

DEMOGRAPHIC AND HEALTH SURVEY
 MODEL BIOMARKER QUESTIONNAIRE

2023 ZDHS
 ZAMBIA MINISTRY OF HEALTH AND ZAMBIA STATISTICS AGENCY

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

Note: Brackets [] indicate items that should be adapted on a country-specific basis.

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

101	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/Biomarkers". RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN AGE 0-14 YEARS IN QUESTION 102 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN THREE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).		
	CHILD 1		SKIP
102	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF CHILD.	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM PREGNANCY 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"/>	
104	IF MOTHER INTERVIEWED: COPY CHILD'S AGE FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: How old was (NAME) at (NAME)'s last birthday? COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
105A	CHECK 104: CHILD AGE 5-14 YEARS? NO <input type="checkbox"/> YES <input type="checkbox"/>	→ 130	
105B	CHECK 104: CHILD AGE 0-4 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/>	→ 157	
105C	CHECK COVER PAGE: WAS THIS HOUSEHOLD SELECTED FOR ANTHROPOMETRY AND ANEMIA? NO <input type="checkbox"/> YES <input type="checkbox"/>	→ 106	
105D	CHECK 103: IS THE CHILD AGE 0-23 MONTHS OR 24-59 MONTHS? AGE 24-59 MONTHS <input type="checkbox"/> AGE 0-23 MONTHS <input type="checkbox"/>	→ 157 → 122A	





WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

	CHILD 1		SKIP
106	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	→ 108
107	WAS THE CHILD MINIMALLY DRESSED?	YES 1 NO 2	
108	HEIGHT IN CENTIMETERS. IF CHILD IS AGE 0-1 YEARS, MEASURE LYING DOWN. IF CHILD IS AGE 2, 3, OR 4 YEARS, MEASURE STANDING UP.	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	→ 113

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

CHILD 1		SKIP								
109	WAS THE CHILD MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2								
110	CHECK 104 AND 109: BASED ON CHILD'S AGE, WAS CORRECT MEASUREMENT PROCEDURE FOLLOWED?	YES 1 NO 2								
111	IF CHILD IS AGE 0-1 YEARS: WHY WAS (NAME) MEASURED STANDING UP? IF CHILD IS AGE 2-4 YEARS: WHY WAS (NAME) MEASURED LYING DOWN? <hr/> <hr/>									
112	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES 1 NO 2								
113	ENTER BIOMARKER NUMBER OF MEASURER.	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> BIOMARKER NUMBER								
114	ENTER BIOMARKER NUMBER OF ASSISTANT MEASURER.	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> BIOMARKER NUMBER								
115	TODAY'S DATE:	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
116	RECORD HEIGHT/LENGTH AND WEIGHT IN THE INFORMATIONAL BROCHURE.									
117	CHECK 103: IS THE CHILD AGE 0-5 MONTHS OLDER <input type="checkbox"/> OR IS THE CHILD OLDER? <input type="checkbox"/>	AGE 0-5 MONTHS <input type="checkbox"/> → 157								
118	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR THE CHILD.	NAME _____ LINE NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
119	ASK CONSENT FOR ANEMIA TEST FROM PARENT/RESPONSIBLE 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 between the age of 6-59 months take part in anemia testing. The anemia test requires 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?									
120	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3								
121	SIGN NAME AND ENTER BIOMARKER NUMBER.	_____ (SIGN) <div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> BIOMARKER NUMBER								

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

CHILD 1		SKIP
122A	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR THE CHILD. NAME _____ LINE NUMBER 	
122B	<p>ASK CONSENT FOR DBS IMMUNIZATION TEST FROM PARENT/RESPONSIBLE ADULT:</p> <p>As part of this survey, we are asking parents and caregivers all over the country to allow their children between the age of 6-59 months to be tested for antibodies to measles and rubella viruses. Measles and rubella are both highly contagious viruses that may result in serious complications or death. This survey will be used to measure how many children remain at risk of measles and rubella to help the Ministry of Health prevent these diseases.</p> <p>For the testing, we will need a few drops of blood from (NAME OF CHILD)'s finger or heel. The instruments used to take the blood are clean and completely safe. These instruments have never been used before and will be thrown away after each test. No names will be written on the filter paper card, so we will not be able to tell you (NAME OF CHILD)'s results. No one else will be able to know (NAME OF CHILD)'s test results either.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF CHILD)'s blood to be tested for antibodies to measles and rubella virus in a laboratory?</p>	
123	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
124	SIGN NAME AND ENTER BIOMARKER NUMBER.	_____ (SIGN)  BIOMARKER NUMBER
125	CHECK 123: WAS CONSENT GRANTED? CONSENT GRANTED <input type="checkbox"/> REFUSED OR NOT PRESENT <input type="checkbox"/>	129
126	<p>ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/RESPONSIBLE ADULT:</p> <p>We also ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These include additional tests to see if individuals are protected against other infectious diseases. The blood sample will not have any name or other data attached that could identify (NAME OF CHILD). If you do not want the blood sample stored for additional testing, (NAME OF CHILD) can still participate in the other testing for this survey.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow us to keep (NAME OF CHILD)'s blood sample stored for additional testing?</p>	
127	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
128	SIGN NAME AND ENTER BIOMARKER NUMBER.	_____ (SIGN)  BIOMARKER NUMBER
129	CHECK 103: IS THE CHILD AGE 6-23 MONTHS OR THE CHILD 24-59 MONTHS? AGE 24-59 MONTHS <input type="checkbox"/> AGE 6-23 MONTHS <input type="checkbox"/>	141
130	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR THE CHILD. NAME _____ LINE NUMBER 	

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

CHILD 1		SKIP
131	<p>ASK CONSENT FOR DBS HIV TEST FROM PARENT/RESPONSIBLE ADULT:</p> <p>As part of the survey we 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>We ask that (NAME OF CHILD)'s blood collected onto the paper card be tested for HIV in a laboratory. The blood sample will not be labeled with information that directly identifies your child but will be labeled with an identification number. We will not be able to tell you the HIV result of (NAME OF CHILD)'s test. However, if you want (NAME OF CHILD) to know his/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>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?</p>	
132A	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
132B	SIGN NAME AND ENTER BIOMARKER NUMBER.	_____ (SIGN) <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> BIOMARKER NUMBER
133A	CHECK 132A: WAS CONSENT GRANTED? <div style="display: inline-block; vertical-align: middle; margin-left: 20px;"> CONSENT GRANTED <input type="checkbox"/> ↓ </div> REFUSED OR NOT PRESENT <input type="checkbox"/>	→ 134
133B	CHECK 104: AGE OF CHILD? <div style="display: inline-block; vertical-align: middle; margin-left: 20px;"> AGE 10-14 YEARS <input type="checkbox"/> ↓ </div> AGE 2-4 YEARS <input type="checkbox"/> AGE 5-9 YEARS <input type="checkbox"/>	→ 133G → 133H
133C	<p>ASK ASSENT FOR DBS COLLECTION FROM MINOR:</p> <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 and transported to the laboratory for testing. 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>	
133D	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
133E	SIGN NAME AND ENTER BIOMARKER NUMBER.	_____ (SIGN) <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> BIOMARKER NUMBER
133F	CHECK 132A AND 133D: WAS CONSENT GRANTED? <div style="display: inline-block; vertical-align: middle; margin-left: 20px;"> BOTH CONSENTS GRANTED <input type="checkbox"/> ANY CONSENTS REFUSED OR NOT PRESENT / OTHER <input type="checkbox"/> </div>	→ 133H → 134

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

CHILD 1		SKIP
133G	<p>CHECK 127: WAS CONSENT FOR ADDITIONAL TESTING ASKED?</p> <p>NOT ASKED OR NO CODE RECORDED <input type="checkbox"/></p> <p>ANY CODE RECORDED <input type="checkbox"/></p>	134
133H	<p>ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/RESPONSIBLE ADULT:</p> <p>We also ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These include additional tests to see if individuals are protected against other infectious diseases. The blood sample will not have any name or other data attached that could identify (NAME OF CHILD). If you do not want the blood sample stored for additional testing, (NAME OF CHILD) can still participate in the other testing for this survey.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow us to keep (NAME OF CHILD)'s blood sample stored for additional testing?</p>	
133I	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
133J	SIGN NAME AND ENTER BIOMARKER NUMBER.	_____ (SIGN) <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> BIOMARKER NUMBER
133K	<p>CHECK 133I: WAS CONSENT GRANTED?</p> <p>CONSENT GRANTED <input type="checkbox"/></p> <p>REFUSED OR NOT PRESENT <input type="checkbox"/></p>	134
133L	<p>CHECK 104: CHILD AGE 10-14 YEARS?</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>	134
133M	<p>ASK ASSENT FOR ADDITIONAL TESTING FROM MINOR:</p> <p>We also ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These include additional tests to see if individuals are protected against other infectious diseases.</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>	
133N	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
133O	SIGN NAME AND ENTER BIOMARKER NUMBER.	_____ (SIGN) <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> BIOMARKER NUMBER

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

CHILD 1		SKIP
134	ASK CONSENT FOR HIV RDT FROM PARENT/RESPONSIBLE ADULT: PROVIDE PARENT/RESPONSIBLE ADULT WITH HIV RDT PARENTAL CONSENT FORM	
135	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
136A	SIGN NAME AND ENTER BIOMARKER NUMBER.	_____ (SIGN) [][][][] BIOMARKER NUMBER
136B	CHECK 135: WAS CONSENT GRANTED? CONSENT GRANTED <input type="checkbox"/> REFUSED OR NOT PRESENT <input type="checkbox"/>	→ 141
137	CHECK 104: CHILD AGE 10-14 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/>	→ 141
138	ASK ASSENT FOR HIV RAPID TESTING FROM MINOR: PROVIDE MINOR WITH HIV RDT MINOR ASSENT FORM (10-14 YEAR MINOR)	
139	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
140	SIGN NAME AND ENTER BIOMARKER NUMBER.	_____ (SIGN) [][][][] BIOMARKER NUMBER

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

CHILD 1		SKIP
141	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).	
142A	6-23 MONTHS: CHECK 123 24-59 MONTHS: CHECK 123 AND/OR 132A 5-9 YEARS: CHECK 132A 10-14 YEARS: CHECK 132A AND 133D PLACE BAR CODE LABEL: 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: 10px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT99994 REFUSED99995 OTHER99996
142B	CHECK 103: IS THE CHILD AGE 6-59 MONTHS OR OLDER? 6-59 MONTHS <input type="checkbox"/> OLDER <input type="checkbox"/>	143C
143A	CHECK 123 ATTACH THE "M" CIRCLE ADHESIVE ON THE FILTER PAPER CARD ONLY IF CONSENT IS GRANTED	
143B	CHECK 103: IS THE CHILD AGE 6-23 MONTHS OR 24-59 MONTHS? 24-59 MONTHS <input type="checkbox"/> 6-23 MONTHS <input type="checkbox"/>	143D
143C	24-59 MONTHS: CHECK 132A 5-9 YEARS: CHECK 132A 10-14 YEARS: CHECK 132A AND 133D ATTACH THE "HIV" CIRCLE ADHESIVE ON THE FILTER PAPER CARD ONLY IF CONSENT IS GRANTED	
143D	CHECK ADDITIONAL TESTING STATUS 6-23 MONTHS: CHECK 127 24-59 MONTHS: CHECK 127 OR 133I 5-9 YEARS: CHECK 133I 10-14 YEARS: CHECK 133I AND 133N	CONSENT REFUSED OR NOT PRESENT <input type="checkbox"/> CONSENT GRANTED <input type="checkbox"/>
143E	IF CONSENT REFUSED OR NOT PRESENT, WRITE "NAT" (NO ADDITIONAL TEST) ON THE FILTER PAPER.	
143F	CHECK COVER PAGE: WAS THIS HOUSEHOLD SELECTED FOR ANTHROPOMETRY AND ANEMIA? YES <input type="checkbox"/> NO <input type="checkbox"/>	148
143G	CHECK 103: IS THE CHILD AGE 6-59 MONTHS? YES <input type="checkbox"/> NO <input type="checkbox"/>	148
144	RECORD HEMOGLOBIN LEVEL HERE AND IN THE INFORMATIONAL BROCHURE	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT994 REFUSED995 OTHER996

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

CHILD 1		SKIP
144B	CHECK 144: WAS HEMOGLOBIN MEASURED YES <input type="checkbox"/> NO <input type="checkbox"/>	147
145	CHECK 144: HEMOGLOBIN RESULT	BELOW [8.0 G/DL], SEVERE ANEMIA 1 [8.0 G/DL] OR ABOVE 2 → 147
146	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. RECORD THE RESULT OF THE ANEMIA TEST ON THE SEVERE ANEMIA REFERRAL FORM.	
147	CHECK 103: IS THE CHILD AGE 6-23 MONTHS OR OLDER AGE 24 MONTHS OR OLDER <input type="checkbox"/> AGE 6-23 MONTHS <input type="checkbox"/>	157
148	RECORD THE RESULT OF THE "DETERMINE HIV RDT" HERE. 6 MONTHS - 14 YEARS: CHECK 132A 10-14 YEARS: CHECK 139	REACTIVE 1 NON-REACTIVE 2 → 151 NOT PRESENT 3 REFUSED 4 OTHER 5 } → 154
149	RECORD THE RESULT OF THE "SD-BIOLINE HIV RDT" HERE.	REACTIVE 1 NON-REACTIVE 2 → 152 NOT PRESENT 3 REFUSED 4 OTHER 5 } → 153
150	IF 148 AND 149 ARE REACTIVE, 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 154	
151	IF 148 IS NON-REACTIVE, RESPONDENT IS HIV NEGATIVE: INFORM THE RESPONDENT OF NEGATIVE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. SKIP TO 154	
152	IF 148 IS REACTIVE AND 149 IS NON-REACTIVE, RESPONDENT'S HIV STATUS IS INDETERMINATE: INFORM THE RESPONDENT OF INDETERMINATE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, RECOMMEND THAT RESPONDENT IS RETESTED IN 14 DAYS AND PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV TESTING CAN BE CONDUCTED. SKIP TO 154	
153	IF 148 IS REACTIVE AND SD-BIOLINE WAS NOT PERFORMED, RESPONDENT'S TESTING IS INCOMPLETE: INFORM THE RESPONDENT THAT A RESULT CANNOT BE GIVEN SINCE THE TESTING WAS NOT COMPLETED, AND CONDUCT POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, RECOMMEND THAT THE RESPONDENT VISIT THE NEAREST HEALTH FACILITY FOR FOLLOW UP HIV TESTING TO DETERMINE HIV STATUS.	
154	WHILE TESTING THIS PERSON, WAS ANY RDT INVALID / DID ANY RDT FAIL TO RUN, THAT IS, THE CONTROL BAND DID NOT APPEAR?	RDT CONDUCTED, YES ANY INVALID 1 RDT CONDUCTED, NONE INVALID 2 NO RDT CONDUCTED 3 } → 157

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

CHILD 1		SKIP
155	RECORD NUMBER OF INVALID RESULTS USING "DETERMINE HIV RDT"	<div style="text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div> <p>RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER '00'</p>
156	RECORD NUMBER OF INVALID RESULTS USING "SD-BIOLINE HIV RDT"	<div style="text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div> <p>RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER '00'</p>
157	IF ANOTHER CHILD, GO TO 102 ON THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 202 IN THE WOMAN BIOMARKER QUESTIONNAIRE	

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

101	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN AGE 0-14 YEARS IN QUESTION 102 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN THREE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).		
	CHILD 2		SKIP
102	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF CHILD.	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM PREGNANCY 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"/>	
104	IF MOTHER INTERVIEWED: COPY CHILD'S AGE FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: How old was (NAME) at (NAME)'s last birthday? COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
105A	CHECK 104: CHILD AGE 5-14 YEARS? NO <input type="checkbox"/> YES <input type="checkbox"/>	<input type="checkbox"/> →	130
105B	CHECK 104: CHILD AGE 0-4 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> →	157
105C	CHECK COVER PAGE: WAS THIS HOUSEHOLD SELECTED FOR ANTHROPOMETRY AND ANEMIA? NO <input type="checkbox"/> YES <input type="checkbox"/>	<input type="checkbox"/> →	106
105D	CHECK 103: IS THE CHILD AGE 0-23 MONTHS OR 24-59 MONTHS? AGE 0-23 MONTHS <input type="checkbox"/> AGE 24-59 MONTHS <input type="checkbox"/>	<input type="checkbox"/> →	157 122A

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

	CHILD 2		SKIP
106	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT9994 REFUSED 9995 OTHER 9996	<input type="checkbox"/> → 108
107	WAS THE CHILD MINIMALLY DRESSED?	YES 1 NO 2	
108	HEIGHT IN CENTIMETERS. IF CHILD IS AGE 0-1 YEARS, MEASURE LYING DOWN. IF CHILD IS AGE 2, 3, OR 4 YEARS, MEASURE STANDING UP.	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT9994 REFUSED 9995 OTHER 9996	<input type="checkbox"/> → 113



WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

CHILD 2		SKIP								
109	WAS THE CHILD MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2								
110	CHECK 104 AND 109: BASED ON CHILD'S AGE, WAS CORRECT MEASUREMENT PROCEDURE FOLLOWED?	YES 1 → 112 NO 2								
111	IF CHILD IS AGE 0-1 YEARS: WHY WAS (NAME) MEASURED STANDING UP? IF CHILD IS AGE 2-4 YEARS: WHY WAS (NAME) MEASURED LYING DOWN? <hr/> <hr/>									
112	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES 1 NO 2								
113	ENTER BIOMARKER NUMBER OF MEASURER.	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> BIOMARKER NUMBER								
114	ENTER BIOMARKER NUMBER OF ASSISTANT MEASURER.	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> BIOMARKER NUMBER								
115	TODAY'S DATE:	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
116	RECORD HEIGHT/LENGTH AND WEIGHT IN THE INFORMATIONAL BROCHURE.									
117	CHECK 103: IS THE CHILD AGE 0-5 MONTHS <input type="checkbox"/> OLDER <input type="checkbox"/> OR IS THE CHILD OLDER?	AGE 0-5 MONTHS <input type="checkbox"/> → 157								
118	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR THE CHILD.	NAME _____ LINE NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
119	ASK CONSENT FOR ANEMIA TEST FROM PARENT/RESPONSIBLE 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 between the age of 6-59 months take part in anemia testing. The anemia test requires 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?									
120	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3								
121	SIGN NAME AND ENTER BIOMARKER NUMBER.	_____ (SIGN) <div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> BIOMARKER NUMBER								

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

	CHILD 2		SKIP
122A	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR THE CHILD.	NAME _____ LINE NUMBER <input type="text"/>	
122B	<p>ASK CONSENT FOR DBS IMMUNIZATION TEST FROM PARENT/RESPONSIBLE ADULT:</p> <p>As part of this survey, we are asking parents and caregivers all over the country to allow their children between the age of 6-59 months to be tested for antibodies to measles and rubella viruses. Measles and rubella are both highly contagious viruses that may result in serious complications or death. This survey will be used to measure how many children remain at risk of measles and rubella to help the Ministry of Health prevent these diseases.</p> <p>For the testing, we will need a few drops of blood from (NAME OF CHILD)'s finger or heel. The instruments used to take the blood are clean and completely safe. These instruments have never been used before and will be thrown away after each test. No names will be written on the filter paper card, so we will not be able to tell you (NAME OF CHILD)'s results. No one else will be able to know (NAME OF CHILD)'s test results either.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF CHILD)'s blood to be tested for antibodies to measles and rubella virus in a laboratory?</p>		
123	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3	
124	SIGN NAME AND ENTER BIOMARKER NUMBER.	_____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BIOMARKER NUMBER	
125	CHECK 123: WAS CONSENT GRANTED?	CONSENT GRANTED <input type="checkbox"/> REFUSED OR NOT PRESENT <input type="checkbox"/>	129
126	<p>ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/RESPONSIBLE ADULT:</p> <p>We also ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These include additional tests to see if individuals are protected against other infectious diseases. The blood sample will not have any name or other data attached that could identify (NAME OF CHILD). If you do not want the blood sample stored for additional testing, (NAME OF CHILD) can still participate in the other testing for this survey.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow us to keep (NAME OF CHILD)'s blood sample stored for additional testing?</p>		
127	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3	
128	SIGN NAME AND ENTER BIOMARKER NUMBER.	_____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BIOMARKER NUMBER	
129	CHECK 103: IS THE CHILD AGE 6-23 MONTHS OR THE CHILD 24-59 MONTHS	AGE 24-59 MONTHS <input type="checkbox"/> AGE 6-23 MONTHS <input type="checkbox"/>	141
130	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR THE CHILD.	NAME _____ LINE NUMBER <input type="text"/>	

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

	CHILD 2		SKIP
131	<p>ASK CONSENT FOR DBS HIV TEST FROM PARENT/RESPONSIBLE ADULT:</p> <p>As part of the survey we 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>We ask that (NAME OF CHILD)'s blood collected onto the paper card be tested for HIV in a laboratory. The blood sample will not be labeled with information that directly identifies your child but will be labeled with an identification number. We will not be able to tell you the HIV result of (NAME OF CHILD)'s test. However, if you want (NAME OF CHILD) to know his/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>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?</p>		
132A	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3	
132B	SIGN NAME AND ENTER BIOMARKER NUMBER.	_____ (SIGN)  BIOMARKER NUMBER	
133A	CHECK 132A: WAS CONSENT GRANTED?	CONSENT GRANTED <input type="checkbox"/> REFUSED OR NOT PRESENT <input type="checkbox"/>	→ 134
133B	CHECK 104: AGE OF CHILD?	AGE 10-14 YEARS <input type="checkbox"/> AGE 2-4 YEARS <input type="checkbox"/> AGE 5-9 YEARS <input type="checkbox"/>	→ 133G → 133H
133C	<p>ASK ASSENT FOR DBS COLLECTION FROM MINOR:</p> <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 and transported to the laboratory for testing. 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>		
133D	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3	
133E	SIGN NAME AND ENTER BIOMARKER NUMBER.	_____ (SIGN)  BIOMARKER NUMBER	
133F	CHECK 132A AND 133D: WAS CONSENT GRANTED?	BOTH CONSENTS GRANTED <input type="checkbox"/> ANY CONSENTS REFUSED OR NOT PRESENT / OTHER <input type="checkbox"/>	→ 133H → 134

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

CHILD 2		SKIP
133G	<p>CHECK 127: WAS CONSENT FOR ADDITIONAL TESTING ASKED?</p> <p>NOT ASKED OR NO CODE RECORDED <input type="checkbox"/></p> <p>ANY CODE RECORDED <input type="checkbox"/></p>	134
133H	<p>ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/RESPONSIBLE ADULT:</p> <p>We also ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These include additional tests to see if individuals are protected against other infectious diseases. The blood sample will not have any name or other data attached that could identify (NAME OF CHILD). If you do not want the blood sample stored for additional testing, (NAME OF CHILD) can still participate in the other testing for this survey.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow us to keep (NAME OF CHILD)'s blood sample stored for additional testing?</p>	
133I	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
133J	SIGN NAME AND ENTER BIOMARKER NUMBER.	_____ (SIGN) <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> BIOMARKER NUMBER
133K	<p>CHECK 133I: WAS CONSENT GRANTED?</p> <p>CONSENT GRANTED <input type="checkbox"/></p> <p>REFUSED OR NOT PRESENT <input type="checkbox"/></p>	134
133L	<p>CHECK 104: CHILD AGE 10-14 YEARS?</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>	134
133M	<p>ASK ASSENT FOR ADDITIONAL TESTING FROM MINOR:</p> <p>We also ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These include additional tests to see if individuals are protected against other infectious diseases.</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>	
133N	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
133O	SIGN NAME AND ENTER BIOMARKER NUMBER.	_____ (SIGN) <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> BIOMARKER NUMBER

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

CHILD 2		SKIP
134	ASK CONSENT FOR HIV RDT FROM PARENT/RESPONSIBLE ADULT: PROVIDE PARENT/RESPONSIBLE ADULT WITH HIV RDT PARENTAL CONSENT FORM	
135	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
136A	SIGN NAME AND ENTER BIOMARKER NUMBER.	_____ (SIGN) [][][][][] BIOMARKER NUMBER
136B	CHECK 135: WAS CONSENT GRANTED? CONSENT GRANTED <input type="checkbox"/> REFUSED OR NOT PRESENT <input type="checkbox"/>	141
137	CHECK 104: CHILD AGE 10-14 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/>	141
138	ASK ASSENT FOR HIV RAPID TESTING FROM MINOR: PROVIDE MINOR WITH HIV RDT MINOR ASSENT FORM (10-14 YEAR MINOR)	
139	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
140	SIGN NAME AND ENTER BIOMARKER NUMBER.	_____ (SIGN) [][][][][] BIOMARKER NUMBER

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

CHILD 2		SKIP
141	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).	
142A	6-23 MONTHS: CHECK 123 24-59 MONTHS: CHECK 123 AND/OR 132A 5-9 YEARS: CHECK 132A 10-14 YEARS: CHECK 132A AND 133D PLACE BAR CODE LABEL: 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: 10px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT99994 REFUSED99995 OTHER99996
142B	CHECK 103: IS THE CHILD AGE 6-59 MONTHS OR OLDER? 6-59 MONTHS <input type="checkbox"/> OLDER <input type="checkbox"/>	143C
143A	CHECK 123 ATTACH THE "M" CIRCLE ADHESIVE ON THE FILTER PAPER CARD ONLY IF CONSENT IS GRANTED	
143B	CHECK 103: IS THE CHILD AGE 6-23 MONTHS OR 24-59 MONTHS? 24-59 MONTHS <input type="checkbox"/> 6-23 MONTHS <input type="checkbox"/>	143D
143C	24-59 MONTHS: CHECK 132A 5-9 YEARS: CHECK 132A 10-14 YEARS: CHECK 132A AND 133D ATTACH THE "HIV" CIRCLE ADHESIVE ON THE FILTER PAPER CARD ONLY IF CONSENT IS GRANTED	
143D	CHECK ADDITIONAL TESTING STATUS 6-23 MONTHS: CHECK 127 24-59 MONTHS: CHECK 127 OR 133I 5-9 YEARS: CHECK 133I 10-14 YEARS: CHECK 133I AND 133N CONSENT REFUSED OR NOT PRESENT <input type="checkbox"/> CONSENT GRANTED <input type="checkbox"/>	143F
143E	IF CONSENT REFUSED OR NOT PRESENT, WRITE "NAT" (NO ADDITIONAL TEST) ON THE FILTER PAPER.	
143F	CHECK COVER PAGE: WAS THIS HOUSEHOLD SELECTED FOR ANTHROPOMETRY AND ANEMIA? YES <input type="checkbox"/> NO <input type="checkbox"/>	148
143G	CHECK 103: IS THE CHILD AGE 6-59 MONTHS? YES <input type="checkbox"/> NO <input type="checkbox"/>	148
144	RECORD HEMOGLOBIN LEVEL HERE AND IN THE INFORMATIONAL BROCHURE	G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT994 REFUSED995 OTHER996

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

	CHILD 2		SKIP
144B	CHECK 144: WAS HEMOGLOBIN MEASURED	YES <input type="checkbox"/> NO <input type="checkbox"/>	147
145	CHECK 144: HEMOGLOBIN RESULT	BELOW [8.0 G/DL], SEVERE ANEMIA 1 [8.0 G/DL] OR ABOVE 2	147
146	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. RECORD THE RESULT OF THE ANEMIA TEST ON THE SEVERE ANEMIA REFERRAL FORM.		
147	CHECK 103: IS THE CHILD AGE 6-23 MONTHS OR OLDER	AGE 24 MONTHS OR OLDER <input type="checkbox"/> AGE 6-23 MONTHS <input type="checkbox"/>	157
148	RECORD THE RESULT OF THE "DETERMINE HIV RDT" HERE. 6 MONTHS - 14 YEARS: CHECK 132A 10-14 YEARS: CHECK 139	REACTIVE 1 NON-REACTIVE 2 NOT PRESENT 3 REFUSED 4 OTHER 5	151 154
149	RECORD THE RESULT OF THE "SD-BIOLINE HIV RDT" HERE.	REACTIVE 1 NON-REACTIVE 2 NOT PRESENT 3 REFUSED 4 OTHER 5	152 153
150	IF 148 AND 149 ARE REACTIVE, 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 154		
151	IF 148 IS NON-REACTIVE, RESPONDENT IS HIV NEGATIVE: INFORM THE RESPONDENT OF NEGATIVE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. SKIP TO 154		
152	IF 148 IS REACTIVE AND 149 IS NON-REACTIVE, RESPONDENT'S HIV STATUS IS INDETERMINATE: INFORM THE RESPONDENT OF INDETERMINATE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, RECOMMEND THAT RESPONDENT IS RETESTED IN 14 DAYS AND PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV TESTING CAN BE CONDUCTED. SKIP TO 154		
153	IF 148 IS REACTIVE AND SD-BIOLINE WAS NOT PERFORMED, RESPONDENT'S TESTING IS INCOMPLETE: INFORM THE RESPONDENT THAT A RESULT CANNOT BE GIVEN SINCE THE TESTING WAS NOT COMPLETED, AND CONDUCT POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, RECOMMEND THAT THE RESPONDENT VISIT THE NEAREST HEALTH FACILITY FOR FOLLOW UP HIV TESTING TO DETERMINE HIV STATUS.		
154	WHILE TESTING THIS PERSON, WAS ANY RDT INVALID/DID ANY RDT FAIL TO RUN, THAT IS, THE CONTROL BAND DID NOT APPEAR?	RDT CONDUCTED, YES ANY INVALID 1 RDT CONDUCTED, NONE INVALID 2 NO RDT CONDUCTED 3	157

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

CHILD 2		SKIP
155	RECORD NUMBER OF INVALID RESULTS USING "DETERMINE HIV RDT"	<div style="text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div> <p align="center">RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER '00'</p>
156	RECORD NUMBER OF INVALID RESULTS USING "SD-BIOLINE HIV RDT"	<div style="text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div> <p align="center">RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER '00'</p>
157	IF ANOTHER CHILD, GO TO 102 ON THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 202 IN THE WOMAN BIOMARKER QUESTIONNAIRE	

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

101	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/Biomarkers". RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN AGE 0-14 YEARS IN QUESTION 102 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN THREE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).		
	CHILD 3		SKIP
102	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF CHILD.	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM PREGNANCY 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"/>	
104	IF MOTHER INTERVIEWED: COPY CHILD'S AGE FROM PREGNANCY HISTORY. IF MOTHER NOT INTERVIEWED ASK: How old was (NAME) at (NAME)'s last birthday? COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
105A	CHECK 104: CHILD AGE 5-14 YEARS? NO <input type="checkbox"/> YES <input type="checkbox"/>		130
105B	CHECK 104: CHILD AGE 0-4 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/>		157
105C	CHECK COVER PAGE: WAS THIS HOUSEHOLD SELECTED FOR ANTHROPOMETRY AND ANEMIA? NO <input type="checkbox"/> YES <input type="checkbox"/>		106
105D	CHECK 103: IS THE CHILD AGE 0-23 MONTHS OR 24-59 MONTHS? AGE 0-23 MONTHS <input type="checkbox"/> AGE 24-59 MONTHS <input type="checkbox"/>		157 122A



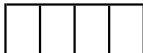

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

	CHILD 3		SKIP
106	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	108
107	WAS THE CHILD MINIMALLY DRESSED?	YES 1 NO 2	
108	HEIGHT IN CENTIMETERS. IF CHILD IS AGE 0-1 YEARS, MEASURE LYING DOWN. IF CHILD IS AGE 2, 3, OR 4 YEARS, MEASURE STANDING UP.	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	113

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

CHILD 3		SKIP
109	WAS THE CHILD MEASURED LYING DOWN OR STANDING UP? LYING DOWN 1 STANDING UP 2	
110	CHECK 104 AND 109: BASED ON CHILD'S AGE, WAS CORRECT MEASUREMENT PROCEDURE FOLLOWED? YES 1 NO 2	→ 112
111	IF CHILD IS AGE 0-1 YEARS: WHY WAS (NAME) MEASURED STANDING UP? IF CHILD IS AGE 2-4 YEARS: WHY WAS (NAME) MEASURED LYING DOWN? <hr/> <hr/>	
112	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR? YES 1 NO 2	
113	ENTER BIOMARKER NUMBER OF MEASURER. <div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> BIOMARKER NUMBER	
114	ENTER BIOMARKER NUMBER OF ASSISTANT MEASURER. <div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> BIOMARKER NUMBER	
115	TODAY'S DATE: 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"/>	
116	RECORD HEIGHT/LENGTH AND WEIGHT IN THE INFORMATIONAL BROCHURE.	
117	CHECK 103: IS THE CHILD AGE 0-5 MONTHS OLDER <input type="checkbox"/> AGE 0-5 MONTHS <input type="checkbox"/>	→ 157
118	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR THE CHILD. NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	
119	ASK CONSENT FOR ANEMIA TEST FROM PARENT/RESPONSIBLE 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 between the age of 6-59 months take part in anemia testing. The anemia test requires 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?	
120	CIRCLE THE CODE. GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3	
121	SIGN NAME AND ENTER BIOMARKER NUMBER. <hr/> (SIGN) <div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> BIOMARKER NUMBER	

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

	CHILD 3		SKIP
122A	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR THE CHILD.	NAME _____ LINE NUMBER 	
122B	<p>ASK CONSENT FOR DBS IMMUNIZATION TEST FROM PARENT/RESPONSIBLE ADULT:</p> <p>As part of this survey, we are asking parents and caregivers all over the country to allow their children between the age of 6-59 months to be tested for antibodies to measles and rubella viruses. Measles and rubella are both highly contagious viruses that may result in serious complications or death. This survey will be used to measure how many children remain at risk of measles and rubella to help the Ministry of Health prevent these diseases.</p> <p>For the testing, we will need a few drops of blood from (NAME OF CHILD)'s finger or heel. The instruments used to take the blood are clean and completely safe. These instruments have never been used before and will be thrown away after each test. No names will be written on the filter paper card, so we will not be able to tell you (NAME OF CHILD)'s results. No one else will be able to know (NAME OF CHILD)'s test results either.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF CHILD)'s blood to be tested for antibodies to measles and rubella virus in a laboratory?</p>		
123	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3	
124	SIGN NAME AND ENTER BIOMARKER NUMBER.	_____ (SIGN)  BIOMARKER NUMBER	
125	CHECK 123: WAS CONSENT GRANTED?	CONSENT GRANTED <input type="checkbox"/> REFUSED OR NOT PRESENT <input type="checkbox"/>	129
126	<p>ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/RESPONSIBLE ADULT:</p> <p>We also ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These include additional tests to see if individuals are protected against other infectious diseases. The blood sample will not have any name or other data attached that could identify (NAME OF CHILD). If you do not want the blood sample stored for additional testing, (NAME OF CHILD) can still participate in the other testing for this survey.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow us to keep (NAME OF CHILD)'s blood sample stored for additional testing?</p>		
127	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3	
128	SIGN NAME AND ENTER BIOMARKER NUMBER.	_____ (SIGN)  BIOMARKER NUMBER	
129	CHECK 103: IS THE CHILD AGE 6-23 MONTHS OR THE CHILD 24-59 MONTHS?	AGE 24-59 MONTHS <input type="checkbox"/> AGE 6-23 MONTHS <input type="checkbox"/>	141
130	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR THE CHILD.	NAME _____ LINE NUMBER 	

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

CHILD 3		SKIP
133G	CHECK 127: WAS CONSENT FOR ADDITIONAL TESTING ASKED? NOT ASKED OR NO CODE RECORDED <input type="checkbox"/> ANY CODE RECORDED <input type="checkbox"/>	134
133H	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/RESPONSIBLE ADULT: We also ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These include additional tests to see if individuals are protected against other infectious diseases. The blood sample will not have any name or other data attached that could identify (NAME OF CHILD). If you do not want the blood sample stored for additional testing, (NAME OF CHILD) can still participate in the other testing for this survey. Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow us to keep (NAME OF CHILD)'s blood sample stored for additional testing?	
133I	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
133J	SIGN NAME AND ENTER BIOMARKER NUMBER.	_____ (SIGN) [][][][] BIOMARKER NUMBER
133K	CHECK 133I: WAS CONSENT GRANTED? CONSENT GRANTED <input type="checkbox"/> REFUSED OR NOT PRESENT <input type="checkbox"/>	134
133L	CHECK 104: CHILD AGE 10-14 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/>	134
133M	ASK ASSENT FOR ADDITIONAL TESTING FROM MINOR: We also ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These include additional tests to see if individuals are protected against other infectious diseases. 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. Will you allow us to keep the blood sample stored for additional testing?	
133N	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
133O	SIGN NAME AND ENTER BIOMARKER NUMBER.	_____ (SIGN) [][][][] BIOMARKER NUMBER

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

CHILD 3		SKIP
134	ASK CONSENT FOR HIV RDT FROM PARENT/RESPONSIBLE ADULT: PROVIDE PARENT/RESPONSIBLE ADULT WITH HIV RDT PARENTAL CONSENT FORM	
135	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
136A	SIGN NAME AND ENTER BIOMARKER NUMBER.	_____ (SIGN) [][][][] BIOMARKER NUMBER
136B	CHECK 135: WAS CONSENT GRANTED? CONSENT GRANTED <input type="checkbox"/> REFUSED OR NOT PRESENT <input type="checkbox"/>	→ 141
137	CHECK 104: CHILD AGE 10-14 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/>	→ 141
138	ASK ASSENT FOR HIV RAPID TESTING FROM MINOR: PROVIDE MINOR WITH HIV RDT MINOR ASSENT FORM (10-14 YEAR MINOR)	
139	CIRCLE THE CODE.	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
140	SIGN NAME AND ENTER BIOMARKER NUMBER.	_____ (SIGN) [][][][] BIOMARKER NUMBER



WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

CHILD 3		SKIP
141	<p>PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).</p>	
142A	<p>6-23 MONTHS: CHECK 123 24-59 MONTHS: CHECK 123 AND/OR 132A 5-9 YEARS: CHECK 132A 10-14 YEARS: CHECK 132A AND 133D</p> <p>PLACE BAR CODE LABEL:</p> <p>PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.</p>	<div style="border: 1px dashed black; padding: 5px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> <p>NOT PRESENT99994 REFUSED99995 OTHER99996</p>
142B	<p>CHECK 103: IS THE CHILD AGE 6-59 MONTHS OR OLDER?</p> <p>6-59 MONTHS <input type="checkbox"/> OLDER <input type="checkbox"/></p>	143C
143A	<p>CHECK 123</p> <p>ATTACH THE "M" CIRCLE ADHESIVE ON THE FILTER PAPER CARD ONLY IF CONSENT IS GRANTED</p>	
143B	<p>CHECK 103: IS THE CHILD AGE 6-23 MONTHS OR 24-59 MONTHS?</p> <p>24-59 MONTHS <input type="checkbox"/> 6-23 MONTHS <input type="checkbox"/></p>	143D
143C	<p>24-59 MONTHS: CHECK 132A 5-9 YEARS: CHECK 132A 10-14 YEARS: CHECK 132A AND 133D</p> <p>ATTACH THE "HIV" CIRCLE ADHESIVE ON THE FILTER PAPER CARD ONLY IF CONSENT IS GRANTED</p>	
143D	<p>CHECK ADDITIONAL TESTING STATUS</p> <p>6-23 MONTHS: CHECK 127 24-59 MONTHS: CHECK 127 OR 133I 5-9 YEARS: CHECK 133I 10-14 YEARS: CHECK 133I AND 133N</p> <p>CONSENT REFUSED OR NOT PRESENT <input type="checkbox"/> CONSENT GRANTED <input type="checkbox"/></p>	143F
143E	<p>IF CONSENT REFUSED OR NOT PRESENT, WRITE "NAT" (NO ADDITIONAL TEST) ON THE FILTER PAPER.</p>	
143F	<p>CHECK COVER PAGE: WAS THIS HOUSEHOLD SELECTED FOR ANTHROPOMETRY AND ANEMIA?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>	148
143G	<p>CHECK 103: IS THE CHILD AGE 6-59 MONTHS?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>	148
144	<p>RECORD HEMOGLOBIN LEVEL HERE AND IN THE INFORMATIONAL BROCHURE</p>	<p>G/DL <input type="text"/> <input type="text"/> <input type="text"/></p> <p>NOT PRESENT994 REFUSED995 OTHER996</p>

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

	CHILD 3		SKIP
144B	CHECK 144: WAS HEMOGLOBIN MEASURED	YES <input type="checkbox"/> NO <input type="checkbox"/>	147
145	CHECK 144: HEMOGLOBIN RESULT	BELOW [8.0 G/DL], SEVERE ANEMIA 1 [8.0 G/DL] OR ABOVE 2	147
146	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. RECORD THE RESULT OF THE ANEMIA TEST ON THE SEVERE ANEMIA REFERRAL FORM.		
147	CHECK 103: IS THE CHILD AGE 6-23 MONTHS OR OLDER	AGE 24 MONTHS OR OLDER <input type="checkbox"/> AGE 6-23 MONTHS <input type="checkbox"/>	157
148	RECORD THE RESULT OF THE "DETERMINE HIV RDT" HERE. 6 MONTHS - 14 YEARS: CHECK 132A 10-14 YEARS: CHECK 139	REACTIVE 1 NON-REACTIVE 2 NOT PRESEN 3 REFUSED 4 OTHER 5	151 154
149	RECORD THE RESULT OF THE "SD-BIOLINE HIV RDT" HERE.	REACTIVE 1 NON-REACTIVE 2 NOT PRESEN 3 REFUSED 4 OTHER 5	152 153
150	IF 148 AND 149 ARE REACTIVE, 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 154		
151	IF 148 IS NON-REACTIVE, RESPONDENT IS HIV NEGATIVE: INFORM THE RESPONDENT OF NEGATIVE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. SKIP TO 154		
152	IF 148 IS REACTIVE AND 149 IS NON-REACTIVE, RESPONDENT'S HIV STATUS IS INDETERMINATE: INFORM THE RESPONDENT OF INDETERMINATE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, RECOMMEND THAT RESPONDENT IS RETESTED IN 14 DAYS AND PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV TESTING CAN BE CONDUCTED. SKIP TO 154		
153	IF 148 IS REACTIVE AND SD-BIOLINE WAS NOT PERFORMED, RESPONDENT'S TESTING IS INCOMPLETE: INFORM THE RESPONDENT THAT A RESULT CANNOT BE GIVEN SINCE THE TESTING WAS NOT COMPLETED, AND CONDUCT POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, RECOMMEND THAT THE RESPONDENT VISIT THE NEAREST HEALTH FACILITY FOR FOLLOW UP HIV TESTING TO DETERMINE HIV STATUS.		
154	WHILE TESTING THIS PERSON, WAS ANY RDT INVALID/DID ANY RDT FAIL TO RUN, THAT IS, THE CONTROL BAND DID NOT APPEAR?	RDT CONDUCTED, YES ANY INVALID 1 RDT CONDUCTED, NONE INVALID 2 NO RDT CONDUCTE 3	157

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND DBS COLLECTION FOR CHILDREN AGE 0-14

CHILD 3		SKIP
155	RECORD NUMBER OF INVALID RESULTS USING "DETERMINE HIV RDT"	<div style="text-align: center;">  <p>RECORD NUMBER OF INVALID RESULTS, IF NONE</p> </div>
156	RECORD NUMBER OF INVALID RESULTS USING "SD-BIOLINE HIV RDT"	<div style="text-align: center;">  <p>RECORD NUMBER OF INVALID RESULTS, IF NONE</p> </div>
157	IF ANOTHER CHILD, GO TO 102 IN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 202 IN THE WOMAN BIOMARKER QUESTIONNAIRE	

201	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE WOMEN IN 202, 203, AND 204 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN TWO WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).		
	WOMAN 1		SKIP
202	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF WOMAN.	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	
203	CHECK CAPI OUTPUT FOR AGE:	15-17 YEARS 1 18-49 YEARS 2	
204A	CHECK CAPI OUTPUT FOR MARITAL STATUS:	NEVER IN UNION 1 OTHER 2	
204B	CHECK COVER PAGE: WAS THIS HOUSEHOLD SELECTED FOR ANTHROPOMETRY AND ANEMIA?	Yes <input type="checkbox"/> No <input type="checkbox"/> → 216B	
205	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	} → 207
206	WAS THE WOMAN WEARING ONLY LIGHTWEIGHT CLOTHING?	YES 1 NO 2	
207	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	} → 209
208	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES 1 NO 2	
209	ENTER BIOMARKER NUMBER OF MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BIOMARKER NUMBER	
210	ENTER BIOMARKER NUMBER OF ASSISTANT MEASURER. IF NO ASSISTANT MEASURER, ENTER 9999.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BIOMARKER NUMBER	
211	TODAY'S DATE:	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"/>	
212	CHECK 203:	AGE 15-17 YEARS <input type="checkbox"/> AGE 18-49 YEARS <input type="checkbox"/> → 214	
213	CHECK 204:	OTHER <input type="checkbox"/> NEVER IN UNION <input type="checkbox"/> → 225	

	WOMAN 1	SKIP
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ADULT RESPONDENT CONSENT FOR ANEMIA TEST						
A D U L T R E S P O N D E N T C O N S E N T	214	<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. Will you take the anemia test?</p>				
	215	<p>CIRCLE THE CODE.</p> <p style="text-align: right;">GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3</p>				
	216A	<p>SIGN NAME AND ENTER BIOMARKER NUMBER OF HEMOGLOBIN MEASURER.</p> <p style="text-align: center;">_____ (SIGN)</p> <div style="text-align: center;"> <table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p>BIOMARKER NUMBER</p> </div>				
	216B	<p>CHECK 203: AGE 15-17 <input type="checkbox"/> AGE 18-49 <input type="checkbox"/></p> <p style="text-align: center;">YEARS ↓ YEARS → 217</p>				
	216C	<p>CHECK 204: OTHER <input type="checkbox"/> NEVER IN UNION <input type="checkbox"/></p> <p style="text-align: center;">↓ → 232B</p>				

ADULT RESPONDENT CONSENT FOR DBS COLLECTION						
A D U L T R E S P O N D E N T C O N S E N T	217	<p>ASK CONSENT FOR DBS COLLECTION:</p> <p>As part of the survey we also are asking adults 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 and taken to the central laboratory for testing. 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 the central laboratory?</p>				
	218	<p>CIRCLE THE CODE.</p> <p style="text-align: right;">GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3</p>				
	219A	<p>SIGN NAME AND ENTER BIOMARKER NUMBER OF DBS COLLECTOR.</p> <p style="text-align: center;">_____ (SIGN)</p> <div style="text-align: center;"> <table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p>BIOMARKER NUMBER</p> </div>				
	219B	<p>CHECK 218: CONSENT GRANTED <input type="checkbox"/> REFUSED OR NOT PRESENT <input type="checkbox"/></p> <p style="text-align: center;">↓ → 222</p>				

	WOMAN 1	SKIP
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ADULT RESPONDENT CONSENT FOR ADDITIONAL TESTING		
A D U L T R E S P O N D E N T C O N S E N T	220	<p>ASK CONSENT FOR ADDITIONAL TESTING:</p> <p>We also ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These include additional tests to see if individuals are protected against other infectious diseases.</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>
	221	<p>CIRCLE THE CODE.</p> <div style="float: right; text-align: right;"> GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3 </div>

ADULT RESPONDENT CONSENT FOR HIV RAPID TESTING						
A D U L T R E S P O N D E N T C O N S E N T	222	<p>ASK CONSENT FOR HIV RAPID TESTING:</p> <p>PROVIDE ADULT WITH HIV RDT ADULT CONSENT FORM</p>				
	223	<p>CIRCLE THE CODE.</p> <div style="float: right; text-align: right;"> GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3 </div>				
	224	<p>SIGN NAME AND ENTER BIOMARKER NUMBER OF HIV COUNSELOR.</p> <div style="text-align: center; margin-top: 10px;"> _____ (SIGN) </div> <div style="text-align: center; margin-top: 10px;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p>BIOMARKER NUMBER</p> </div> <div style="text-align: right; margin-top: 5px;">→ 252</div>				
	225	<p>RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR MINOR.</p> <div style="margin-top: 10px;"> NAME _____ LINE NUMBER OF PARENT/ RESPONSIBLE ADULT <div style="border: 1px dashed black; width: 30px; height: 30px; margin: 5px auto;"></div> </div>				

PARENT/RESPONSIBLE ADULT CONSENT FOR ANEMIA TEST	
P A R E N T / R E S P O N S I B L E	<p style="margin: 0;">226</p> <p style="margin: 0;">ASK CONSENT FOR ANEMIA TEST FROM PARENT/RESPONSIBLE ADULT:</p> <p style="margin: 5px 0 0 20px;">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 style="margin: 5px 0 0 20px;">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 style="margin: 5px 0 0 20px;">Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF MINOR) to take the anemia test?</p>

	WOMAN 1		SKIP
ADULT CONSENT	227	CIRCLE THE CODE.	GRANTED 1 PARENT/RESPONSIBLE ADULT REFUSED 2 NOT PRESENT/OTHER 3
	228	SIGN NAME AND ENTER BIOMARKER NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> BIOMARKER NUMBER
	229	CHECK 227: CONSENT <input type="checkbox"/> GRANTED CONSENT REFUSED OR NOT PRESENT/OTHER <input type="checkbox"/>	→ 233
MINOR RESPONDENT ASSENT FOR ANEMIA TEST			
MINOR RESPONDENT ASSENT	230	ASK ASSENT FOR ANEMIA TEST FROM MINOR RESPONDENT: 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 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. Do you have any questions? You can say yes or no. It is up to you to decide. Will you take the anemia test?	
	231	CIRCLE THE CODE.	GRANTED 1 MINOR RESPONDENT REFUSED 2 NOT PRESENT/OTHER 3
	232A	SIGN NAME AND ENTER BIOMARKER NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> BIOMARKER NUMBER
	232B	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR MINOR.	NAME _____ LINE NUMBER OF PARENT/ RESPONSIBLE ADULT <div style="border: 1px dashed black; width: 40px; height: 20px; margin: 0 auto;"></div>
PARENT/RESPONSIBLE ADULT CONSENT FOR DBS COLLECTION			
PARENT/ RESPONSIBLE	233	ASK CONSENT FOR DBS COLLECTION FROM PARENT/RESPONSIBLE 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 and transported to the central laboratory. 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 the 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?	

	WOMAN 1		SKIP
A D U L T C O N S E N T	234	CIRCLE THE CODE.	GRANTEC 1 PARENT/RESPONSIBLE ADULT REFUSED 2 NOT PRESENT/OTHER 3
	235	SIGN NAME AND ENTER BIOMARKER NUMBER OF DBS COLLECTOR.	_____ (SIGN) [][][][] BIOMARKER NUMBER
	236	CHECK 234: CONSENT GRANTED <input type="checkbox"/> REFUSED OR NOT PRESENT <input type="checkbox"/>	→ 245
MINOR RESPONDENT ASSENT FOR DBS COLLECTION			
M I N O R R E S P O N D E N T A S S E N T	237	ASK ASSENT FOR DBS COLLECTION FROM MINOR: 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. For the HIV testing, we need a few (more) drops of blood from a finger. The blood will be collected on a paper card and transported to the laboratory for testing. 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. 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?	
	238	CIRCLE THE CODE.	GRANTEC 1 MINOR RESPONDENT REFUSED 2 NOT PRESENT/OTHER 3
	239A	SIGN NAME AND ENTER BIOMARKER NUMBER OF DBS COLLECTOR.	_____ (SIGN) [][][][] BIOMARKER NUMBER
	239B	CHECK 238: CONSENT GRANTED <input type="checkbox"/> REFUSED OR NOT PRESENT <input type="checkbox"/>	→ 245
PARENT/RESPONSIBLE ADULT CONSENT FOR ADDITIONAL TESTING			
P A R E N T / R E S P O N S I B L E A D U L T C O N S E N T	240	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/RESPONSIBLE ADULT: We also ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These include additional tests to see if individuals are protected against other infectious diseases. 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. Will you allow us to keep the blood sample stored for additional testing?	
	241	CIRCLE THE CODE.	GRANTEC 1 PARENT/RESPONSIBLE ADULT REFUSED 2 NOT PRESENT/OTHER 3

	WOMAN 1		SKIP
242	CHECK 241:	CONSENT GRANTED <input type="checkbox"/> REFUSED OR NOT PRESENT <input type="checkbox"/>	245
MINOR RESPONDENT ASSENT FOR ADDITIONAL TESTING			
MINOR RESPONDENT ASSENT	243	ASK ASSENT FOR ADDITIONAL TESTING FROM MINOR: We also ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These include additional tests to see if individuals are protected against other infectious diseases. 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. Will you allow us to keep the blood sample stored for additional testing?	
	244	CIRCLE THE CODE.	GRANTEC 1 MINOR RESPONDENT REFUSED 2 NOT PRESENT/OTHER 3
PARENT/RESPONSIBLE ADULT CONSENT FOR HIV RAPID TESTING			
PARENT / RESPONSIBLE ADULT CONSENT	245	ASK CONSENT FOR HIV RAPID TESTING FROM PARENT/RESPONSIBLE ADULT: PROVIDE PARENT/RESPONSIBLE ADULT WITH HIV RDT PARENTAL CONSENT FORM (15-17 YEAR ADOLESCENT)	
	246	CIRCLE THE CODE.	GRANTEC 1 PARENT/RESPONSIBLE ADULT REFUSED 2 NOT PRESENT/OTHER 3
	247	SIGN NAME AND ENTER BIOMARKER NUMBER OF HIV COUNSELOR.	_____ (SIGN) <div style="display: flex; justify-content: center; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> BIOMARKER NUMBER
248	CHECK 246:	CONSENT GRANTED <input type="checkbox"/> REFUSED OR NOT PRESENT <input type="checkbox"/>	252
MINOR RESPONDENT ASSENT FOR HIV RAPID TESTING			
MINOR RESPONDENT ASSENT	249	ASK ASSENT FOR HIV RAPID TESTING FROM MINOR: PROVIDE MINOR WITH HIV RDT ADOLESCENT ASSENT FORM (15-17 YEAR ADOLESCENT)	
	250	CIRCLE THE CODE.	GRANTEC 1 MINOR RESPONDENT REFUSED 2 NOT PRESENT/OTHER 3
	251	SIGN NAME AND ENTER BIOMARKER NUMBER OF HIV COUNSELOR.	_____ (SIGN) <div style="display: flex; justify-content: center; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> BIOMARKER NUMBER

WOMAN 1		SKIP
252	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).	
253A	ADULT: CHECK 218 MINOR: CHECK 234 AND 238 PLACE BAR CODE LABEL: PUT THE SECOND 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
253B	ATTACH THE HIV CIRCLE ADHESIVE ON THE FILTER PAPER CARD	
254	ADULT: CHECK 221 MINOR: CHECK 241 AND 244	CONSENT REFUSED OR NOT PRESENT <input type="checkbox"/> CONSENT GRANTED <input type="checkbox"/>
255A	IF CONSENT REFUSED OR NOT PRESENT, WRITE "NAT" (NO ADDITIONAL TESTS) ON THE FILTER PAPER.	
255B	CHECK COVER PAGE: WAS THIS HOUSEHOLD SELECTED FOR ANTHROPOMETRY AND ANEMIA?	YES <input type="checkbox"/> NO <input type="checkbox"/>
256	RECORD HEMOGLOBIN LEVEL HERE AND IN THE INFORMATIONAL BROCHURE	G/DL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996
257	CHECK 256: HEMOGLOBIN RESULT	BELOW [8.0 G/DL], SEVERE ANEMIA 1 [8.0 G/DL] OR ABOVE 2
258	The anemia test shows that you have severe anemia. You are very ill and must go to a health facility immediately. RECORD THE RESULT OF THE ANEMIA TEST ON THE SEVERE ANEMIA REFERRAL FORM.	
259	RECORD THE RESULT OF THE "DETERMINE HIV RDT" HERE. 15-17 YEARS: CHECK 246 AND 250 ADULTS: CHECK 223	REACTIVE 1 NON-REACTIVE 2 NOT PRESEN' 3 REFUSED 4 OTHER 5
260	RECORD THE RESULT OF THE "SD-BIOLINE HIV RDT" HERE.	REACTIVE 1 NON-REACTIVE 2 NOT PRESEN' 3 REFUSED 4 OTHER 5
261	IF 259 AND 260 ARE REACTIVE, 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 265	
262	IF 259 IS NON-REACTIVE, RESPONDENT IS HIV NEGATIVE: INFORM THE RESPONDENT OF NEGATIVE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. SKIP TO 265	

WOMAN 1		SKIP
263	IF 259 IS REACTIVE AND 260 IS NON-REACTIVE, RESPONDENT'S HIV STATUS IS INDETERMINATE: INFORM THE RESPONDENT OF INDETERMINATE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, RECOMMEND THAT RESPONDENT IS RETESTED IN 14 DAYS AND PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV TESTING CAN BE CONDUCTED. SKIP TO 265	
264	IF 259 IS REACTIVE AND SD-BIOLINE WAS NOT PERFORMED, RESPONDENT'S TESTING IS INCOMPLETE: INFORM THE RESPONDENT THAT A RESULT CANNOT BE GIVEN SINCE THE TESTING WAS NOT COMPLETED, AND CONDUCT POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, RECOMMEND THAT THE RESPONDENT VISIT THE NEAREST HEALTH FACILITY FOR FOLLOW UP HIV TESTING TO DETERMINE HIV STATUS.	
265	WHILE TESTING THIS PERSON, WAS ANY RDT INVALID/DID ANY RDT FAIL TO RUN, THAT IS, THE CONTROL BAND DID NOT APPEAR?	RDT CONDUCTED, YES ANY INVALID 1 RDT CONDUCTED, NONE INVALID 2 NO RDT CONDUCTED 3 → 268
266	RECORD NUMBER OF INVALID RESULTS USING "DETERMINE HIV RDT"	<div style="text-align: center;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> </div> RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER '00'
267	RECORD NUMBER OF INVALID RESULTS USING "SD-BIOLINE HIV RDT"	<div style="text-align: center;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> </div> RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER '00'
268	IF ANOTHER WOMAN, GO TO 202 ON THE NEXT PAGE; IF NO MORE WOMEN, GO TO 301 IN THE MAN BIOMARKER QUESTIONNAIRE	

201	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE WOMEN IN 202, 203, AND 204 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN TWO WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).		
	WOMAN 2		SKIP
202	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF WOMAN.	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	
203	CHECK CAPI OUTPUT FOR AGE:	15-17 YEARS 1 18-49 YEARS 2	
204A	CHECK CAPI OUTPUT FOR MARITAL STATUS:	NEVER IN UNION 1 OTHER 2	
204B	CHECK COVER PAGE: WAS THIS HOUSEHOLD SELECTED FOR ANTHROPOMETRY AND ANEMIA?	Yes <input type="checkbox"/> No <input type="checkbox"/> → 216B	
205	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	} → 207
206	WAS THE WOMAN WEARING ONLY LIGHTWEIGHT CLOTHING?	YES 1 NO 2	
207	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	} → 209
208	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES 1 NO 2	
209	ENTER BIOMARKER NUMBER OF MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BIOMARKER NUMBER	
210	ENTER BIOMARKER NUMBER OF ASSISTANT MEASURER. IF NO ASSISTANT MEASURER, ENTER 9999.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BIOMARKER NUMBER	
211	TODAY'S DATE:	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"/>	
212	CHECK 203:	AGE 15-17 YEARS <input type="checkbox"/> AGE 18-49 YEARS <input type="checkbox"/> → 214	
213	CHECK 204:	OTHER <input type="checkbox"/> NEVER IN UNION <input type="checkbox"/> → 225	

	WOMAN 2	SKIP
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ADULT RESPONDENT CONSENT FOR ANEMIA TEST						
A D U L T R E S P O N D E N T C O N S E N T	214	<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. Will you take the anemia test?</p>				
	215	<p>CIRCLE THE CODE.</p> <p style="text-align: right;">GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3</p>				
	216A	<p>SIGN NAME AND ENTER BIOMARKER NUMBER OF HEMOGLOBIN MEASURER.</p> <p style="text-align: center;">_____ (SIGN)</p> <div style="text-align: center;"> <table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p>BIOMARKER NUMBER</p> </div>				
	216B	<p>CHECK 203: AGE 15-17 <input type="checkbox"/> AGE 18-49 <input type="checkbox"/></p> <p style="text-align: center;">YEARS YEARS</p> <p style="text-align: right;">→ 217</p>				
	216C	<p>CHECK 204: OTHER <input type="checkbox"/> NEVER IN UNION <input type="checkbox"/></p> <p style="text-align: right;">→ 232B</p>				




ADULT RESPONDENT CONSENT FOR DBS COLLECTION						
A D U L T R E S P O N D E N T C O N S E N T	217	<p>ASK CONSENT FOR DBS COLLECTION:</p> <p>As part of the survey we also are asking adults 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 and taken to the central laboratory for testing. 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 the central laboratory?</p>				
	218	<p>CIRCLE THE CODE.</p> <p style="text-align: right;">GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3</p>				
	219A	<p>SIGN NAME AND ENTER BIOMARKER NUMBER OF DBS COLLECTOR.</p> <p style="text-align: center;">_____ (SIGN)</p> <div style="text-align: center;"> <table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p>BIOMARKER NUMBER</p> </div>				
	219B	<p>CHECK 218: CONSENT GRANTED <input type="checkbox"/> REFUSED OR NOT PRESENT <input type="checkbox"/></p> <p style="text-align: right;">→ 222</p>				

	WOMAN 2	SKIP
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ADULT RESPONDENT CONSENT FOR ADDITIONAL TESTING		
A D U L T R E S P O N D E N T C O N S E N T	220	<p>ASK CONSENT FOR ADDITIONAL TESTING:</p> <p>We also ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These include additional tests to see if individuals are protected against other infectious diseases.</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>
	221	<p>CIRCLE THE CODE.</p> <div style="float: right; text-align: right;"> GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3 </div>

ADULT RESPONDENT CONSENT FOR HIV RAPID TESTING						
A D U L T R E S P O N D E N T C O N S E N T	222	<p>ASK CONSENT FOR HIV RAPID TESTING:</p> <p>PROVIDE ADULT WITH HIV RDT ADULT CONSENT FORM</p>				
	223	<p>CIRCLE THE CODE.</p> <div style="float: right; text-align: right;"> GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3 </div>				
	224	<p>SIGN NAME AND ENTER BIOMARKER NUMBER OF HIV COUNSELOR.</p> <div style="text-align: center; margin-top: 10px;"> _____ (SIGN) </div> <div style="text-align: center; margin-top: 10px;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p>BIOMARKER NUMBER</p> </div> <div style="text-align: right; margin-top: 5px;">→ 252</div>				
	225	<p>RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR MINOR.</p> <div style="margin-top: 10px;"> NAME _____ LINE NUMBER OF PARENT/ RESPONSIBLE ADULT <div style="text-align: center; border: 1px dashed black; width: 30px; height: 30px; margin: 0 auto;"></div> </div>				

PARENT/RESPONSIBLE ADULT CONSENT FOR ANEMIA TEST	
P A R E N T / R E S P O N S I B L E	<p>226 ASK CONSENT FOR ANEMIA TEST FROM PARENT/RESPONSIBLE ADULT:</p> <p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF MINOR) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF MINOR) to take the anemia test?</p>

		WOMAN 2	SKIP	
ADULT CONSENT	227	CIRCLE THE CODE.	GRANTED 1 PARENT/RESPONSIBLE ADULT REFUSED 2 NOT PRESENT/OTHER 3	
	228	SIGN NAME AND ENTER BIOMARKER NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN)  BIOMARKER NUMBER	
	229	CHECK 227: CONSENT <input type="checkbox"/> GRANTED CONSENT REFUSED OR NOT PRESENT/OTHER <input type="checkbox"/>	→ 233	
MINOR RESPONDENT ASSENT FOR ANEMIA TEST				
MINOR RESPONDENT ASSENT	230	ASK ASSENT FOR ANEMIA TEST FROM MINOR RESPONDENT: 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 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. Do you have any questions? You can say yes or no. It is up to you to decide. Will you take the anemia test?		
	231	CIRCLE THE CODE.	GRANTED 1 MINOR RESPONDENT REFUSED 2 NOT PRESENT/OTHER 3	
	232A	SIGN NAME AND ENTER BIOMARKER NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN)  BIOMARKER NUMBER	→ 233
	232B	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR MINOR.	NAME _____ LINE NUMBER OF PARENT/ RESPONSIBLE ADULT 	
PARENT/RESPONSIBLE ADULT CONSENT FOR DBS COLLECTION				
PARENT/ RESPONSIBLE	233	ASK CONSENT FOR DBS COLLECTION FROM PARENT/RESPONSIBLE 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 and transported to the central laboratory. 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 the 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?		

	WOMAN 2		SKIP
242	CHECK 241:	CONSENT GRANTED <input type="checkbox"/> REFUSED OR NOT PRESENT <input type="checkbox"/>	245
MINOR RESPONDENT ASSENT FOR ADDITIONAL TESTING			
MINOR RESPONDENT ASSENT	243	ASK ASSENT FOR ADDITIONAL TESTING FROM MINOR: We also ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These include additional tests to see if individuals are protected against other infectious diseases. 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. Will you allow us to keep the blood sample stored for additional testing?	
	244	CIRCLE THE CODE.	GRANTEC 1 MINOR RESPONDENT REFUSED 2 NOT PRESENT/OTHER 3
PARENT/RESPONSIBLE ADULT CONSENT FOR HIV RAPID TESTING			
PARENT/RESPONSIBLE ADULT CONSENT	245	ASK CONSENT FOR HIV RAPID TESTING FROM PARENT/RESPONSIBLE ADULT: PROVIDE PARENT/RESPONSIBLE ADULT WITH HIV RDT PARENTAL CONSENT FORM (15-17 YEAR ADOLESCENT)	
	246	CIRCLE THE CODE.	GRANTEC 1 PARENT/RESPONSIBLE ADULT REFUSED 2 NOT PRESENT/OTHER 3
	247	SIGN NAME AND ENTER BIOMARKER NUMBER OF HIV COUNSELOR.	_____ (SIGN) <div style="display: flex; justify-content: center; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> BIOMARKER NUMBER
248	CHECK 246:	CONSENT GRANTED <input type="checkbox"/> REFUSED OR NOT PRESENT <input type="checkbox"/>	252
MINOR RESPONDENT ASSENT FOR HIV RAPID TESTING			
MINOR RESPONDENT ASSENT	249	ASK ASSENT FOR HIV RAPID TESTING FROM MINOR: PROVIDE MINOR WITH HIV RDT ADOLESCENT ASSENT FORM (15-17 YEAR ADOLESCENT)	
	250	CIRCLE THE CODE.	GRANTEC 1 MINOR RESPONDENT REFUSED 2 NOT PRESENT/OTHER 3
	251	SIGN NAME AND ENTER BIOMARKER NUMBER OF HIV COUNSELOR.	_____ (SIGN) <div style="display: flex; justify-content: center; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> BIOMARKER NUMBER

WOMAN 2		SKIP
252	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).	
253A	ADULT: CHECK 218 MINOR: CHECK 234 AND 238 PLACE BAR CODE LABEL: PUT THE SECOND 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 PRESEN'99994 REFUSED99995 OTHER99996
253B	ATTACH THE HIV CIRCLE ADHESIVE ON THE FILTER PAPER CARD	
254	ADULT: CHECK 221 MINOR: CHECK 241 AND 244	CONSENT REFUSED OR NOT PRESENT <input type="checkbox"/> CONSENT GRANTED <input type="checkbox"/>
255A	IF CONSENT REFUSED OR NOT PRESENT, WRITE "NAT" (NO ADDITIONAL TESTS) ON THE FILTER PAPER.	
255B	CHECK COVER PAGE: WAS THIS HOUSEHOLD SELECTED FOR ANTHROPOMETRY AND ANEMIA?	YES <input type="checkbox"/> NO <input type="checkbox"/>
256	RECORD HEMOGLOBIN LEVEL HERE AND IN THE INFORMATIONAL BROCHURE	G/DL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESEN'994 REFUSED995 OTHER996
257	CHECK 256: HEMOGLOBIN RESULT	BELOW [8.0 G/DL], SEVERE ANEMIA 1 [8.0 G/DL] OR ABOVE 2
258	The anemia test shows that you have severe anemia. You are very ill and must go to a health facility immediately. RECORD THE RESULT OF THE ANEMIA TEST ON THE SEVERE ANEMIA REFERRAL FORM.	
259	RECORD THE RESULT OF THE "DETERMINE HIV RDT" HERE. 15-17 YEARS: CHECK 246 AND 250 ADULTS: CHECK 223	REACTIVE 1 NON-REACTIVE 2 NOT PRESEN' 3 REFUSED 4 OTHER 5
260	RECORD THE RESULT OF THE "SD-BIOLINE HIV RDT" HERE.	REACTIVE 1 NON-REACTIVE 2 NOT PRESEN' 3 REFUSED 4 OTHER 5
261	IF 259 AND 260 ARE REACTIVE, 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 265	
262	IF 259 IS NON-REACTIVE, RESPONDENT IS HIV NEGATIVE: INFORM THE RESPONDENT OF NEGATIVE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. SKIP TO 265	

WOMAN 2		SKIP
263	IF 259 IS REACTIVE AND 260 IS NON-REACTIVE, RESPONDENT'S HIV STATUS IS INDETERMINATE: INFORM THE RESPONDENT OF INDETERMINATE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, RECOMMEND THAT RESPONDENT IS RETESTED IN 14 DAYS AND PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV TESTING CAN BE CONDUCTED. SKIP TO 265	
264	IF 259 IS REACTIVE AND SD-BIOLINE WAS NOT PERFORMED, RESPONDENT'S TESTING IS INCOMPLETE: INFORM THE RESPONDENT THAT A RESULT CANNOT BE GIVEN SINCE THE TESTING WAS NOT COMPLETED, AND CONDUCT POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, RECOMMEND THAT THE RESPONDENT VISIT THE NEAREST HEALTH FACILITY FOR FOLLOW UP HIV TESTING TO DETERMINE HIV STATUS.	
265	WHILE TESTING THIS PERSON, WAS ANY RDT INVALID/DID ANY RDT FAIL TO RUN, THAT IS, THE CONTROL BAND DID NOT APPEAR?	RDT CONDUCTED, YES ANY INVALID 1 RDT CONDUCTED, NONE INVALID 2 NO RDT CONDUCTED 3 <div style="text-align: right;">→ 268</div>
266	RECORD NUMBER OF INVALID RESULTS USING "DETERMINE HIV RDT"	<div style="text-align: center;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> </div> RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER '00'
267	RECORD NUMBER OF INVALID RESULTS USING "SD-BIOLINE HIV RDT"	<div style="text-align: center;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> </div> RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER '00'
268	IF ANOTHER WOMAN, GO TO 202 IN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, GO TO 301 IN THE MAN BIOMARKER QUESTIONNAIRE	

301	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE MEN IN 302, 303, AND 304 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN TWO MEN USE ADDITIONAL QUESTIONNAIRE(S).		
	MAN 1		SKIP
302	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF MAN.	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	
303	CHECK CAPI OUTPUT FOR AGE:	15-17 YEARS 1 18-59 YEARS 2	
304	CHECK CAPI OUTPUT FOR MARITAL STATUS:	NEVER IN UNION 1 OTHER 2	
305	CHECK 303:	AGE 15-17 YEARS <input type="checkbox"/> AGE 18-59 YEARS <input type="checkbox"/>	→ 307
306	CHECK 304:	OTHER <input type="checkbox"/> NEVER IN UNION <input type="checkbox"/>	→ 315

	MAN 1		SKIP
ADULT RESPONDENT CONSENT FOR DBS COLLECTION			
ADULT RESPONDENT CONSENT	307	<p>ASK CONSENT FOR DBS COLLECTION:</p> <p>As part of the survey we also are asking adults 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 and taken to the central laboratory for testing. 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 the central laboratory?</p>	
	308	CIRCLE THE CODE.	GRANTED..... 1 REFUSED..... 2 NOT PRESENT/OTHER 3
	309A	SIGN NAME AND ENTER BIOMARKER NUMBER OF DBS COLLECTOR.	_____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BIOMARKER NUMBER
	309B	CHECK 308:	CONSENT GRANTED <input type="checkbox"/> REFUSED OR NOT PRESENT <input type="checkbox"/>

	MAN 1	SKIP			
ADULT RESPONDENT CONSENT FOR ADDITIONAL TESTING					
A D U L T R E S P O N D E N T C O N S E N T	310 ASK CONSENT FOR ADDITIONAL TESTING: We also ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These include additional tests to see if individuals are protected against other infectious diseases. 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. Will you allow us to keep the blood sample stored for additional testing?				
	311 CIRCLE THE CODE.	GRANTED..... 1 REFUSED..... 2 NOT PRESENT/OTHER 3			
ADULT RESPONDENT CONSENT FOR HIV RAPID TESTING					
A D U L T R E S P O N D E N T C O N S E N T	312 ASK CONSENT FOR HIV RAPID TESTING: PROVIDE ADULT WITH HIV RDT ADULT CONSENT FORM				
	313 CIRCLE THE CODE.	GRANTED..... 1 REFUSED..... 2 NOT PRESENT/OTHER 3			
	314 SIGN NAME AND ENTER BIOMARKER NUMBER OF HIV COUNSELOR.	<div style="text-align: center;"> _____ (SIGN) </div> <div style="text-align: center; margin-top: 10px;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> BIOMARKER NUMBER </div>			
315 RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR MINOR.	NAME _____ LINE NUMBER OF PARENT/ RESPONSIBLE ADULT <div style="text-align: center; margin-top: 10px;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table> </div>		→ 335		

	MAN 1	SKIP
PARENT/RESPONSIBLE ADULT CONSENT FOR DBS COLLECTION		
P A R E N T / R E S P O N S I B L E A D U L T C O N S E N T	316 ASK CONSENT FOR DBS COLLECTION FROM PARENT/RESPONSIBLE 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 and transported to the central laboratory. 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 the 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?	
	317 CIRCLE THE CODE.	GRANTEC..... 1 PARENT/RESPONSIBLE ADULT REFUSED 2 NOT PRESENT/OTHER 3
	318 SIGN NAME AND ENTER BIOMARKER NUMBER OF DBS COLLECTOR.	_____ (SIGN) [][][][][] BIOMARKER NUMBER
	319 CHECK 317: CONSENT GRANTED <input type="checkbox"/>	REFUSED OR NOT PRESENT <input type="checkbox"/>

MINOR RESPONDENT ASSENT FOR DBS COLLECTION		
M I N O R R E S P O N D E N T A S S E N T	320 ASK ASSENT FOR DBS COLLECTION FROM MINOR: 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. For the HIV testing, we need a few (more) drops of blood from a finger. The blood will be collected on a paper card and transported to the laboratory for testing. 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. 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?	
	321 CIRCLE THE CODE.	GRANTEC..... 1 MINOR RESPONDENT REFUSED..... 2 NOT PRESENT/OTHER 3
	322A SIGN NAME AND ENTER BIOMARKER NUMBER OF DBS COLLECTOR.	_____ (SIGN) [][][][][] BIOMARKER NUMBER
	322B CHECK 321: CONSENT GRANTED <input type="checkbox"/>	REFUSED OR NOT PRESENT <input type="checkbox"/>

	MAN 1	SKIP
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MINOR RESPONDENT ASSENT FOR HIV RAPID TESTING											
M I N O R R E S P O N D E N T A S S E N T	332	ASK ASSENT FOR HIV RAPID TESTING FROM MINOR: PROVIDE MINOR WITH HIV RDT ADOLESCENT ASSENT FORM (15-17 YEAR ADOLESCENT)									
	333	<table border="0" style="width:100%;"> <tr> <td style="width: 60%;">CIRCLE THE CODE.</td> <td style="width: 40%;">GRANTED..... 1</td> </tr> <tr> <td></td> <td>MINOR RESPONDENT</td> </tr> <tr> <td></td> <td>REFUSED..... 2</td> </tr> <tr> <td></td> <td>NOT PRESENT/OTHER 3</td> </tr> </table>	CIRCLE THE CODE.	GRANTED..... 1		MINOR RESPONDENT		REFUSED..... 2		NOT PRESENT/OTHER 3	
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	335	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
	336A	<table border="0" style="width:100%;"> <tr> <td style="width: 60%;"> ADULT: CHECK 308 MINOR: CHECK 316 AND 320 PLACE BAR CODE LABEL: PUT THE SECOND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM. </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> <table border="1" style="border-style: dashed; border-width: 2px; padding: 10px; margin: 0 auto;"> <tr> <td style="text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </td> </tr> </table> </td> </tr> </table>	ADULT: CHECK 308 MINOR: CHECK 316 AND 320 PLACE BAR CODE LABEL: PUT THE SECOND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<table border="1" style="border-style: dashed; border-width: 2px; padding: 10px; margin: 0 auto;"> <tr> <td style="text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </td> </tr> </table>	PUT THE 1ST BAR CODE LABEL HERE.
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	336B	ATTACH THE HIV CIRCLE ADHESIVE ON THE FILTER PAPER CARD
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	337	<table border="0" style="width:100%;"> <tr> <td style="width: 30%;">ADULT: CHECK 310</td> <td style="width: 30%;">CONSENT REFUSED OR NOT PRESENT <input type="checkbox"/></td> <td style="width: 40%;">CONSENT GRANTED <input type="checkbox"/></td> </tr> <tr> <td>MINOR: CHECK 323 AND 326</td> <td></td> <td></td> </tr> </table>	ADULT: CHECK 310	CONSENT REFUSED OR NOT PRESENT <input type="checkbox"/>	CONSENT GRANTED <input type="checkbox"/>	MINOR: CHECK 323 AND 326		
ADULT: CHECK 310	CONSENT REFUSED OR NOT PRESENT <input type="checkbox"/>	CONSENT GRANTED <input type="checkbox"/>						
MINOR: CHECK 323 AND 326								

	338	IF CONSENT REFUSED OR NOT PRESENT, WRITE "NAT" (NO ADDITIONAL TESTS) ON THE FILTER PAPER.
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	339	<table border="0" style="width:100%;"> <tr> <td style="width: 60%;">RECORD THE RESULT OF THE "DETERMINE HIV RDT" HERE.</td> <td style="width: 40%;">REACTIVE 1</td> </tr> <tr> <td>15-17 YEARS: CHECK 329 AND 333</td> <td>NON-REACTIVE 2</td> </tr> <tr> <td>ADULTS: CHECK 313</td> <td>NOT PRESENT 3</td> </tr> <tr> <td></td> <td>REFUSED..... 4</td> </tr> <tr> <td></td> <td>OTHER 5</td> </tr> </table>	RECORD THE RESULT OF THE "DETERMINE HIV RDT" HERE.	REACTIVE 1	15-17 YEARS: CHECK 329 AND 333	NON-REACTIVE 2	ADULTS: CHECK 313	NOT PRESENT 3		REFUSED..... 4		OTHER 5
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	REFUSED..... 4											
	OTHER 5											

	340	<table border="0" style="width:100%;"> <tr> <td style="width: 60%;">RECORD THE RESULT OF THE "SD-BIOLINE HIV RDT" HERE.</td> <td style="width: 40%;">REACTIVE 1</td> </tr> <tr> <td></td> <td>NON-REACTIVE 2</td> </tr> <tr> <td></td> <td>NOT PRESENT 3</td> </tr> <tr> <td></td> <td>REFUSED..... 4</td> </tr> <tr> <td></td> <td>OTHER 5</td> </tr> </table>	RECORD THE RESULT OF THE "SD-BIOLINE HIV RDT" HERE.	REACTIVE 1		NON-REACTIVE 2		NOT PRESENT 3		REFUSED..... 4		OTHER 5
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	NON-REACTIVE 2											
	NOT PRESENT 3											
	REFUSED..... 4											
	OTHER 5											

	341	IF 339 AND 340 ARE REACTIVE, 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 345
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	342	IF 339 IS NON-REACTIVE, RESPONDENT IS HIV NEGATIVE: INFORM THE RESPONDENT OF NEGATIVE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. SKIP TO 345
--	-----	--

MAN 1		SKIP				
343	<p>IF 339 IS REACTIVE AND 340 IS NON-REACTIVE, RESPONDENT'S HIV STATUS IS INDETERMINATE:</p> <p>INFORM THE RESPONDENT OF INDETERMINATE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, RECOMMEND THAT RESPONDENT IS RETESTED IN 14 DAYS AND PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV TESTING CAN BE CONDUCTED.</p> <p>SKIP TO 345</p>	<p>348</p>				
344	<p>IF 339 IS REACTIVE AND SD-BIOLINE WAS NOT PERFORMED, RESPONDENT'S TESTING IS INCOMPLETE:</p> <p>INFORM THE RESPONDENT THAT A RESULT CANNOT BE GIVEN SINCE THE TESTING WAS NOT COMPLETED, AND CONDUCT POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, RECOMMEND THAT THE RESPONDENT VISIT THE NEAREST HEALTH FACILITY FOR FOLLOW UP HIV TESTING TO DETERMINE HIV STATUS.</p>					
345	<table border="0"> <tr> <td>WHILE TESTING THIS PERSON, WAS ANY RDT INVALID/DID ANY RDT FAIL TO RUN, THAT IS, THE CONTROL BAND DID NOT APPEAR?</td> <td> RDT CONDUCTED, YES ANY INVALID 1 RDT CONDUCTED, NONE INVALID 2 NO RDT CONDUCTE 3 </td> </tr> </table>		WHILE TESTING THIS PERSON, WAS ANY RDT INVALID/DID ANY RDT FAIL TO RUN, THAT IS, THE CONTROL BAND DID NOT APPEAR?	RDT CONDUCTED, YES ANY INVALID 1 RDT CONDUCTED, NONE INVALID 2 NO RDT CONDUCTE 3		
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346	<table border="0"> <tr> <td>RECORD NUMBER OF INVALID RESULTS USING "DETERMINE HIV RDT"</td> <td> <table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p>INVALID RESULTS, IF NONE ENTER '00'</p> </td> </tr> </table>		RECORD NUMBER OF INVALID RESULTS USING "DETERMINE HIV RDT"	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p>INVALID RESULTS, IF NONE ENTER '00'</p>		
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347	<table border="0"> <tr> <td>RECORD NUMBER OF INVALID RESULTS USING "SD-BIOLINE HIV RDT"</td> <td> <table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p>INVALID RESULTS, IF NONE ENTER '00'</p> </td> </tr> </table>	RECORD NUMBER OF INVALID RESULTS USING "SD-BIOLINE HIV RDT"	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p>INVALID RESULTS, IF NONE ENTER '00'</p>			
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348	<p>IF ANOTHER MAN, GO TO 302 ON THE NEXT PAGE, IF NO MORE MEN, END INTERVIEW.</p>					

HIV TESTING FOR MEN AGE 15-59

301	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS". RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE MEN IN 302, 303, AND 304 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN TWO MEN USE ADDITIONAL QUESTIONNAIRE(S).	
	MAN 2	SKIP
302	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF MAN.	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>
303	CHECK CAPI OUTPUT FOR AGE:	15-17 YEARS 1 18-59 YEARS 2
304	CHECK CAPI OUTPUT FOR MARITAL STATUS:	NEVER IN UNION 1 OTHER 2
305	CHECK 303: AGE 15-17 YEARS <input type="checkbox"/> AGE 18-59 YEARS <input type="checkbox"/>	→ 307
306	CHECK 304: OTHER <input type="checkbox"/> NEVER IN UNION <input type="checkbox"/>	→ 315

HIV TESTING FOR MEN AGE 15-59

	MAN 2	SKIP
ADULT RESPONDENT CONSENT FOR DBS COLLECTION		
ADULT RESPONDENT CONSENT	307	ASK CONSENT FOR DBS COLLECTION: As part of the survey we also are asking adults 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 and taken to the central laboratory for testing. 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. 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 the central laboratory?
	308	CIRCLE THE CODE. GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
	309A	SIGN NAME AND ENTER BIOMARKER NUMBER OF DBS COLLECTOR. _____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BIOMARKER NUMBER
	309B	CHECK 308: CONSENT GRANTED <input type="checkbox"/> REFUSED OR NOT PRESENT <input type="checkbox"/>

	MAN 2	SKIP
ADULT RESPONDENT CONSENT FOR ADDITIONAL TESTING		
A D U L T R E S P O N D E N T C O N S E N T	310	ASK CONSENT FOR ADDITIONAL TESTING: We also ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These include additional tests to see if individuals are protected against other infectious diseases. 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. Will you allow us to keep the blood sample stored for additional testing?
	311	CIRCLE THE CODE. GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
ADULT RESPONDENT CONSENT FOR HIV RAPID TESTING		
A D U L T R E S P O N D E N T C O N S E N T	312	ASK CONSENT FOR HIV RAPID TESTING: PROVIDE ADULT WITH HIV RDT ADULT CONSENT FORM
	313	CIRCLE THE CODE. GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3
	314	SIGN NAME AND ENTER BIOMARKER NUMBER OF HIV COUNSELOR. _____ (SIGN) <div style="display: flex; justify-content: center; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> BIOMARKER NUMBER
315	RECORD NAME OF PARENT/RESPONSIBLE ADULT FOR MINOR. NAME _____ LINE NUMBER OF PARENT/ RESPONSIBLE ADULT <div style="border: 1px dashed black; width: 30px; height: 30px; margin: 0 auto;"></div>	→ 335

	MAN 2	SKIP	
PARENT/RESPONSIBLE ADULT CONSENT FOR DBS COLLECTION			
P A R E N T / R E S P O N S I B L E A D U L T C O N S E N T	316	<p>ASK CONSENT FOR DBS COLLECTION FROM PARENT/RESPONSIBLE ADULT:</p> <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 and transported to the central laboratory. 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 the 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.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF MINOR) to give blood on a paper card for HIV testing in a laboratory?</p>	
	317	CIRCLE THE CODE.	GRANTEC..... 1 PARENT/RESPONSIBLE ADULT REFUSED 2 NOT PRESENT/OTHER 3
	318	SIGN NAME AND ENTER BIOMARKER NUMBER OF DBS COLLECTOR.	_____ (SIGN) <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> BIOMARKER NUMBER
	319	CHECK 317:	CONSENT <input type="checkbox"/> GRANTED ↓

328 →

MINOR RESPONDENT ASSENT FOR DBS COLLECTION			
M I N O R R E S P O N D E N T A S S E N T	320	<p>ASK ASSENT FOR DBS COLLECTION FROM MINOR:</p> <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 and transported to the laboratory for testing. 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>	
	321	CIRCLE THE CODE.	GRANTEC..... 1 MINOR RESPONDENT REFUSED..... 2 NOT PRESENT/OTHER 3
	322A	SIGN NAME AND ENTER BIOMARKER NUMBER OF DBS COLLECTOR.	_____ (SIGN) <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> BIOMARKER NUMBER
	322B	CHECK 321:	CONSENT <input type="checkbox"/> GRANTED ↓

328 →

MINOR RESPONDENT ASSENT FOR HIV RAPID TESTING											
M I N O R R E S P O N D E N T A S S E N T	332	ASK ASSENT FOR HIV RAPID TESTING FROM MINOR: PROVIDE MINOR WITH HIV RDT ADOLESCENT ASSENT FORM (15-17 YEAR ADOLESCENT)									
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	335	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
	336A	<table border="0" style="width:100%;"> <tr> <td style="width: 60%;"> ADULT: CHECK 308 MINOR: CHECK 316 AND 320 PLACE BAR CODE LABEL: PUT THE SECOND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM. </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> <table border="1" style="border-style: dashed; border-width: 2px; width: 100px; height: 100px; margin: 0 auto;"> <tr> <td style="text-align: center; padding: 5px;"> PUT THE 1ST BAR CODE LABEL HERE. </td> </tr> </table> </td> </tr> </table>	ADULT: CHECK 308 MINOR: CHECK 316 AND 320 PLACE BAR CODE LABEL: PUT THE SECOND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<table border="1" style="border-style: dashed; border-width: 2px; width: 100px; height: 100px; margin: 0 auto;"> <tr> <td style="text-align: center; padding: 5px;"> PUT THE 1ST BAR CODE LABEL HERE. </td> </tr> </table>	PUT THE 1ST BAR CODE LABEL HERE.
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PUT THE 1ST BAR CODE LABEL HERE.					

NOT PRESENT..... 99994	→ 339
REFUSED..... 99995	
OTHER..... 99996	

	336B	ATTACH THE HIV CIRCLE ADHESIVE ON THE FILTER PAPER CARD
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	337	<table border="0" style="width:100%;"> <tr> <td style="width: 30%;">ADULT: CHECK 310</td> <td style="width: 30%;">CONSENT REFUSED OR NOT PRESENT <input type="checkbox"/></td> <td style="width: 40%;">CONSENT GRANTED <input type="checkbox"/></td> </tr> <tr> <td>MINOR: CHECK 323 AND 326</td> <td></td> <td></td> </tr> </table>	ADULT: CHECK 310	CONSENT REFUSED OR NOT PRESENT <input type="checkbox"/>	CONSENT GRANTED <input type="checkbox"/>	MINOR: CHECK 323 AND 326		
ADULT: CHECK 310	CONSENT REFUSED OR NOT PRESENT <input type="checkbox"/>	CONSENT GRANTED <input type="checkbox"/>						
MINOR: CHECK 323 AND 326								

→ 339

	338	IF CONSENT REFUSED OR NOT PRESENT, WRITE "NAT" (NO ADDITIONAL TESTS) ON THE FILTER PAPER.
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	339	<table border="0" style="width:100%;"> <tr> <td style="width: 60%;">RECORD THE RESULT OF THE "DETERMINE HIV RDT" HERE.</td> <td style="width: 40%;"></td> </tr> <tr> <td style="padding: 5px;"> 15-17 YEARS: CHECK 329 AND 333 ADULTS: CHECK 313 </td> <td style="padding: 5px;"> <table border="0" style="width:100%;"> <tr> <td>REACTIVE..... 1</td> <td style="text-align: right;">→ 342</td> </tr> <tr> <td>NON-REACTIVE..... 2</td> <td></td> </tr> <tr> <td>NOT PRESENT..... 3</td> <td></td> </tr> <tr> <td>REFUSED..... 4</td> <td style="text-align: right;">→ 345</td> </tr> <tr> <td>OTHER..... 5</td> <td></td> </tr> </table> </td> </tr> </table>	RECORD THE RESULT OF THE "DETERMINE HIV RDT" HERE.		15-17 YEARS: CHECK 329 AND 333 ADULTS: CHECK 313	<table border="0" style="width:100%;"> <tr> <td>REACTIVE..... 1</td> <td style="text-align: right;">→ 342</td> </tr> <tr> <td>NON-REACTIVE..... 2</td> <td></td> </tr> <tr> <td>NOT PRESENT..... 3</td> <td></td> </tr> <tr> <td>REFUSED..... 4</td> <td style="text-align: right;">→ 345</td> </tr> <tr> <td>OTHER..... 5</td> <td></td> </tr> </table>	REACTIVE..... 1	→ 342	NON-REACTIVE..... 2		NOT PRESENT..... 3		REFUSED..... 4	→ 345	OTHER..... 5	
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→ 345

	340	<table border="0" style="width:100%;"> <tr> <td style="width: 60%;">RECORD THE RESULT OF THE "SD-BIOLINE HIV RDT" HERE.</td> <td style="width: 40%;"></td> </tr> <tr> <td></td> <td style="padding: 5px;"> <table border="0" style="width:100%;"> <tr> <td>REACTIVE..... 1</td> <td style="text-align: right;">→ 343</td> </tr> <tr> <td>NON-REACTIVE..... 2</td> <td style="text-align: right;">→ 344</td> </tr> <tr> <td>NOT PRESENT..... 3</td> <td></td> </tr> <tr> <td>REFUSED..... 4</td> <td style="text-align: right;">→ 344</td> </tr> <tr> <td>OTHER..... 5</td> <td></td> </tr> </table> </td> </tr> </table>	RECORD THE RESULT OF THE "SD-BIOLINE HIV RDT" HERE.			<table border="0" style="width:100%;"> <tr> <td>REACTIVE..... 1</td> <td style="text-align: right;">→ 343</td> </tr> <tr> <td>NON-REACTIVE..... 2</td> <td style="text-align: right;">→ 344</td> </tr> <tr> <td>NOT PRESENT..... 3</td> <td></td> </tr> <tr> <td>REFUSED..... 4</td> <td style="text-align: right;">→ 344</td> </tr> <tr> <td>OTHER..... 5</td> <td></td> </tr> </table>	REACTIVE..... 1	→ 343	NON-REACTIVE..... 2	→ 344	NOT PRESENT..... 3		REFUSED..... 4	→ 344	OTHER..... 5	
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

→ 343

→ 344

→ 344

	341	IF 339 AND 340 ARE REACTIVE, 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 345
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	342	IF 339 IS NON-REACTIVE, RESPONDENT IS HIV NEGATIVE: INFORM THE RESPONDENT OF NEGATIVE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. SKIP TO 345
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MAN 2		SKIP		
343	<p>IF 339 IS REACTIVE AND 340 IS NON-REACTIVE, RESPONDENT'S HIV STATUS IS INDETERMINATE:</p> <p>INFORM THE RESPONDENT OF INDETERMINATE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, RECOMMEND THAT RESPONDENT IS RETESTED IN 14 DAYS AND PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV TESTING CAN BE CONDUCTED.</p> <p>SKIP TO 345</p>			
344	<p>IF 339 IS REACTIVE AND SD-BIOLINE WAS NOT PERFORMED, RESPONDENT'S TESTING IS INCOMPLETE:</p> <p>INFORM THE RESPONDENT THAT A RESULT CANNOT BE GIVEN SINCE THE TESTING WAS NOT COMPLETED, AND CONDUCT POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, RECOMMEND THAT THE RESPONDENT VISIT THE NEAREST HEALTH FACILITY FOR FOLLOW UP HIV TESTING TO DETERMINE HIV STATUS.</p>			
345	<table border="0"> <tr> <td>WHILE TESTING THIS PERSON, WAS ANY RDT INVALID/DID ANY RDT FAIL TO RUN, THAT IS, THE CONTROL BAND DID NOT APPEAR?</td> <td> RDT CONDUCTED, YES ANY INVALID 1 RDT CONDUCTED, NONE INVALID 2 NO RDT CONDUCTE 3 </td> </tr> </table>		WHILE TESTING THIS PERSON, WAS ANY RDT INVALID/DID ANY RDT FAIL TO RUN, THAT IS, THE CONTROL BAND DID NOT APPEAR?	RDT CONDUCTED, YES ANY INVALID 1 RDT CONDUCTED, NONE INVALID 2 NO RDT CONDUCTE 3
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346	<p>RECORD NUMBER OF INVALID RESULTS USING "DETERMINE HIV RDT"</p> <div style="text-align: center;">  </div> <p>INVALID RESULTS, IF NONE ENTER '00'</p>			
347	<p>RECORD NUMBER OF INVALID RESULTS USING "SD-BIOLINE HIV RDT"</p> <div style="text-align: center;">  </div> <p>INVALID RESULTS, IF NONE ENTER '00'</p>			
348	<p>IF ANOTHER MAN, GO TO 302 IN ADDITIONAL QUESTIONNAIRE, IF NO MORE MEN, END INTERVIEW.</p>			

