



MINISTRY OF FINANCE AND ECONOMIC PLANNING (MINECOFIN)
 NATIONAL INSTITUTE OF STATISTICS OF RWANDA (NISR)



MINISTRY OF HEALTH (MoH)

**SEVENTH DEMOGRAPHIC AND HEALTH SURVEY OF RWANDA
 RDHS7
 BIOMARKER QUESTIONNAIRE**

IDENTIFICATION																																																							
PRVOVINCE _____ DISTRICT _____ SECTOR _____																																																							
NAME OF HOUSEHOLD HEAD _____																																																							
CLUSTER NUMBER				<table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>																																																			
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BIOMARKER TECHNICIAN VISITS																																																							
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LANGUAGE OF QUESTIONNAIRE**	0 1	LANGUAGE OF INTERVIEW**	<table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>																	NATIVE LANGUAGE OF RESPONDENT**	<table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>																	TRANSLATOR (YES = 1, NO = 2)	<table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>																
LANGUAGE OF QUESTIONNAIRE**	ENGLISH	**LANGUAGE CODES: 01 ENGLISH 03 LANGUAGE 3 05 LANGUAGE 5 02 KINYARWANDA 04 LANGUAGE 4 06 LANGUAGE 6																																																					
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NUMBER	NAME	NUMBER	NAME	NUMBER																																																			

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

101	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS" [COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE]. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 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 LINE NUMBER AND NAME OF CHILD. [RECORD LINE NUMBER FROM COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE; RECORD NAME FROM COLUMN 2 IN HOUSEHOLD	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
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"/>
105	CHECK 104: CHILD AGE 0-4 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/>	→ 125
106	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
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
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? _____	→ 113
112	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES 1 NO 2
113	ENTER BIOMARKER TECHNICIAN NUMBER OF MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BIOMARKER TECH
114	ENTER BIOMARKER TECHNICIAN NUMBER OF ASSISTANT MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BIOMARKER TECH
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"/>

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

	CHILD 1	SKIP
116	RECORD HEIGHT/LENGTH AND WEIGHT IN THE [ANTHROPOMETRY AND ANEMIA PAMPHLET].	
117	CHECK 103: IS THE CHILD AGE 0-5 MONTHS OR IS THE CHILD OLDER? OLDER <input type="checkbox"/> AGE 0-5 MONTHS <input type="checkbox"/>	→ 125
118	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD FROM COLUMN 1 OF HOUSEHOLD SCHEDULE. RECORD '00' IF NOT LISTED.	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 under age 5 take part in anemia testing. The anemia test requires a few drops of blood from a venipuncture. 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/OTHEF.... 3 → 122
121	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BIOMARKER TECH
122	RECORD HEMOGLOBIN LEVEL HERE AND IN THE [ANTHROPOMETRY AND ANEMIA PAMPHLET].	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996 → 125
123	CHECK 113: HEMOGLOBIN RESULT	BELOW [7.0 G/DL], SEVERE ANEMIA 1 [7.0 G/DL] OR ABOVE 2 → 125
124	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.	
125	IF ANOTHER CHILD, GO TO 101 ON THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 201.	

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

CHILD 2		SKIP
102	CHECK CAPI OUTPUT AND RECORD LINE NUMBER AND NAME OF CHILD. [RECORD LINE NUMBER FROM COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE; RECORD NAME FROM COLUMN 2 IN HOUSEHOLD QUESTIONNAIRE.]	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
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"/> YEAF <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"/>
105	CHECK 104: CHILD AGE 0-4 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/>	→ 125
106	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
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"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
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? _____ _____	→ 113
112	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES 1 NO 2
113	ENTER BIOMARKER TECHNICIAN NUMBER OF MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BIOMARKER TECH
114	ENTER BIOMARKER TECHNICIAN NUMBER OF ASSISTANT MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BIOMARKER TECH
115	TODAY'S DATE:	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAF <input type="text"/> <input type="text"/> <input type="text"/>

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

	CHILD 2	SKIP
116	RECORD HEIGHT/LENGTH AND WEIGHT IN THE [ANTHROPOMETRY AND ANEMIA PAMPHLET].	
117	CHECK 103: IS THE CHILD AGE 0-5 MONTHS OR IS THE CHILD OLDER? OLDER <input type="checkbox"/> AGE 0-5 MONTHS <input type="checkbox"/>	→ 125
118	NAME OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD FROM COLUMN 1 OF HOUSEHOLD SCHEDULE. RECORD '00' IF NOT LISTED.	NAME _____ LINE NUMBE . <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 under age 5 take part in anemia testing. The anemia test requires a few drops of blood from a venipuncture. 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/OTHEF.... 3 → 122
121	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BIOMARKER TECH
122	RECORD HEMOGLOBIN LEVEL HERE AND IN THE [ANTHROPOMETRY AND ANEMIA PAMPHLET].	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996 → 125
123	CHECK 113: HEMOGLOBIN RESULT	BELOW [7.0 G/DL], SEVERE ANEMIA/..... 1 [7.0 G/DL] OR ABOVE..... 2 → 125
124	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.	
125	IF ANOTHER CHILD, GO TO 101ON THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 201.	

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

CHILD 3		SKIP
102	CHECK CAPI OUTPUT AND RECORD LINE NUMBER AND NAME OF CHILD. [RECORD LINE NUMBER FROM COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE; RECORD NAME FROM COLUMN 2 IN HOUSEHOLD QUESTIONNAIRE.]	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
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"/>
105	CHECK 104: CHILD AGE 0-4 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/>	→ 125
106	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
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
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? _____	
112	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES 1 NO 2
113	ENTER BIOMARKER TECHNICIAN NUMBER OF MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BIOMARKER TECH
114	ENTER BIOMARKER TECHNICIAN NUMBER OF ASSISTANT MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BIOMARKER TECH
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"/>

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

	CHILD 3	SKIP
116	RECORD HEIGHT/LENGTH AND WEIGHT IN THE [ANTHROPOMETRY AND ANEMIA PAMPHLET].	
117	CHECK 103: IS THE CHILD AGE 0-5 MONTHS OR IS THE CHILD OLDER? OLDER <input type="checkbox"/> AGE 0-5 MONTHS <input type="checkbox"/>	→ 125
118	NAME OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD FROM COLUMN 1 OF HOUSEHOLD SCHEDULE. RECORD '00' IF NOT LISTED.	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 under age 5 take part in anemia testing. The anemia test requires a few drops of blood from a venipuncture. 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/OTHEF.... 3 → 122
121	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BIOMARKER TECH
122	RECORD HEMOGLOBIN LEVEL HERE AND IN THE [ANTHROPOMETRY AND ANEMIA PAMPHLET].	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996 → 125
123	CHECK 113: HEMOGLOBIN RESULT	BELOW [7.0 G/DL], SEVERE ANEMIA 1 [7.0 G/DL] OR ABOVE 2 → 125
124	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.	
125	IF ANOTHER CHILD, GO TO 101 IN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 201.	

201	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS" [COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE]. 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 THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).		
	WOMAN 1		SKIP
202	CHECK CAPI OUTPUT AND RECORD LINE NUMBER AND NAME OF WOMAN. [RECORD LINE NUMBER FROM COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE. RECORD NAME FROM COLUMN 10 IN HOUSEHOLD	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	
203	CHECK CAPI OUTPUT FOR AGE: [CHECK COLUMN 7 IN HOUSEHOLD QUESTIONNAIRE (AGE).]	15-17 YEARS 1 18-49 YEARS 2	
204	CHECK CAPI OUTPUT FOR MARITAL STATUS: [CHECK COLUMN 8 IN HOUSEHOLD QUESTIONNAIRE (MARITAL	CODE 4 (NEVER IN UNIC. 1 OTHER 2	
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 REFUSE! 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"/> <input type="text"/> NOT PRESENT 9994 REFUSE! 9995 OTHER 9996	} → 209
208	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES 1 NO 2	
209	ENTER BIOMARKER TECHNICIAN NUMBER OF MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BIOMARKER NUMBER	
210	ENTER BIOMARKER TECHNICIAN NUMBER OF ASSISTANT MEASURER. IF NO ASSISTANT MEASURER, ENTER 9999.	<input type="text"/> <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"/> CODE 4 (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 venipuncture. 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> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">GRANTEI</td> <td style="border: none; text-align: right;">1</td> </tr> <tr> <td style="border: none;">REFUSEI</td> <td style="border: none; text-align: right;">2</td> </tr> <tr> <td style="border: none;">NOT PRESENT/OTHER</td> <td style="border: none; text-align: right;">3</td> </tr> </table>	GRANTEI	1	REFUSEI	2	NOT PRESENT/OTHER	3
GRANTEI	1							
REFUSEI	2							
NOT PRESENT/OTHER	3							
	216	<p>SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HEMOGLOBIN MEASURER.</p> <div style="border-bottom: 1px solid black; width: 100%; margin: 5px 0;"></div> <p style="text-align: center;">(SIGN)</p> <div style="display: flex; justify-content: center; gap: 10px;"> <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> <p style="text-align: center;">BIOMARKER NUMBER</p>						

→ 217

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 venipuncture. 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> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">GRANTEI</td> <td style="border: none; text-align: right;">1</td> </tr> <tr> <td style="border: none;">REFUSEI</td> <td style="border: none; text-align: right;">2</td> </tr> <tr> <td style="border: none;">NOT PRESENT/OTHER</td> <td style="border: none; text-align: right;">3</td> </tr> </table>	GRANTEI	1	REFUSEI	2	NOT PRESENT/OTHER	3
GRANTEI	1							
REFUSEI	2							
NOT PRESENT/OTHER	3							
	219	<p>SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF DBS COLLECTOR.</p> <div style="border-bottom: 1px solid black; width: 100%; margin: 5px 0;"></div> <p style="text-align: center;">(SIGN)</p> <div style="display: flex; justify-content: center; gap: 10px;"> <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> <p style="text-align: center;">BIOMARKER NUMBER</p>						

→ 222

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 ask you to allow the Ministry of Health to store part of the blood sample collected on the paper card at the laboratory for additional tests or research. These additional tests could include tests to see if individuals are protected against diseases such as measles and rubella, or other tests.</p> <p>The blood sample will not have any name or other information attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>						
	221	<p>CIRCLE THE CODE.</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">GRANTEI</td> <td style="border: none; text-align: right;">1</td> </tr> <tr> <td style="border: none;">REFUSEI</td> <td style="border: none; text-align: right;">2</td> </tr> <tr> <td style="border: none;">NOT PRESENT/OTHER</td> <td style="border: none; text-align: right;">3</td> </tr> </table>	GRANTEI	1	REFUSEI	2	NOT PRESENT/OTHER	3
GRANTEI	1							
REFUSEI	2							
NOT PRESENT/OTHER	3							

→ 222

	WOMAN 1	SKIP
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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>If you want to know your HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test.</p> <p>For the rapid HIV test, we need a few (more) drops of blood from a venipuncture. We will use the same rapid tests used in the hospitals in RWANDA. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The result of the test will be available in 20-40 minutes.</p> <p>If the test is positive, I will give you a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood for the rapid HIV testing?</p>								
	223	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;">CIRCLE THE CODE. IF GRANTED, OFFER PRE-TEST COUNSELLING AND POST-COUNSELLING</td> <td style="padding: 2px;"> GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3 </td> </tr> </table>	CIRCLE THE CODE. IF GRANTED, OFFER PRE-TEST COUNSELLING AND POST-COUNSELLING	GRANTED 1 REFUSED 2 NOT PRESENT/OTHER 3						
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	224	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;">SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HIV COUNSELOR.</td> <td style="padding: 2px;"> _____ (SIGN) </td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> </table> BIOMARKER NUMBER </td> </tr> </table>	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HIV COUNSELOR.	_____ (SIGN)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> </table> BIOMARKER NUMBER				
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→ 252

→ 252

	WOMAN 1	SKIP
225	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR MINOR. RECORD '00' IF NOT LISTED.	NAME _____ LINE NUMBER: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
PARENT/RESPONSIBLE ADULT CONSENT FOR ANEMIA TEST		
226	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. For the anemia testing, we will need a few drops of blood from a venipuncture. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF MINOR) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF MINOR) to take the anemia test?	
227	CIRCLE THE CODE.	GRANTEI 1 PARENT/RESPONSIBLE ADULT REFUSEI 2 NOT PRESENT/OTHER 3
228	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> BIOMARKER NUMBER
229	CHECK 227:	CONSENT GRANTED <input type="checkbox"/> CONSENT REFUSED <input type="checkbox"/>

MINOR RESPONDENT ASSENT FOR ANEMIA TEST		
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 venipuncture. 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.	GRANTEI 1 MINOR RESPONDENT REFUSEI 2 NOT PRESENT/OTHER 3
232	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> BIOMARKER NUMBER

WOMAN 1	SKIP
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PARENT/RESPONSIBLE ADULT CONSENT FOR DBS COLLECTION				
A R E N T / R E S P O N S I B L E	<p>233 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 venipuncture. 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>			
A D U L T	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">234 CIRCLE THE CODE.</td> <td style="width: 40%;"> GRANTEI 1 PARENT/RESPONSIBLE ADULT REFUSEI 2 NOT PRESENT/OTHER 3 </td> </tr> </table>	234 CIRCLE THE CODE.	GRANTEI 1 PARENT/RESPONSIBLE ADULT REFUSEI 2 NOT PRESENT/OTHER 3	
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236 CHECK 234:	CONSENT GRANTED <input type="checkbox"/>	CONSENT REFUSED <input type="checkbox"/>		

MINOR RESPONDENT ASSENT FOR DBS COLLECTION			
M I N O R R E S P O N D E N T	<p>237 SABA URUHUSHYA RWO GUFATA AMARASO YO GUPIMA SIDA KURI DBS:</p> <p>Muri ubu bushakashatsi burimo gukorwa mu gihugu hose , harimo no gupima virusi itera SIDA. HIV ni virusi itera uburwayi bwa SIDA. Gupima virusi itera SIDA birakorwa mugihugu hose kugirango hamenyekane umubare wabanduye virus itera SIDA mu Rwanda.Mugupima ubwandu bwa virusi itera SIDA, turakenere amaraso yo mumutsi.amaraso turayashyira kugapapuro kabugenewe tuyajyane kuri laboratwari nkuru y'igihugu kugirango apimwe.Ibikoresho dukoresha ni bishya kandi byujuje ubuziranenge. ntabwo birakoresha na rimwe kandi iyo bimaze gukoresha birajugunywa,nta mazina turibwandike kurako gapapuro niyompamvu tutazabasha kuguha ibisubizo kandi ntanundi uzamenya ibisubizo byawe.</p> <p>Hari icyo usobanuzza? ushobora kwemera cyangwa ugahakana ,birava kuri wowe wemeye gutanga amaraso kugapapuro yo gupimirwaho virusi itera SIDA azapimirwa kuri laboratwari nkuru y'lg</p>		
A S S E N T	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">238 CIRCLE THE CODE.</td> <td style="width: 40%;"> GRANTEI 1 MINOR RESPONDENT REFUSEI 2 NOT PRESENT/OTHER 3 </td> </tr> </table>	238 CIRCLE THE CODE.	GRANTEI 1 MINOR RESPONDENT REFUSEI 2 NOT PRESENT/OTHER 3
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PARENT/RESPONSIBLE ADULT CONSENT FOR ADDITIONAL TESTING				
P A R E N T / R E S P O N S I B L E	<p>240 ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/RESPONSIBLE ADULT:</p> <p>We ask you to allow the Ministry of Health to store part of the blood sample collected on the paper card at the laboratory for additional tests or research. These additional tests could include tests to see if individuals are protected against diseases such as measles and rubella, or other tests.</p> <p>The blood sample will not have any name or other data attached that could identify (NAME OF MINOR). You do not have to agree. If you do not want the blood sample stored for additional testing, (NAME OF MINOR) can still participate in HIV testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>			
A D U L T	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">241 CIRCLE THE CODE.</td> <td style="width: 40%;"> GRANTEI 1 PARENT/RESPONSIBLE ADULT REFUSEI 2 NOT PRESENT/OTHER 3 </td> </tr> </table>	241 CIRCLE THE CODE.	GRANTEI 1 PARENT/RESPONSIBLE ADULT REFUSEI 2 NOT PRESENT/OTHER 3	
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C	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">242 CHECK 241:</td> <td style="width: 35%;"> CONSENT GRANTED <input type="checkbox"/> </td> <td style="width: 35%;"> CONSENT REFUSED <input type="checkbox"/> </td> </tr> </table>	242 CHECK 241:	CONSENT GRANTED <input type="checkbox"/>	CONSENT REFUSED <input type="checkbox"/>
242 CHECK 241:	CONSENT GRANTED <input type="checkbox"/>	CONSENT REFUSED <input type="checkbox"/>		

WOMAN 1	SKIP
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M I N O R R E S P O N D E N T A S S E N T	MINOR RESPONDENT ASSENT FOR ADDITIONAL TESTING	
	243	<p>ASK ASSENT FOR ADDITIONAL TESTING FROM MINOR:</p> <p>We ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These additional tests could include tests to see if individuals are protected against diseases such as measles and rubella, or other tests.</p> <p>The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>
244	CIRCLE THE CODE.	GRANTEI 1 MINOR RESPONDENT REFUSEI 2 NOT PRESENT/OTHE . . . 3

A D U L T C O N S E N T	PARENT/RESPONSIBLE ADULT CONSENT FOR HIV RAPID TESTING		
	245	<p>ASK CONSENT FOR HIV RAPID TESTING FROM PARENT/RESPONSIBLE ADULT:</p> <p>If you want (NAME OF MINOR) to know her HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test.</p> <p>For the rapid HIV test, we need a few (more) drops of blood from a venipuncture. We will use the same rapid tests used in the hospitals in RWANDA. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The result of the test will be available to (NAME OF MINOR) 20-40 minutes.</p> <p>If the test is positive, I will give (NAME OF MINOR) a referral form to go to the nearest health facility for follow up with health technicians, as is recommended by the Ministry of Health.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF MINOR) to give blood for the rapid HIV test?</p>	
	246	CIRCLE THE CODE. IF GRANTED, OFFER PRE-TEST COUNSELLING AND POST-COUNSELLING	GRANTEI 1 PARENT/RESPONSIBLE ADULT REFUSEI 2 NOT PRESENT/OTHE . . . 3
	247	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HIV COUNSELOR.	_____ (SIGN) <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> BIOMARKER NUMBER
248	CHECK 246:	CONSENT <input type="checkbox"/> GRANTED CONSENT <input type="checkbox"/> REFUSED	

M I N O R R E S P O N D E N T A S S E N T	MINOR RESPONDENT ASSENT FOR HIV RAPID TESTING	
	249	<p>ASK ASSENT FOR HIV RAPID TESTING FROM MINOR:</p> <p>If you want to know your HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test.</p> <p>For the rapid HIV test, we need a few (more) drops of blood from a venipuncture. We will use the same rapid tests used in the hospitals in RWANDA. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The result of the test will be available in 20-30 minutes.</p> <p>If the test is positive, I will give you a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood for the rapid HIV testing?</p>
	250	CIRCLE THE CODE. IF GRANTED, OFFER PRE-TEST COUNSELLING AND POST-COUNSELLING
251	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HIV COUNSELOR.	_____ (SIGN) <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> BIOMARKER T. NUMBER

WOMAN 1		SKIP
252	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND	
253	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 REFUSED 99995 OTHER 99996
254	ADULT: CHECK 221 CONSENT <input type="checkbox"/> MINOR: CHECK 241 AND 244 REFUSED <input type="checkbox"/> CONSENT GRANTED <input type="checkbox"/>	256
255	IF CONSENT HAS NOT BEEN GRANTED, WRITE "NAT" ON THE FILTER PAPER.	
256	RECORD HEMOGLOBIN LEVEL HERE AND IN THE [ANTHROPOMETRY AND ANEMIA PAMPHLET].	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 [7.0 G/DL], SEVERE ANEMIA? 1 [7.0 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.	POSITIVE 1 NEGATIV 2 NOT PRESEN 3 REFUSE! 4 OTHER 5
260	RECORD THE RESULT OF THE "STAT PACK RDT" HERE.	POSITIVE 1 NEGATIV 2 NOT PRESEN 3 REFUSE! 4 OTHER 5
261	IF 259 AND 260 ARE POSITIVE, RESPONDENT IS HIV POSITIVE: INFORM SURVEY PARTICIPANT ABOUT POSITIVE HIV STATUS AND PROVIDE POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV CARE AND TREATMENT SERVICES ARE AVAILABLE. SKIP TO 265	
262	IF 259 IS NEGATIVE, RESPONDENT IS HIV NEGATIVE: INFORM THE RESPONDENT OF NEGATIVE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. SKIP TO 265	
263	IF 259 IS POSITIVE AND 260 IS NEGATIVE, RESPONDENT'S HIV STATUS IS INCONCLUSIVE: INFORM THE RESPONDENT OF INCONCLUSIVE 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 POSITIVE AND UNI-GOLD 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 CONDUCT 3
266	RECORD NUMBER OF INVALID RESULTS USING "DETERMINE HIV RDT"	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> INVALID RESULTS, IF NONE ENTER '00'

WOMAN 1		SKIP		
267	RECORD NUMBER OF INVALID RESULTS USING "STAT PACK HIV RDT"	<table border="1"><tr><td></td><td></td></tr></table> INVALID RESULTS, IF NONE ENTER '00'		
268	IF ANOTHER WOMAN, GO TO 201 ON THE NEXT PAGE; IF NO MORE WOMEN, GO TO 301.			

201	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS" [COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE]. 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 THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).		
	WOMAN 2		SKIP
202	CHECK CAPI OUTPUT AND RECORD LINE NUMBER AND NAME OF WOMAN. [RECORD LINE NUMBER FROM COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE. RECORD NAME FROM COLUMN 10 IN HOUSEHOLD QUESTIONNAIRE.]	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	
203	CHECK CAPI OUTPUT FOR AGE: [CHECK COLUMN 7 IN HOUSEHOLD QUESTIONNAIRE (AGE).]	15-17 YEARS 1 18-49 YEARS 2	
204	CHECK CAPI OUTPUT FOR MARITAL STATUS: [CHECK COLUMN 8 IN HOUSEHOLD QUESTIONNAIRE (MARITAL STATUS).]	CODE 4 (NEVER IN UNIC. 1 OTHER 2	
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 REFUSEI 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"/> <input type="text"/> NOT PRESENT 9994 REFUSEI 9995 OTHER 9996	} → 209
208	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES 1 NO 2	
209	ENTER BIOMARKER TECHNICIAN NUMBER OF MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BIOMARKER NUMBER	
210	ENTER BIOMARKER TECHNICIAN NUMBER OF ASSISTANT MEASURER. IF NO ASSISTANT MEASURER, ENTER 9999.	<input type="text"/> <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"/> CODE 4 (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	<p>214 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 venipuncture. 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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">CIRCLE THE CODE.</td> <td style="width: 40%;"> GRANTEI 1 REFUSEI 2 NOT PRESENT/OTHER 3 </td> </tr> </table>	CIRCLE THE CODE.	GRANTEI 1 REFUSEI 2 NOT PRESENT/OTHER 3						
CIRCLE THE CODE.	GRANTEI 1 REFUSEI 2 NOT PRESENT/OTHER 3								
216	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HEMOGLOBIN MEASURER.</td> <td style="width: 40%; text-align: center;"> _____ (SIGN) </td> </tr> <tr> <td></td> <td style="text-align: center;"> <table border="1" style="margin: auto; 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 </td> </tr> </table>	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN)		<table border="1" style="margin: auto; 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				
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→ 217

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	<p>217 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 venipuncture. 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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">CIRCLE THE CODE.</td> <td style="width: 40%;"> GRANTEI 1 REFUSEI 2 NOT PRESENT/OTHER 3 </td> </tr> </table>	CIRCLE THE CODE.	GRANTEI 1 REFUSEI 2 NOT PRESENT/OTHER 3						
CIRCLE THE CODE.	GRANTEI 1 REFUSEI 2 NOT PRESENT/OTHER 3								
219	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF DBS COLLECTOR.</td> <td style="width: 40%; text-align: center;"> _____ (SIGN) </td> </tr> <tr> <td></td> <td style="text-align: center;"> <table border="1" style="margin: auto; 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 </td> </tr> </table>	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF DBS COLLECTOR.	_____ (SIGN)		<table border="1" style="margin: auto; 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				
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→ 222

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	<p>220 ASK CONSENT FOR ADDITIONAL TESTING:</p> <p>We ask you to allow the Ministry of Health to store part of the blood sample collected on the paper card at the laboratory for additional tests or research. These additional tests could include tests to see if individuals are protected against diseases such as measles and rubella, or other tests.</p> <p>The blood sample will not have any name or other information attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>		
221	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">CIRCLE THE CODE.</td> <td style="width: 40%;"> GRANTEI 1 REFUSEI 2 NOT PRESENT/OTHER 3 </td> </tr> </table>	CIRCLE THE CODE.	GRANTEI 1 REFUSEI 2 NOT PRESENT/OTHER 3
CIRCLE THE CODE.	GRANTEI 1 REFUSEI 2 NOT PRESENT/OTHER 3		

→ 222

	WOMAN 2	SKIP
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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>If you want to know your HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test.</p> <p>For the rapid HIV test, we need a few (more) drops of blood from a venipuncture. We will use the same rapid tests used in the hospitals in RWANDA. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The result of the test will be available in 20-40 minutes.</p> <p>If the test is positive, I will give you a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood for the rapid HIV testing?</p>								
	223	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;">CIRCLE THE CODE. IF GRANTED, OFFER PRE-TEST COUNSELLING AND POST-COUNSELLING</td> <td style="padding: 2px;"> GRANTED..... 1 REFUSED..... 2 NOT PRESENT/OTHER..... 3 </td> </tr> </table>	CIRCLE THE CODE. IF GRANTED, OFFER PRE-TEST COUNSELLING AND POST-COUNSELLING	GRANTED..... 1 REFUSED..... 2 NOT PRESENT/OTHER..... 3						
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	224	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;">SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HIV COUNSELOR.</td> <td style="padding: 2px;"> _____ (SIGN) </td> </tr> <tr> <td></td> <td style="text-align: center; padding: 2px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> </table> BIOMARKER NUMBER </td> </tr> </table>	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HIV COUNSELOR.	_____ (SIGN)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> </table> BIOMARKER NUMBER				
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→ 252

→ 252

	WOMAN 2	SKIP
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225	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR MINOR. RECORD '00' IF NOT LISTED.	NAME _____ LINE NUMBER: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
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PARENT/RESPONSIBLE ADULT CONSENT FOR ANEMIA TEST

A R E N T / R E S P O N S I B L E	226	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. For the anemia testing, we will need a few drops of blood from a venipuncture. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF MINOR) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF MINOR) to take the anemia test?
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A D U L T	227	CIRCLE THE CODE.	GRANTEI 1 PARENT/RESPONSIBLE ADULT REFUSEI 2 NOT PRESENT/OTHER 3
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C O N S E N	228	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> BIOMARKER NUMBER
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229	CHECK 227: CONSENT <input type="checkbox"/> GRANTED	CONSENT <input type="checkbox"/> REFUSED
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MINOR RESPONDENT ASSENT FOR ANEMIA TEST

M I N O R R E S P O N D E N T	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 venipuncture. 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?
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A S S E N T	231	CIRCLE THE CODE.	GRANTEI 1 MINOR RESPONDENT REFUSEI 2 NOT PRESENT/OTHER 3
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A S S E N T	232	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> BIOMARKER NUMBER
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WOMAN 2	SKIP
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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	233	<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 venipuncture. 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>	
	234	CIRCLE THE CODE.	GRANTEI 1 PARENT/RESPONSIBLE ADULT REFUSEI 2 NOT PRESENT/OTHER 3
	235	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF DBS COLLECTOR.	_____ (SIGN) <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> BIOMARKER NUMBER
	236	CHECK 234:	CONSENT <input type="checkbox"/> GRANTED CONSENT <input type="checkbox"/> REFUSED

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	<p>SABA URUHUSHYA RWO GUFATA AMARASO YO GUPIMA SIDA KURI DBS:</p> <p>Muri ubu bushakashatsi burimo gukorwa mu gihugu hose , harimo no gupima virusi itera SIDA. HIV ni virusi itera uburwayi bwa SIDA. Gupima virusi itera SIDA birakorwa mugihugu hose kugirango hamenyekane umubare wabanduye virusi itera SIDA mu Rwanda. Mugupima ubwandu bwa virusi itera SIDA, turakenere amaraso yo mumutsi. amaraso turayashyira kugapapuro kabugenewe tuyajyane kuri laboratwari nkuru y'igihugu kugirango apimwe. Ibikoresho dukoresha ni bishya kandi byujuje ubuziranenge. ntabwo birakoresha na rimwe kandi iyo bimaze gukoresha birajugunywa, nta mazina turibwandike kurako gapapuro niyompamvu tutazabasha kuguha ibisubizo kandi ntanundi uzamenya ibisubizo byawe.</p> <p>Hari icyo usobanuzwa? ushobora kwemera cyangwa ugahakana ,birava kuri wowe wemeye gutanga amaraso kugapapuro yo gupimirwaho virusi itera SIDA azapimirwa kuri laboratwari nkuru y'lg</p>	
	238	CIRCLE THE CODE.	GRANTEI 1 MINOR RESPONDENT REFUSEI 2 NOT PRESENT/OTHER 3
	239	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF DBS COLLECTOR.	_____ (SIGN) <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> BIOMARKER NUMBER

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	<p>ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/RESPONSIBLE ADULT:</p> <p>We ask you to allow the Ministry of Health to store part of the blood sample collected on the paper card at the laboratory for additional tests or research. These additional tests could include tests to see if individuals are protected against diseases such as measles and rubella, or other tests.</p> <p>The blood sample will not have any name or other data attached that could identify (NAME OF MINOR). You do not have to agree. If you do not want the blood sample stored for additional testing, (NAME OF MINOR) can still participate in HIV testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>	
	241	CIRCLE THE CODE.	GRANTEI 1 PARENT/RESPONSIBLE ADULT REFUSEI 2 NOT PRESENT/OTHER 3
	242	CHECK 241:	CONSENT <input type="checkbox"/> GRANTED CONSENT <input type="checkbox"/> REFUSED

	WOMAN 2	SKIP
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MINOR RESPONDENT ASSENT FOR ADDITIONAL TESTING		
MINOR RESPONDENT ASSENT	243	<p>ASK ASSENT FOR ADDITIONAL TESTING FROM MINOR:</p> <p>We ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These additional tests could include tests to see if individuals are protected against diseases such as measles and rubella, or other tests.</p> <p>The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>
	244	<p>CIRCLE THE CODE.</p> <p>GRANTEI 1 MINOR RESPONDENT REFUSEI 2 NOT PRESENT/OTHE . . . 3</p>

PARENT/RESPONSIBLE ADULT CONSENT FOR HIV RAPID TESTING						
PARENT / RESPONSIBLE ADULT CONSENT	245	<p>ASK CONSENT FOR HIV RAPID TESTING FROM PARENT/RESPONSIBLE ADULT:</p> <p>If you want (NAME OF MINOR) to know her HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test.</p> <p>For the rapid HIV test, we need a few (more) drops of blood from a venipuncture. We will use the same rapid tests used in the hospitals in RWANDA. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The result of the test will be available to (NAME OF MINOR) 20-40 minutes.</p> <p>If the test is positive, I will give (NAME OF MINOR) a referral form to go to the nearest health facility for follow up with health technicians, as is recommended by the Ministry of Health.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF MINOR) to give blood for the rapid HIV test?</p>				
	246	<p>CIRCLE THE CODE. IF GRANTED, OFFER PRE-TEST COUNSELLING AND POST-COUNSELLING</p> <p>GRANTEI 1 PARENT/RESPONSIBLE ADULT REFUSEI 2 NOT PRESENT/OTHE . . . 3</p>				
	247	<p>SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HIV COUNSELOR.</p> <p style="text-align: center;">_____ (SIGN)</p> <p style="text-align: center;"> <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 </p>				
248	<p>CHECK 246: CONSENT <input type="checkbox"/> CONSENT REFUSED <input type="checkbox"/></p> <p style="text-align: center;">GRANTED ↓</p>					

MINOR RESPONDENT ASSENT FOR HIV RAPID TESTING					
MINOR RESPONDENT ASSENT	249	<p>ASK ASSENT FOR HIV RAPID TESTING FROM MINOR:</p> <p>If you want to know your HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test.</p> <p>For the rapid HIV test, we need a few (more) drops of blood from a venipuncture. We will use the same rapid tests used in the hospitals in RWANDA. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The result of the test will be available in 20-30 minutes.</p> <p>If the test is positive, I will give you a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood for the rapid HIV testing?</p>			
	250	<p>CIRCLE THE CODE. IF GRANTED, OFFER PRE-TEST COUNSELLING AND POST-COUNSELLING</p> <p>GRANTEI 1 MINOR RESPONDENT REFUSEI 2 NOT PRESENT/OTHE . . . 3</p>			
	251	<p>SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HIV COUNSELOR.</p> <p style="text-align: center;">_____ (SIGN)</p> <p style="text-align: center;"> <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 T. NUMBER </p>			

WOMAN 2		SKIP
252	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND	
253	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 REFUSED 99995 OTHER 99996
254	ADULT: CHECK 221 CONSENT <input type="checkbox"/> MINOR: CHECK 241 AND 244 REFUSED CONSENT GRANTED <input type="checkbox"/>	256
255	IF CONSENT HAS NOT BEEN GRANTED, WRITE "NAT" ON THE FILTER PAPER.	
256	RECORD HEMOGLOBIN LEVEL HERE AND IN THE [ANTHROPOMETRY AND ANEMIA PAMPHLET].	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 [7.0 G/DL], SEVERE ANEMIA 1 [7.0 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.	POSITIVE 1 NEGATIV 2 NOT PRESEN 3 REFUSEI 4 OTHER 5
260	RECORD THE RESULT OF THE "STAT PACK RDT" HERE.	POSITIVE 1 NEGATIV 2 NOT PRESEN 3 REFUSEI 4 OTHER 5
261	IF 259 AND 260 ARE POSITIVE, RESPONDENT IS HIV POSITIVE: INFORM SURVEY PARTICIPANT ABOUT POSITIVE HIV STATUS AND PROVIDE POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV CARE AND TREATMENT SERVICES ARE AVAILABLE. SKIP TO 265	
262	IF 259 IS NEGATIVE, RESPONDENT IS HIV NEGATIVE: INFORM THE RESPONDENT OF NEGATIVE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. SKIP TO 265	
263	IF 259 IS POSITIVE AND 260 IS NEGATIVE, RESPONDENT'S HIV STATUS IS INCONCLUSIVE: INFORM THE RESPONDENT OF INCONCLUSIVE 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 POSITIVE AND UNI-GOLD 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 CONDUCT 3
266	RECORD NUMBER OF INVALID RESULTS USING "DETERMINE HIV RDT"	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> INVALID RESULTS, IF NONE ENTER '00'

WOMAN 2		SKIP		
267	RECORD NUMBER OF INVALID RESULTS USING "STAT PACK HIV RDT"	<table border="1"><tr><td></td><td></td></tr></table> INVALID RESULTS, IF NONE ENTER '00'		
268	IF ANOTHER WOMAN, GO TO 201 ON THE NEXT PAGE; IF NO MORE WOMEN, GO TO 301.			

201	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS" [COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE]. 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 THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).		
	WOMAN 3		SKIP
202	CHECK CAPI OUTPUT AND RECORD LINE NUMBER AND NAME OF WOMAN. [RECORD LINE NUMBER FROM COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE. RECORD NAME FROM COLUMN 10 IN HOUSEHOLD	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	
203	CHECK CAPI OUTPUT FOR AGE: [CHECK COLUMN 7 IN HOUSEHOLD QUESTIONNAIRE (AGE).]	15-17 YEARS 1 18-49 YEARS 2	
204	CHECK CAPI OUTPUT FOR MARITAL STATUS: [CHECK COLUMN 8 IN HOUSEHOLD QUESTIONNAIRE (MARITAL	CODE 4 (NEVER IN UNIC. . . 1 OTHER 2	
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 REFUSEI 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"/> <input type="text"/> NOT PRESENT 9994 REFUSEI 9995 OTHER 9996	} → 209
208	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES 1 NO 2	
209	ENTER BIOMARKER TECHNICIAN NUMBER OF MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BIOMARKER NUMBER	
210	ENTER BIOMARKER TECHNICIAN NUMBER OF ASSISTANT MEASURER. IF NO ASSISTANT MEASURER, ENTER 9999.	<input type="text"/> <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"/> CODE 4 (NEVER IN UNION) <input type="checkbox"/>	→ 225

WOMAN 3	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	<p>214 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 venipuncture. 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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">CIRCLE THE CODE.</td> <td style="width: 40%;"> GRANTEI 1 REFUSEI 2 NOT PRESENT/OTHER 3 </td> </tr> </table>	CIRCLE THE CODE.	GRANTEI 1 REFUSEI 2 NOT PRESENT/OTHER 3						
CIRCLE THE CODE.	GRANTEI 1 REFUSEI 2 NOT PRESENT/OTHER 3								
216	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HEMOGLOBIN MEASURER.</td> <td style="width: 40%; text-align: center;"> _____ (SIGN) </td> </tr> <tr> <td></td> <td style="text-align: center;"> <table border="1" style="margin: auto; 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 </td> </tr> </table>	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN)		<table border="1" style="margin: auto; 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				
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→ 217

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	<p>217 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 venipuncture. 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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">CIRCLE THE CODE.</td> <td style="width: 40%;"> GRANTEI 1 REFUSEI 2 NOT PRESENT/OTHER 3 </td> </tr> </table>	CIRCLE THE CODE.	GRANTEI 1 REFUSEI 2 NOT PRESENT/OTHER 3						
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219	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF DBS COLLECTOR.</td> <td style="width: 40%; text-align: center;"> _____ (SIGN) </td> </tr> <tr> <td></td> <td style="text-align: center;"> <table border="1" style="margin: auto; 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 </td> </tr> </table>	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF DBS COLLECTOR.	_____ (SIGN)		<table border="1" style="margin: auto; 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				
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→ 222

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	<p>220 ASK CONSENT FOR ADDITIONAL TESTING:</p> <p>We ask you to allow the Ministry of Health to store part of the blood sample collected on the paper card at the laboratory for additional tests or research. These additional tests could include tests to see if individuals are protected against diseases such as measles and rubella, or other tests.</p> <p>The blood sample will not have any name or other information attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>		
221	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">CIRCLE THE CODE.</td> <td style="width: 40%;"> GRANTEI 1 REFUSEI 2 NOT PRESENT/OTHER 3 </td> </tr> </table>	CIRCLE THE CODE.	GRANTEI 1 REFUSEI 2 NOT PRESENT/OTHER 3
CIRCLE THE CODE.	GRANTEI 1 REFUSEI 2 NOT PRESENT/OTHER 3		

→ 222

	WOMAN 3	SKIP
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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>If you want to know your HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test.</p> <p>For the rapid HIV test, we need a few (more) drops of blood from a venipuncture. We will use the same rapid tests used in the hospitals in RWANDA. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The result of the test will be available in 20-40 minutes.</p> <p>If the test is positive, I will give you a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood for the rapid HIV testing?</p>								
	223	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;">CIRCLE THE CODE. IF GRANTED, OFFER PRE-TEST COUNSELLING AND POST-COUNSELLING</td> <td style="padding: 2px;"> GRANTED..... 1 REFUSED..... 2 NOT PRESENT/OTHER..... 3 </td> </tr> </table>	CIRCLE THE CODE. IF GRANTED, OFFER PRE-TEST COUNSELLING AND POST-COUNSELLING	GRANTED..... 1 REFUSED..... 2 NOT PRESENT/OTHER..... 3						
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	224	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;">SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HIV COUNSELOR.</td> <td style="padding: 2px;"> _____ (SIGN) </td> </tr> <tr> <td></td> <td style="text-align: center;"> <table border="1" style="margin: auto; 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 </td> </tr> </table>	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HIV COUNSELOR.	_____ (SIGN)		<table border="1" style="margin: auto; 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				
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→ 252

→ 252

	WOMAN 3	SKIP
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225	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR MINOR. RECORD '00' IF NOT LISTED.	_____ NAME LINE NUMBER: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
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PARENT/RESPONSIBLE ADULT CONSENT FOR ANEMIA TEST

A R E N T / R E S P O N S I B L E	226	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. For the anemia testing, we will need a few drops of blood from a venipuncture. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF MINOR) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. Do you have any questions? You can say yes or no. It is up to you to decide. Will you allow (NAME OF MINOR) to take the anemia test?
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A D U L T	227	CIRCLE THE CODE.	GRANTEI 1 PARENT/RESPONSIBLE ADULT REFUSEI 2 NOT PRESENT/OTHER 3
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C O N S E N	228	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> BIOMARKER NUMBER
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229	CHECK 227:	CONSENT <input type="checkbox"/> GRANTED	CONSENT <input type="checkbox"/> REFUSED
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MINOR RESPONDENT ASSENT FOR ANEMIA TEST

M I N O R R E S P O N D E N T	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 venipuncture. 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?
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A S S E N T	231	CIRCLE THE CODE.	GRANTEI 1 MINOR RESPONDENT REFUSEI 2 NOT PRESENT/OTHER 3
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A S S E N T	232	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HEMOGLOBIN MEASURER.	_____ (SIGN) <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> BIOMARKER NUMBER
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WOMAN 3	SKIP
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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	233	<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 venipuncture. 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>	
	234	<p>CIRCLE THE CODE.</p>	<p>GRANTEI 1 PARENT/RESPONSIBLE ADULT REFUSEI 2 NOT PRESENT/OTHER 3</p>
	235	<p>SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF DBS COLLECTOR.</p>	<p style="text-align: center;">_____ (SIGN)</p> <p style="text-align: center;">□ □ □ □ BIOMARKER NUMBER</p>
	236	<p>CHECK 234: CONSENT <input type="checkbox"/> GRANTED CONSENT <input type="checkbox"/> REFUSED</p>	<p style="text-align: right;">→ 245</p>

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	<p>SABA URUHUSHYA RWO GUFATA AMARASO YO GUPIMA SIDA KURI DBS:</p> <p>Muri ubu bushakashatsi burimo gukorwa mu gihugu hose , harimo no gupima virusi itera SIDA. HIV ni virusi itera uburwayi bwa SIDA. Gupima virusi itera SIDA birakorwa mugihugu hose kugirango hamenyekane umubare wabanduye virusi itera SIDA mu Rwanda. Mugupima ubwandu bwa virusi itera SIDA, turakenere amaraso yo mumutsi. amaraso turayashyira kugapapuro kabugenewe tuyajyane kuri laboratwari nkuru y'igihugu kugirango apimwe. Ibikoresho dukoresha ni bishya kandi byujuje ubuziranenge. ntabwo birakoresha na rimwe kandi iyo bimaze gukoresha birajugunywa, nta mazina turibwandike kurako gapapuro niyompamvu tutazabasha kuguha ibisubizo kandi ntanundi uzamenya ibisubizo byawe.</p> <p>Hari icyo usobanuzwa? ushobora kwemera cyangwa ugahakana ,birava kuri wowe wemeye gutanga amaraso kugapapuro yo gupimirwaho virusi itera SIDA azapimirwa kuri laboratwari nkuru y'lg</p>	
	238	<p>CIRCLE THE CODE.</p>	<p>GRANTEI 1 MINOR RESPONDENT REFUSEI 2 NOT PRESENT/OTHER 3</p>
	239	<p>SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF DBS COLLECTOR.</p>	<p style="text-align: center;">_____ (SIGN)</p> <p style="text-align: center;">□ □ □ □ BIOMARKER NUMBER</p>
	240	<p>CHECK 238: CONSENT <input type="checkbox"/> GRANTED CONSENT <input type="checkbox"/> REFUSED</p>	<p style="text-align: right;">→ 245</p>

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	<p>ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/RESPONSIBLE ADULT:</p> <p>We ask you to allow the Ministry of Health to store part of the blood sample collected on the paper card at the laboratory for additional tests or research. These additional tests could include tests to see if individuals are protected against diseases such as measles and rubella, or other tests.</p> <p>The blood sample will not have any name or other data attached that could identify (NAME OF MINOR). You do not have to agree. If you do not want the blood sample stored for additional testing, (NAME OF MINOR) can still participate in HIV testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>	
	241	<p>CIRCLE THE CODE.</p>	<p>GRANTEI 1 PARENT/RESPONSIBLE ADULT REFUSEI 2 NOT PRESENT/OTHER 3</p>
	242	<p>CHECK 241: CONSENT <input type="checkbox"/> GRANTED CONSENT <input type="checkbox"/> REFUSED</p>	<p style="text-align: right;">→ 245</p>

	WOMAN 3	SKIP
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MINOR RESPONDENT ASSENT FOR ADDITIONAL TESTING													
MINOR RESPONDENT ASSENT	243	<p>ASK ASSENT FOR ADDITIONAL TESTING FROM MINOR:</p> <p>We ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These additional tests could include tests to see if individuals are protected against diseases such as measles and rubella, or other tests.</p> <p>The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>											
	244	<p>CIRCLE THE CODE.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"></td> <td style="width: 5%;">GRANTEI</td> <td style="width: 5%;">1</td> </tr> <tr> <td></td> <td>MINOR RESPONDENT</td> <td></td> </tr> <tr> <td></td> <td>REFUSEI</td> <td>2</td> </tr> <tr> <td></td> <td>NOT PRESENT/OTHE</td> <td>3</td> </tr> </table>		GRANTEI	1		MINOR RESPONDENT			REFUSEI	2		NOT PRESENT/OTHE
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	MINOR RESPONDENT												
	REFUSEI	2											
	NOT PRESENT/OTHE	3											

PARENT/RESPONSIBLE ADULT CONSENT FOR HIV RAPID TESTING														
PARENT / RESPONSIBLE ADULT CONSENT	245	<p>ASK CONSENT FOR HIV RAPID TESTING FROM PARENT/RESPONSIBLE ADULT:</p> <p>If you want (NAME OF MINOR) to know her HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test.</p> <p>For the rapid HIV test, we need a few (more) drops of blood from a venipuncture. We will use the same rapid tests used in the hospitals in RWANDA. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The result of the test will be available to (NAME OF MINOR) 20-40 minutes.</p> <p>If the test is positive, I will give (NAME OF MINOR) a referral form to go to the nearest health facility for follow up with health technicians, as is recommended by the Ministry of Health.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF MINOR) to give blood for the rapid HIV test?</p>												
	246	<p>CIRCLE THE CODE.</p> <p>IF GRANTED, OFFER PRE-TEST COUNSELLING AND POST-COUNSELLING</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"></td> <td style="width: 5%;">GRANTEI</td> <td style="width: 5%;">1</td> </tr> <tr> <td></td> <td>PARENT/RESPONSIBLE</td> <td></td> </tr> <tr> <td></td> <td>ADULT REFUSEI</td> <td>2</td> </tr> <tr> <td></td> <td>NOT PRESENT/OTHE</td> <td>3</td> </tr> </table>		GRANTEI	1		PARENT/RESPONSIBLE			ADULT REFUSEI	2		NOT PRESENT/OTHE	3
		GRANTEI	1											
		PARENT/RESPONSIBLE												
	ADULT REFUSEI	2												
	NOT PRESENT/OTHE	3												
247	<p>SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HIV COUNSELOR.</p> <p style="text-align: center;">_____ (SIGN) _____</p> <div style="text-align: center;"> <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>													
248	<p>CHECK 246:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 40%; text-align: center;">CONSENT GRANTED <input type="checkbox"/></td> <td style="width: 20%;"></td> <td style="width: 40%; text-align: center;">CONSENT REFUSED <input type="checkbox"/></td> </tr> </table>	CONSENT GRANTED <input type="checkbox"/>		CONSENT REFUSED <input type="checkbox"/>										
CONSENT GRANTED <input type="checkbox"/>		CONSENT REFUSED <input type="checkbox"/>												

MINOR RESPONDENT ASSENT FOR HIV RAPID TESTING														
MINOR RESPONDENT ASSENT	249	<p>ASK ASSENT FOR HIV RAPID TESTING FROM MINOR:</p> <p>If you want to know your HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test.</p> <p>For the rapid HIV test, we need a few (more) drops of blood from a venipuncture. We will use the same rapid tests used in the hospitals in RWANDA. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The result of the test will be available in 20-30 minutes.</p> <p>If the test is positive, I will give you a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood for the rapid HIV testing?</p>												
	250	<p>CIRCLE THE CODE.</p> <p>IF GRANTED, OFFER PRE-TEST COUNSELLING AND POST-COUNSELLING</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"></td> <td style="width: 5%;">GRANTEI</td> <td style="width: 5%;">1</td> </tr> <tr> <td></td> <td>MINOR RESPONDENT</td> <td></td> </tr> <tr> <td></td> <td>REFUSEI</td> <td>2</td> </tr> <tr> <td></td> <td>NOT PRESENT/OTHE</td> <td>3</td> </tr> </table>		GRANTEI	1		MINOR RESPONDENT			REFUSEI	2		NOT PRESENT/OTHE	3
		GRANTEI	1											
	MINOR RESPONDENT													
	REFUSEI	2												
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251	<p>SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HIV COUNSELOR.</p> <p style="text-align: center;">_____ (SIGN) _____</p> <div style="text-align: center;"> <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 T. NUMBER</p> </div>													

WOMAN 3		SKIP
252	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND	
253	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; width: fit-content; margin: 0 auto;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESEN..... 99994 REFUSED 99995 OTHER 99996
254	ADULT: CHECK 221 CONSENT <input type="checkbox"/> MINOR: CHECK 241 AND 244 REFUSED CONSENT GRANTED <input type="checkbox"/>	256
255	IF CONSENT HAS NOT BEEN GRANTED, WRITE "NAT" ON THE FILTER PAPER.	
256	RECORD HEMOGLOBIN LEVEL HERE AND IN THE [ANTHROPOMETRY AND ANEMIA PAMPHLET].	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 [7.0 G/DL], SEVERE ANEMIA 1 [7.0 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.	POSITIVE 1 NEGATIV 2 NOT PRESEN 3 REFUSEI 4 OTHER 5
260	RECORD THE RESULT OF THE "STAT PACK RDT" HERE.	POSITIVE 1 NEGATIV 2 NOT PRESEN 3 REFUSEI 4 OTHER 5
261	IF 259 AND 260 ARE POSITIVE, RESPONDENT IS HIV POSITIVE: INFORM SURVEY PARTICIPANT ABOUT POSITIVE HIV STATUS AND PROVIDE POST-TEST COUNSELING. AS PART OF POST-TEST COUNSELING, PROVIDE A REFERRAL TO THE NEAREST HEALTH FACILITY WHERE HIV CARE AND TREATMENT SERVICES ARE AVAILABLE. SKIP TO 265	
262	IF 259 IS NEGATIVE, RESPONDENT IS HIV NEGATIVE: INFORM THE RESPONDENT OF NEGATIVE TEST RESULT, AND CONDUCT POST-TEST COUNSELING. SKIP TO 265	
263	IF 259 IS POSITIVE AND 260 IS NEGATIVE, RESPONDENT'S HIV STATUS IS INCONCLUSIVE: INFORM THE RESPONDENT OF INCONCLUSIVE 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 POSITIVE AND UNI-GOLD 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 CONDUCT 3
266	RECORD NUMBER OF INVALID RESULTS USING "DETERMINE HIV RDT"	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> </div> INVALID RESULTS, IF NONE ENTER '00'

WOMAN 3		SKIP		
267	RECORD NUMBER OF INVALID RESULTS USING "STAT PACK HIV RDT"	<table border="1"><tr><td></td><td></td></tr></table> INVALID RESULTS, IF NONE ENTER '00'		
268	IF ANOTHER WOMAN, GO TO 201 ON IN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, GO TO 301.			

WEIGHT, HEIGHT, AND HIV TESTING FOR MEN AGE 15-59

301	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS" [COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE]. 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 THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S).	
	MAN 1	SKIP
302	CHECK CAPI OUTPUT AND RECORD LINE NUMBER AND NAME OF MEN. [RECORD LINE NUMBER FROM COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE; RECORD NAME FROM COLUMN 2 IN HOUSEHOLD QUESTIONNAIRE.]	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
303	CHECK CAPI OUTPUT FOR AGE: [CHECK COLUMN 7 IN HOUSEHOLD QUESTIONNAIRE (AGE).]	15-17 YEARS 1 18-59 YEARS 2
304	CHECK CAPI OUTPUT FOR MARITAL STATUS: [CHECK COLUMN 8 IN HOUSEHOLD QUESTIONNAIRE (MARITAL STATUS).]	CODE 4 (NEVER IN UNIO... 1 OTHER 2
305	WEIGHT IN KILOGRAMS.	KG..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSEI 99995 OTHER 99996
306	WAS THE WOMAN WEARING ONLY LIGHTWEIGHT CLOTHING?	YES 1 NO 2
307	HEIGHT IN CENTIMETERS.	CM..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSEI 9995 OTHER 9996
308	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES 1 NO 2
309	ENTER BIOMARKER TECHNICIAN NUMBER OF MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BIOMARKER NUMBER
310	ENTER BIOMARKER TECHNICIAN NUMBER OF ASSISTANT MEASURER. IF NO ASSISTANT MEASURER, ENTER 9999.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BIOMARKER NUMBER
311	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"/>
312	CHECK 303: AGE 15-17 YEARS <input type="checkbox"/> AGE 18-59 YEARS <input type="checkbox"/>	→ 317
313	CHECK 304: OTHER <input type="checkbox"/> CODE 4 (NEVER IN UNION) <input type="checkbox"/>	→ 325

	MAN 1	SKIP
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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	317	<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 venipuncture. 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>						
	318	<p>CIRCLE THE CODE.</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">GRANTED</td> <td style="border: none; text-align: right;">1</td> </tr> <tr> <td style="border: none;">REFUSED</td> <td style="border: none; text-align: right;">2</td> </tr> <tr> <td style="border: none;">NOT PRESENT/OTHER . . .</td> <td style="border: none; text-align: right;">3</td> </tr> </table>	GRANTED	1	REFUSED	2	NOT PRESENT/OTHER . . .	3
GRANTED	1							
REFUSED	2							
NOT PRESENT/OTHER . . .	3							
	319	<p>SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF DBS COLLECTOR.</p> <div style="text-align: center; margin-top: 10px;"> <hr style="width: 80%; margin: 0 auto;"/> <p>(SIGN)</p> <div style="display: flex; justify-content: center; gap: 10px; margin-top: 10px;"> <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> <p style="margin-top: 5px;">BIOMARKER NUMBER</p> </div>						

→ 322

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	320	<p>ASK CONSENT FOR ADDITIONAL TESTING:</p> <p>We ask you to allow the Ministry of Health to store part of the blood sample collected on the paper card at the laboratory for additional tests or research. These additional tests could include tests to see if individuals are protected against diseases such as measles and rubella, or other tests.</p> <p>The blood sample will not have any name or other information attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>						
	321	<p>CIRCLE THE CODE.</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">GRANTED</td> <td style="border: none; text-align: right;">1</td> </tr> <tr> <td style="border: none;">REFUSED</td> <td style="border: none; text-align: right;">2</td> </tr> <tr> <td style="border: none;">NOT PRESENT/OTHER . . .</td> <td style="border: none; text-align: right;">3</td> </tr> </table>	GRANTED	1	REFUSED	2	NOT PRESENT/OTHER . . .	3
GRANTED	1							
REFUSED	2							
NOT PRESENT/OTHER . . .	3							

	MAN 1	SKIP								
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	322	<p>ASK CONSENT FOR HIV RAPID TESTING:</p> <p>If you want to know your HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test.</p> <p>For the rapid HIV test, we need a few (more) drops of blood from a venipuncture. We will use the same rapid tests used in the hospitals in RWANDA. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The result of the test will be available in 20-30 minutes.</p> <p>If the test is positive, I will give you a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood for the rapid HIV testing?</p>								
	323	<p>CIRCLE THE CODE. IF GRANTED, OFFER PRE-TEST COUNSELLING AND POST-COUNSELLING</p>	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">GRANTED</td> <td style="border: none; text-align: right;">1</td> </tr> <tr> <td style="border: none;">REFUSED</td> <td style="border: none; text-align: right;">2</td> </tr> <tr> <td style="border: none;">NOT PRESENT/OTHER</td> <td style="border: none; text-align: right;">3</td> </tr> </table>	GRANTED	1	REFUSED	2	NOT PRESENT/OTHER	3	→ 352
	GRANTED	1								
	REFUSED	2								
NOT PRESENT/OTHER	3									
324	<p>SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HIV COUNSELOR.</p>	<p>_____</p> <p>(SIGN)</p> <div style="display: flex; justify-content: center; gap: 10px;"> <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> <p>BIOMARKER NUMBER</p>	→ 352							
325	<p>RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR MINOR.</p> <p>RECORD '00' IF NOT LISTED.</p>	<p>NAME _____</p> <p>LINE NUMBER: <table style="display: inline-table; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></table> <table style="display: inline-table; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></table></p>								
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	333	<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 venipuncture. 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>								
	334	<p>CIRCLE THE CODE.</p>	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">GRANTED.....</td> <td style="border: none; text-align: right;">1</td> </tr> <tr> <td style="border: none;">PARENT/RESPONSIBLE ADULT REFUSED.....</td> <td style="border: none; text-align: right;">2</td> </tr> <tr> <td style="border: none;">NOT PRESENT/OTHER....</td> <td style="border: none; text-align: right;">3</td> </tr> </table>	GRANTED.....	1	PARENT/RESPONSIBLE ADULT REFUSED.....	2	NOT PRESENT/OTHER....	3	→ 345
	GRANTED.....	1								
	PARENT/RESPONSIBLE ADULT REFUSED.....	2								
NOT PRESENT/OTHER....	3									
335	<p>SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF DBS COLLECTOR.</p>	<p>_____</p> <p>(SIGN)</p> <div style="display: flex; justify-content: center; gap: 10px;"> <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> <p>BIOMARKER NUMBER</p>								
336	<p>CHECK 334:</p>	<p>CONSENT <input type="checkbox"/> GRANTED</p> <p>CONSENT <input type="checkbox"/> REFUSED</p>	→ 345							

	MAN 1	SKIP	
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	337 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 venipuncture. 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?		
	338 CIRCLE THE CODE.	GRANTEI..... 1 MINOR RESPONDENT REFUSEI..... 2 NOT PRESENT/OTHER.... 3	→ 345
	339 SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF DBS COLLECTOR.	_____ (SIGN) <div style="display: flex; justify-content: center; gap: 10px;"> <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 TECHNICIAN	
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	340 ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/RESPONSIBLE ADULT: We ask you to allow the Ministry of Health to store part of the blood sample collected on the paper card at the laboratory for additional tests or research. These additional tests could include tests to see if individuals are protected against diseases such as measles and rubella, or other tests. The blood sample will not have any name or other data attached that could identify (NAME OF MINOR). You do not have to agree. If you do not want the blood sample stored for additional testing, (NAME OF MINOR) can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?		
	341 CIRCLE THE CODE.	GRANTEI..... 1 PARENT/RESPONSIBLE ADULT REFUSEI..... 2 NOT PRESENT/OTHER.... 3	→ 345
	342 CHECK 341:	CONSENT <input type="checkbox"/> GRANTED	CONSENT <input type="checkbox"/> REFUSED

	MAN 1	SKIP
MINOR RESPONDENT ASSENT FOR ADDITIONAL TESTING		
M I N O R R E S P O N D E N T A S S E N T	343 ASK ASSENT FOR ADDITIONAL TESTING FROM MINOR: We ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These additional tests could include tests to see if individuals are protected against diseases such as measles and rubella, or other tests. The blood sample will not have any name or other data attached that could identify 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?	
	344 CIRCLE THE CODE.	GRANTED..... 1 MINOR RESPONDENT REFUSED..... 2 NOT PRESENT/OTHER... 3
PARENT/RESPONSIBLE ADULT CONSENT FOR HIV RAPID 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	345 ASK CONSENT FOR HIV RAPID TESTING FROM PARENT/RESPONSIBLE ADULT: If you want (NAME OF MINOR) to know his HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test. For the rapid HIV test, we need a few (more) drops of blood from a venipuncture. We will use the same rapid tests used in the hospitals in Angola. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The result of the test will be available to (NAME OF MINOR) 20-40 minutes. If the test is positive, I will give (NAME OF MINOR) a referral form to go to the nearest health facility for follow up with health technicians, as is recommended by the Ministry of Health. Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF MINOR) to give blood for the rapid HIV test?	
	346 CIRCLE THE CODE. IF GRANTED, OFFER PRE-TEST COUNSELLING AND POST-COUNSELLING	GRANTED..... 1 PARENT/RESPONSIBLE ADULT REFUSED..... 2 NOT PRESENT/OTHER... 3
	347 SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HIV COUNSELOR.	_____ (SIGN) <div style="display: flex; justify-content: center; gap: 10px;"> <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
	348 CHECK 346:	CONSENT <input type="checkbox"/> GRANTED ↓

→ 352

→ 352

	MAN 1		SKIP
MINOR RESPONDENT ASSENT FOR HIV RAPID TESTING			
MINOR RESPONDENT ASSENT	349	<p>ASK ASSENT FOR HIV RAPID TESTING FROM MINOR:</p> <p>If you want to know your HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test.</p> <p>For the rapid HIV test, we need a few (more) drops of blood from a venipuncture. We will use the same rapid tests used in the hospitals in RWANDA. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The result of the test will be available in 20-40 minutes.</p> <p>If the test is positive, I will give you a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood for the rapid HIV testing?</p>	
	350	<p>CIRCLE THE CODE. IF GRANTED, OFFER PRE-TEST COUNSELLING AND POST-COUNSELLING</p>	<p>GRANTED..... 1 MINOR RESPONDENT REFUSED..... 2 NOT PRESENT/OTHER.... 3</p> <p style="text-align: right;">→ 352</p>
	351	<p>SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HIV COUNSELOR.</p>	<p style="text-align: center;">_____ (SIGN)</p> <div style="display: flex; justify-content: center; gap: 10px;"> <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> <p style="text-align: center;">BIOMARKER NUMBER</p>
	352	<p>PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND</p>	
	353	<p>ADULT: CHECK 318 MINOR: CHECK 334 AND 338 PLACE BAR CODE LABEL:</p> <p>PUT THE SECOND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.</p>	<div style="border: 2px dashed black; padding: 5px; text-align: center;"> <p>PUT THE 1ST BAR CODE LABEL HERE.</p> </div> <p>NOT PRESEN..... 99994 REFUSED..... 99995 OTHER..... 99996</p> <p style="text-align: right;">} → 359</p>
	354	<p>ADULT: CHECK 321 CONSENT <input type="checkbox"/> MINOR: CHECK 341 AND 344 REFUSED CONSENT GRANTED <input type="checkbox"/></p>	→ 359
	355	<p>IF CONSENT HAS NOT BEEN GRANTED, WRITE "NAT" ON THE FILTER PAPER.</p>	
359	<p>RECORD THE RESULT OF THE "DETERMINE HIV 1/2 ED RDT" HERE.</p>	<p>POSITIVE..... 1 NEGATIV..... 2 NOT PRESEN..... 3 REFUSEI..... 4 OTHER..... 5</p> <p style="text-align: right;">} → 362 } → 365</p>	
360	<p>RECORD THE RESULT OF THE " STAT PACK RDT" HERE.</p>	<p>POSITIVE..... 1 NEGATIV..... 2 NOT PRESEN..... 3 REFUSEI..... 4 OTHER..... 5</p> <p style="text-align: right;">} → 363 } → 365 } → 364</p>	

MAN 1		SKIP
361	<p>IF 359 AND 360 ARE POSITIVE, RESPONDENT IS HIV POSITIVE:</p> <p>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.</p> <p>SKIP TO 365</p>	
362	<p>IF 359 IS NEGATIVE, RESPONDENT IS HIV NEGATIVE:</p> <p>INFORM THE RESPONDENT OF NEGATIVE TEST RESULT, AND CONDUCT POST-TEST COUNSELING.</p> <p>SKIP TO 365</p>	
363	<p>IF 359 IS POSITIVE AND 360 IS NEGATIVE, RESPONDENT'S HIV STATUS IS INCONCLUSIVE:</p> <p>INFORM THE RESPONDENT OF INCONCLUSIVE 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 365</p>	
364	<p>IF 359 IS POSITIVE AND STAT PACK 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>	
365	<p>WHILE TESTING THIS PERSON, WAS ANY RDT INVALID/DID ANY RDT FAIL TO RUN, THAT IS, THE CONTROL BAND DID NOT APPEAR?</p>	<p>RDT CONDUCTED, YES ANY INVALID 1</p> <p>RDT CONDUCTED, NONE INVALID 2</p> <p>NO RDT CONDUCTE 3</p> <p>→ 368</p>
366	<p>RECORD NUMBER OF INVALID RESULTS USING "DETERMINE HIV RDT"</p>	<p><input type="text"/> <input type="text"/></p> <p>RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER '00'</p>
367	<p>RECORD NUMBER OF INVALID RESULTS USING "STAT PACK HIV RDT"</p>	<p><input type="text"/> <input type="text"/></p> <p>RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER '00'</p>
368	<p>IF ANOTHER MAN, GO TO 301 ON THE NEXT PAGE; IF NO MORE MEN, END INTERVIEW.</p>	

WEIGHT, HEIGHT, AND HIV TESTING FOR MEN AGE 15-59

301	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS" [COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE]. 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 THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S).	
	MAN 2	SKIP
302	CHECK CAPI OUTPUT AND RECORD LINE NUMBER AND NAME OF MEN. [RECORD LINE NUMBER FROM COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE; RECORD NAME FROM COLUMN 2 IN HOUSEHOLD QUESTIONNAIRE.]	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
303	CHECK CAPI OUTPUT FOR AGE: [CHECK COLUMN 7 IN HOUSEHOLD QUESTIONNAIRE (AGE).]	15-17 YEARS 1 18-59 YEARS 2
304	CHECK CAPI OUTPUT FOR MARITAL STATUS: [CHECK COLUMN 8 IN HOUSEHOLD QUESTIONNAIRE (MARITAL STATUS).]	CODE 4 (NEVER IN UNIC... 1 OTHER 2
305	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSEI 99995 OTHER 99996
306	WAS THE WOMAN WEARING ONLY LIGHTWEIGHT CLOTHING?	YES 1 NO 2
307	HEIGHT IN CENTIMETERS.	CM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSEI 9995 OTHER 9996
308	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES 1 NO 2
309	ENTER BIOMARKER TECHNICIAN NUMBER OF MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BIOMARKER NUMBER
310	ENTER BIOMARKER TECHNICIAN NUMBER OF ASSISTANT MEASURER. IF NO ASSISTANT MEASURER, ENTER 9999.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BIOMARKER NUMBER
311	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"/>
312	CHECK 303: AGE 15-17 YEARS <input type="checkbox"/> AGE 18-59 YEARS <input type="checkbox"/>	→ 317
313	CHECK 304: OTHER <input type="checkbox"/> CODE 4 (NEVER IN UNION) <input type="checkbox"/>	→ 325

	MAN 2	SKIP
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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	317	<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 venipuncture. 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>						
	318	<p>CIRCLE THE CODE.</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">GRANTED</td> <td style="border: none; text-align: right;">1</td> </tr> <tr> <td style="border: none;">REFUSED</td> <td style="border: none; text-align: right;">2</td> </tr> <tr> <td style="border: none;">NOT PRESENT/OTHER . . .</td> <td style="border: none; text-align: right;">3</td> </tr> </table>	GRANTED	1	REFUSED	2	NOT PRESENT/OTHER . . .	3
GRANTED	1							
REFUSED	2							
NOT PRESENT/OTHER . . .	3							
	319	<p>SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF DBS COLLECTOR.</p> <div style="text-align: center; margin-top: 10px;"> <hr style="width: 80%; margin: 0 auto;"/> <p>(SIGN)</p> <div style="display: flex; justify-content: center; gap: 10px; margin: 5px 0;"> <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> <p>BIOMARKER NUMBER</p> </div>						

→ 322

ADULT RESPONDENT CONSENT FOR ADDITIONAL TESTING								
D U L T R E S P O N D E N T C O N S E N T	320	<p>ASK CONSENT FOR ADDITIONAL TESTING:</p> <p>We ask you to allow the Ministry of Health to store part of the blood sample collected on the paper card at the laboratory for additional tests or research. These additional tests could include tests to see if individuals are protected against diseases such as measles and rubella, or other tests.</p> <p>The blood sample will not have any name or other information attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>						
	321	<p>CIRCLE THE CODE.</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">GRANTED</td> <td style="border: none; text-align: right;">1</td> </tr> <tr> <td style="border: none;">REFUSED</td> <td style="border: none; text-align: right;">2</td> </tr> <tr> <td style="border: none;">NOT PRESENT/OTHER . . .</td> <td style="border: none; text-align: right;">3</td> </tr> </table>	GRANTED	1	REFUSED	2	NOT PRESENT/OTHER . . .	3
GRANTED	1							
REFUSED	2							
NOT PRESENT/OTHER . . .	3							

	MAN 2	SKIP							
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	322 ASK CONSENT FOR HIV RAPID TESTING: If you want to know your HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test. For the rapid HIV test, we need a few (more) drops of blood from a venipuncture. We will use the same rapid tests used in the hospitals in RWANDA. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The result of the test will be available in 20-30 minutes. If the test is positive, I will give you a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health. Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood for the rapid HIV testing?								
	323 CIRCLE THE CODE. IF GRANTED, OFFER PRE-TEST COUNSELLING AND POST-COUNSELLING	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">GRANTED</td> <td style="width: 20%; text-align: right;">1</td> </tr> <tr> <td>REFUSED</td> <td style="text-align: right;">2</td> </tr> <tr> <td>NOT PRESENT/OTHER</td> <td style="text-align: right;">3</td> </tr> </table>	GRANTED	1	REFUSED	2	NOT PRESENT/OTHER	3	→ 352
	GRANTED	1							
REFUSED	2								
NOT PRESENT/OTHER	3								
324 SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HIV COUNSELOR.	<div style="text-align: center; border-bottom: 1px solid black; margin-bottom: 5px;">(SIGN)</div> <div style="text-align: center; margin-bottom: 5px;"> <table style="margin: 0 auto; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> </tr> </table> </div> <div style="text-align: center;">BIOMARKER NUMBER</div>					→ 352			

325	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR MINOR. RECORD '00' IF NOT LISTED.	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">NAME</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">LINE NUMBER:</div> <table style="margin: 0 auto; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> </tr> </table>		



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	333 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 venipuncture. 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?								
	334 CIRCLE THE CODE.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">GRANTED.....</td> <td style="width: 20%; text-align: right;">1</td> </tr> <tr> <td>PARENT/RESPONSIBLE ADULT REFUSED.....</td> <td style="text-align: right;">2</td> </tr> <tr> <td>NOT PRESENT/OTHER....</td> <td style="text-align: right;">3</td> </tr> </table>	GRANTED.....	1	PARENT/RESPONSIBLE ADULT REFUSED.....	2	NOT PRESENT/OTHER....	3	→ 345
	GRANTED.....	1							
	PARENT/RESPONSIBLE ADULT REFUSED.....	2							
NOT PRESENT/OTHER....	3								
335 SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF DBS COLLECTOR.	<div style="text-align: center; border-bottom: 1px solid black; margin-bottom: 5px;">(SIGN)</div> <div style="text-align: center; margin-bottom: 5px;"> <table style="margin: 0 auto; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> </tr> </table> </div> <div style="text-align: center;">BIOMARKER NUMBER</div>								
336 CHECK 334:	CONSENT <input type="checkbox"/> GRANTED	CONSENT <input type="checkbox"/> REFUSED	→ 345						

	MAN 2	SKIP	
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	337 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 venipuncture. 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?		
	338 CIRCLE THE CODE.	GRANTEI..... 1 MINOR RESPONDENT REFUSEI..... 2 NOT PRESENT/OTHER.... 3	→ 345
	339 SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF DBS COLLECTOR.	_____ (SIGN) <div style="display: flex; justify-content: center; gap: 10px;"> <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 TECHNICIAN	
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	340 ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/RESPONSIBLE ADULT: We ask you to allow the Ministry of Health to store part of the blood sample collected on the paper card at the laboratory for additional tests or research. These additional tests could include tests to see if individuals are protected against diseases such as measles and rubella, or other tests. The blood sample will not have any name or other data attached that could identify (NAME OF MINOR). You do not have to agree. If you do not want the blood sample stored for additional testing, (NAME OF MINOR) can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?		
	341 CIRCLE THE CODE.	GRANTEI..... 1 PARENT/RESPONSIBLE ADULT REFUSEI..... 2 NOT PRESENT/OTHER.... 3	→ 345
	342 CHECK 341:	CONSENT <input type="checkbox"/> GRANTED	CONSENT <input type="checkbox"/> REFUSED

	MAN 2	SKIP	
MINOR RESPONDENT ASSENT FOR ADDITIONAL TESTING			
M I N O R R E S P O N D E N T A S S E N T	343 ASK ASSENT FOR ADDITIONAL TESTING FROM MINOR: We ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These additional tests could include tests to see if individuals are protected against diseases such as measles and rubella, or other tests. The blood sample will not have any name or other data attached that could identify 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?		
	344 CIRCLE THE CODE.	GRANTEI..... 1 MINOR RESPONDENT REFUSEI..... 2 NOT PRESENT/OTHER.... 3	
PARENT/RESPONSIBLE ADULT CONSENT FOR HIV RAPID 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	345 ASK CONSENT FOR HIV RAPID TESTING FROM PARENT/RESPONSIBLE ADULT: If you want (NAME OF MINOR) to know his HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test. For the rapid HIV test, we need a few (more) drops of blood from a venipuncture. We will use the same rapid tests used in the hospitals in Angola. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The result of the test will be available to (NAME OF MINOR) 20-40 minutes. If the test is positive, I will give (NAME OF MINOR) a referral form to go to the nearest health facility for follow up with health technicians, as is recommended by the Ministry of Health. Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF MINOR) to give blood for the rapid HIV test?		
	346 CIRCLE THE CODE. IF GRANTED, OFFER PRE-TEST COUNSELLING AND POST-COUNSELLING	GRANTEI..... 1 PARENT/RESPONSIBLE ADULT REFUSEI..... 2 NOT PRESENT/OTHER.... 3	→ 352
	347 SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HIV COUNSELOR.	_____ (SIGN) <div style="text-align: center;"> <div style="display: flex; justify-content: center; gap: 10px;"> <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 </div>	
348 CHECK 346:	CONSENT <input type="checkbox"/> GRANTED ↓	CONSENT <input type="checkbox"/> REFUSED	→ 352

	MAN 2	SKIP											
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	349	<p>ASK ASSENT FOR HIV RAPID TESTING FROM MINOR:</p> <p>If you want to know your HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test.</p> <p>For the rapid HIV test, we need a few (more) drops of blood from a venipuncture. We will use the same rapid tests used in the hospitals in RWANDA. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The result of the test will be available in 20-40 minutes.</p> <p>If the test is positive, I will give you a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood for the rapid HIV testing?</p>											
	350	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> CIRCLE THE CODE. IF GRANTED, OFFER PRE-TEST COUNSELLING AND POST-COUNSELLING </td> <td style="width: 40%;"> GRANTEI..... 1 MINOR RESPONDENT REFUSEI..... 2 NOT PRESENT/OTHER.... 3 </td> </tr> </table>	CIRCLE THE CODE. IF GRANTED, OFFER PRE-TEST COUNSELLING AND POST-COUNSELLING	GRANTEI..... 1 MINOR RESPONDENT REFUSEI..... 2 NOT PRESENT/OTHER.... 3									
	CIRCLE THE CODE. IF GRANTED, OFFER PRE-TEST COUNSELLING AND POST-COUNSELLING	GRANTEI..... 1 MINOR RESPONDENT REFUSEI..... 2 NOT PRESENT/OTHER.... 3											
	351	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HIV COUNSELOR. </td> <td style="width: 40%; text-align: center;"> _____ (SIGN) </td> </tr> <tr> <td></td> <td style="text-align: center;"> <table border="1" style="margin: auto; 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 </td> </tr> </table>	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HIV COUNSELOR.	_____ (SIGN)		<table border="1" style="margin: auto; 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							
	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HIV COUNSELOR.	_____ (SIGN)											
		<table border="1" style="margin: auto; 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											
352	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND												
353	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> ADULT: CHECK 318 MINOR: CHECK 334 AND 338 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;"> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="border: 2px dashed black; padding: 10px;"> PUT THE 1ST BAR CODE LABEL HERE. </td> </tr> </table> NOT PRESEN..... 99994 REFUSED..... 99995 OTHER..... 99996 </td> </tr> </table>	ADULT: CHECK 318 MINOR: CHECK 334 AND 338 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="margin: auto; border-collapse: collapse;"> <tr> <td style="border: 2px dashed black; padding: 10px;"> PUT THE 1ST BAR CODE LABEL HERE. </td> </tr> </table> NOT PRESEN..... 99994 REFUSED..... 99995 OTHER..... 99996	PUT THE 1ST BAR CODE LABEL HERE.									
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354	<table style="width: 100%;"> <tr> <td style="width: 30%;">ADULT: CHECK 321</td> <td style="width: 10%;">CONSENT</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 10%;">CONSENT</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 30%;"></td> </tr> <tr> <td>MINOR: CHECK 341 AND 344</td> <td>REFUSED</td> <td style="text-align: center;">↓</td> <td>GRANTED</td> <td></td> <td></td> </tr> </table>	ADULT: CHECK 321	CONSENT	<input type="checkbox"/>	CONSENT	<input type="checkbox"/>		MINOR: CHECK 341 AND 344	REFUSED	↓	GRANTED		
ADULT: CHECK 321	CONSENT	<input type="checkbox"/>	CONSENT	<input type="checkbox"/>									
MINOR: CHECK 341 AND 344	REFUSED	↓	GRANTED										
355	IF CONSENT HAS NOT BEEN GRANTED, WRITE "NAT" ON THE FILTER PAPER.												
359	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">RECORD THE RESULT OF THE "DETERMINE HIV 1/2 ED RDT" HERE.</td> <td style="width: 40%;"> POSITIVE..... 1 NEGATIV..... 2 NOT PRESEN..... 3 REFUSEI..... 4 OTHER..... 5 </td> </tr> </table>	RECORD THE RESULT OF THE "DETERMINE HIV 1/2 ED RDT" HERE.	POSITIVE..... 1 NEGATIV..... 2 NOT PRESEN..... 3 REFUSEI..... 4 OTHER..... 5										
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360	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">RECORD THE RESULT OF THE " STAT PACK RDT" HERE.</td> <td style="width: 40%;"> POSITIVE..... 1 NEGATIV..... 2 NOT PRESEN..... 3 REFUSEI..... 4 OTHER..... 5 </td> </tr> </table>	RECORD THE RESULT OF THE " STAT PACK RDT" HERE.	POSITIVE..... 1 NEGATIV..... 2 NOT PRESEN..... 3 REFUSEI..... 4 OTHER..... 5										
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WEIGHT, HEIGHT, AND HIV TESTING FOR MEN AGE 15-59

MAN 2		SKIP
361	<p>IF 359 AND 360 ARE POSITIVE, RESPONDENT IS HIV POSITIVE:</p> <p>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.</p> <p>SKIP TO 365</p>	
362	<p>IF 359 IS NEGATIVE, RESPONDENT IS HIV NEGATIVE:</p> <p>INFORM THE RESPONDENT OF NEGATIVE TEST RESULT, AND CONDUCT POST-TEST COUNSELING.</p> <p>SKIP TO 365</p>	
363	<p>IF 359 IS POSITIVE AND 360 IS NEGATIVE, RESPONDENT'S HIV STATUS IS INCONCLUSIVE:</p> <p>INFORM THE RESPONDENT OF INCONCLUSIVE 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 365</p>	
364	<p>IF 359 IS POSITIVE AND STAT PACK 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>	
365	<p>WHILE TESTING THIS PERSON, WAS ANY RDT INVALID/DID ANY RDT FAIL TO RUN, THAT IS, THE CONTROL BAND DID NOT APPEAR?</p>	<p>RDT CONDUCTED, YES ANY INVALID 1</p> <p>RDT CONDUCTED, NONE INVALID 2</p> <p>NO RDT CONDUCTED 3</p>
366	<p>RECORD NUMBER OF INVALID RESULTS USING "DETERMINE HIV RDT"</p>	<p align="center">  RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER '00' </p>
367	<p>RECORD NUMBER OF INVALID RESULTS USING "STAT PACK HIV RDT"</p>	<p align="center">  RECORD NUMBER OF INVALID RESULTS, IF NONE </p>
368	<p>IF ANOTHER MAN, GO TO 301 ON THE NEXT PAGE; IF NO MORE MEN, END INTERVIEW.</p>	

→ 368

WEIGHT, HEIGHT, AND HIV TESTING FOR MEN AGE 15-59

301	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS" [COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE]. 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 THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S).	
	MAN 3	SKIP
302	CHECK CAPI OUTPUT AND RECORD LINE NUMBER AND NAME OF MEN. [RECORD LINE NUMBER FROM COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE; RECORD NAME FROM COLUMN 2 IN HOUSEHOLD QUESTIONNAIRE.]	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
303	CHECK CAPI OUTPUT FOR AGE: [CHECK COLUMN 7 IN HOUSEHOLD QUESTIONNAIRE (AGE).]	15-17 YEARS 1 18-59 YEARS 2
304	CHECK CAPI OUTPUT FOR MARITAL STATUS: [CHECK COLUMN 8 IN HOUSEHOLD QUESTIONNAIRE (MARITAL STATUS).]	CODE 4 (NEVER IN UNIO.. 1 OTHER 2
305	WEIGHT IN KILOGRAMS.	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSEI 99995 OTHER 99996
306	WAS THE WOMAN WEARING ONLY LIGHTWEIGHT CLOTHING?	YES 1 NO 2
307	HEIGHT IN CENTIMETERS.	CM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSEI 9995 OTHER 9996
308	WAS THE RECORDED MEASUREMENT INTERFERED WITH BY BRAIDED OR ORNAMENTED HAIR?	YES 1 NO 2
309	ENTER BIOMARKER TECHNICIAN NUMBER OF MEASURER.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BIOMARKER NUMBER
310	ENTER BIOMARKER TECHNICIAN NUMBER OF ASSISTANT MEASURER. IF NO ASSISTANT MEASURER, ENTER 9999.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BIOMARKER NUMBER
311	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"/>
312	CHECK 303: AGE 15-17 YEARS <input type="checkbox"/> AGE 18-59 YEARS <input type="checkbox"/>	→ 317
313	CHECK 304: OTHER <input type="checkbox"/> CODE 4 (NEVER IN UNION) <input type="checkbox"/>	→ 325

	MAN 3	SKIP
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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	317	<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 venipuncture. 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>						
	318	<p>CIRCLE THE CODE.</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">GRANTED</td> <td style="border: none; text-align: right;">1</td> </tr> <tr> <td style="border: none;">REFUSED</td> <td style="border: none; text-align: right;">2</td> </tr> <tr> <td style="border: none;">NOT PRESENT/OTHER . . .</td> <td style="border: none; text-align: right;">3</td> </tr> </table>	GRANTED	1	REFUSED	2	NOT PRESENT/OTHER . . .	3
GRANTED	1							
REFUSED	2							
NOT PRESENT/OTHER . . .	3							
	319	<p>SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF DBS COLLECTOR.</p> <div style="text-align: center; margin-top: 10px;"> <hr style="width: 80%; margin: 0 auto;"/> <p>(SIGN)</p> <div style="display: flex; justify-content: center; gap: 10px; margin: 5px 0;"> <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> <p>BIOMARKER NUMBER</p> </div>						

→ 322

ADULT RESPONDENT CONSENT FOR ADDITIONAL TESTING								
D U L T R E S P O N D E N T C O N S E N T	320	<p>ASK CONSENT FOR ADDITIONAL TESTING:</p> <p>We ask you to allow the Ministry of Health to store part of the blood sample collected on the paper card at the laboratory for additional tests or research. These additional tests could include tests to see if individuals are protected against diseases such as measles and rubella, or other tests.</p> <p>The blood sample will not have any name or other information attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>						
	321	<p>CIRCLE THE CODE.</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">GRANTED</td> <td style="border: none; text-align: right;">1</td> </tr> <tr> <td style="border: none;">REFUSED</td> <td style="border: none; text-align: right;">2</td> </tr> <tr> <td style="border: none;">NOT PRESENT/OTHER . . .</td> <td style="border: none; text-align: right;">3</td> </tr> </table>	GRANTED	1	REFUSED	2	NOT PRESENT/OTHER . . .	3
GRANTED	1							
REFUSED	2							
NOT PRESENT/OTHER . . .	3							

	MAN 3	SKIP								
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	322	<p>ASK CONSENT FOR HIV RAPID TESTING:</p> <p>If you want to know your HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test.</p> <p>For the rapid HIV test, we need a few (more) drops of blood from a venipuncture. We will use the same rapid tests used in the hospitals in RWANDA. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The result of the test will be available in 20-30 minutes.</p> <p>If the test is positive, I will give you a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood for the rapid HIV testing?</p>								
	323	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">CIRCLE THE CODE. IF GRANTED, OFFER PRE-TEST COUNSELLING AND POST-COUNSELLING</td> <td style="width: 40%;"> <table style="width: 100%;"> <tr><td>GRANTED</td><td style="text-align: right;">1</td></tr> <tr><td>REFUSED</td><td style="text-align: right;">2</td></tr> <tr><td>NOT PRESENT/OTHER</td><td style="text-align: right;">3</td></tr> </table> </td> </tr> </table>	CIRCLE THE CODE. IF GRANTED, OFFER PRE-TEST COUNSELLING AND POST-COUNSELLING	<table style="width: 100%;"> <tr><td>GRANTED</td><td style="text-align: right;">1</td></tr> <tr><td>REFUSED</td><td style="text-align: right;">2</td></tr> <tr><td>NOT PRESENT/OTHER</td><td style="text-align: right;">3</td></tr> </table>	GRANTED	1	REFUSED	2	NOT PRESENT/OTHER	3
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324	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HIV COUNSELOR.</td> <td style="width: 40%;"> <p style="text-align: center;">_____ (SIGN)</p> <div style="display: flex; justify-content: center; gap: 10px;"> <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> <p style="text-align: center;">BIOMARKER NUMBER</p> </td> </tr> </table>	SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HIV COUNSELOR.	<p style="text-align: center;">_____ (SIGN)</p> <div style="display: flex; justify-content: center; gap: 10px;"> <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> <p style="text-align: center;">BIOMARKER NUMBER</p>							
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325	<p>RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR MINOR.</p> <p>RECORD '00' IF NOT LISTED.</p>	<p style="text-align: center;">_____ NAME</p> <p>LINE NUMBER: <table style="display: inline-table; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></table> <table style="display: inline-table; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></table></p>
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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	333	<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 venipuncture. 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>								
	334	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">CIRCLE THE CODE.</td> <td style="width: 40%;"> <table style="width: 100%;"> <tr><td>GRANTED.....</td><td style="text-align: right;">1</td></tr> <tr><td>PARENT/RESPONSIBLE ADULT REFUSED.....</td><td style="text-align: right;">2</td></tr> <tr><td>NOT PRESENT/OTHER....</td><td style="text-align: right;">3</td></tr> </table> </td> </tr> </table>	CIRCLE THE CODE.	<table style="width: 100%;"> <tr><td>GRANTED.....</td><td style="text-align: right;">1</td></tr> <tr><td>PARENT/RESPONSIBLE ADULT REFUSED.....</td><td style="text-align: right;">2</td></tr> <tr><td>NOT PRESENT/OTHER....</td><td style="text-align: right;">3</td></tr> </table>	GRANTED.....	1	PARENT/RESPONSIBLE ADULT REFUSED.....	2	NOT PRESENT/OTHER....	3
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336	<p>CHECK 334:</p> <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="text-align: center;">CONSENT GRANTED</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 0 20px;">CONSENT REFUSED</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	CONSENT GRANTED	<input type="checkbox"/>	CONSENT REFUSED	<input type="checkbox"/>	→ 345				
CONSENT GRANTED	<input type="checkbox"/>	CONSENT REFUSED	<input type="checkbox"/>							

	MAN 3	SKIP
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	337 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 venipuncture. 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?	
	338 CIRCLE THE CODE.	GRANTEI..... 1 MINOR RESPONDENT REFUSEI..... 2 NOT PRESENT/OTHER.... 3 → 345
	339 SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF DBS COLLECTOR.	_____ (SIGN) <div style="display: flex; justify-content: center; gap: 10px;"> <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 TECHNICIAN
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	340 ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/RESPONSIBLE ADULT: We ask you to allow the Ministry of Health to store part of the blood sample collected on the paper card at the laboratory for additional tests or research. These additional tests could include tests to see if individuals are protected against diseases such as measles and rubella, or other tests. The blood sample will not have any name or other data attached that could identify (NAME OF MINOR). You do not have to agree. If you do not want the blood sample stored for additional testing, (NAME OF MINOR) can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?	
	341 CIRCLE THE CODE.	GRANTEI..... 1 PARENT/RESPONSIBLE ADULT REFUSEI..... 2 NOT PRESENT/OTHER.... 3 → 345
	342 CHECK 341: CONSENT <input type="checkbox"/> GRANTED CONSENT <input type="checkbox"/> REFUSED	→ 345

	MAN 3	SKIP
MINOR RESPONDENT ASSENT FOR ADDITIONAL TESTING		
M I N O R R E S P O N D E N T A S S E N T	343 ASK ASSENT FOR ADDITIONAL TESTING FROM MINOR: We ask you to allow the Ministry of Health to store part of the blood sample at the laboratory for additional tests or research. These additional tests could include tests to see if individuals are protected against diseases such as measles and rubella, or other tests. The blood sample will not have any name or other data attached that could identify 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?	
	344 CIRCLE THE CODE.	GRANTED..... 1 MINOR RESPONDENT REFUSED..... 2 NOT PRESENT/OTHER.... 3
PARENT/RESPONSIBLE ADULT CONSENT FOR HIV RAPID 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	345 ASK CONSENT FOR HIV RAPID TESTING FROM PARENT/RESPONSIBLE ADULT: If you want (NAME OF MINOR) to know his HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test. For the rapid HIV test, we need a few (more) drops of blood from a venipuncture. We will use the same rapid tests used in the hospitals in Angola. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The result of the test will be available to (NAME OF MINOR) 20-40 minutes. If the test is positive, I will give (NAME OF MINOR) a referral form to go to the nearest health facility for follow up with health technicians, as is recommended by the Ministry of Health. Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF MINOR) to give blood for the rapid HIV test?	
	346 CIRCLE THE CODE. IF GRANTED, OFFER PRE-TEST COUNSELLING AND POST-COUNSELLING	GRANTED..... 1 PARENT/RESPONSIBLE ADULT REFUSED..... 2 NOT PRESENT/OTHER.... 3
	347 SIGN NAME AND ENTER BIOMARKER TECHNICIAN NUMBER OF HIV COUNSELOR.	_____ (SIGN) <div style="display: flex; justify-content: center; gap: 10px;"> <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
348 CHECK 346:	CONSENT <input type="checkbox"/> GRANTED ↓	CONSENT <input type="checkbox"/> REFUSED

→ 352

→ 352

	MAN 3	SKIP					
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	349	<p>ASK ASSENT FOR HIV RAPID TESTING FROM MINOR:</p> <p>If you want to know your HIV status right now, we can do a rapid test and tell you the result. The testing is free and we will offer counselling before and after the test.</p> <p>For the rapid HIV test, we need a few (more) drops of blood from a venipuncture. We will use the same rapid tests used in the hospitals in RWANDA. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The result of the test will be available in 20-40 minutes.</p> <p>If the test is positive, I will give you a referral form to go to the nearest health facility for follow up with medical personnel, as is recommended by the Ministry of Health.</p> <p>Do you have any questions? You can say yes or no. It is up to you to decide. Will you give blood for the rapid HIV testing?</p>					
	350	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> <p>CIRCLE THE CODE. IF GRANTED, OFFER PRE-TEST COUNSELLING AND POST-COUNSELLING</p> </td> <td style="width: 40%;"> <p>GRANTEI 1 MINOR RESPONDENT REFUSEI 2 NOT PRESENT/OTHER 3</p> </td> </tr> </table>	<p>CIRCLE THE CODE. IF GRANTED, OFFER PRE-TEST COUNSELLING AND POST-COUNSELLING</p>	<p>GRANTEI 1 MINOR RESPONDENT REFUSEI 2 NOT PRESENT/OTHER 3</p>			
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	352	<p>PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND</p>					
	353	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> <p>ADULT: CHECK 318 MINOR: CHECK 334 AND 338 PLACE BAR CODE LABEL:</p> <p>PUT THE SECOND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.</p> </td> <td style="width: 40%; text-align: center;"> <div style="border: 2px dashed black; padding: 10px; margin-bottom: 10px;"> <p>PUT THE 1ST BAR CODE LABEL HERE.</p> </div> <p>NOT PRESEN 99994 REFUSED 99995 OTHER 99996</p> </td> </tr> </table>	<p>ADULT: CHECK 318 MINOR: CHECK 334 AND 338 PLACE BAR CODE LABEL:</p> <p>PUT THE SECOND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.</p>	<div style="border: 2px dashed black; padding: 10px; margin-bottom: 10px;"> <p>PUT THE 1ST BAR CODE LABEL HERE.</p> </div> <p>NOT PRESEN 99994 REFUSED 99995 OTHER 99996</p>			
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MINOR: CHECK 341 AND 344	REFUSED <input type="checkbox"/>	GRANTED <input type="checkbox"/>					
355	<p>IF CONSENT HAS NOT BEEN GRANTED, WRITE "NAT" ON THE FILTER PAPER.</p>						
359	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> <p>RECORD THE RESULT OF THE "DETERMINE HIV 1/2 ED RDT" HERE.</p> </td> <td style="width: 40%;"> <p>POSITIVE 1 NEGATIV 2 NOT PRESEN 3 REFUSEI 4 OTHER 5</p> </td> </tr> </table>	<p>RECORD THE RESULT OF THE "DETERMINE HIV 1/2 ED RDT" HERE.</p>	<p>POSITIVE 1 NEGATIV 2 NOT PRESEN 3 REFUSEI 4 OTHER 5</p>				
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MAN 3		SKIP
361	<p>IF 359 AND 360 ARE POSITIVE, RESPONDENT IS HIV POSITIVE:</p> <p>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.</p> <p>SKIP TO 365</p>	
362	<p>IF 359 IS NEGATIVE, RESPONDENT IS HIV NEGATIVE:</p> <p>INFORM THE RESPONDENT OF NEGATIVE TEST RESULT, AND CONDUCT POST-TEST COUNSELING.</p> <p>SKIP TO 365</p>	
363	<p>IF 359 IS POSITIVE AND 360 IS NEGATIVE, RESPONDENT'S HIV STATUS IS INCONCLUSIVE:</p> <p>INFORM THE RESPONDENT OF INCONCLUSIVE 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 365</p>	
364	<p>IF 359 IS POSITIVE AND STAT PACK 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>	
365	<p>WHILE TESTING THIS PERSON, WAS ANY RDT INVALID/DID ANY RDT FAIL TO RUN, THAT IS, THE CONTROL BAND DID NOT APPEAR?</p>	<p>RDT CONDUCTED, YES ANY INVALID 1</p> <p>RDT CONDUCTED, NONE INVALID 2</p> <p>NO RDT CONDUCTED 3</p> <p>→ 368</p>
366	<p>RECORD NUMBER OF INVALID RESULTS USING "DETERMINE HIV RDT"</p>	<p><input style="width: 40px; height: 30px; border: 1px solid black;" type="text"/></p> <p>RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER '00'</p>
367	<p>RECORD NUMBER OF INVALID RESULTS USING "STAT PACK HIV RDT"</p>	<p><input style="width: 40px; height: 30px; border: 1px solid black;" type="text"/></p> <p>RECORD NUMBER OF INVALID RESULTS, IF NONE ENTER '00'</p>
368	<p>IF ANOTHER MAN, GO TO 301 ON IN ADDITIONAL QUESTIONNAIRE; ; IF NO MORE MEN, END INTERVIEW.</p>	