

2018 ZAMBIA DEMOGRAPHIC AND HEALTH SURVEY  
 BIOMARKER QUESTIONNAIRE  
 ZAMBIA  
 MINISTRY OF HEALTH/CENTRAL STATISTICAL OFFICE

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> <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> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>								
FIELDWORKER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <table border="1" style="width: 40px; height: 20px; display: inline-table;"></table>								
FIELDWORKER'S NAME	_____	_____	_____	MONTH <table border="1" style="width: 40px; height: 20px; display: inline-table;"></table>								
				YEAR <table border="1" style="width: 40px; height: 20px; display: inline-table;"></table>								
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px; display: inline-table;"></table>								
TIME	_____	_____										
NOTES: _____ _____ _____ _____				TOTAL ELIGIBLE WOMEN <table border="1" style="width: 40px; height: 20px; display: inline-table;"></table>								
				TOTAL ELIGIBLE MEN <table border="1" style="width: 40px; height: 20px; display: inline-table;"></table>								
				TOTAL ELIGIBLE CHILDREN <table border="1" style="width: 40px; height: 20px; display: inline-table;"></table>								
LANGUAGE OF QUESTIONNAIRE**	<table border="1" style="width: 20px; height: 20px; display: inline-table;"><tr><td>0</td></tr></table> <table border="1" style="width: 20px; height: 20px; display: inline-table;"><tr><td>1</td></tr></table>	0	1	LANGUAGE OF INTERVIEW**	<table border="1" style="width: 20px; height: 20px; display: inline-table;"></table> <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table>	NATIVE LANGUAGE OF RESPONDENT**	<table border="1" style="width: 20px; height: 20px; display: inline-table;"></table> <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table>					
0												
1												
				TRANSLATOR (YES = 1, NO = 2)	<table border="1" style="width: 20px; height: 20px; display: inline-table;"></table>							
LANGUAGE OF QUESTIONNAIRE**	<b>ENGLISH</b>											
	**LANGUAGE CODES: 01 ENGLISH      04 LOZI      07 NYANJA 02 BEMBA      05 LUNDA      08 TONGA 03 KAONDE      06 LUVALE											
SUPERVISOR												
NAME _____				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>								
				NUMBER								

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

101	CHECK COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 102; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____
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 2013-2018?	YES ..... 1 NO ..... 2 (SKIP TO 114) ←	YES ..... 1 NO ..... 2 (SKIP TO 114) ←	YES ..... 1 NO ..... 2 (SKIP TO 114) ←
105	WEIGHT IN KILOGRAMS.	KG. .... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. .... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996	KG. .... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996
106	HEIGHT IN CENTIMETERS.	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996 (SKIP TO 108) ←	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996 (SKIP TO 108) ←	CM. .... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT ..... 9994 REFUSED ..... 9995 OTHER ..... 9996 (SKIP TO 108) ←
107	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2
108	MEASURER: ENTER YOUR FIELDWORKER NUMBER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER

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

101	CHECK COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 102; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____
109	CHECK 103: CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR 5 PREVIOUS MONTHS?	0-5 MONTHS ..... 1 ] (SKIP TO 114) ← OLDER ..... 2	0-5 MONTHS ..... 1 ] (SKIP TO 114) ← OLDER ..... 2	0-5 MONTHS ..... 1 ] (SKIP TO 114) ← OLDER ..... 2
110	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD FROM COLUMN 1 OF HOUSEHOLD SCHEDULE.	LINE NUMBER ..... <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER ..... <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER ..... <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)
111	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We ask that all children born in 2013 or later take part in the anemia testing and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?</p>		
112	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED ..... 1 ] _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> REFUSED ..... 2 ] NOT PRESENT/OTHER . 3 ] (SKIP TO 114) ←	GRANTED ..... 1 ] _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> REFUSED ..... 2 ] NOT PRESENT/OTHER . 3 ] (SKIP TO 114) ←	GRANTED ..... 1 ] _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> REFUSED ..... 2 ] NOT PRESENT/OTHER . 3 ] (SKIP TO 114) ←
113	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED ..... 995 OTHER ..... 996	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED ..... 995 OTHER ..... 996	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED ..... 995 OTHER ..... 996
114	GO BACK TO 103 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 201.			

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

		CHILD 4	CHILD 5	CHILD 6
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM BIRTH HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY ..... <input type="text"/> <input type="text"/> MONTH ..... <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
104	CHECK 103: CHILD BORN IN 2013-2018?	YES ..... 1 NO ..... 2 (SKIP TO 114) ←	YES ..... 1 NO ..... 2 (SKIP TO 114) ←	YES ..... 1 NO ..... 2 (SKIP TO 114) ←
105	WEIGHT IN KILOGRAMS.	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT .....9994 REFUSED ..... 9995 OTHER ..... 9996	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT .....9994 REFUSED ..... 9995 OTHER ..... 9996	KG. ... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT .....9994 REFUSED ..... 9995 OTHER ..... 9996
106	HEIGHT IN CENTIMETERS.	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT .....9994 REFUSED ..... 9995 OTHER ..... 9996 (SKIP TO 108) ←	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT .....9994 REFUSED ..... 9995 OTHER ..... 9996 (SKIP TO 108) ←	CM. ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT .....9994 REFUSED ..... 9995 OTHER ..... 9996 (SKIP TO 108) ←
107	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2	LYING DOWN ..... 1 STANDING UP ..... 2
108	MEASURER: ENTER YOUR FIELDWORKER NUMBER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FIELDWORKER NUMBER

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

		CHILD 4	CHILD 5	CHILD 6
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 11.	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/> NAME _____
109	CHECK 103: CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR 5 PREVIOUS MONTHS?	0-5 MONTHS ..... 1 ] (SKIP TO 114) ← OLDER ..... 2	0-5 MONTHS ..... 1 ] (SKIP TO 114) ← OLDER ..... 2	0-5 MONTHS ..... 1 ] (SKIP TO 114) ← OLDER ..... 2
110	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD FROM COLUMN 1 OF HOUSEHOLD SCHEDULE.	LINE NUMBER ..... <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER ..... <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER ..... <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)
111	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We ask that all children born in 2013 or later take part in the anemia testing and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?</p>		
112	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED ..... 1 ] _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> REFUSED ..... 2 ] NOT PRESENT/OTHER . 3 ] (SKIP TO 114) ←	GRANTED ..... 1 ] _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> REFUSED ..... 2 ] NOT PRESENT/OTHER . 3 ] (SKIP TO 114) ←	GRANTED ..... 1 ] _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> REFUSED ..... 2 ] NOT PRESENT/OTHER . 3 ] (SKIP TO 114) ←
113	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED ..... 995 OTHER ..... 996	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED ..... 995 OTHER ..... 996	G/DL ..... <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED ..... 995 OTHER ..... 996
114	GO BACK TO 103 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 201.			

**HEMOGLOBIN MEASUREMENT AND HIV TESTING FOR WOMEN AGE 15-49**

201	CHECK COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE WOMEN IN 202, 208, AND 209. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		WOMAN 1	WOMAN 2	WOMAN 3
202	CHECK HOUSEHOLD QUESTIONNAIRE:  LINE NUMBER FROM COLUMN 9.  NAME FROM COLUMN 2.	LINE NUMBER ..... <input type="text"/> <input type="text"/>  NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/>  NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/>  NAME _____
208	CHECK HOUSEHOLD QUESTIONNAIRE	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 HOUSEHOLD QUESTIONNAIRE COLUMN 8	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 218) ←  OTHER ..... 2	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 218) ←  OTHER ..... 2	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 218) ←  OTHER ..... 2

**HEMOGLOBIN MEASUREMENT AND HIV TESTING FOR WOMEN AGE 15-49**

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

**ADULT RESPONDENT CONSENT FOR ANEMIA TEST**

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

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

**ADULT RESPONDENT CONSENT FOR DBS COLLECTION**

ADULT RESPONDENT CONSENT	212	ASK CONSENT FOR DBS COLLECTION.	<p>As part of the survey we also are asking people all over the country to give blood for HIV testing to be done in a laboratory. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV.</p> <p>For the HIV testing, we need a few (more) drops of blood from a finger. The blood will be collected on a paper card. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. No names will be written on the paper card so we will not be able to tell you the test results. No one else will be able to know your test results either.</p> <p>Do you have any questions?</p> <p>You can say yes or no. It is up to you to decide.</p> <p>Will you give blood on a paper card for HIV testing in a laboratory?</p>		
	213	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED . . . . . 1 RESPONDENT REFUSED . . . 2  _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) [ ][ ][ ][ ] (IF REFUSED, SKIP TO 216)  NOT PRESENT/OTHER . . . . 3 (SKIP TO 216) ←	GRANTED . . . . . 1 RESPONDENT REFUSED . . . 2  _____ (SIGN AND ENTER YOUR FIELDWORKER ID NUMBER) [ ][ ][ ][ ] (IF REFUSED, SKIP TO 216)  NOT PRESENT/OTHER . . . . 3 (SKIP TO 216) ←	GRANTED . . . . . 1 RESPONDENT REFUSED . . . 2  _____ (SIGN AND ENTER YOUR FIELDWORKER ID NUMBER) [ ][ ][ ][ ] (IF REFUSED, SKIP TO 216)  NOT PRESENT/OTHER . . . . 3 (SKIP TO 216) ←

**ADULT RESPONDENT CONSENT FOR ADDITIONAL TESTING**

ADULT RESPONDENT CONSENT	214	ASK CONSENT FOR ADDITIONAL TESTING.	<p>We ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These additional tests could include tests to see if individuals are protected against diseases such as measles and rubella, or other tests.</p> <p>The blood sample will not have any name or other information attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>		
	215	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED . . . . . 1 RESPONDENT REFUSED . . . 2  _____ (SIGN)	GRANTED . . . . . 1 RESPONDENT REFUSED . . . 2  _____ (SIGN)	GRANTED . . . . . 1 RESPONDENT REFUSED . . . 2  _____ (SIGN)

HEMOGLOBIN MEASUREMENT AND HIV TESTING FOR WOMEN AGE 15-49

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

ADULT RESPONDENT CONSENT FOR RDT TESTING					
ADULT RESPONDENT CONSENT	216	ASK CONSENT FOR HIV RDT TEST.	<p>If you want to know your HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test.</p> <p>For the rapid HIV test, we need a few (more) drops of blood from a finger. We will use the same rapid tests used in the hospitals in Zambia. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The result of the test will be available in 20-30 minutes.</p> <p>If the test is positive, I will give you a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health.</p> <p>Do you have any questions?</p> <p>You can say yes or no. It is up to you to decide. Will you give blood for the rapid HIV testing?</p>		
	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 239) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER ..... 3 (SKIP TO 239)	GRANTED ..... 1 RESPONDENT REFUSED... 2 _____ (SIGN, ENTER YOUR FIELDWORKER NUMBER, AND SKIP TO 239) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER ..... 3 (SKIP TO 239)	GRANTED ..... 1 RESPONDENT REFUSED... 2 _____ (SIGN, ENTER YOUR FIELDWORKER NUMBER, AND SKIP TO 239) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER ..... 3 (SKIP TO 239)

HEMOGLOBIN MEASUREMENT AND HIV TESTING FOR WOMEN AGE 15-49

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

218	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)
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**PARENTAL/RESPONSIBLE ADULT CONSENT FOR ANEMIA TEST**

P A R E N T  R E S P A D U L T  C O N S E N T	219	ASK CONSENT FOR ANEMIA TEST FROM PARENT/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.  For the anemia testing, we will need a few drops of blood from (NAME OF MINOR)'s 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.  Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF MINOR) to take the anemia test?		
	220	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER ..... 3	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER ..... 3	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER ..... 3

**PARENTAL/RESPONSIBLE ADULT CONSENT FOR DBS COLLECTION**

P A R E N T  R E S P A D U L T  C O N S E N T	221	ASK CONSENT FOR DBS COLLECTION FROM PARENT/ADULT.	As part of the survey we also are asking people all over the country to give blood for HIV testing to be done in a laboratory. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV.  For the HIV testing, we need a few (more) drops of blood from a finger. The blood will be collected on a paper card. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. No names will be written on the paper card so we will not be able to tell you the results of (NAME OF MINOR)'s test. No one else will be able to know (NAME OF MINOR)'s test results either.  Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF MINOR) to give blood on a paper card for HIV testing in a laboratory?		
	222	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 225) NOT PRESENT/OTHER ..... 3 (SKIP TO 225)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 225) NOT PRESENT/OTHER ..... 3 (SKIP TO 225)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 225) NOT PRESENT/OTHER ..... 3 (SKIP TO 225)

HEMOGLOBIN MEASUREMENT AND HIV TESTING FOR WOMEN AGE 15-49

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

PARENTAL/RESPONSIBLE ADULT CONSENT FOR ADDITIONAL TESTING					
P A R E N T  R E S P A D U L T  C O N S E N T	223	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/ADULT.	<p>We ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These additional tests could include tests to see if individuals are protected against diseases such as measles and rubella, or other tests.</p> <p>The blood sample will not have any name or other data attached that could identify (NAME OF MINOR). You do not have to agree. If you do not want the blood sample stored for additional testing, (NAME OF MINOR) can still participate in the HIV testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>		
	224	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN)	GRANTED..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN)	GRANTED..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN)

PARENTAL/RESPONSIBLE ADULT CONSENT FOR RDT TESTING					
P A R E N T  R E S P A D U L T  C O N S E N T	225	ASK CONSENT FOR RDT TEST FROM PARENT/ADULT.	<p>If you want (NAME OF MINOR) to know her HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test.</p> <p>For the rapid HIV test, we need a few (more) drops of blood from a finger. We will use the same rapid tests used in the hospitals in Zambia. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The result of the test will be available in 20-30 minutes.</p> <p>If the test is positive, I will give (NAME OF MINOR) a referral form to go to the nearest health facility for follow up with health technicians, as is recommended by the Ministry of Health.</p> <p>Do you have any questions?            You can say yes to the test, or you can say no. It is up to you to decide.            Will you allow (NAME OF MINOR) to give blood for the rapid HIV test?</p>		
	226	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER ..... 3	GRANTED..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER ..... 3	GRANTED..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT/OTHER ..... 3

HEMOGLOBIN MEASUREMENT AND HIV TESTING FOR WOMEN AGE 15-49

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

MINOR RESPONDENT CONSENT FOR ANEMIA TEST					
MINOR RESPONDENT CONSENT	227	CHECK 220: WAS CONSENT GRANTED?	YES <input type="checkbox"/> NO OR <input type="checkbox"/> NOT ASKED → 230	YES <input type="checkbox"/> NO OR <input type="checkbox"/> NOT ASKED → 230	YES <input type="checkbox"/> NO OR <input type="checkbox"/> NOT ASKED → 230
	228	ASK CONSENT FOR ANEMIA TEST FROM RESPONDENT.	<p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF PARENT/RESPONSIBLE ADULT) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you take the anemia test?</p>		
	229	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 230) NOT PRESENT/OTHER ..... 3 (SKIP TO 230)	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 230) NOT PRESENT/OTHER ..... 3 (SKIP TO 230)	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 230) NOT PRESENT/OTHER ..... 3 (SKIP TO 230)
	229A	CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8

HEMOGLOBIN MEASUREMENT AND HIV TESTING FOR WOMEN AGE 15-49

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

MINOR RESPONDENT CONSENT FOR DBS COLLECTION																							
MINOR RESPONDENT CONSENT	230	CHECK 222: WAS CONSENT GRANTED?	<table border="1"> <tr> <td>YES <input type="checkbox"/></td> <td>NO OR <input type="checkbox"/> NOT ASKED → 236</td> </tr> </table>	YES <input type="checkbox"/>	NO OR <input type="checkbox"/> NOT ASKED → 236																		
	YES <input type="checkbox"/>	NO OR <input type="checkbox"/> NOT ASKED → 236																					
	231	ASK CONSENT FOR DBS COLLECTION FROM MINOR RESPONDENT.	<p>As part of the survey we also are asking people all over the country to give blood for HIV testing. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV.</p> <p>For the HIV testing, we need a few (more) drops of blood from a finger. The blood will be collected on a paper card. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. No names will be written on the paper card so we will not be able to tell you the test results. No one else will be able to know your test results either.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood on a paper card for HIV testing in a laboratory?</p>																				
232	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	<table border="1"> <tr> <td>GRANTED ..... 1</td> <td>GRANTED ..... 1</td> <td>GRANTED ..... 1</td> </tr> <tr> <td>MINOR RESPONDENT</td> <td>MINOR RESPONDENT</td> <td>MINOR RESPONDENT</td> </tr> <tr> <td>REFUSED ..... 2</td> <td>REFUSED ..... 2</td> <td>REFUSED ..... 2</td> </tr> <tr> <td>_____ (SIGN)</td> <td>_____ (SIGN)</td> <td>_____ (SIGN)</td> </tr> <tr> <td>(IF REFUSED, SKIP TO 236)</td> <td>(IF REFUSED, SKIP TO 236)</td> <td>(IF REFUSED, SKIP TO 236)</td> </tr> <tr> <td>NOT PRESENT/OTHER ..... 3</td> <td>NOT PRESENT/OTHER ..... 3</td> <td>NOT PRESENT/OTHER ..... 3</td> </tr> <tr> <td>(SKIP TO 236)</td> <td>(SKIP TO 236)</td> <td>(SKIP TO 236)</td> </tr> </table>	GRANTED ..... 1	GRANTED ..... 1	GRANTED ..... 1	MINOR RESPONDENT	MINOR RESPONDENT	MINOR RESPONDENT	REFUSED ..... 2	REFUSED ..... 2	REFUSED ..... 2	_____ (SIGN)	_____ (SIGN)	_____ (SIGN)	(IF REFUSED, SKIP TO 236)	(IF REFUSED, SKIP TO 236)	(IF REFUSED, SKIP TO 236)	NOT PRESENT/OTHER ..... 3	NOT PRESENT/OTHER ..... 3	NOT PRESENT/OTHER ..... 3	(SKIP TO 236)	(SKIP TO 236)	(SKIP TO 236)
GRANTED ..... 1	GRANTED ..... 1	GRANTED ..... 1																					
MINOR RESPONDENT	MINOR RESPONDENT	MINOR RESPONDENT																					
REFUSED ..... 2	REFUSED ..... 2	REFUSED ..... 2																					
_____ (SIGN)	_____ (SIGN)	_____ (SIGN)																					
(IF REFUSED, SKIP TO 236)	(IF REFUSED, SKIP TO 236)	(IF REFUSED, SKIP TO 236)																					
NOT PRESENT/OTHER ..... 3	NOT PRESENT/OTHER ..... 3	NOT PRESENT/OTHER ..... 3																					
(SKIP TO 236)	(SKIP TO 236)	(SKIP TO 236)																					

MINOR RESPONDENT CONSENT FOR ADDITIONAL TESTING														
MINOR RESPONDENT CONSENT	233	CHECK 224: WAS CONSENT GRANTED?	<table border="1"> <tr> <td>YES <input type="checkbox"/></td> <td>NO OR <input type="checkbox"/> NOT ASKED → 236</td> </tr> </table>	YES <input type="checkbox"/>	NO OR <input type="checkbox"/> NOT ASKED → 236									
	YES <input type="checkbox"/>	NO OR <input type="checkbox"/> NOT ASKED → 236												
	234	ASK CONSENT FOR ADDITIONAL TESTING FROM MINOR RESPONDENT.	<p>We ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These additional tests could include tests to see if individuals are protected against diseases such as measles and rubella, or other tests.</p> <p>The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>											
235	CIRCLE THE CODE AND SIGN YOUR NAME.	<table border="1"> <tr> <td>GRANTED ..... 1</td> <td>GRANTED ..... 1</td> <td>GRANTED ..... 1</td> </tr> <tr> <td>MINOR RESPONDENT</td> <td>MINOR RESPONDENT</td> <td>MINOR RESPONDENT</td> </tr> <tr> <td>REFUSED ..... 2</td> <td>REFUSED ..... 2</td> <td>REFUSED ..... 2</td> </tr> <tr> <td>_____ (SIGN)</td> <td>_____ (SIGN)</td> <td>_____ (SIGN)</td> </tr> </table>	GRANTED ..... 1	GRANTED ..... 1	GRANTED ..... 1	MINOR RESPONDENT	MINOR RESPONDENT	MINOR RESPONDENT	REFUSED ..... 2	REFUSED ..... 2	REFUSED ..... 2	_____ (SIGN)	_____ (SIGN)	_____ (SIGN)
GRANTED ..... 1	GRANTED ..... 1	GRANTED ..... 1												
MINOR RESPONDENT	MINOR RESPONDENT	MINOR RESPONDENT												
REFUSED ..... 2	REFUSED ..... 2	REFUSED ..... 2												
_____ (SIGN)	_____ (SIGN)	_____ (SIGN)												

HEMOGLOBIN MEASUREMENT AND HIV TESTING FOR WOMEN AGE 15-49

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

MINOR RESPONDENT CONSENT FOR RDT TEST					
MINOR RESPONDENT CONSENT	236	CHECK 226: WAS CONSENT GRANTED?	YES <input type="checkbox"/> NO OR <input type="checkbox"/> NOT ASKED → 239	YES <input type="checkbox"/> NO OR <input type="checkbox"/> NOT ASKED → 239	YES <input type="checkbox"/> NO OR <input type="checkbox"/> NOT ASKED → 239
	237	ASK CONSENT FOR RDT TEST FROM MINOR RESPONDENT.	<p>If you want to know your HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test.</p> <p>For the rapid HIV test, we need a few (more) drops of blood from a finger. We will use the same rapid tests used in the hospitals in Zambia. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The result of the test will be available in 20-30 minutes.</p> <p>If the test is positive, I will give you a referral form to go to the nearest health facility for follow up with health technicians, as is recommended by the Ministry of Health.</p> <p>Do you have any questions?                      You can say yes or no. It is up to you to decide.                      Will you give blood for the rapid HIV testing?</p>		
	238	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) NOT PRESENT/OTHER ..... 3	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) NOT PRESENT/OTHER ..... 3	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) NOT PRESENT/OTHER ..... 3

HEMOGLOBIN MEASUREMENT AND HIV TESTING FOR WOMEN AGE 15-49

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____
239	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
240	ADDITIONAL TESTS.	IF ADULT RESPONDENT, CHECK 215; IF MINOR RESPONDENT, CHECK 224 AND 235.  IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	IF ADULT RESPONDENT, CHECK 215; IF MINOR RESPONDENT, CHECK 224 AND 235.  IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	IF ADULT RESPONDENT, CHECK 215; IF MINOR RESPONDENT, CHECK 224 AND 235.  IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.
241	RECORD HEMOGLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET.	G/DL ..... <input type="text"/> <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"/> . <input type="text"/>  NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996	G/DL ..... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>  NOT PRESENT ..... 994 REFUSED ..... 995 OTHER ..... 996
242	PLACE BAR CODE LABEL.	<div style="border: 2px 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 RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 2px 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 RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 2px 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 RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.

HEMOGLOBIN MEASUREMENT AND HIV TESTING FOR WOMEN AGE 15-49

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____
243	RECORD THE RESULT OF THE "DETERMINE HIV RDT" HERE.	POSITIVE ..... 1 NEGATIVE ..... 2 } (SKIP TO 246) ← NOT PRESENT ..... 3 } REFUSED ..... 4 } OTHER ..... 5 } (SKIP TO 248) ←	POSITIVE ..... 1 NEGATIVE ..... 2 } (SKIP TO 246) ← NOT PRESENT ..... 3 } REFUSED ..... 4 } OTHER ..... 5 } (SKIP TO 248) ←	POSITIVE ..... 1 NEGATIVE ..... 2 } (SKIP TO 246) ← NOT PRESENT ..... 3 } REFUSED ..... 4 } OTHER ..... 5 } (SKIP TO 248) ←
244	RECORD THE RESULT OF THE "UNIGOLD HIV RDT"	POSITIVE ..... 1 NEGATIVE ..... 2 } (SKIP TO 247) ← NOT PRESENT ..... 3 } REFUSED ..... 4 } OTHER ..... 5 } (SKIP TO 248) ←	POSITIVE ..... 1 NEGATIVE ..... 2 } (SKIP TO 247) ← NOT PRESENT ..... 3 } REFUSED ..... 4 } OTHER ..... 5 } (SKIP TO 248) ←	POSITIVE ..... 1 NEGATIVE ..... 2 } (SKIP TO 247) ← NOT PRESENT ..... 3 } REFUSED ..... 4 } OTHER ..... 5 } (SKIP TO 248) ←
245	IF 243 AND 244 ARE POSITIVE, RESPONDENT IS HIV POSITIVE:  INFORM SURVEY PARTICIPANT ABOUT POSITIVE HIV STATUS AND PROVIDE POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV CARE AND TREATMENT SERVICES ARE AVAILABLE.  SKIP TO 248			
246	IF 243 IS NEGATIVE, RESPONDENT IS HIV NEGATIVE:  INFORM THE RESPONDENT OF NEGATIVE TEST RESULT, AND CONDUCT POST-TEST COUNSELING.  SKIP TO 248			
247	IF 243 IS POSITIVE AND 244 IS NEGATIVE, RESPONDENT'S HIV STATUS IS INDETERMINATE:  INFORM THE RESPONDENT OF INDETERMINATE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, RECOMMEND THAT RESPONDENT IS RETESTED WITHIN 14 DAYS AND PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV TESTING CAN BE CONDUCTED.			
248	WHILE TESTING THIS PERSON, WAS ANY RDT INVALID/DID ANY RDT FAIL TO RUN, THAT IS, THE CONTROL BAND DID NOT APPEAR?	YES ..... 1 NO ..... 2 } (SKIP TO 251) ←	YES ..... 1 NO ..... 2 } (SKIP TO 251) ←	YES ..... 1 NO ..... 2 } (SKIP TO 251) ←
249	RECORD NUMBER OF INVALID RESULTS USING "DETERMINE HIV RDT"	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER 00	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER 00	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER 00
250	RECORD NUMBER OF INVALID RESULTS USING "UNIGOLD HIV RDT" HERE.	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER 00	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER 00	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER 00
251	GO BACK TO 202 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE;  IF NO MORE WOMEN, GO TO 301			

HIV TESTING FOR MEN AGE 15-59

301	CHECK COLUMN 10 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE MEN IN 302, 308, AND 309. IF THERE ARE MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		MAN 1	MAN 2	MAN 3
302	CHECK HOUSEHOLD QUESTIONNAIRE:  LINE NUMBER FROM COLUMN 10.  NAME FROM COLUMN 2.	LINE NUMBER ..... <input type="text"/> <input type="text"/>  NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/>  NAME _____	LINE NUMBER ..... <input type="text"/> <input type="text"/>  NAME _____
308	CHECK HOUSEHOLD QUESTIONNAIRE	15-17 YEARS ..... 1 18-59 YEARS ..... 2 (SKIP TO 310) ←	15-17 YEARS ..... 1 18-59 YEARS ..... 2 (SKIP TO 310) ←	15-17 YEARS ..... 1 18-59 YEARS ..... 2 (SKIP TO 310) ←
309	CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 8	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 316) ←  OTHER ..... 2	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 316) ←  OTHER ..... 2	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 316) ←  OTHER ..... 2

HIV TESTING FOR MEN AGE 15-59

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

ADULT RESPONDENT CONSENT FOR DBS COLLECTION

ADULT RESPONDENT CONSENT	310	ASK CONSENT FOR DBS COLLECTION.	<p>As part of the survey we also are asking people all over the country to give blood for HIV testing to be done in a laboratory. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV.</p> <p>For the HIV testing, we need a few drops of blood from a finger. The blood will be collected on a paper card. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. No names will be written on the paper card so we will not be able to tell you the test results. No one else will be able to know your test results either.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood on a paper card for HIV testing in a laboratory?</p>		
	311	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED ..... 1 RESPONDENT REFUSED ... 2 (SKIP TO 314) ← _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 314) NOT PRESENT/OTHER ..... 3 (SKIP TO 314) ←	GRANTED ..... 1 RESPONDENT REFUSED ... 2 (SKIP TO 314) ← _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 314) NOT PRESENT/OTHER ..... 3 (SKIP TO 314) ←	GRANTED ..... 1 RESPONDENT REFUSED ... 2 (SKIP TO 314) ← _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 314) NOT PRESENT/OTHER ..... 3 (SKIP TO 314) ←

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

**ADULT RESPONDENT CONSENT FOR ADDITIONAL TESTING**

ADULT RESPONDENT CONSENT	312	ASK CONSENT FOR ADDITIONAL TESTING.	<p>We ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research.</p> <p>These additional tests could include tests to see if individuals are protected against diseases such as measles and rubella, or other tests.</p> <p>The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>		
	313	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 RESPONDENT REFUSED... 2 _____ (SIGN)	GRANTED ..... 1 RESPONDENT REFUSED... 2 _____ (SIGN)	GRANTED ..... 1 RESPONDENT REFUSED... 2 _____ (SIGN)

**ADULT RESPONDENT CONSENT FOR RDT TEST**

ADULT RESPONDENT CONSENT	314	ASK CONSENT FOR RDT TEST.	<p>If you want to know your HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test.</p> <p>For the rapid HIV test, we need a few (more) drops of blood from a finger. We will use the same rapid tests used in the hospitals in Zambia. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The result of the test will be available in 20-30 minutes.</p> <p>If the test is positive, I will give you a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health.</p> <p>Do you have any questions?                  You can say yes or no. It is up to you to decide.                  Will you give blood for the rapid HIV testing?</p>		
	315	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED ..... 1 RESPONDENT REFUSED... 2 _____ (SIGN, ENTER YOUR FIELDWORKER NUMBER, AND SKIP TO 332) [ ][ ][ ][ ] NOT PRESENT/OTHER ..... 3 (SKIP TO 332)	GRANTED ..... 1 RESPONDENT REFUSED... 2 _____ (SIGN, ENTER YOUR FIELDWORKER NUMBER, AND SKIP TO 332) [ ][ ][ ][ ] NOT PRESENT/OTHER ..... 3 (SKIP TO 332)	GRANTED ..... 1 RESPONDENT REFUSED... 2 _____ (SIGN, ENTER YOUR FIELDWORKER NUMBER, AND SKIP TO 332) [ ][ ][ ][ ] NOT PRESENT/OTHER ..... 3 (SKIP TO 332)

HIV TESTING FOR MEN AGE 15-59

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

316	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/> (RECORD '00' IF NOT LISTED)
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**PARENTAL/RESPONSIBLE ADULT CONSENT FOR DBS COLLECTION**

PARENT RESP ADULT CONSENT	317	ASK CONSENT FOR DBS COLLECTION FROM PARENT/ADULT.	As part of the survey we also are asking people all over the country to give blood for HIV testing to be done in a laboratory. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV.  For the HIV testing, we need a few drops of blood from a finger. The blood will be collected on a paper card. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. No names will be written on the paper card so we will not be able to tell you the results of (NAME OF MINOR)'s test. No one else will be able to know (NAME OF MINOR)'s test results either.  Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF MINOR) to give blood on a paper card for HIV testing in a laboratory?		
	318	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 321) NOT PRESENT/OTHER ..... 3 (SKIP TO 321)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 321) NOT PRESENT/OTHER ..... 3 (SKIP TO 321)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 321) NOT PRESENT/OTHER ..... 3 (SKIP TO 321)

**PARENTAL/RESPONSIBLE ADULT CONSENT FOR ADDITIONAL TESTING**

PARENT RESP ADULT CONSENT	319	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/ADULT.	We ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These additional tests could include tests to see if individuals are protected against diseases such as measles and rubella, or other tests.  The blood sample will not have any name or other data attached that could identify (NAME OF MINOR). You do not have to agree. If you do not want the blood sample stored for additional testing, (NAME OF MINOR) can still participate in the HIV testing in this survey.  Will you allow us to keep the blood sample stored for additional testing?		
	320	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN)	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN)

HIV TESTING FOR MEN AGE 15-59

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

PARENTAL/RESPONSIBLE ADULT CONSENT FOR RDT TEST					
P A R E N T  R E S P O N S I B L E  A D U L T  C O N S E N T	321	ASK CONSENT FOR RDT TEST FROM PARENT/ADULT.	<p>If you want (NAME OF MINOR) to know his HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test.</p> <p>For the rapid HIV test, we need a few (more) drops of blood from a finger. We will use the same rapid tests used in the hospitals in Zambia. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The result of the test will be available in 20-30 minutes.</p> <p>If the test is positive, I will give (NAME OF MINOR) a referral form to go to the nearest health facility for follow up with health technicians, as is recommended by the Ministry of Health.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF MINOR) to give blood for the rapid HIV test?</p>		
	322	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) [ ][ ][ ][ ] NOT PRESENT/OTHER ..... 3	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) [ ][ ][ ][ ] NOT PRESENT/OTHER ..... 3	GRANTED ..... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED ..... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) [ ][ ][ ][ ] NOT PRESENT/OTHER ..... 3

MINOR RESPONDENT CONSENT FOR DBS COLLECTION					
M I N O R  R E S P O N D E N T  C O N S E N T	323	CHECK 318: WAS CONSENT GRANTED?	YES <input type="checkbox"/> NO OR <input type="checkbox"/> NOT ASKED → 329	YES <input type="checkbox"/> NO OR <input type="checkbox"/> NOT ASKED → 329	YES <input type="checkbox"/> NO OR <input type="checkbox"/> NOT ASKED → 329
	324	ASK CONSENT FOR DBS COLLECTION FROM MINOR RESPONDENT.	<p>As part of the survey we also are asking people all over the country to give blood for HIV testing to be done in a laboratory. HIV is the virus that can lead to AIDS. The HIV testing is being done to see how many people have HIV.</p> <p>For the HIV testing, we need a few drops of blood from a finger. The blood will be collected on a paper card. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after we take your blood. No names will be written on the paper card so we will not be able to tell you the test results. No one else will be able to know your test results either.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood on a paper card for HIV testing in a laboratory?</p>		
	325	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 329) NOT PRESENT/OTHER ..... 3 (SKIP TO 329)	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 329) NOT PRESENT/OTHER ..... 3 (SKIP TO 329)	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, SKIP TO 329) NOT PRESENT/OTHER ..... 3 (SKIP TO 329)

HIV TESTING FOR MEN AGE 15-59

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

MINOR RESPONDENT CONSENT FOR ADDITIONAL TESTING					
MINOR RESPONDENT CONSENT	326	CHECK 320: WAS CONSENT GRANTED?	YES <input type="checkbox"/> NO OR <input type="checkbox"/> NOT ASKED → 329	YES <input type="checkbox"/> NO OR <input type="checkbox"/> NOT ASKED → 329	YES <input type="checkbox"/> NO OR <input type="checkbox"/> NOT ASKED → 329
	327	ASK CONSENT FOR ADDITIONAL TESTING FROM MINOR RESPONDENT.	<p>We ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These additional tests could include tests to see if individuals are protected against diseases such as measles and rubella, or other tests.</p> <p>The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>		
	328	CIRCLE THE CODE AND SIGN YOUR NAME.	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN)	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN)	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN)

HIV TESTING FOR MEN AGE 15-59

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

MINOR RESPONDENT CONSENT FOR RDT TEST					
MINOR RESPONDENT CONSENT	329	CHECK 322: WAS CONSENT GRANTED?	YES <input type="checkbox"/> NO OR <input type="checkbox"/> NOT ASKED → 332	YES <input type="checkbox"/> NO OR <input type="checkbox"/> NOT ASKED → 332	YES <input type="checkbox"/> NO OR <input type="checkbox"/> NOT ASKED → 332
	330	ASK CONSENT FOR RDT TEST FROM MINOR RESPONDENT.	<p>If you want to know your HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test.</p> <p>For the rapid HIV test, we need a few (more) drops of blood from a finger. We will use the same rapid tests used in the hospitals in Zambia. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The result of the test will be available in 20-30 minutes.</p> <p>If the test is positive, I will give you a referral form to go to the nearest health facility for follow up with health technicians, as is recommended by the Ministry of Health.</p> <p>Do you have any questions?                      You can say yes or no. It is up to you to decide.                      Will you give blood for the rapid HIV testing?</p>		
	331	CIRCLE THE CODE, SIGN YOUR NAME, AND ENTER YOUR FIELDWORKER NUMBER.	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) NOT PRESENT/OTHER ..... 3	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) NOT PRESENT/OTHER ..... 3	GRANTED ..... 1 MINOR RESPONDENT REFUSED ..... 2 _____ (SIGN) NOT PRESENT/OTHER ..... 3

HIV TESTING FOR MEN AGE 15-59

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

332	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
333	ADDITIONAL TESTS.	IF ADULT RESPONDENT, CHECK 313; IF MINOR RESPONDENT, CHECK 320 AND 328.  IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	IF ADULT RESPONDENT, CHECK 313; IF MINOR RESPONDENT, CHECK 320 AND 328.  IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.	IF ADULT RESPONDENT, CHECK 313; IF MINOR RESPONDENT, CHECK 320 AND 328.  IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TESTS" ON THE FILTER PAPER.
334	PLACE BAR CODE LABEL.	<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 RESPONDENT'S FILTER PAPER 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 RESPONDENT'S FILTER PAPER 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 RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.

HIV TESTING FOR MEN AGE 15-59

		MAN 1	MAN 2	MAN 3
	NAME FROM COLUMN 2.	NAME _____	NAME _____	NAME _____
335	RECORD THE RESULT OF THE "DETERMINE HIV RDT" HERE.	POSITIVE ..... 1 NEGATIVE ..... 2 } (SKIP TO 338) ← NOT PRESENT ..... 3 } REFUSED ..... 4 } OTHER ..... 5 } (SKIP TO 340) ←	POSITIVE ..... 1 NEGATIVE ..... 2 } (SKIP TO 338) ← NOT PRESENT ..... 3 } REFUSED ..... 4 } OTHER ..... 5 } (SKIP TO 340) ←	POSITIVE ..... 1 NEGATIVE ..... 2 } (SKIP TO 338) ← NOT PRESENT ..... 3 } REFUSED ..... 4 } OTHER ..... 5 } (SKIP TO 340) ←
336	RECORD THE RESULT OF THE "UNIGOLD HIV RDT"	POSITIVE ..... 1 NEGATIVE ..... 2 } (SKIP TO 339) ← NOT PRESENT ..... 3 } REFUSED ..... 4 } OTHER ..... 5 } (SKIP TO 340) ←	POSITIVE ..... 1 NEGATIVE ..... 2 } (SKIP TO 339) ← NOT PRESENT ..... 3 } REFUSED ..... 4 } OTHER ..... 5 } (SKIP TO 340) ←	POSITIVE ..... 1 NEGATIVE ..... 2 } (SKIP TO 339) ← NOT PRESENT ..... 3 } REFUSED ..... 4 } OTHER ..... 5 } (SKIP TO 340) ←
337	IF 335 AND 336 ARE POSITIVE, RESPONDENT IS HIV POSITIVE:  INFORM SURVEY PARTICIPANT ABOUT POSITIVE HIV STATUS AND PROVIDE POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV CARE AND TREATMENT SERVICES ARE AVAILABLE.  SKIP TO 340			
338	IF 335 IS NEGATIVE, RESPONDENT IS HIV NEGATIVE:  INFORM THE RESPONDENT OF NEGATIVE TEST RESULT, AND CONDUCT POST-TEST COUNSELING.  SKIP TO 340			
339	IF 335 IS POSITIVE AND 336 IS NEGATIVE, RESPONDENT'S HIV STATUS IS INDETERMINATE:  INFORM THE RESPONDENT OF INDETERMINATE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, RECOMMEND THAT RESPONDENT IS RETESTED WITHIN 14 DAYS AND PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV TESTING CAN BE CONDUCTED.			
340	WHILE TESTING THIS PERSON, WAS ANY RDT INVALID/DID ANY RDT FAIL TO RUN, THAT IS, THE CONTROL BAND DID NOT APPEAR?	YES ..... 1 NO ..... 2 } (SKIP TO 343) ←	YES ..... 1 NO ..... 2 } (SKIP TO 343) ←	YES ..... 1 NO ..... 2 } (SKIP TO 343) ←
341	RECORD NUMBER OF INVALID RESULTS USING "DETERMINE HIV RDT"	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER 00	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER 00	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER 00
342	RECORD NUMBER OF INVALID RESULTS USING "UNIGOLD HIV RDT" HERE.	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER 00	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER 00	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER 00
343	GO BACK TO 302 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE;  IF NO MORE MEN, END INTERVIEW.			

