr, the test shows that he/she has m CT, you should take the child to the	alaria. If your child has a fever for
127	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/OTHER ADULT.	called ACT. ACT is very effective	child has malaria. We can give you and in a few days it should get rid of the medicine. This is up to you. Ple	of the fever and other symptoms.
128	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	ACCEPTED MEDICINE . 1 (SIGN) REFUSED	ACCEPTED MEDICINE . 1	ACCEPTED MEDICINE . 1 (SIGN) REFUSED . 2 OTHER . 6
129	CHECK 128: MEDICATION ACCEPTED	ACCEPTED MEDICINE . 1 REFUSED	ACCEPTED MEDICINE . 1 REFUSED	ACCEPTED MEDICINE . 1 REFUSED
		(
130	TREATMENT FOR CHILDREN		TREATMENT WITH ACT	
130	TREATMENT FOR CHILDREN WITH POSITIVE MALARIA TESTS	WEIGHT (in kg) LESS THAN 5 KGS 5-14 KGS 15-25 KGS	NOTHING 6 MONTHS - 3 YEARS 4 - 8 YEARS	ARTEMETHER-LUMEFANTRINE NOTHING 1 TAB TWICE A DAY FOR 3 DAYS 2 TABS TWICE A DAY FOR 3 DAYS
130		LESS THAN 5 KGS 5-14 KGS 15-25 KGS IF CHILD WEIGHS LESS THAN	AGE NOTHING 6 MONTHS - 3 YEARS	NOTHING 1 TAB TWICE A DAY FOR 3 DAYS 2 TABS TWICE A DAY FOR 3 DAYS
130		LESS THAN 5 KGS 5-14 KGS 15-25 KGS IF CHILD WEIGHS LESS THAN CHILD TO HEALTH FACILITY. ALSO TELL THE PARENT/OTHE	AGE NOTHING 6 MONTHS - 3 YEARS 4 - 8 YEARS 5 KGS, DO NOT LEAVE DRUGS. ER ADULT: If [NAME] has a high feets sicker or does not get better in the sicker or does not get better or does not get be	NOTHING 1 TAB TWICE A DAY FOR 3 DAYS 2 TABS TWICE A DAY FOR 3 DAYS TELL PARENTS TO TAKE ever, fast or difficult breathing, is
130		LESS THAN 5 KGS 5-14 KGS 15-25 KGS IF CHILD WEIGHS LESS THAN CHILD TO HEALTH FACILITY. ALSO TELL THE PARENT/OTHE not able to drink or breastfeed, ge to a health professional for treatm	AGE NOTHING 6 MONTHS - 3 YEARS 4 - 8 YEARS 5 KGS, DO NOT LEAVE DRUGS. ER ADULT: If [NAME] has a high feets sicker or does not get better in the sicker or does not get better or does not get be	NOTHING 1 TAB TWICE A DAY FOR 3 DAYS 2 TABS TWICE A DAY FOR 3 DAYS TELL PARENTS TO TAKE ever, fast or difficult breathing, is
	WITH POSITIVE MALARIA TESTS CHECK 116:	LESS THAN 5 KGS 5-14 KGS 15-25 KGS IF CHILD WEIGHS LESS THAN CHILD TO HEALTH FACILITY. ALSO TELL THE PARENT/OTHE not able to drink or breastfeed, ge to a health professional for treatm (SKIP TO 133) BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6 (SKIP TO 133)	AGE NOTHING 6 MONTHS - 3 YEARS 4 - 8 YEARS 5 KGS, DO NOT LEAVE DRUGS. ER ADULT: If [NAME] has a high feets sicker or does not get better in trent right away. BELOW 8.0 G/DL, SEVERE ANEMIA 8.0 G/DL OR ABOVE NOT PRESENT 3 REFUSED 4 OTHER (SKIP TO 133) ME OF CHILD) has severe anemia.	NOTHING 1 TAB TWICE A DAY FOR 3 DAYS 2 TABS TWICE A DAY FOR 3 DAYS TELL PARENTS TO TAKE Ever, fast or difficult breathing, is wo days, you should take him/her BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER (SKIP TO 133)

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

101	INTERVIEWER TO COMPLETE Q. 10 USE THE INTERVIEWER'S MENU AT BIOMARKER TESTING. RECORD TH YOUR TABLET. LIST EACH CHILD IN ADDITIONAL QUESTIONNAIRE(S). V	ND SELECT THE APPROPRIATE IE COMPLETE NAME, AGE AND T I THE SAME ORDER SHOWN IN	THE LINE NUMBER AS THEY APF THE REPORT. IF MORE THAN SI	PEAR IN THE REPORT ON X CHILDREN, USE
		CHILD 4	CHILD 5	CHILD 6
102	FROM TABLET'S REPORT: WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	AGE	AGE	AGE
103	FROM TABLET'S REPORT: IF MOTHER INTERVIEWED COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM BIRTH HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	DAY	DAY	DAY
104	CHECK 103: CHILD BORN IN 2014-2019?	YES	YES	YES
104A	MEASURER AND ASSISTANT STAR	T FROM HERE		
105	ASSISTANT TO RECORD WEIGHT IN KILOGRAMS.	KG	KG	KG
106	ASSISTANT TO RECORD HEIGHT/LENGTH IN CENTIMETERS.	CM	CM	CM
107	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2
108	MEASURER: ENTER YOUR FIELDWORKER NUMBER.	FIELDWORKER NUMBER	FIELDWORKER NUMBER	FIELDWORKER NUMBER
109	CHECK 103: CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR 5 PREVIOUS MONTHS?	0-5 MONTHS 1 (SKIP TO 133) COLDER 2	0-5 MONTHS 1 (SKIP TO 133) COLDER 2	0-5 MONTHS 1 (SKIP TO 114) COLDER

		CHILD 4	CHILD 5	CHILD 6
102	FROM TABLET'S REPORT:	NAME	NAME	NAME
	WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	AGE	AGE	AGE
110	WRITE THE NAME OF THE PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD	NAME OF PARENT/ADULT RESPONSIBLE	NAME OF PARENT/ADULT RESPONSIBLE	NAME OF PARENT/ADULT RESPONSIBLE
		NAME	NAME	NAME
111	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT.	serious health problem that usual survey will assist the government children born in 2014 or later take from a finger or heel. The equipm never been used before and will be the blood will be tested for anem	nia immediately, and the result will be naid and will not be shared with any	ion, or chronic disease. This ad treat anemia. We ask that all ey and give a few drops of blood and completely safe. It has be told to you right away. The
		, ,) to participate in the anemia test?	
112	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED 1 7 REFUSED 2 7 (SIGN AND ENTER YOUR FIELDWORKER NUMBER) NOT PRESENT/OTHER 3	GRANTED 1 REFUSED 2 (SIGN AND ENTER YOUR FIELDWORKER NUMBER) NOT PRESENT/OTHER 3	GRANTED 1 REFUSED 2 (SIGN AND ENTER YOUR FIELDWORKER NUMBER) NOT PRESENT/OTHER 3
113	ASK CONSENT FOR MALARIA TEST FROM PARENT/OTHER ADULT.	malaria. Malaria is a serious illnes will assist the government to deve We ask that all children born in 2 drops of blood from a finger or he result will be told to you right awa laboratory for testing. You will not strictly confidential and will not be Do you have any questions? You can say yes or no. It is up to	ring children all over the country to the second of the country to the second of the country to the second of the country to the country and the country. A few blood drops will be collected the country of the collected the country of the country	ting in this survey and give a few or malaria immediately, and the ed on slide(s) and taken to a y testing. All results will be kept imbers of our survey team.
114	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED 1 7 REFUSED 2 7 (SIGN AND ENTER YOUR FIELDWORKER NUMBER) NOT PRESENT/OTHER 3	GRANTED 1 REFUSED 2 (SIGN AND ENTER YOUR FIELDWORKER NUMBER) NOT PRESENT/OTHER 3	GRANTED 1 TREFUSED 2

		CHILD 4	CHILD 5	CHILD 6
102	FROM TABLET'S REPORT:	NAME	NAME	NAME
4440	WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	AGE	AGE	AGE
114A	PREPARE EQUIPMENT AND SUPPL WITH THE TEST(S).	IES ONLY FOR THE TEST(S) FOR	R WHICH CONSENT HAS BEEN C	DBTAINED AND PROCEED
115	PLACE BAR CODE LABEL FOR MALARIA LAB TEST.	PUT THE 1ST BAR CODE LABEL HERE. NOT PRESENT 99994 REFUSED 99995 OTHER 99996	PUT THE 1ST BAR CODE LABEL HERE. NOT PRESENT 99994 REFUSED 99995 OTHER 99996	PUT THE 1ST BAR CODE LABEL HERE. NOT PRESENT 99994 REFUSED 99995 OTHER 99996
		PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.
116	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL 995 OTHER 996	G/DL	G/DL 995 OTHER 996
		RESULTS OF MA	LARIA RDT TEST	
117	CIRCLE THE CODE FOR THE MALARIA RDT.	TESTED	TESTED	TESTED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SKIP TO 119)
118	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE PAMPHLET.	POSITIVE	POSITIVE	POSITIVE
119	CHECK 116: HEMOGLOBIN RESULT	BELOW 8.0 G/DL,	BELOW 8.0 G/DL,	BELOW 8.0 G/DL,
120	SEVERE ANEMIA REFERRAL RECORD THE RESULT OF THE ANEMIA TEST ON THE REFERRAL FORM.	The anemia test shows that (NAN taken to a health facility immediate (SKIP TO 133)	ME OF CHILD) has severe anemia. ely.	Your child is very ill and must be

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

		CHILD 4	CHILD 5	CHILD 6
102	FROM TABLET'S REPORT:	NAME	NAME	NAME
	WRITE CHILD'S COMPLETE FIRST/LAST NAME, AGE, AND LINE NUMBER	AGE	AGELINE NUMBER	AGE
126	ALREADY TAKING ACT REFERRAL STATEMENT	give you additional ACT. Howeve	CHILD) had already received ACT r, the test shows that he/she has mCT, you should take the child to the	nalaria. If your child has a fever for
127	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/OTHER ADULT.	called ACT. ACT is very effective	child has malaria. We can give you and in a few days it should get rid the medicine. This is up to you. Ple	of the fever and other symptoms.
128	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	ACCEPTED MEDICINE . 1 (SIGN) REFUSED	ACCEPTED MEDICINE . 1 (SIGN) REFUSED	ACCEPTED MEDICINE . 1 (SIGN) REFUSED . 2 OTHER . 6
129	CHECK 128: MEDICATION ACCEPTED	ACCEPTED MEDICINE . 1 REFUSED 2 OTHER 6	ACCEPTED MEDICINE . 1 REFUSED 2 OTHER 6	ACCEPTED MEDICINE . 1 REFUSED
		(SKIP TO 133) ←	(SKIP TO 133) ←	(8111 10 133)
130	TREATMENT FOR CHILDREN	, ,	TREATMENT WITH ACT	, ,
130	TREATMENT FOR CHILDREN WITH POSITIVE MALARIA TESTS	WEIGHT (in kg) LESS THAN 5 KGS 5-14 KGS 15-25 KGS IF CHILD WEIGHS LESS THAN	,	ARTEMETHER-LUMEFANTRINE NOTHING 1 TAB TWICE A DAY FOR 3 DAYS 2 TABS TWICE A DAY FOR 3 DAYS
130		WEIGHT (IN Kg) LESS THAN 5 KGS 5-14 KGS 15-25 KGS IF CHILD WEIGHS LESS THAN CHILD TO HEALTH FACILITY. ALSO TELL THE PARENT/OTHE	TREATMENT WITH ACT AGE NOTHING 6 MONTHS - 3 YEARS 4 - 8 YEARS 5 KGS, DO NOT LEAVE DRUGS. ER ADULT: If [NAME] has a high feets sicker or does not get better in the sicker or does not get better	ARTEMETHER-LUMEFANTRINE NOTHING 1 TAB TWICE A DAY FOR 3 DAYS 2 TABS TWICE A DAY FOR 3 DAYS TELL PARENTS TO TAKE ever, fast or difficult breathing, is
130		WEIGHT (in kg) LESS THAN 5 KGS 5-14 KGS 15-25 KGS IF CHILD WEIGHS LESS THAN CHILD TO HEALTH FACILITY. ALSO TELL THE PARENT/OTHE not able to drink or breastfeed, ge to a health professional for treatm	TREATMENT WITH ACT AGE NOTHING 6 MONTHS - 3 YEARS 4 - 8 YEARS 5 KGS, DO NOT LEAVE DRUGS. ER ADULT: If [NAME] has a high feets sicker or does not get better in the sicker or does not get better	ARTEMETHER-LUMEFANTRINE NOTHING 1 TAB TWICE A DAY FOR 3 DAYS 2 TABS TWICE A DAY FOR 3 DAYS TELL PARENTS TO TAKE ever, fast or difficult breathing, is
	WITH POSITIVE MALARIA TESTS CHECK 116:	WEIGHT (in kg) LESS THAN 5 KGS 5-14 KGS 15-25 KGS IF CHILD WEIGHS LESS THAN CHILD TO HEALTH FACILITY. ALSO TELL THE PARENT/OTHE not able to drink or breastfeed, ge to a health professional for treatm (SKIP TO 133) BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6- (SKIP TO 133)	TREATMENT WITH ACT AGE NOTHING 6 MONTHS - 3 YEARS 4 - 8 YEARS 5 KGS, DO NOT LEAVE DRUGS. ER ADULT: If [NAME] has a high feets sicker or does not get better in the trent right away. BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE NOT PRESENT REFUSED 4 OTHER 6 (SKIP TO 133) ME OF CHILD) has severe anemia.	ARTEMETHER-LUMEFANTRINE NOTHING 1 TAB TWICE A DAY FOR 3 DAYS 2 TABS TWICE A DAY FOR 3 DAYS TELL PARENTS TO TAKE EVER, fast or difficult breathing, is wo days, you should take him/her BELOW 8.0 G/DL, SEVERE ANEMIA 1 8.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER (SKIP TO 133)

201	USE THE APPROPRIA TESTING. IN EACH CO YOUR TABLET. ALSO QUESTION 204 USING	INTERVIEWER TO COMPLETE Q. 202-204A USING TABLET REPORT USE THE APPROPRIATE OPTION FROM THE INTERVIEWER'S MENU TO LIST ALL WOMEN AGE TESTING. IN EACH COLUMN, WRITE THE COMPLETE NAME, AGE AND LINE NUMBER AS THEY YOUR TABLET. ALSO CIRCLE THE APPROPRIATE CODE FOR QUESTION 203. IF THE WOMAN'S QUESTION 204 USING THE MARITAL STATUS INFORMATION PRINTED IN THE TABLET'S REPO IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).				
		WOMAN 1	WOMAN 2	WOMAN 3		
202	FROM TABLET'S REPORT: WRITE WOMAN'S AGE WRITE WOMAN'S LINE NUMBER	AGE	AGE	AGELINE NUMBER		
203	FROM TABLET'S REPORT: CIRCLE CODE FOR AGE GROUP.	15-17 YEARS	15-17 YEARS	15-17 YEARS		
204	FROM TABLET'S REPORT: CIRCLE CODE FOR MARITAL STATUS	CODE 6 (NEVER IN UNION) . 1 OTHER 2	CODE 6 (NEVER IN UNION) . 1 OTHER 2	CODE 6 (NEVER IN UNION) . 1 OTHER 2		
204A	FROM TABLET'S REPORT: PREGNANCY OR ASK Are you pregnant?	YES	YES	YES		
204B	CONFIRM THE INFOR PATTERN (MINOR VS.	FROM HERE: G WITH THE CONSENT STATEMENT MATION IN Q203/Q204. IF THERE ARE ADULT); GO BACK TO Q203/Q204 AR ITS IN THE HOUSEHOLD SCHEDULE	ANY DISCREPANCIES THAT AFFECT ND MAKE CORRECTIONS. PLEASE IN	T THE INFORMED CONSENT		
205	WEIGHT IN KILOGRAMS.	KG 99994	KG	кд		
		NOT PRESENT 99994 REFUSED 99995 OTHER 99996	NOT PRESENT 99994 REFUSED 99995 OTHER 99996	NOT PRESENT 99994 REFUSED 99995 OTHER 99996		
206	HEIGHT IN CENTIMETERS.	REFUSED 99995	REFUSED 99995	REFUSED 99995		
206		REFUSED 99995 OTHER 99996 CM. 9994 REFUSED 9995	REFUSED 99995 OTHER 99996 CM. 9994 REFUSED 9995	REFUSED 99995 OTHER 99996 CM. 9994 REFUSED 9995		
	MEASURER: ENTER YOUR FIELDWORKER	REFUSED 99995 OTHER 99996 CM. 9994 REFUSED 9995 OTHER 9996	REFUSED 99995 OTHER 99996 CM. 99996 NOT PRESENT 9994 REFUSED 9995 OTHER 9996	REFUSED 99995 OTHER 99996 CM. 9994 REFUSED 9995 OTHER 9996		

			WOMAN 1	WOMAN 2	WOMAN 3
	202	FROM TABLET'S REPORT:	NAME	NAME	NAME
		WRITE WOMAN'S AGE	<u> </u>	<u> </u>	<u>——</u>
		WRITE WOMAN'S LINE NUMBER	LINE NUMBER	LINE NUMBER	LINE NUMBER
		Δ	DULT RESPONDENT C	ONSENT FOR ANEMIA	TEST
A D U	210	ASK CONSENT FOR ANEMIA TEST.	As part of this survey, we are asking p	people all over the country to take an and nutrition, infection, or chronic disease.	emia test. Anemia is a serious health
L T R E S			clean and completely safe. It has never blood will be tested for anemia immed	few drops of blood from a finger. The ear been used before and will be thrown a liately, and the result will be told to you red with anyone other than members of	away after we take your blood. The right away. The result will be kept
PONDE			Do you have any questions? You can say yes or no. It is up to you t Will you take the anemia test?	to decide.	
N T C O	211	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED	GRANTED	GRANTED
N S E N			(SIGN AND ENTER YOUR FIELDWORKER NUMBER)	(SIGN AND ENTER YOUR FIELDWORKER NUMBER)	(SIGN AND ENTER YOUR FIELDWORKER NUMBER)
Т			NOT PRESENT/OTHER 3	NOT PRESENT/OTHER 3	NOT PRESENT/OTHER 3
		A D	ULT RESPONDENT CO	NSENT FOR MALARIA TE	STING
A D U L T	212	ASK CONSENT FOR MALARIA TESTING.	is a serious illness caused by a parasi develop programs to prevent malaria.	vomen all over the country to take a test te transmitted by a mosquito bite. This s alaria testing in this survey and give a fe	survey will assist the government to
RESP			be collected on slide(s) and taken to a	nmediately, and the result will be told to a laboratory for testing. You will not be to confidential and will not be shared with a	old the results of the laboratory
. O N D E N			Do you have any questions? You can say yes or no. It is up to you t Will you take the malaria rapid test an	to decide. d give drops on slide for Laboratory ana	llysis?
T C O N	213	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED	GRANTED	GRANTED
S E N T			FIELDWORKER NUMBER) NOT PRESENT/OTHER 3	FIELDWORKER NUMBER) NOT PRESENT/OTHER 3	FIELDWORKER NUMBER) NOT PRESENT/OTHER 3

			WOMAN 1	WOMAN 2	WOMAN 3
	202	FROM TABLET'S REPORT:	NAME	NAME	NAME
		WRITE WOMAN'S AGE	AGE	AGE	AGE
		WRITE WOMAN'S LINE NUMBER	LINE NUMBER	LINE NUMBER	LINE NUMBER
		ADU	LT RESPONDENT CON	SENT FOR DBS COLL	ECTION
A D U	214	ASK CONSENT FOR DBS COLLECTION.		ng people all over the country to give blog is being done to see how many people	
OLT RESPONDEN			clean and completely safe. It has never names will be attached so we will not results either. I will provide you with a		away after we take your blood. No ne else will be able to know your test ing and testing for HIV. I will also give
T CONSENT	215	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED	GRANTED	GRANTED
_		A D	ULT RESPONDENT CO	NSENT FOR HIVRDT TE	STING
ADULT RESPOZDEZT	216	ASK CONSENT FOR HIV RDT TEST.	If you want to know your HIV status right now, we can do a rapid diagnostic test and tell you the is free and we will offer counseling before and after the test. For the rapid HIV test, we need a few (more) drops of blood from a finger. We will use the san hospitals in Rwanda. The equipment used to take the blood is clean and completely safe. It has before and will be thrown away after each test. The result of the test will be available in 20-30. I will give you a referral form to go to the nearest health facility for follow up with medical pers recommended by the Ministry of Health. Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood for rapid HIV testing?		will use the same rapid tests used in pletely safe. It has never been used vailable in 20-30 minutes.
T CONSENT	217	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED 1 RESPONDENT REFUSED 2 (SIGN, ENTER YOUR FIELDWORKER NUMBER, AND SKIP TO 235) NOT PRESENT/OTHER 37 (SKIP TO 235)	GRANTED	GRANTED

			WOMAN 1	WOMAN 2	WOMAN 3
	202	FROM TABLET'S REPORT:	NAME	NAME	NAME
		WRITE WOMAN'S AGE	AGE	AGE	AGE
		WRITE WOMAN'S	LINE NUMBER	LINE NUMBER	LINE NUMBER
		LINE NUMBER			
	218	WRITE THE NAME OF THE			
		PARENT/OTHER ADULT RESPONSIBLE FOR			
		ADOLESCENT	NAME	NAME	NAME
		PARENT	AL/RESPONSIBLE AD	ULT CONSENT FOR AM	IEMIA TEST
P A	219	ASK CONSENT FOR ANEMIA TEST FROM		eeople all over the country to take an an nutrition, infection, or chronic disease. eat anemia.	
P A R E N		PARENT/ADULT.		few drops of blood from a finger. The e	
T			tested for anemia immediately, and th	er been used before and will be thrown a e result will be told to you and (NAME C t be shared with anyone other than men	F MINOR) right away. The result will
R			Do you have any questions? You can say yes or no. It is up to you t	to decide.	
R E S P			Will you allow (NAME OF MINOR) to t		
A D U L T	220	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED	GRANTED	GRANTED
C			←		
O N			(SIGN AND ENTER YOUR FIELDWORKER NUMBER)	(SIGN AND ENTER YOUR FIELDWORKER NUMBER)	(SIGN AND ENTER YOUR FIELDWORKER NUMBER)
SEN			(IF REFUSED, SKIP TO 223)	(IF REFUSED, SKIP TO 223)	(IF REFUSED, SKIP TO 223)
Т			NOT PRESENT/OTHER 3 ¬ (SKIP TO 223) ←	NOT PRESENT/OTHER 3 ¬ (SKIP TO 223) ←	NOT PRESENT/OTHER 3 ¬ (SKIP TO 223) ←
M		MIN	OR RESPONDENT (15-17)	yrs) ASSENT FOR ANEM	IA TEST
I N O R	221	ASK ASSENT FOR ANEMIA TEST FROM RESPONDENT.		people all over the country to take an an untrition, infection, or chronic disease. eat anemia.	
R E S P		RESPONDENT.	clean and completely safe. It has never blood will be tested for anemia immed	few drops of blood from a finger. The e er been used before and will be thrown a liately, and the result will be told to you a ht away. The result will be kept strictly or rvey team.	away after we take your blood. The and (NAME OF
0 N D E N T			Do you have any questions? You can say yes or no. It is up to you t Will you take the anemia test?	o decide.	
C O N	222	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED	GRANTED 17 MINOR RESPONDENT REFUSED 27	GRANTED 17 MINOR RESPONDENT REFUSED 27
S E N T			(SIGN) NOT PRESENT/OTHER 3	(SIGN) NOT PRESENT/OTHER 3	(SIGN) NOT PRESENT/OTHER 3

			WOMAN 1	WOMAN 2	WOMAN 3	
	202	FROM TABLET'S REPORT:	NAME	NAME	NAME	
		WRITE WOMAN'S	AGE	AGE	AGE	
		AGE WRITE WOMAN'S	LINE NUMBER	LINE NUMBER	LINE NUMBER	
		LINE NUMBER				
Р		PARENTAL	/RESPONSIBLE ADUL	T CONSENT FOR MAL	ARIA TESTING	
ARENT RE	223	ASK CONSENT FOR MALARIA TESTING FROM PARENT/ADULT.	is a serious illness caused by a parasi develop programs to prevent malaria. We ask that all women take part in mablood drop will be tested for malaria in away. A few blood drops will be collect MINOR) will not be told the results of be shared with anyone other than mer	alaria testing in this survey and give a fe nmediately, and the result will be told to ted on slide(s) and taken to a laboratory the laboratory testing. All results will be	survey will assist the government to w drops of blood from a finger. One you and (NAME OF MINOR) right of testing. You and (NAME OF	
S P A D:			Do you have any questions? You can say yes or no. It is up to you t Will you allow (NAME OF MINOR) to I	to decide. have a malaria rapid test and give drops	s on slide for laboratory analysis?	
ULTCO	224	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED	GRANTED	GRANTED	
N S E			(SIGN) (IF REFUSED, SKIP TO 227)	(SIGN) (IF REFUSED, SKIP TO 227)	(SIGN) (IF REFUSED, SKIP TO 227)	
N T			NOT PRESENT/OTHER 3 (SKIP TO 227) ←	NOT PRESENT/OTHER 3 (SKIP TO 227) ←	NOT PRESENT/OTHER 3 (SKIP TO 227) ←	
м		MINOR	RESPONDENT (15-17yrs)	ASSENT FOR MALARIA	A TESTING	
M - ZOR RESPOZD	225	ASK ASSENT FOR ADDITIONAL TESTING FROM MINOR RESPONDENT.	ı			
D E N T			,	give drops on slide for laboratory analy		
CONSEN	226	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED	GRANTED	GRANTED	
T			NOT PRESENT/OTHER 3	NOT PRESENT/OTHER 3	NOT PRESENT/OTHER 3	

			WOMAN 1	WOMAN 2	WOMAN 3
ſ	202	FROM TABLET'S	NAME	NAME	NAME
		WRITE WOMAN'S AGE	AGE	AGE	AGE
		WRITE WOMAN'S LINE NUMBER	NOWBER	NOWBER	NOWBER
		PARENTAI	L/RESPONSIBLE ADUL	T CONSENT FOR DBS	COLLECTION
P A R	227	ASK CONSENT FOR DBS COLLECTION		ng people all over the country to take arone to see how many people have HIV.	HIV test. HIV is the virus that can
E N T		FROM PARENT/ADULT.	and completely safe. It has never been attached so we will not be able to tell y 17yrs)'s test results either. I will provid	e) drops of blood from a finger. The equinused before and will be thrown away a you the test results. No one else will be le a list of [nearby] facilities offering coulat can be used at any of these facilities.	Ifter each test. No names will be able to know (NAME OF MINOR 15- nseling and testing for HIV. I will also
R E S P			You can say yes or no. It is up to you t Will you allow (NAME OF MINOR 15-	to decide. 17yrs) to give blood for the HIV testing?	
A D U L T C	228	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED	GRANTED	GRANTED
ONSEN			(SIGN AND ENTER YOUR FIELDWORKER NUMBER) (IF REFUSED, SKIP TO 231)	(SIGN AND ENTER YOUR FIELDWORKER NUMBER) (IF REFUSED, SKIP TO 231)	(SIGN AND ENTER YOUR FIELDWORKER NUMBER) (IF REFUSED, SKIP TO 231)
Т			NOT PRESENT/OTHER 3 ¬ (SKIP TO 231) ←	NOT PRESENT/OTHER 3 ¬ (SKIP TO 231) ←	NOT PRESENT/OTHER 3 ¬ (SKIP TO 231) ←
M_		MINOR	RESPONDENT (15-17yrs)	ASSENT FOR DBS CO	LLECTION
I N O R	229	ASK ASSENT FOR DBS COLLECTION FROM MINOR RESPONDENT.	that can lead to AIDS. The HIV testing	ng people all over the country to give blog is being done to see how many people ore) drops of blood from a finger. The e	have HIV.
R E S P O		REGIONDENT.	clean and completely safe. It has never names will be attached so we will not results either. I will provide you with a	brey drops of blood from a finger. The ear been used before and will be thrown a be able to tell you the test results. No or list of [nearby] facilities offering counse or you (and for your partner if you want) to	away after we take your blood. No ne else will be able to know your test ling and testing for HIV. I will also
N D E N T			Do you have any questions? You can say yes or no. It is up to you t Will you give blood for the HIV testing		
C O N S E	230	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED	GRANTED	GRANTED
N T			(SIGN) NOT PRESENT/OTHER 3	(SIGN) NOT PRESENT/OTHER 3	(SIGN) NOT PRESENT/OTHER 3

			WOMAN 1	WOMAN 2	WOMAN 3
	202	FROM TABLET'S REPORT:	NAME	NAME	NAME
		WRITE WOMAN'S AGE WRITE WOMAN'S	AGELINE NUMBER	AGELINE NUMBER	AGE
		LINE NUMBER		<u> </u>	
		PARENTA	L/RESPONSIBLE ADUL	T CONSENT FOR HIV	RDT TESTING
	231	ASK CONSENT FOR RDT TEST FROM	If you want (NAME OF MINOR) to kno	ow her HIV status right now, we can do a sting is free and we will offer counseling	a rapid diagnostic test and tell you and
PARENT		PARENT/ADULT.	For the rapid HIV test, we need a few hospitals in Rwanda. The equipment ubefore and will be thrown away after e	(more) drops of blood from a finger. We used to take the blood is clean and com ach test. The result of the test will be aval form to go to the nearest health facilit	e will use the same rapid tests used in pletely safe. It has never been used vailable in 20-30 minutes.
R			Do you have any questions?		
E S P			You can say yes or no. It is up to you to Will you allow (NAME OF MINOR) to g		
D U	232	CIRCLE THE CODE.	GRANTED17	GRANTED1¬	GRANTED1¬
L T C	232	SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 -	PARENT/OTHER RESPONSIBLE ADULT REFUSED 2-	PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 -
ONSENT			(SIGN AND ENTER YOUR FIELDWORKER NUMBER) (IF REFUSED, SKIP TO 235)	(SIGN AND ENTER YOUR FIELDWORKER NUMBER) (IF REFUSED, SKIP TO 235)	(SIGN AND ENTER YOUR FIELDWORKER NUMBER) (IF REFUSED, SKIP TO 235)
			NOT PRESENT/OTHER 3 ¬ (SKIP TO 235) ←	NOT PRESENT/OTHER 3 ¬ (SKIP TO 235) ←	NOT PRESENT/OTHER 3 ¬ (SKIP TO 235) ★
	1	MINO	OR RESPONDENT (15-17)	rs) ASSENT FOR HIV RI	DT TEST
M I N O R R	233	ASK ASSENT FOR RDT TEST FROM MINOR RESPONDENT.	PARENT/RESPONSIBLE ADULT) the test. For the rapid HIV test, we need a few hospitals in Rwanda. The equipment to	ght now, we can do a rapid diagnostic te e result. The testing is free and we will c (more) drops of blood from a finger. We used to take the blood is clean and com ach test. The result of the test will be av	offer counseling before and after the ewill use the same rapid tests used in pletely safe. It has never been used
E S P			recommended by the Ministry of Healt	he nearest health facility for follow up wi h.	ith medical personnel, as is
N D E N T C			Do you have any questions? You can say yes or no. It is up to you t Will you give blood for rapid HIV testin		
0 N S E N T	234	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED	GRANTED	GRANTED
1			NOT PRESENT/OTHER 3	NOT PRESENT/OTHER 3	NOT PRESENT/OTHER 3

		WOMAN 1	WOMAN 2	WOMAN 3
202	FROM TABLET'S REPORT: WRITE WOMAN'S	NAME	NAME	NAME
	AGE WRITE WOMAN'S LINE NUMBER	LINE NUMBER	LINE NUMBER	LINE NUMBER
235	PREPARE EQUIPMENT PROCEED WITH THE	T AND SUPPLIES ONLY FOR THE TEST(S).	ST(S) FOR WHICH CONSENT HAS BE	EEN OBTAINED AND
236	PLACE BAR CODE LABEL.	PUT THE 1ST BAR CODE LABEL HERE.	PUT THE 1ST BAR CODE LABEL HERE.	PUT THE 1ST BAR CODE LABEL HERE.
		NOT PRESENT 99994 REFUSED 99995 OTHER 99996	NOT PRESENT 99994 REFUSED 99995 OTHER 99996	NOT PRESENT 99994 REFUSED 99995 OTHER 99996
		PUT THE 2ND BAR CODE LABEL ON BLOOD SLIDE, THE 3RD ON FILTER PAPER, THE 4TH ON THE TRANSMITTAL FORM BLOOD SLIDE, AND THE 5TH ON THE DBS TRANSMITTAL FORM.	PUT THE 2ND BAR CODE LABEL ON BLOOD SLIDE, THE 3RD ON FILTER PAPER, THE 4TH ON THE TRANSMITTAL FORM BLOOD SLIDE, AND THE 5TH ON THE DBS TRANSMITTAL FORM.	PUT THE 2ND BAR CODE LABEL ON BLOOD SLIDE, THE 3RD ON FILTER PAPER, THE 4TH ON THE TRANSMITTAL FORM BLOOD SLIDE, AND THE 5TH ON THE DBS TRANSMITTAL FORM.
237	RECORD HEMOGLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET.	G/DL	G/DL	G/DL
238	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE PAMPHLET.	POSITIVE 1 NEGATIVE 2 NOT PRESENT 3 REFUSED 4 OTHER 5	POSITIVE 1 NEGATIVE 2 NOT PRESENT 3 REFUSED 4 OTHER 5	POSITIVE 1 NEGATIVE 2 NOT PRESENT 3 REFUSED 4 OTHER 5
238A	RECORD THE RESULT OF THE MALARIA BLOOD SLIDE COLLECTION	COLLECTED 1 NOT PRESENT 3 REFUSED 4 OTHER 5	COLLECTED 1 NOT PRESENT 3 REFUSED 4 OTHER 5	COLLECTED 1 NOT PRESENT 3 REFUSED 4 OTHER 5
239	RECORD THE RESULT OF THE HIV DBS COLLECTION	COLLECTED 1 NOT PRESENT 3 REFUSED 4 OTHER 5	COLLECTED 1 NOT PRESENT 3 REFUSED 4 OTHER 5	COLLECTED 1 NOT PRESENT 3 REFUSED 4 OTHER 5
240	RECORD THE RESULT OF THE "HIV COMBO SET" HERE.	POSITIVE 1 NEGATIVE 2 (SKIP TO 244) NOT PRESENT 3 REFUSED 4 OTHER 5- (SKIP TO 245)	POSITIVE 1 NEGATIVE 2 (SKIP TO 244) NOT PRESENT 3 REFUSED 4 OTHER 55 (SKIP TO 245)	POSITIVE 1 NEGATIVE 2 (SKIP TO 244) NOT PRESENT 3 REFUSED 4 OTHER 5- (SKIP TO 245)
241	RECORD THE RESULT OF THE "HIV 1/2 STAT- PAK" HERE.	POSITIVE	POSITIVE 1 NEGATIVE 2 (SKIP TO 243) NOT PRESENT 3 REFUSED 4 OTHER 5 (SKIP TO 245)	POSITIVE 1 NEGATIVE 2 (SKIP TO 243) NOT PRESENT 3 REFUSED 4 OTHER 5 (SKIP TO 245)

		WOMAN 1	WOMAN 2	WOMAN 3	
202	FROM TABLET'S REPORT:	NAME	NAME	NAME	
	WRITE WOMAN'S AGE WRITE WOMAN'S LINE NUMBER	AGE	AGE	AGE	
242	IF 240 AND 241 ARE P				
		TICIPANT ABOUT POSITIVE HIV STA LING, PROVIDE A REFERRAL TO THE ABLE.			
	SKIP TO 245				
243	IF 240 IS POSTIVE ANI RESPONDENT RESUL	D 241 IS NEGATIVE .TS ARE INCONCLUSIVE:			
		TICIPANT RESULTS ARE NOT CONC LING, PROVIDE A REFERRAL TO THE			
	SKIP TO 245				
244	IF 240 IS NEGATIVE				
	RESPONDENT IS HIV NEGATIVE:				
		IDENT OF NEGATIVE TEST RESULT, H FACILITY FOR FURTHER COUNSE		ELING. PROVIDE A REFERRAL TO	
245	WHILE TESTING THIS PERSON, WAS ANY RDT INVALID/DID ANY RDT FAIL TO RUN, THAT IS, THE CONTROL BAND DID NOT APPEAR?	RDT CONDUCTED, YES ANY INVALID	RDT CONDUCTED, YES ANY INVALID	RDT CONDUCTED, YES ANY INVALID	
246	RECORD NUMBER OF INVALID RESULTS USING "HIV COMBO SET"	RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00	RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00	RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00	
247	RECORD NUMBER OF INVALID RESULTS USING "HIV 1/2 STAT-PAK"	RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00	RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00	RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00	

		WOMAN 1	WOMAN 2	WOMAN 3	
202	FROM TABLET'S REPORT:	NAME	NAME	NAME	
	WRITE WOMAN'S AGE	AGE	AGE	AGE	
	WRITE WOMAN'S LINE NUMBER	NUMBER	NUMBER	NUMBER	
248	CHECK 238:	CODE '1' CODE '2 TO 5' IS CIRCLED IS CIRCLED (SKIP TO 257)	CODE '1' CODE '2 TO 5' IS CIRCLED IS CIRCLED (SKIP TO 257)	CODE '1' CODE '2 TO 5' IS CIRCLED IS CIRCLED (SKIP TO 257)	
249	In the past two weeks has you taken or is taking Coartem given by a doctor or health center to treat the malaria? VERIFY BY ASKING TO SEE TREATMENT	YES	YES	YES	
250	ALREADY TAKING [FIRST LINE MEDICATION] REFERRAL STATEMENT	Coartem. However, the test shows that	y received Coartem for malaria. Therefo at you has malaria. If you has a fever for t health facility for further examination.		
251	CHECK 204a: PREGNANCY STATUS	YES	YES	YES	
252	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/OTHER ADULT.	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.			
253	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	
254	CHECK 253: MEDICATION ACCEPTED	ACCEPTED MEDICINE . 1 REFUSED 2 OTHER 6 - (SKIP TO 257) ←	ACCEPTED MEDICINE . 1 REFUSED 2 OTHER 6 - (SKIP TO 257) ←	ACCEPTED MEDICINE . 1 REFUSED	
255	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/ OTHER ADULT.	≥ 35 kg≅ 15 years□ 20 mg AS + 120 mg AQ 4 tablets 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.			
256	READ INFORMATION FOR MALARIA REFERRAL STATEMENT TO A 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.			
257	GO BACK TO 202 IN N IF NO MORE WOMEN,		AIRE OR IN THE FIRST COLUMN OF T	HE NEXT PAGE;	

HIV TESTING FOR MEN AGE 15-59

301	INTERVIEWER TO COMPLETE Q. 302-304 USING TABLET REPORT USE THE APPROPRIATE OPTION FROM THE INTERVIEWER'S MENU TO LIST ALL MEN AGE 15-59 ELIGIBLE FOR BIOMARKER TESTING. IN EACH COLUMN, WRITE THE COMPLETE NAME, AGE AND LINE NUMBER AS THEY APPEAR IN THE REPORT ON YOUR TABLET. ALSO CIRCLE THE APPROPRIATE CODE FOR QUESTION 303. IF THE MAN'S AGE IS 15-17, COMPLETE QUESTION 304 USING THE MARITAL STATUS INFORMATION PRINTED IN THE TABLET'S REPORT. IF THERE ARE MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S).					
		MAN 1	MAN 2	MAN 3		
302	FROM TABLET'S REPORT: WRITE MAN'S AGE WRITE MAN'S LINE NUMBER	AGE	AGE	AGE		
303	FROM TABLET'S REPORT: CIRCLE CODE FOR AGE GROUP.	15-17 YEARS	15-17 YEARS	15-17 YEARS		
304	FROM TABLET'S REPORT: CIRCLE CODE FOR MARITAL STATUS	CODE 6 (NEVER IN UNION) . 1 OTHER 2	CODE 6 (NEVER IN UNION) . 1 OTHER 2	CODE 6 (NEVER IN UNION) . 1 OTHER 2		
304A	BIOMARKER START FROM HERE: BEFORE PROCEEDING WITH THE CONSENT STATEMENTS, ASK THE RESPONDENT HIS AGE AND MARITAL STATUS TO CONFIRM THE INFORMATION IN Q303/Q304. IF THERE ARE ANY DISCREPANCIES THAT AFFECT THE INFORMED CONSENT PATTERN (MINOR VS. ADULT); GO BACK TO Q303/Q304 AND MAKE CORRECTIONS. PLEASE INFORM THE INTERVIEWER OF NEEDED ADJUSTMENTS IN THE HOUSEHOLD SCHEDULE (QH07/QH08), IF NECESSARY.					
308	CHECK 303: AGE	15-17 YEARS	15-17 YEARS	15-17 YEARS		
309	CHECK 304: MARITAL STATUS	CODE 6 (NEVER IN UNION) . 1 (SKIP TO 316) (OTHER	CODE 6 (NEVER IN UNION) . 1 (SKIP TO 316) ← OTHER	CODE 6 (NEVER IN UNION) . 1 (SKIP TO 316) (OTHER		

			MAN 1	MAN 2	MAN 3
	302	FROM TABLET'S REPORT: WRITE MAN'S AGE	AGE	AGE	AGE
		WRITE MAN'S LINE NUMBER	LINE NUMBER	LINE NUMBER	LINE NUMBER
		4 D II	LT RESPONDENT CON	SENT FOR DRS COLL	ECTION
A D	310	ASK CONSENT FOR		ng people all over the country to give blo	
D U L T	310	DBS COLLECTION.	that can lead to AIDS. The HIV testing	is being done to see how many people ops of blood from a finger. The equipme	have HIV.
R E S			attached so we will not be able to tell will provide you with a list of facilities of	ed before and will be thrown away after you the test results. No one else will be offering counseling and testing for HIV. I if you want) that you can use at any of the country of the co	able to know your test results either. I will also give you a voucher for free
PONDE			Do you have any questions? You can say yes or no. It is up to you t Will you give blood for the HIV testing		
N T C O	311	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER	GRANTED	GRANTED	GRANTED
N S E N		NI IMRER	FIELDWORKER NUMBER)	FIELDWORKER ID NUMBER)	FIELDWORKER ID NUMBER)
Т			NOT PRESENT/OTHER 3	NOT PRESENT/OTHER 3	NOT PRESENT/OTHER 3
ı			DULT RESPONDENT C		
A D	314	ASK CONSENT FOR HIV RDT TEST.	is free and we will offer counseling bet		
U L T		will use the same rapid tests used in pletely safe. It has never been used railable in 20-30 minutes.			
R E			I will give you a referral form to go to the recommended by the Ministry of Healt	he nearest health facility for follow up wi h.	th medical personnel, as is
S P			Do you have any questions?		
O N D			You can say yes or no. It is up to you t Will you give blood for rapid HIV testin		
E N					
T C O N	315	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER	GRANTED	GRANTED	GRANTED
S E N T		NUMBER.	(SIGN, ENTER YOUR FIELDWORKER NUMBER, AND SKIP TO 329)	(SIGN, ENTER YOUR FIELDWORKER NUMBER, AND SKIP TO 329)	(SIGN, ENTER YOUR FIELDWORKER NUMBER, AND SKIP TO 329)
			NOT PRESENT/OTHER 3 – (SKIP TO 329)	NOT PRESENT/OTHER 3 – (SKIP TO 329)	NOT PRESENT/OTHER 3 – (SKIP TO 329)

			MAN 1	MAN 2	MAN 3
	302	FROM TABLET'S REPORT:	NAME	NAME	NAME
		WRITE MAN'S AGE	AGE	AGE	AGE
		WRITE MAN'S LINE NUMBER	LINE NUMBER	LINE NUMBER	LINE NUMBER
	316	WRITE THE NAME OF THE PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT	NAME	NAME	NAME
		PARENTAL	/RESPONSIBLE ADUL	T CONSENT FOR DBS	COLLECTION
Р	317	ASK CONSENT FOR DBS COLLECTION		ng people all over the country to take ar one to see how many people have HIV.	HIV test. HIV is the virus that can
A R		FROM PARENT/ADULT.	For the HIV test, we need a few (more	e) drops of blood from a finger. The equi	nment used to take the blood is clean
E N T		TAKENI/ADDET.	and completely safe. It has never been attached so we will not be able to tell y	n used before and will be thrown away a you the test results. No one else will be of [nearby] facilities offering counseling a	fter each test. No names will be able to know (NAME OF MINOR)'s
R			Do you have any questions?		
E S			You can say yes or no. It is up to you t Will you allow (NAME OF MINOR) to		
P					
Α					
D U L T	318	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER	GRANTED	GRANTED	GRANTED
С		NUMBER.	(OION AND ENTED YOUR	(OION AND ENTED YOUR	(OION AND ENTER YOUR
O N			(SIGN AND ENTER YOUR FIELDWORKER NUMBER)	(SIGN AND ENTER YOUR FIELDWORKER NUMBER)	(SIGN AND ENTER YOUR FIELDWORKER NUMBER)
S E N			(IF REFUSED, SKIP TO 325)	(IF REFUSED, SKIP TO 325)	(IF REFUSED, SKIP TO 325)
Т			NOT PRESENT/OTHER 3 ¬	NOT PRESENT/OTHER 3 ¬	,
			(SKIP TO 325) ←	(SKIP TO 325) ←	(SKIP TO 325) ←
M I		MINOR	, , , , , , , , , , , , , , , , , , , ,	ASSENT FOR DBS CO	
N O R	319	ASK ASSENT FOR DBS COLLECTION FROM MINOR		ng people all over the country to give bloom is being done to see how many people	
R E S P		RESPONDENT.	clean and completely safe. It has never names will be attached so we will not results either. I will provide you with a	ore) drops of blood from a finger. The e er been used before and will be thrown a be able to tell you the test results. No or list of [nearby] facilities offering counsel a (and for your partner if you want) that y	way after we take your blood. No ne else will be able to know your test ing and testing for HIV. I will also give
0 N D E N T			Do you have any questions? You can say yes or no. It is up to you to Will you give blood for the HIV testing		
C O N S	320	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED	GRANTED	GRANTED
E N			(SIGN)	(SIGN)	(SIGN)
Ϋ́			NOT PRESENT/OTHER 3	NOT PRESENT/OTHER 3	NOT PRESENT/OTHER 3

			MAN 1	MAN 2	MAN 3
	302	FROM TABLET'S REPORT:	NAME	NAME	NAME
		WRITE MAN'S AGE	AGE	AGE	AGE
		WRITE MAN'S LINE NUMBER	LINE NUMBER	LINE NUMBER	LINE NUMBER
		BABENT	AL/RESPONSIBLE AD	III T CONSENT FOR BI	T TESTING
ı	005				
P A	325	ASK CONSENT FOR RDT TEST FROM PARENT/ADULT.	(NAME OF MINOR) the result. The tes	ow her HIV status right now, we can do a sting is free and we will offer counseling	before and after the test.
R E N			hospitals in Rwanda. The equipment u	(more) drops of blood from a finger. We used to take the blood is clean and com ach test. The result of the test will be av	pletely safe. It has never been used
Т			I will give (NAME OF MINOR) a referra personnel, as is recommended by the	al form to go to the nearest health facilit Ministry of Health.	y for follow up with medical
R			Do you have any questions?		
E			You can say yes or no. It is up to you t		
P			Will you allow (NAME OF MINOR) to g	give blood for rapid HIV testing?	
Α					
A D U L T	326	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER	GRANTED	GRANTED	GRANTED
COZS		NUMBER.	(SIGN AND ENTER YOUR FIELDWORKER NUMBER)	(SIGN AND ENTER YOUR FIELDWORKER NUMBER)	(SIGN AND ENTER YOUR FIELDWORKER NUMBER)
E N T			(IF REFUSED, SKIP TO 329)	(IF REFUSED, SKIP TO 329)	(IF REFUSED, SKIP TO 329)
			NOT PRESENT/OTHER 3 (SKIP TO 329) ←	NOT PRESENT/OTHER 3 (SKIP TO 329) ←	NOT PRESENT/OTHER 3 ¬ (SKIP TO 329) ←
		MI	NOR RESPONDENT (15-	17yrs) ASSENT FOR RDT	TEST
M I N	327	ASK ASSENT FOR RDT TEST FROM MINOR		ght now, we can do a rapid diagnostic te e result. The testing is free and we will c	
O R R		RESPONDENT.	For the rapid HIV test, we need a few (more) drops of blood from a finger. We will use the same rapid tests used in hospitals in Rwanda. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The result of the test will be available in 20-30 minutes.		
E S P			I will give you a referral form to go to the recommended by the Ministry of Healt	he nearest health facility for follow up wi h.	th medical personnel, as is
O N			Do you have any questions?		
D E			You can say yes or no. It is up to you t		
N T			Will you give blood for rapid HIV testin	ng?	
CONSEZ	328	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER	GRANTED	GRANTED	GRANTED
N T		NUMBER.	(SIGN)	(SIGN)	(SIGN)
			NOT PRESENT/OTHER 3	NOT PRESENT/OTHER 3	NOT PRESENT/OTHER 3

		MAN 1	MAN 2	MAN 3	
302	FROM TABLET'S REPORT: WRITE MAN'S AGE WRITE MAN'S LINE NUMBER	AGE	AGE	AGE	
329	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).				
329A	PLACE BAR CODE LABEL.	PUT THE 1ST BAR CODE LABEL HERE. NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. NOT PRESENT	
332	RECORD THE RESULT OF THE "HIV COMBO SET" HERE.	POSITIVE	POSITIVE 1 NEGATIVE 2 (SKIP TO 336) NOT PRESENT 3 REFUSED 4 OTHER 5 (SKIP TO 337)	POSITIVE 1 NEGATIVE 2 (SKIP TO 336) NOT PRESENT 3 7 REFUSED 4 0 OTHER 5 5	
333	RECORD THE RESULT OF THE "HIV 1/2 STAT-PAK" HERE.	POSITIVE	POSITIVE	POSITIVE	

		MAN 1	MAN 2	MAN 3	
302	FROM TABLET'S REPORT: WRITE MAN'S AGE WRITE MAN'S LINE NUMBER	AGELINE NUMBER	AGELINE NUMBER	AGELINE NUMBER	
335		<u>POSITIVE</u> : TICIPANT ABOUT POSITIVE HIV STA LING, PROVIDE A REFERRAL TO THE			
335A	IF 332 IS POSITIVE AND 333 IS NEGATIVE RESPONDENT RESULTS ARE INCONCLUSIVE: INFORM SURVEY PARTICIPANT RESULTS ARE NOT CONCLUSIVE AND PROVIDE POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY AFTER 4 WEEKS FOR FURTHER EXAMS. SKIP TO 337				
336	IF 332 IS NEGATIVE RESPONDENT IS HIV NEGATIVE: INFORM THE RESPONDENT OF NEGATIVE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY FOR FURTHER COUNSELING.				
337	WHILE TESTING THIS PERSON, WAS ANY RDT INVALID/DID ANY RDT FAIL TO RUN, THAT IS, THE CONTROL BAND DID NOT APPEAR?	RDT CONDUCTED, YES ANY INVALID	RDT CONDUCTED, YES ANY INVALID	RDT CONDUCTED, YES ANY INVALID	
338	RECORD NUMBER OF INVALID RESULTS USING "HIV COMBO SET"	RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00	RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00	RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00	
339	RECORD NUMBER OF INVALID RESULTS USING "HIV 1/2 STAT-PAK"	RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00	RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00	RECORD NUMBER OF INVALID RESULTS, IF NONE INVALID, ENTER 00	
340	GO BACK TO 302 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE MEN, END INTERVIEW.				

FIELDWORKER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING BIOMARKERS

SUPERVISOR'S OBSERVATIONS
EDITOR'S OBSERVATIONS