

DEMOGRAPHIC AND HEALTH SURVEYS
MODEL BIOMARKER QUESTIONNAIRE

THE UNITED REPUBLIC OF TANZANIA
NATIONAL BUREAU OF STATISTICS

IDENTIFICATION														
PLACE NAME _____														
NAME OF HOUSEHOLD HEAD _____														
CLUSTER NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </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 MAN'S SURVEY, SALT AND URINE TESTING? (1=YES, 2=NO)														
INTERVIEWER VISITS														
	1	2	3	FINAL VISIT										
DATE	_____	_____	_____	DAY <table border="1" style="width: 20px; height: 20px; display: inline-table;"><tr><td> </td><td> </td></tr></table>										
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="width: 20px; height: 20px; display: inline-table;"><tr><td> </td><td> </td></tr></table>										
				YEAR <table border="1" style="width: 20px; height: 20px; display: inline-table;"><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; display: inline-table;"><tr><td> </td></tr></table>										
	TIME	_____	_____											
NOTES: _____ _____ _____ _____				TOTAL ELIGIBLE WOMEN <table border="1" style="width: 20px; height: 20px; display: inline-table;"><tr><td> </td><td> </td></tr></table>										
				TOTAL ELIGIBLE CHILDREN <table border="1" style="width: 20px; height: 20px; display: inline-table;"><tr><td> </td><td> </td></tr></table>										
LANGUAGE OF QUESTIONNAIRE** <table border="1" style="width: 20px; height: 20px; display: inline-table;"><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; display: inline-table;"><tr><td> </td><td> </td></tr></table>				TRANSLATOR (YES = 1, NO = 2) <table border="1" style="width: 20px; height: 20px; display: inline-table;"><tr><td> </td></tr></table>						
0	1													
LANGUAGE OF QUESTIONNAIRE** ENGLISH		**LANGUAGE CODES: 01 ENGLISH 03 LANGUAGE 3 05 LANGUAGE 5 02 KISWAHILI 04 LANGUAGE 4 06 LANGUAGE 6												
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR										
<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>						<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>						<table border="1" style="width: 20px; height: 20px;"> <tr><td> </td><td> </td></tr> </table>		
NAME	NUMBER	NAME	NUMBER	NUMBER										
				KEYED BY										
				<table border="1" style="width: 20px; height: 20px;"> <tr><td> </td><td> </td></tr> </table>										
				NUMBER										

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

101	CHECK COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 102; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM BIRTH HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
104	CHECK 103: CHILD BORN IN 2010-2016	YES 1 NO 2 (SKIP TO 130) ←	YES 1 NO 2 (SKIP TO 130) ←	YES 1 NO 2 (SKIP TO 130) ←
105	WEIGHT IN KILOGRAMS.	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
106	HEIGHT IN CENTIMETERS.	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 109) ←	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 109) ←	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 109) ←
107	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2
108	MEASURER: ENTER YOUR FIELDWORKER NUMBER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER
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 130) ← OLDER 2	0-5 MONTHS 1 (SKIP TO 130) ← OLDER 2	0-5 MONTHS 1 (SKIP TO 130) ← OLDER 2
110	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD FROM COLUMN 1 OF HOUSEHOLD SCHEDULE.	LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)

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

101	CHECK COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 102; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____

111	"ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT."	As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We ask that all children born in 2010 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?		
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112	CIRCLE THE CODE AND SIGN YOUR NAME.	(SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRANTED 1 REFUSED 2 NOT PRESENT/OTHER . 3 112B ←	(SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRANTED 1 REFUSED 2 NOT PRESENT/OTHER . 3 112B ←	(SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRANTED 1 REFUSED 2 NOT PRESENT/OTHER . 3 112B ←
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112A	ASK CONSENT FOR MALARIA TEST FROM PARENT/OTHER ADULT.	As part of this survey, we are asking children all over the country to take a test to see if they have malaria. Malaria is a serious illness caused by a parasite transmitted by a mosquito bite. This survey will assist the government to develop programs to prevent malaria. We ask that all children born in 2010 or later take part in malaria testing in this survey and give a few drops of blood from a finger or heel. One blood drop will be tested for malaria immediately, and the result will be told to you right away. A few blood drops will be collected on slide(s) and taken to a laboratory for testing. You will not be told the results of the laboratory testing. All results will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the malaria test?		
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112B	CIRCLE THE CODE AND SIGN YOUR NAME.	(SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3	(SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3	(SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
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WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 0-5

101	CHECK COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 102; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
112C	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
112D	PLACE BAR CODE LABEL FOR MALARIA LAB TEST.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> NOT PRESENT..... 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> NOT PRESENT..... 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> NOT PRESENT..... 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.
113	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT..... 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT..... 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT..... 994 REFUSED 995 OTHER 996
114	CIRCLE THE CODE FOR THE MALARIA RDT.	TESTED..... 1 NOT PRESENT..... 2 REFUSED 3 OTHER 6 (SKIP TO 116) ←	TESTED..... 1 NOT PRESENT..... 2 REFUSED 3 OTHER 6 (SKIP TO 116) ←	TESTED..... 1 NOT PRESENT..... 2 REFUSED 3 OTHER 6 (SKIP TO 116) ←
115	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE ANEMIA AND MALARIA PAMPHLET.	POSITIVE 1 (SKIP TO 117A) ← NEGATIVE 2 OTHER 6	POSITIVE 1 (SKIP TO 117A) ← NEGATIVE 2 OTHER 6	POSITIVE 1 (SKIP TO 117A) ← NEGATIVE 2 OTHER 6
116	CHECK 113: HEMOGLOBIN RESULT	BELOW 7.0 G/DL, SEVERE ANEMIA..... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT..... 3 REFUSED 4 OTHER 6 (SKIP TO 130) ←	BELOW 7.0 G/DL, SEVERE ANEMIA..... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT..... 3 REFUSED 4 OTHER 6 (SKIP TO 130) ←	BELOW 7.0 G/DL, SEVERE ANEMIA..... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT..... 3 REFUSED 4 OTHER 6 (SKIP TO 130) ←
117	SEVERE ANEMIA REFERRAL RECORD THE RESULT OF THE ANEMIA TEST ON THE REFERRAL	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. (SKIP TO 130)		
117A	LOCATION OF INTERVIEW:	ZANZIBAR <input type="checkbox"/> MAINLAND TANZANIA <input type="checkbox"/> → SKIP TP Q118		
117B	MALARIA REFERRAL RECORD THE RESULT OF THE MALARIA TEST ON THE REFERRAL	The malaria test shows that (NAME OF CHILD) has smalaria. Your child is ill and must be taken to a health facility immediately. (SKIP TO 130)		

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

101	CHECK COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 102; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
118	Does (NAME) suffer from any of the following illnesses or symptoms: Extreme weakness? Heart problems? Loss of consciousness? Rapid or difficult breathing? Seizures? Abnormal bleeding? Jaundice or yellow skin? Dark urine? IF NONE OF THE ABOVE SYMPTOMS, CIRCLE CODE Y	EXTREME WEAKNES... A HEART PROBLEMS... B LOSS OF CONSCIOUSNESS... C RAPID BREATHING... D SEIZURES... E BLEEDING... F JAUNDICE... G DARK URINE... H NONE OF THE ABOVE SYMPTOMS... Y	EXTREME WEAKNES... A HEART PROBLEMS... B LOSS OF CONSCIOUSNESS... C RAPID BREATHING... D SEIZURES... E BLEEDING... F JAUNDICE... G DARK URINE... H NONE OF THE ABOVE SYMPTOMS... Y	EXTREME WEAKNES... A HEART PROBLEMS... B LOSS OF CONSCIOUSNESS... C RAPID BREATHING... D SEIZURES... E BLEEDING... F JAUNDICE... G DARK URINE... H NONE OF THE ABOVE SYMPTOMS... Y
119	CHECK 118: ANY CODE A-H CIRCLED?	ONLY CODE Y CIRCLED 1 ANY CODE A-H CIRCLED 2 (SKIP TO 122) ←	ONLY CODE Y CIRCLED 1 ANY CODE A-H CIRCLED 2 (SKIP TO 122) ←	ONLY CODE Y CIRCLED 1 ANY CODE A-H CIRCLED 2 (SKIP TO 122) ←
120	CHECK 113: HEMOGLOBIN RESULT	BELOW 7.0 G/DL , SEVERE ANEMIA 1 (SKIP TO 122) ← 8.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6	BELOW 7.0 G/DL , SEVERE ANEMIA 1 (SKIP TO 122) ← 8.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6	BELOW 7.0 G/DL , SEVERE ANEMIA 1 (SKIP TO 122) ← 8.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6
121	In the past two weeks has (NAME) taken or is taking ALU given by a doctor or health center to treat the malaria? VERIFY BY ASKING TO SEE TREATMENT	YES 1 (SKIP TO 123) ← NO 2 (SKIP TO 124) ←	YES 1 (SKIP TO 123) ← NO 2 (SKIP TO 124) ←	YES 1 (SKIP TO 123) ← NO 2 (SKIP TO 124) ←
122	<u>SEVERE MALARIA REFERRAL</u> RECORD THE RESULT OF THE MALARIA RDT ON THE REFERRAL FORM.	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. (SKIP TO 128)		
123	<u>ALREADY TAKING [FIRST LINE MEDICATION] REFERRAL STATEMENT</u>	You have told me that (NAME OF CHILD) had already received ALU for malaria. Therefore, I cannot give you additional ALU. However, the test shows that he/she has malaria. If your child has a fever for two days after the last dose of ALU, you should take the child to the nearest health facility for further examination. (SKIP TO 130)		

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

101	CHECK COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 102; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
124	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/OTHER	The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called [FIRST LINE OF MEDICATION]. [FIRST LINE OF MEDICATION] 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.		
125	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	ACCEPTED MEDICINE 1 _____ (SIGN) REFUSED 2 OTHER 6	ACCEPTED MEDICINE 1 _____ (SIGN) REFU 2 OTHER 6	ACCEPTED MEDICINE 1 _____ (SIGN) REFUSED 2 OTHER 6
126	CHECK 125: MEDICATION ACCEPTED	ACCEPTED MEDICINE 1 REFUSED 2 OTHER 6 (SKIP TO 130) ←	ACCEPTED MEDICINE 1 REFUSED 2 OTHER 6 (SKIP TO 130) ←	ACCEPTED MEDICINE 1 REFUSED 2 OTHER 6 (SKIP TO 130) ←
127	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/OTHER ADULT.	Weight (in Kg) – Approximate Age 5 to less than 15 – under 3 years of age <hr/> 15 to less than 25 – 3 to 8 years of age		Dosage * 1 tablet ALu twice daily for 3 days <hr/> 2 tablets ALu twice daily for 3 days
		ALSO TELL THE PARENT/OTHER ADULT: First day starts by taking first dose followed by the second one 8 hours later; on subsequent days the recommendation is simply "morning" and "evening" (usually around 12 hours apart). Put the tablet in a little water, mix water and tablet well, and give to the child with fatty food or drinks like milk or breast milk. Make sure that the FULL 3 days treatment is taken at the recommended times, otherwise the infection may return. If your child vomits within an hour of taking the medicine, repeat the dose and get additional tablets. 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. with fatty food or drinks like milk or breast milk. Make sure that the FULL 3 days treatment is taken		
130	GO BACK TO 103 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 201.			

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

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		CHILD 4	CHILD 5	CHILD 6
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM BIRTH HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
104	CHECK 103: CHILD BORN IN 2010-2016	YES 1 NO 2 (SKIP TO 130) ←	YES 1 NO 2 (SKIP TO 130) ←	YES 1 NO 2 (SKIP TO 130) ←
105	WEIGHT IN KILOGRAMS.	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
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108	MEASURER: ENTER YOUR FIELDWORKER NUMBER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER
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 130) ← OLDER 2	0-5 MONTHS 1 (SKIP TO 130) ← OLDER 2	0-5 MONTHS 1 (SKIP TO 130) ← OLDER 2
110	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD FROM COLUMN 1 OF HOUSEHOLD SCHEDULE.	LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)

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

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		CHILD 4	CHILD 5	CHILD 6
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____

111	"ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT."	As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We ask that all children born in 2010 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?		
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112	CIRCLE THE CODE AND SIGN YOUR NAME.	(SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRANTED 1 REFUSED 2 NOT PRESENT/OTHER . 3 112B ←	(SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRANTED 1 REFUSED 2 NOT PRESENT/OTHER . 3 112B ←	(SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRANTED 1 REFUSED 2 NOT PRESENT/OTHER . 3 112B ←
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112A	ASK CONSENT FOR MALARIA TEST FROM PARENT/OTHER ADULT.	As part of this survey, we are asking children all over the country to take a test to see if they have malaria. Malaria is a serious illness caused by a parasite transmitted by a mosquito bite. This survey will assist the government to develop programs to prevent malaria. We ask that all children born in 2010 or later take part in malaria testing in this survey and give a few drops of blood from a finger or heel. One blood drop will be tested for malaria immediately, and the result will be told to you right away. A few blood drops will be collected on slide(s) and taken to a laboratory for testing. You will not be told the results of the laboratory testing. All results will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the malaria test?		
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112B	CIRCLE THE CODE AND SIGN YOUR NAME.	(SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3	(SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3	(SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
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WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND MALARIA TESTING FOR CHILDREN AGE 0-5

101	CHECK COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 102; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 4	CHILD 5	CHILD 6
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
112C	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
112D	PLACE BAR CODE LABEL FOR MALARIA LAB TEST.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> NOT PRESENT..... 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> NOT PRESENT..... 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 1px dashed black; padding: 5px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> NOT PRESENT..... 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE SLIDE AND THE 3RD ON THE TRANSMITTAL FORM.
113	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT..... 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT..... 994 REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT..... 994 REFUSED 995 OTHER 996
114	CIRCLE THE CODE FOR THE MALARIA RDT.	TESTED..... 1 NOT PRESENT..... 2 REFUSED 3 OTHER 6 (SKIP TO 116) ←	TESTED..... 1 NOT PRESENT..... 2 REFUSED 3 OTHER 6 (SKIP TO 116) ←	TESTED..... 1 NOT PRESENT..... 2 REFUSED 3 OTHER 6 (SKIP TO 116) ←
115	RECORD THE RESULT OF THE MALARIA RDT HERE AND IN THE ANEMIA AND MALARIA PAMPHLET.	POSITIVE 1 (SKIP TO 117A) ← NEGATIVE 2 OTHER 6	POSITIVE 1 (SKIP TO 117A) ← NEGATIVE 2 OTHER 6	POSITIVE 1 (SKIP TO 117A) ← NEGATIVE 2 OTHER 6
116	CHECK 113: HEMOGLOBIN RESULT	BELOW 7.0 G/DL, SEVERE ANEMIA..... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT..... 3 REFUSED 4 OTHER 6 (SKIP TO 130) ←	BELOW 7.0 G/DL, SEVERE ANEMIA..... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT..... 3 REFUSED 4 OTHER 6 (SKIP TO 130) ←	BELOW 7.0 G/DL, SEVERE ANEMIA..... 1 8.0 G/DL OR ABOVE ... 2 NOT PRESENT..... 3 REFUSED 4 OTHER 6 (SKIP TO 130) ←
117	SEVERE ANEMIA REFERRAL RECORD THE RESULT OF THE ANEMIA TEST ON THE REFERRAL	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. (SKIP TO 130)		
117A	LOCATION OF INTERVIEW:	ZANZIBAR <input type="checkbox"/> MAINLAND TANZANIA <input type="checkbox"/> → SKIP TP Q118		
117B	MALARIA REFERRAL RECORD THE RESULT OF THE MALARIA TEST ON THE REFERRAL	The malaria test shows that (NAME OF CHILD) has smalaria. Your child is ill and must be taken to a health facility immediately. (SKIP TO 130)		

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

101	CHECK COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 102; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 4	CHILD 5	CHILD 6
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
118	Does (NAME) suffer from any of the following illnesses or symptoms: Extreme weakness? Heart problems? Loss of consciousness? Rapid or difficult breathing? Seizures? Abnormal bleeding? Jaundice or yellow skin? Dark urine? IF NONE OF THE ABOVE SYMPTOMS, CIRCLE CODE Y	EXTREME WEAKNES... A HEART PROBLEMS... B LOSS OF CONSCIOUSNESS... C RAPID BREATHING... D SEIZURES... E BLEEDING... F JAUNDICE... G DARK URINE... H NONE OF THE ABOVE SYMPTOMS... Y	EXTREME WEAKNES... A HEART PROBLEMS... B LOSS OF CONSCIOUSNESS... C RAPID BREATHING... D SEIZURES... E BLEEDING... F JAUNDICE... G DARK URINE... H NONE OF THE ABOVE SYMPTOMS... Y	EXTREME WEAKNES... A HEART PROBLEMS... B LOSS OF CONSCIOUSNESS... C RAPID BREATHING... D SEIZURES... E BLEEDING... F JAUNDICE... G DARK URINE... H NONE OF THE ABOVE SYMPTOMS... Y
119	CHECK 118: ANY CODE A-H CIRCLED?	ONLY CODE Y CIRCLED 1 ANY CODE A-H CIRCLED 2 (SKIP TO 122) ←	ONLY CODE Y CIRCLED 1 ANY CODE A-H CIRCLED 2 (SKIP TO 122) ←	ONLY CODE Y CIRCLED 1 ANY CODE A-H CIRCLED 2 (SKIP TO 122) ←
120	CHECK 113: HEMOGLOBIN RESULT	BELOW 7.0 G/DL, SEVERE ANEMIA 1 (SKIP TO 122) ← 8.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6	BELOW 7.0 G/DL, SEVERE ANEMIA 1 (SKIP TO 122) ← 8.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6	BELOW 7.0 G/DL, SEVERE ANEMIA 1 (SKIP TO 122) ← 8.0 G/DL OR ABOVE 2 NOT PRESENT 3 REFUSED 4 OTHER 6
121	In the past two weeks has (NAME) taken or is taking ALU given by a doctor or health center to treat the malaria? VERIFY BY ASKING TO SEE TREATMENT	YES 1 (SKIP TO 123) ← NO 2 (SKIP TO 124) ←	YES 1 (SKIP TO 123) ← NO 2 (SKIP TO 124) ←	YES 1 (SKIP TO 123) ← NO 2 (SKIP TO 124) ←
122	<u>SEVERE MALARIA REFERRAL</u> RECORD THE RESULT OF THE MALARIA RDT ON THE REFERRAL FORM.	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. (SKIP TO 128)		
123	<u>ALREADY TAKING [FIRST LINE MEDICATION] REFERRAL STATEMENT</u>	You have told me that (NAME OF CHILD) had already received ALU for malaria. Therefore, I cannot give you additional ALU. However, the test shows that he/she has malaria. If your child has a fever for two days after the last dose of ALU, you should take the child to the nearest health facility for further examination. (SKIP TO 130)		

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

101	CHECK COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 102; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 4	CHILD 5	CHILD 6
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
124	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/OTHER	The malaria test shows that your child has malaria. We can give you free medicine. The medicine is called [FIRST LINE OF MEDICATION]. [FIRST LINE OF MEDICATION] 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.		
125	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
126	CHECK 125: MEDICATION ACCEPTED	ACCEPTED MEDICINE 1 REFUSED 2 OTHER 6 (SKIP TO 130)	ACCEPTED MEDICINE 1 REFUSED 2 OTHER 6 (SKIP TO 130)	ACCEPTED MEDICINE 1 REFUSED 2 OTHER 6 (SKIP TO 130)
127	READ INFORMATION FOR MALARIA TREATMENT AND CONSENT STATEMENT TO PARENT/OTHER ADULT.	Weight (in Kg) – Approximate Age 5 to less than 15 – under 3 years of age <hr/> 15 to less than 25 – 3 to 8 years of age		Dosage * 1 tablet ALu twice daily for 3 days <hr/> 2 tablets ALu twice daily for 3 days
		ALSO TELL THE PARENT/OTHER ADULT: First day starts by taking first dose followed by the second one 8 hours later; on subsequent days the recommendation is simply "morning" and "evening" (usually around 12 hours apart). Put the tablet in a little water, mix water and tablet well, and give to the child with fatty food or drinks like milk or breast milk. Make sure that the FULL 3 days treatment is taken at the recommended times, otherwise the infection may return. If your child vomits within an hour of taking the medicine, repeat the dose and get additional tablets. 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. with fatty food or drinks like milk or breast milk. Make sure that the FULL 3 days treatment is taken		
130	GO BACK TO 103 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 201.			

WEIGHT AND HEIGHT MEASUREMENT. HEMOGLOBIN AND URINE (FOR IODINE) TEST FOR WOMEN AGE 15-49

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

		WOMAN 1	WOMAN 2	WOMAN 3	
NAME FROM COLUMN 2.		NAME _____	NAME _____	NAME _____	
ADULT RESPONDENT CONSENT FOR ANEMIA TEST					
ADULT RESPONDENT CONSENT	##	<p>ASK CONSENT FOR ANEMIA TEST</p> <p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide.</p>			
	##	CIRCLE THE CODE AND SIGN YOUR	(SIGN AND ENTER YOUR [][][][] GRANTED 1 RESPONDENT REFUSED 2 NOT PRESENT/OTHER 3 (SKIP TO 221) ←	(SIGN AND ENTER YOUR [][][][] GRANTED 1 RESPONDENT REFUSE 2 NOT PRESENT/OTHER 3 (SKIP TO 221) ←	(SIGN AND ENTER YOUR [][][][] GRANTED 1 RESPONDENT REFUSE 2 NOT PRESENT/OTHER 3 (SKIP TO 221) ←
	211A	CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 221) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 221) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 221) ←
	##	RECORD LINE NUMBER OF PARENT/OTHER RESPONSIBLE ADULT	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE [][] RECORD '00' IF NOT LISTED	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE [][] RECORD '00' IF NOT LISTED	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE [][] RECORD '00' IF NOT LISTED
PARENTAL/RESPONSIBLE ADULT CONSENT FOR ANEMIA TEST					
PARENTAL/RESPONSIBLE ADULT CONSENT	##	<p>ASK CONSENT FOR ANEMIA TEST FROM PARENT/ADULT RESPONSIBLE</p> <p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF MINOR) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions?</p>			
	##	CIRCLE THE CODE AND SIGN YOUR NAME.	(SIGN AND ENTER YOUR [][][][] GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSE[. . . 2] NOT PRESENT/OTHER 3 (SKIP TO 221) ←	(SIGN AND ENTER YOUR [][][][] GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSE[. . . 2] NOT PRESENT/OTHER 3 (SKIP TO 221) ←	(SIGN AND ENTER YOUR [][][][] GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSE[. . . 2] NOT PRESENT/OTHER 3 (SKIP TO 221) ←

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____
MINOR RESPONDENT CONSENT FOR ANEMIA TEST				
##	ASK CONSENT FOR ANEMIA TEST FROM RESPONDENT.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF PARENT/RESPONSIBLE ADULT) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p>		
##	CIRCLE THE CODE AND SIGN YOUR	(SIGN)	(SIGN)	(SIGN)
		GRANTEC 1 MINOR RESPONDENT REFUSED 2 NOT PRESENT/OTHER 3 (SKIP TO 221) ←	GRANTEC 1 MINOR RESPONDENT REFUSED 2 NOT PRESENT/OTHER 3 (SKIP TO 221) ←	GRANTEC 1 MINOR RESPONDENT REFUSED 2 NOT PRESENT/OTHER 3 (SKIP TO 221) ←
220A	CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant?	YES 1 NO 2 DON'T KNO 8	YES 1 NO 2 DON'T KNO 8	YES 1 NO 2 DON'T KNO 8
221	CHECK COVER PAGE OF HOUSEHOLD QUESTIONNAIRE. HOUSEHOLD SELECTED FOR MANS' SURVEY AND IODINE	SELECTED 1 NOT SELECTED 2 (SKIP TO 229B) ←	SELECTED 1 NOT SELECTED 2 (SKIP TO 229B) ←	SELECTED 1 NOT SELECTED 2 (SKIP TO 229B) ←
222	CHECK 203: AGE	15-17 YEARS 1 18-49 YEARS 2 (SKIP TO 224) ←	NOT EM. 15 1 18-49 YEARS 2 (SKIP TO 224) ←	15-17 YEARS 1 18-49 YEARS 2 (SKIP TO 224) ←
223	CHECK 204: MARITAL	NEVER IN UNION 1 OTHER 2 (SKIP TO 224) ←	NEVER IN UNION 1 OTHER 2 (SKIP TO 224) ←	NEVER IN UNION 1 OTHER 2 (SKIP TO 224) ←
223A	CHECK 204A: RELATIONSHIP	HEAD OF HH 1 OTHER 2 (SKIP TO 226) ←	HEAD OF HH 1 OTHER 2 (SKIP TO 226) ←	HEAD OF HH 1 OTHER 2 (SKIP TO 226) ←

		WOMAN 1	WOMAN 2	WOMAN 3
NAME FROM COLUMN 2.		NAME _____	NAME _____	NAME _____
ADULT RESPONDENT CONSENT FOR URINARY IODINE TEST				
ADULT RESPONDENT CONSENT	##	<p>ASK CONSENT FOR IODINE TEST.</p> <p>As part of this survey, we are also asking women all over the country to take test for iodine deficiency. Iodine deficiency is a health problem that usually results from poor nutrition. This survey will assist the government to develop programs to prevent and treat iodine deficiency.</p> <p>For the iodine test, we need a small amount of urine. The urine will be tested at the Tanzania Food and Nutrition Laboratory. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide.</p>		
	225	CIRCLE THE CODE AND	<p>(SIGN)</p> <p>GRANTE..... 1 RESPONDENT REFL... 2 NOT PRESENT/OTHER 3 (SKIP TO 229B) ←</p>	<p>(SIGN)</p> <p>GRANTE..... 1 RESPONDENT REFL... 2 NOT PRESENT/OTHER 3 (SKIP TO 229B) ←</p>
226	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR	<p>LINE NUMBER OF PARENT OR OTHER RESPONSIBLE</p> <p>□ □</p> <p>RECORD '00' IF NOT LISTED</p>	<p>LINE NUMBER OF PARENT OR OTHER RESPONSIBLE</p> <p>□ □</p> <p>RECORD '00' IF NOT LISTED</p>	<p>LINE NUMBER OF PARENT OR OTHER RESPONSIBLE</p> <p>□ □</p> <p>RECORD '00' IF NOT LISTED</p>
PARENTAL/RESPONSIBLE ADULT CONSENT FOR URINARY IODINE TEST				
PARENTAL/RESPONSIBLE ADULT CONSENT	##	<p>ASK CONSENT FOR IODINE TEST FROM PARENT/ADULT .</p> <p>As part of this survey, we are also asking women all over the country to take test for iodine deficiency. Iodine deficiency is a health problem that usually results from poor nutrition. This survey will assist the government to develop programs to prevent and treat iodine deficiency.</p> <p>For the iodine test, we need a small amount of urine. The urine will be tested at the Tanzania Food and Nutrition Laboratory. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF MINOR) to provide us with a small amount of urine?</p>		
	228	CIRCLE THE CODE AND SIGN YOUR NAME.	<p>(SIGN)</p> <p>GRANTE..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 NOT PRESENT/OTHER 3 SKIP TO 229B ←</p>	<p>(SIGN)</p> <p>GRANTE..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 NOT PRESENT/OTHER 3 SKIP TO 229B ←</p>

		WOMAN 1	WOMAN 2	WOMAN 3
NAME FROM COLUMN 2.		NAME _____	NAME _____	NAME _____
MINOR RESPONDENT CONSENT FOR URINARY IODINE TEST				
MINOR RESPONDENT CONSENT	##	<p>ASK CONSENT FOR IODINE TEST FROM RESPONDENT.</p> <p>As part of this survey, we are also asking women all over the country to take test for iodine deficiency. Iodine deficiency is a health problem that usually results from poor nutrition. This survey will assist the government to develop programs to prevent and treat iodine deficiency.</p> <p>For the iodine test, we need a small amount of urine. The urine will be tested at the Tanzania Food and Nutrition Laboratory. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions?</p>		
	229A	<p>CIRCLE THE CODE AND SIGN YOUR NAME.</p> <p>GRANTED 1 MINOR RESPONDENT REFUSED 2 NOT PRESENT/OTHER 3</p> <p>(SIGN) _____</p>	<p>GRANTED 1 MINOR RESPONDENT REFUSED 2 NOT PRESENT/OTHER 3</p> <p>(SIGN) _____</p>	<p>GRANTED 1 MINOR RESPONDENT REFUSED 2 NOT PRESENT/OTHER 3</p> <p>(SIGN) _____</p>
	229B	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S)		
	230	<p>RECORD HEMOGLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET.</p> <p>G/DL <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/></p> <p>NOT PRESENT/OTHER 994 REFUSE 995 OTHER 996</p>	<p>G/DL <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/></p> <p>NOT PRESENT/OTHER 994 REFUSE 995 OTHER 996</p>	<p>G/DL <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/></p> <p>NOT PRESENT/OTHER 994 REFUSE 995 OTHER 996</p>
	231	<p>BAR CODE LABEL</p> <p>PUT THE 1ST BAR CODE LABEL HERE</p> <div style="border: 1px dashed black; width: 100px; height: 40px; margin: 5px auto;"></div> <p>PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S COLLECTION CUP AND THE THIRD LABEL ON THE COLLECTION TUBE AND THE FOURTH LABEL ON THE TRANSMITTAL FORM.</p> <p style="text-align: center;">URINARY IODINE</p>	<p>PUT THE 1ST BAR CODE LABEL HERE</p> <div style="border: 1px dashed black; width: 100px; height: 40px; margin: 5px auto;"></div> <p>PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S COLLECTION CUP AND THE THIRD LABEL ON THE COLLECTION TUBE AND THE FOURTH LABEL ON THE TRANSMITTAL FORM.</p>	<p>PUT THE 1ST BAR CODE LABEL HERE</p> <div style="border: 1px dashed black; width: 100px; height: 40px; margin: 5px auto;"></div> <p>PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S COLLECTION CUP AND THE THIRD LABEL ON THE COLLECTION TUBE AND THE FOURTH LABEL ON THE TRANSMITTAL FORM.</p>
232	<p>OUTCOME OF URINARY IODINE TEST PROCEDURE</p> <p>URINE GIVEN 1 NOT PRESENT/OTHER . 2 REFUSED 3</p>	<p>URINE GIVEN 1 NOT PRESENT/OTHER . 2 REFUSED 3</p>	<p>URINE GIVEN 1 NOT PRESENT/OTHER . 2 REFUSED 3</p>	<p>URINE GIVEN 1 NOT PRESENT/OTHER . 2 REFUSED 3</p>
233	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE ELIGIBLE WOMEN, END THE BIOMARKER COLLECTION			

