

Republic of Rwanda

INFORMED CONSENT

Hello. My name is _____ and I am working with the National Institute of Statistics. We are conducting a national survey about various health issues. We would very much appreciate your participation in this survey. The survey usually takes between 10 and 15 minutes to complete.

In this survey, I would like to first ask you some questions about your household.
Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED1
↓
RESPONDENT DOES NOT AGREE TO BE INTERVIEWED 2 —▶END

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF 15 + YEARS	ELIGIBILITY		
							MARITAL STATUS			
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household?*	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	What is the current marital status of (NAME)	What is the current marital status of (NAME)	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
(1)	(2)	(3)	(4)	(5)	(6)	(8)		(8)	(9)	(11)
01		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	M F 1 2	YES NO 1 2	YES NO 1 2	IN YEAR <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	01	01	01
02		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	02	02	02
03		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	03	03	03
04		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	04	04	04
05		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	05	05	05
06		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	06	06	06
07		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	07	07	07
08		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	08	08	08
09		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	09	09	09
10		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	10	10	10

*** CODES FOR Q.3: RELATIONSHIP TO HEAD OF HOUSEHOLD**

01 = HEAD;	02 = WIFE OR HUSBAND;	03 = SON OR DAUGHTER;
04 = SON-IN-LAW OR DAUGHTER-IN-LAW;	05 = GRANDCHILD;	06 = PARENT;
07 = PARENT-IN-LAW;	08 = BROTHER OR SISTER;	09 = CO-WIFE;
10 = OTHER RELATIVE;	11 = ADOPTED/FOSTER/STEPCHILD;	12 = NOT RELATED; 98 = DON'T KNOW

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF 15 + YEARS	ELIGIBILITY		
							MARITAL STATUS			
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household?*	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	What is the current marital status of (NAME)	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
11		<input type="text"/>	M F 1 2	YES NO 1 2	YES NO 1 2	IN YEARS <input type="text"/>	<input type="text"/>	11	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	12	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	13	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	14	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	15	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	16	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	17	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	18	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	19	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	20	20	20

*** CODES FOR Q.3: RELATIONSHIP TO HEAD OF HOUSEHOLD**

01 = HEAD; 02 = WIFE OR HUSBAND; 03 = SON OR DAUGHTER;
04 = SON-IN-LAW OR DAUGHTER-IN-LAW; 05 = GRANDCHILD; 06 = PARENT;
07 = PARENT-IN-LAW; 08 = BROTHER OR SISTER; 09 = CO-WIFE;
10 = OTHER RELATIVE; 11 = ADOPTED/FOSTER/STEPCHILD; 12 = NOT RELATED; 98 = DON'T KNOW

TICK HERE IF CONTINUATION SHEET USED <input type="checkbox"/>			
Just to make sure that I have a complete listing:			
1)	Are there any other persons such as small children or infants that we have not listed?	YES <input type="checkbox"/>	ENTER EACH IN TABLE NO <input type="checkbox"/>
2)	In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here?	YES <input type="checkbox"/>	ENTER EACH IN TABLE NO <input type="checkbox"/>
3)	Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed?	YES <input type="checkbox"/>	ENTER EACH IN TABLE NO <input type="checkbox"/>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
107	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND/MUD11 MUD MIXED WITH DUNG12 RUDIMENTARY FLOOR WOOD PLANKS21 PALM/BAMBOO22 FINISHED FLOOR PARQUET OR POLISHED WOOD31 LINOLEUM32 CERAMIC TILES33 CEMENT34 CARPET35 OTHER 96 (SPECIFY)																
108	Does any member of your household own: A bicycle? A motorcycle or motor scooter? A car or truck? A mobile phone	<table border="0"> <tr> <td></td><td>YES</td><td>NO</td></tr> <tr> <td>BICYCLE</td><td>1</td><td>2</td></tr> <tr> <td>MOTORCYCLE/SCOOTER</td><td>1</td><td>2</td></tr> <tr> <td>CAR/TRUCK.....</td><td>1</td><td>2</td></tr> <tr> <td>MOBILE PHONE</td><td>1</td><td>2</td></tr> </table>		YES	NO	BICYCLE	1	2	MOTORCYCLE/SCOOTER	1	2	CAR/TRUCK.....	1	2	MOBILE PHONE	1	2	
	YES	NO																
BICYCLE	1	2																
MOTORCYCLE/SCOOTER	1	2																
CAR/TRUCK.....	1	2																
MOBILE PHONE	1	2																
108A	Are your household members covered by health insurance?	YES1 NO2	→ 108D															
108B	What type of health insurance do you have?	MUTUELLE DE SANTÉ A RAMA B MMI..... C PRIVATE INSSURANCE..... D OTHER X (SPECIFY)	→ 108D															
108C	How many of your household members are covered by MUTUELLE DE SANTÉ?	TOTAL HH MEMBERS..... <input type="text"/> <input type="text"/> NO OF CHILDREN<5..... <input type="text"/> <input type="text"/>																
108D	CHECK IF PROVINCE IS 'KIGALI' <input type="checkbox"/>	NO <input type="checkbox"/>	→ 109															
108E	Between August and October 2007, did someone come to spray the walls of your home against mosquitoes?	YES1 NO2 DON'T KNOW8																
109	Does your household have any mosquito bed nets that can be used while sleeping?	YES1 NO2	→ SKIP TO TABLE FOR MALARIA															
109A	How many mosquito bed nets does your household have? IF THERE IS 7 OR MORE RECORD '7'	NUMBER..... <input type="text"/>																

110	ASK RESPONDENT TO SHOW YOU THE NET(S) IN THE HOUSEHOLD.	NET # 1 PERMANET 1 OLYSET 2 DK 3 NOT OBSERVED 4	NET # 2 PERMANET 1 OLYSET 2 DK 3 NOT OBSERVED 4	NET #3 PERMANET 1 OLYSET 2 DK 3 NOT OBSERVED 4
111	How long ago did your household obtain the mosquito bed net?	MONTHS AGO. <input type="text"/> <input type="text"/> MORE THAN 3 YEARS AGO 96 DK 98	MONTHS AGO. <input type="text"/> <input type="text"/> MORE THAN 3 YEARS AGO 96 DK 98	MONTHS AGO. <input type="text"/> <input type="text"/> MORE THAN 3 YEARS AGO 96 DK 98
111A	VERIFY Q. 111 IF MORE THAN 6 MONRHS AGO	YES 1 NO 2 SKIP TO 112 ←	YES 1 NO 2 SKIP TO 112 ←	YES 1 NO 2 SKIP TO 112 ←
111B	Where did you obtain the net?	SECTOR PUBLIC HEALTH CENTER 12 COMMUNITY HW 13 OTHER 16 (SPECIFY) SECTOR PRIVÉ HOSPITAL 21 PHARMACY 22 PRIVATE DOC 23 DISPENSARY 25 OTHER 26 (SPECIFY) OTHER SOURCE MARKET 31 CHURCH 32 PARENT/FRIEND 33 OTHER 96 (SPECIFY)	SECTOR PUBLIC HEALTH CENTER 12 COMMUNITY HW 13 OTHER 16 (SPECIFY) SECTOR PRIVÉ HOSPITAL 21 PHARMACY 22 PRIVATE DOC 23 DISPENSARY 25 OTHER 26 (SPECIFY) OTHER SOURCE MARKET 31 CHURCH 32 PARENT/FRIEND 33 OTHER 96 (SPECIFY)	SECTOR PUBLIC HEALTH CENTER 12 COMMUNITY HW 13 OTHER 16 (SPECIFY) SECTOR PRIVÉ HOSPITAL 21 PHARMACY 22 PRIVATE DOC 23 DISPENSARY 25 OTHER 26 (SPECIFY) OTHER SOURCE MARKET 31 CHURCH 32 PARENT/FRIEND 33 OTHER 96 (SPECIFY)
111BB	How did you obtain the net?	DURING IMMUNIZATION CAMPAIGN 1 DURING SCPECIAL IMMUNIZATION CAMPAIGN IN 2006 2 DURING ANC VISITS 3 MARKET/STORE 4 VOLUNTEER OF THE MALARIA PROGRAM 5 OTHER 6 (SPECIFY)	DURING IMMUNIZATION CAMPAIGN 1 DURING SCPECIAL IMMUNIZATION CAMPAIGN IN 2006 2 DURING ANC VISITS 3 MARKET/STORE 4 VOLUNTEER OF THE MALARIA PROGRAM 5 OTHER 6 (SPECIFY)	DURING IMMUNIZATION CAMPAIGN 1 DURING SCPECIAL IMMUNIZATION CAMPAIGN IN 2006 2 DURING ANC VISITS 3 MARKET/STORE 4 VOLUNTEER OF THE MALARIA PROGRAM 5 OTHER 6 (SPECIFY)
111C	How much did you pay for the net	COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE 9996 DON'T KNOW 9998	COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE 9996 DON'T KNOW 9998	COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE 9996 DON'T KNOW 9998
112	OBSERVE OR ASK FOR THE BRAND OF MOSQUITO NET	PERMANENT TUZANET 1 MAMANET 2 TREATED ORIGNAL 3 OTHER 4 DK/NOT SURE 5	PERMANENT TUZANET 1 MAMANET 2 TREATED ORIGNAL 3 OTHER 4 DK/NOT SURE 5	PERMANENT TUZANET 1 MAMANET 2 TREATED ORIGNAL 3 OTHER 4 DK/NOT SURE 5
112D	Did anyone sleep under this mosquito bed net last night?	YES 1 NO 2 (SKIP TO 112F) ▶ DON'T KNOW 8	YES 1 NO 2 (SKIP TO 112F) ▶ DON'T KNOW 8	YES 1 NO 2 (SKIP TO 112F) ▶ DON'T KNOW 8
112DD	Did anyone sleep under this mosquito bed net the night before last night?	YES 1 NO 2 (SKIP TO 112F) ▶ DON'T KNOW 8	YES 1 NO 2 (SKIP TO 112F) ▶ DON'T KNOW 8	YES 1 NO 2 (SKIP TO 112F) ▶ DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
112E	<p>Who slept under this mosquito bed net last night?</p> <p>RECORD THE RESPECTIVE LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.</p>	NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/>
112F		GO BACK TO 111 IN THE FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO MALARIA TABLE	GO BACK TO 111 IN THE FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO MALARIA TABLE	GO BACK TO 111 IN THE FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO MALARIA TABLE

TABLE FOR MALARIA DIAGNOSIS FOR CHILDREN

INFORMAED CONSENT STATEMENT FORM ANEMIA FOR CHILDREN

In the survey we measure the level of anemia in women and children aged less than 5 years. We ask the women and the children to participate in the malaria and anemia testing part of this survey by giving a few drops of blood from a finger. The tests use disposable sterile instruments that are clean and completely safe. The blood will be taken with new equipment and the results of the test will be given to you immediately after. These results will be kept confidential.

Now I would like to ask that you and (NAME OF CHILDREN) agree to participate in the anemia test. However, if you decide not to have the test done, it is your right and we will respect your decision. Now please tell me if you agree to have the test done.

Do you have any question?

Now please tell me if you agree to have the test done.

SKIP TO COLUMN 113 AND CIRCLE APPROPRIATE CODES

LINE NO. FROM COL.(9)	NAME FROM COL.(2)	AGE FROM COL.(7)	What is (NAME)'s date of birth?*	LINE NO. OF PARENT/ RESPONSIBLE ADULT. RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE	READ CONSENT STATEMENT TO PARENT/RESPONSIBLE ADULT* CIRCLE CODE (AND SIGN)	RESULT OF THE RAPID TEST	RESULT 1 RAPID TEST 2 THICK SMEAR 3 ABSENCE 4 REFUSED 5 TEACH/PROB 6 OTHER (SPECIFY)	PLACE BAR CODES PUT 1 ST BAR CODE HERE PUT 2 ND BAR CODE ON RAPID TEST FOR MALARIA PUT 3 RD BAR CODE ON THE SLIDE		
113	114	115	116	117	118	119	120	121		
					GRANTED 1 ↓ SIGN	POSITIVE.....1 NEGATIVE.....2 INDETERMIN.....3	<table border="1"><tr><td></td><td></td></tr></table>			PUT 1 ST BAR CODE HERE
					2 ↓ SIGN	POSITIVE.....1 NEGATIVE.....2 INDETERMIN.....3	<table border="1"><tr><td></td><td></td></tr></table>			PUT 1 ST BAR CODE HERE
					2 ↓ SIGN	POSITIVE.....1 NEGATIVE.....2 INDETERMIN.....3	<table border="1"><tr><td></td><td></td></tr></table>			PUT 1 ST BAR CODE HERE
					2 ↓ SIGN	POSITIVE.....1 NEGATIVE.....2 INDETERMIN.....3	<table border="1"><tr><td></td><td></td></tr></table>			PUT 1 ST BAR CODE HERE
					2 ↓ SIGN	POSITIVE.....1 NEGATIVE.....2 INDETERMIN.....3	<table border="1"><tr><td></td><td></td></tr></table>			PUT 1 ST BAR CODE HERE
					2 ↓ SIGN	POSITIVE.....1 NEGATIVE.....2 INDETERMIN.....3	<table border="1"><tr><td></td><td></td></tr></table>			PUT 1 ST BAR CODE HERE
					2 ↓ SIGN	POSITIVE.....1 NEGATIVE.....2 INDETERMIN.....3	<table border="1"><tr><td></td><td></td></tr></table>			PUT 1 ST BAR CODE HERE

TABLE FOR MALARIA DIAGNOSIS FOR WOMEN

INFORMED CONSENT STATEMENT FORM ANEMIA FOR WOMEN									
We request that you and all children aged less than 5 years participate in the anemia testing part of this survey by giving a few drops of blood from a finger. The test uses disposable sterile instruments that are clean and completely safe. The blood will be taken with new equipment and the results of the test will be given to you immediately after. These results will be kept confidential.									
Do you have any question?									
Now please tell me if you agree to have the test done.									
IF WOMEN AGED 15-17, ASK THE CONSENT STATEMENT FROM THE RESPONSIBLE PARENT/GUARDIAN									
Now please tell me if you agree to have the test done for (NAME OF THE WOMAN 15-17).									
SKIP TO COLUMN 122 AND CIRCLE APPROPRIATE CODES									
LINE NO.	NAME	AGE	VERIFY AGE IN COLUMN 123	READ CONSENT STATEMENT TO PARENT/RESPONSIB LE ADULT* CIRCLE CODE (AND SIGN)	READ CONSENT STATEMENT TO THE WOMEN CIRCLE CODE (AND SIGN)	RESULT OF THE RAPID TEST	PREGNANT WOMEN	RESULT	PLACE BAR CODES
122	123	124	125	126	127	128	129	130	131
			AGE 15-17 18+ 1 2 ↓ SKIP TO 127	AGREE.....1 REFUSE.....2 DID NOT READ.....3 SIGN	AGREE.....1 REFUSE.....2 DID NOT READ.....3 SIGN	IF 127 NOT EQUAL 1 → 130 POSITIVE.....1 NEGATIVE.....2 INDETERMIN.....8	YES.....1 NO.....2 DONT KNOW.....3	<div></div>	PUT 1 ST BAR CODE HERE PUT 2 ND BAR CODE ON RAPID TEST FOR MALARIA PUT 3 RD BAR CODE ON THE SLIDE
			1 2 ↓ SKIP TO 127	AGREE.....1 REFUSE.....2 DID NOT READ.....3 SIGN	AGREE.....1 REFUSE.....2 DID NOT READ.....3 SIGN	IF 127 NOT EQUAL 1 → 130 POSITIVE.....1 NEGATIVE.....2 INDETERMIN.....8	YES.....1 NO.....2 DONT KNOW.....3	<div></div>	PUT 1 ST BAR CODE HERE
			1 2 ↓ SKIP TO 127	AGREE.....1 REFUSE.....2 DID NOT READ.....3 SIGN	AGREE.....1 REFUSE.....2 DID NOT READ.....3 SIGN	IF 127 NOT EQUAL 1 → 130 POSITIVE.....1 NEGATIVE.....2 INDETERMIN.....8	YES.....1 NO.....2 DONT KNOW.....3	<div></div>	PUT 1 ST BAR CODE HERE
			1 2 ↓ SKIP TO 127	AGREE.....1 REFUSE.....2 DID NOT READ.....3 SIGN	AGREE.....1 REFUSE.....2 DID NOT READ.....3 SIGN	IF 127 NOT EQUAL 1 → 130 POSITIVE.....1 NEGATIVE.....2 INDETERMIN.....8	YES.....1 NO.....2 DONT KNOW.....3	<div></div>	PUT 1 ST BAR CODE HERE
			1 2 ↓ SKIP TO 127	AGREE.....1 REFUSE.....2 DID NOT READ.....3 SIGN	AGREE.....1 REFUSE.....2 DID NOT READ.....3 SIGN	IF 127 NOT EQUAL 1 → 130 POSITIVE.....1 NEGATIVE.....2 INDETERMIN.....8	YES.....1 NO.....2 DONT KNOW.....3	<div></div>	PUT 1 ST BAR CODE HERE
			1 2 ↓ SKIP TO 127	AGREE.....1 REFUSE.....2 DID NOT READ.....3 SIGN	AGREE.....1 REFUSE.....2 DID NOT READ.....3 SIGN	IF 127 NOT EQUAL 1 → 130 POSITIVE.....1 NEGATIVE.....2 INDETERMIN.....8	YES.....1 NO.....2 DONT KNOW.....3	<div></div>	PUT 1 ST BAR CODE HERE

TABLE FOR HEMOGLOBIN FOR CHILDREN									
GO TO COLUMN 132 AND CIRCLE APPROPRIATE CODES									
LINE NO. FROM COL.(11)	NAME FROM COL.(2)	AGE FROM COL.(7)	What is (NAME)'s date of birth?*		LINE NO. OF PARENT/ RESPONSIBLE ADULT RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE**	READ CONSENT STATEMENT TO PARENT/RESPONSIBLE ADULT CIRCLE CODE (AND SIGN)	HEMOGLOBIN LEVEL (G/DL)	RESULT 1 RAPID TEST 2 ABSENCE 3 REFUSED 4 TEACH/PROB 6 OTHER (SPECIFY)	
132	133	134	DAY	MONTH	YEAR	136	137	138	139
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	GRANTED 1 ↓ SIGN _____ SKIP TO 139 ▶	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	REFUSED 2 ↓ SIGN _____ SKIP TO 139 ▶	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	REFUSED 2 ↓ SIGN _____ SKIP TO 139 ▶	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	REFUSED 2 ↓ SIGN _____ SKIP TO 139 ▶	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	REFUSED 2 ↓ SIGN _____ SKIP TO 139 ▶	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	REFUSED 2 ↓ SIGN _____ SKIP TO 139 ▶	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	REFUSED 2 ↓ SIGN _____ SKIP TO 139 ▶	<input type="text"/>	<input type="text"/>

* FOR CHILDREN NOT INCLUDED IN ANY BIRTH HISTORY (SECTION 2), SUCH AS ORPHAN, ADOPTED CHILDREN ETC, ASK DAY, MONTH, AND YEAR OF BIRTH. FOR ALL OTHER CHILDREN COPY MONTH AND YEAR FROM Q. 215 IN MOTHER'S BIRTH HISTORY (SECTION 2) AND ASK DAY OF BIRTH.

** RECORD '00' IF NOT LISTED IN THE HOUSEHOLD QUESTIONNAIRE

TABLE FOR HEMOGLOBIN FOR WOMEN									
SKIP TO COLUMN 121 AND CIRCLE APPROPRIATE CODES									
LINE NO. FROM COL.(9)	NAME FROM COL.(2)	AGE FROM COL.(7)	VERIFY AGE IN COLUMN 142	READ CONSENT STATEMENT TO PARENT/RESPONSIB LE ADULT* CIRCLE CODE (AND SIGN)	READ CONSENT STATEMENT TO THE WOMEN CIRCLE CODE (AND SIGN)	LEVEL OF HEMOGLOBINE (G/DL)	PREGNANT WOMEN	RESULT 1 RAPID TEST 2 ABSENCE 3 REFUSED 4 TEACH/PROB 6 OTHER (SPECIFY)	
140	141	142	143	144	145	146	147	148	
			AGE 15-17 18+ 1 2 ↓ SKIP TO 145	AGREE.....1 REFUSE.....2 DID NOT READ.....3 SIGN	AGREE.....1 REFUSE.....2 DID NOT READ.....3 SIGN	IF 145 NOT EQUAL 1 SKIP TO 148 [][]	YES.....1 NO.....2 DON'T KNOW.....8	[]	
			1 2 ↓ SKIP TO 145	AGREE.....1 REFUSE.....2 DID NOT READ.....3 SIGN	AGREE.....1 REFUSE.....2 DID NOT READ.....3 SIGN	IF 145 NOT EQUAL 1 SKIP TO 148 [][]	YES.....1 NO.....2 DON'T KNOW.....8	[]	
			1 2 ↓ SKIP TO 145	AGREE.....1 REFUSE.....2 DID NOT READ.....3 SIGN	AGREE.....1 REFUSE.....2 DID NOT READ.....3 SIGN	IF 145 NOT EQUAL 1 SKIP TO 148 [][]	YES.....1 NO.....2 DON'T KNOW.....8	[]	
			1 2 ↓ SKIP TO 145	AGREE.....1 REFUSE.....2 DID NOT READ.....3 SIGN	AGREE.....1 REFUSE.....2 DID NOT READ.....3 SIGN	IF 145 NOT EQUAL 1 SKIP TO 148 [][]	YES.....1 NO.....2 DON'T KNOW.....8	[]	
			1 2 ↓ SKIP TO 145	AGREE.....1 REFUSE.....2 DID NOT READ.....3 SIGN	AGREE.....1 REFUSE.....2 DID NOT READ.....3 SIGN	IF 126 NOT EQUAL 1 SKIP TO 148 [][]	YES.....1 NO.....2 DON'T KNOW.....8	[]	
			1 2 ↓ SKIP TO 145	AGREE.....1 REFUSE.....2 DID NOT READ.....3 SIGN	AGREE.....1 REFUSE.....2 DID NOT READ.....3 SIGN	IF 145 NOT EQUAL 1 SKIP TO 148 [][]	YES.....1 NO.....2 DON'T KNOW.....8	[]	

149	<p>CHECK QUESTIONS 46 (FOR CHILDREN) AND 56/57 (FOR ADULTS) :</p> <p>NUMBER OF HOUSEHOLD MEMBERS FOR WHICH THE LEVEL OF HEMOGLOBIN IS BELOW THE CUT-OFF POINTS : LESS THAN 7g/dL FOR CHILDREN, FOR MEN, AND FOR WOMEN WHO ARE NOT PREGNANT (OR WHO DO NOT KNOW IF THEY ARE PREGNANT); LESS THAN 9g/dL FOR PREGNANT WOMEN.</p> <div><div>ONE OR MORE <input type="checkbox"/></div><div>NONE <input type="checkbox"/></div></div> <p>GIVE EACH WOMAN, MAN OR RESPONSIBLE ADULT THE RESULTS OF THE HEMOGLOBIN TEST. READ THE DECLARATION BELOW (Q.150) TO THESE PERSONS WITH HEMOGLOBIN LEVELS BELOW CUT-OFF POINTS.</p>
150	<p>The results of the test show that (your blood/the blood of NAME OF CHILD/CHILDREN) has a very low level of hemoglobin. This indicates that (you/NAME OF CHILD/CHILDREN) are severely anemic, which is a serious health problem. We recommend that you visit a health facility as soon as possible to be examined and obtain the proper treatment. GIVE THE ADULT THE REFERENCE FORM FOR ANEMIA.</p>

