

CONFIDENTIAL
 For research purposes only

IDENTIFICATION										
STATE _____										
DISTRICT _____										
TEHSIL/TALUK _____										
CITY/TOWN/VILLAGE _____										
TYPE OF PSU (URBAN = 1, RURAL = 2)										
PSU NUMBER										
STRUCTURE NUMBER										
HOUSEHOLD NUMBER										
NAME OF HOUSEHOLD HEAD _____										
ADDRESS OF HOUSEHOLD _____										
IS HOUSEHOLD SELECTED FOR THE STATE MODULE? (YES = 1, NO = 2)				<input type="checkbox"/>						
HEALTH INVESTIGATOR VISITS										
	1	2	3	FINAL VISIT						
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>						
			MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>							
			YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>							
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>						
TIME	_____	_____								
*LANGUAGE OF QUESTIONNAIRE: ENGLISH				18						
*LANGUAGE CODES:	01 ASSAMESE 02 BENGALI 03 GUJARATI 04 HINDI 05 KANNADA	06 KASHMIRI 07 KONKANI 08 MALAYALAM 09 MANIPURI 10 MARATHI	11 NEPALI 12 ORIYA 13 PUNJABI 14 SINDHI 15 TAMIL	16 TELUGU 17 URDU 18 ENGLISH 19 GARO 20 KHASI	96 OTHER _____ SPECIFY					
TOTAL NUMBER OF ELIGIBLE WOMEN				<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>						
TOTAL NUMBER OF ELIGIBLE CHILDREN				<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>						
TOTAL NUMBER OF ELIGIBLE MEN				<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>						
SUPERVISOR		HEALTH INVESTIGATOR								
NAME _____	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>				NAME _____	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>				
DATE _____		DATE _____								

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

201	FROM THE LIST OF ELIGIBLE CHILDREN, RECORD THE NAME AND LINE NUMBER IN THE SAME ORDER THEY APPEAR. IF MORE THAN SIX CHILDREN, USE AN ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
202	NAME LINE NUMBER	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>
203	What is (NAME)'s birth 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"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
204	CHECK 203: CHILD BORN IN JANUARY 2010 OR LATER?	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 303)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 303)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 303)
205	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 303) REFUSED 9995 OTHER 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 303) REFUSED 9995 OTHER 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 303) REFUSED 9995 OTHER 9996
206	HEIGHT IN CENTIMETRES	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> REFUSED 9995 OTHER 9996
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2 NOT MEASURED ... 3	LYING DOWN 1 STANDING UP 2 NOT MEASURED ... 3	LYING DOWN 1 STANDING UP 2 NOT MEASURED ... 3
208	CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 303) OLDER 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 303) OLDER 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 303) OLDER 2
209	NAME OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD	NAME _____	NAME _____	NAME _____
210	ASK CONSENT FOR ANAEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 209 AS RESPONSIBLE FOR CHILD.	<p>As part of this survey, we are asking people all over the country to take an anaemia test. Anaemia 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 anaemia. We ask that children born in 2010 or later take part in anaemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anaemia 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 to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anaemia test?</p>		
211	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ (SIGN) ← REFUSED 2	GRANTED 1 _____ (SIGN) ← REFUSED 2	GRANTED 1 _____ (SIGN) ← REFUSED 2
212	RECORD HAEMOGLOBIN LEVEL HERE AND IN THE ANAEMIA PAMPHLET.	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> REFUSED 995 OTHER 996
213	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 303.			

		CHILD 4	CHILD 5	CHILD 6
202	NAME LINE NUMBER	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>
203	What is (NAME)'s birth 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"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
204	CHECK 203: CHILD BORN IN JANUARY 2010 OR LATER?	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 303)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 303)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 303)
205	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 303) REFUSED 9995 OTHER 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 303) REFUSED 9995 OTHER 9996	KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 303) REFUSED 9995 OTHER 9996
206	HEIGHT IN CENTIMETRES	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> REFUSED 9995 OTHER 9996
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2 NOT MEASURED ... 3	LYING DOWN 1 STANDING UP 2 NOT MEASURED ... 3	LYING DOWN 1 STANDING UP 2 NOT MEASURED ... 3
208	CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 303) OLDER 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 303) OLDER 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 303) OLDER 2
209	NAME OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD	NAME _____	NAME _____	NAME _____
210	ASK CONSENT FOR ANAEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 209 AS RESPONSIBLE FOR CHILD.	<p>As part of this survey, we are asking people all over the country to take an anaemia test. Anaemia 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 anaemia. We ask that children born in 2010 or later take part in anaemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anaemia 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 to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anaemia test?</p>		
211	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 _____ (SIGN) ← REFUSED 2	GRANTED 1 _____ (SIGN) ← REFUSED 2	GRANTED 1 _____ (SIGN) ← REFUSED 2
212	RECORD HAEMOGLOBIN LEVEL HERE AND IN THE ANAEMIA PAMPHLET.	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> REFUSED 995 OTHER 996
213	GO BACK TO 203 IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 303.			

WEIGHT, HEIGHT, BLOOD PRESSURE, BLOOD GLUCOSE, HAEMOGLOBIN MEASUREMENT AND HIV TESTING FOR WOMEN AGE 15-49

301	FROM THE LIST OF ELIGIBLE WOMEN, RECORD THE NAME, LINE NUMBER, AGE, AND MARITAL STATUS IN THE SAME ORDER THEY APPEAR. WRITE THE NAME OF EACH WOMAN AT THE TOP OF THE FOLLOWING PAGES. IF THERE ARE MORE THAN THREE WOMEN, USE AN ADDITIONAL QUESTIONNAIRE(S).			
		WOMAN 1	WOMAN 2	WOMAN 3
302	NAME LINE NUMBER AGE MARITAL STATUS	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/> NEVER MARRIED 1 OTHER 2	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/> NEVER MARRIED 1 OTHER 2	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/> NEVER MARRIED 1 OTHER 2
303	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 (GO TO 303 FOR NEXT WOMAN OR, IF NO MORE WOMEN, GO TO 403) REFUSED 99995 OTHER 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 (GO TO 303 FOR NEXT WOMAN OR, IF NO MORE WOMEN, GO TO 403) REFUSED 99995 OTHER 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 (GO TO 303 FOR NEXT WOMAN OR, IF NO MORE WOMEN, GO TO 403) REFUSED 99995 OTHER 99996
304	HEIGHT IN CENTIMETRES	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> REFUSED 9995 OTHER 9996
305	AGE: CHECK 302.	15-17 YEARS 1 18-49 YEARS 2 (GO TO 310) ←	15-17 YEARS 1 18-49 YEARS 2 (GO TO 310) ←	15-17 YEARS 1 18-49 YEARS 2 (GO TO 310) ←
306	MARITAL STATUS: CHECK 302.	NEVER MARRIED 1 OTHER 2 (GO TO 310) ←	NEVER MARRIED 1 OTHER 2 (GO TO 310) ←	NEVER MARRIED 1 OTHER 2 (GO TO 310) ←
307	RECORD NAME OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT.	NAME _____	NAME _____	NAME _____
308	ASK CONSENT FOR BLOOD PRESSURE FROM PARENT/OTHER ADULT IDENTIFIED IN 307 AS RESPONSIBLE FOR NEVER MARRIED WOMEN AGE 15-17.	<p>I would like to measure (NAME OF ADOLESCENT)'s blood pressure. This will be done three times, with an interval of about five minutes between measurements. This is a harmless procedure. Blood pressure measurement is used to find out if a person has high blood pressure. If not treated, high blood pressure may eventually cause serious damage to the heart. The results of this blood pressure measurement will be given to you and (NAME OF ADOLESCENT) after the measurement process is completed. The results of blood pressure measurement will be explained to you. If (NAME OF ADOLESCENT)'s blood pressure is high, we will suggest that (NAME OF ADOLESCENT) consult a health facility or doctor since we cannot provide any further testing or treatment during the survey. You can also decide at any time not to participate in the blood pressure measurement. 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 to the test for (NAME OF ADOLESCENT) or you can say no. It is up to you to decide. Will you allow me to measure (NAME OF ADOLESCENT)'s blood pressure?</p>		
309	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 340)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 340)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 340)

		WOMAN 1	WOMAN 2	WOMAN 3																																													
	NAME	NAME _____	NAME _____	NAME _____																																													
310	ASK CONSENT FOR BLOOD PRESSURE FROM RESPONDENT.	<p>I would like to measure your blood pressure. This will be done three times, with an interval of about five minutes between measurements. This is a harmless procedure. Blood pressure measurement is used to find out if a person has high blood pressure. If not treated, high blood pressure may eventually cause serious damage to the heart. The results of this blood pressure measurement will be given to you after the measurement process is completed. The results of blood pressure measurement will be explained to you. If your blood pressure is high, we will suggest that you consult a health facility or doctor since we cannot provide any further testing or treatment during the survey. You can also decide at any time not to participate in the blood pressure measurement. 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 to the test or you can say no. It is up to you to decide. Will you allow me to measure your blood pressure?</p>																																															
311	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 338)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 338)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 338)																																													
312	<p>Before taking your blood pressure, I would like to ask a few questions about things that may affect these measurements. Have you done any of the following within the past 30 minutes:</p> <p>a) Eaten anything?</p> <p>b) Had coffee, tea, cola or other drink that has caffeine?</p> <p>c) Smoked any tobacco product?</p> <p>d) Used any other type of tobacco such as ghutka, pan masala with tobacco other chewing tobacco or snuff?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>EATEN</td> <td>1</td> <td>2</td> </tr> <tr> <td>HAD CAFFEINATED DRINK</td> <td>1</td> <td>2</td> </tr> <tr> <td>SMOKED</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER TOBACCO ...</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	EATEN	1	2	HAD CAFFEINATED DRINK	1	2	SMOKED	1	2	OTHER TOBACCO ...	1	2	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>EATEN</td> <td>1</td> <td>2</td> </tr> <tr> <td>HAD CAFFEINATED DRINK</td> <td>1</td> <td>2</td> </tr> <tr> <td>SMOKED</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER TOBACCO ...</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	EATEN	1	2	HAD CAFFEINATED DRINK	1	2	SMOKED	1	2	OTHER TOBACCO ...	1	2	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>EATEN</td> <td>1</td> <td>2</td> </tr> <tr> <td>HAD CAFFEINATED DRINK</td> <td>1</td> <td>2</td> </tr> <tr> <td>SMOKED</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER TOBACCO ...</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	EATEN	1	2	HAD CAFFEINATED DRINK	1	2	SMOKED	1	2	OTHER TOBACCO ...	1	2
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OTHER TOBACCO ...	1	2																																															
313	May I begin the process of measuring your blood pressure? I will begin by measuring the circumference of your arm to make sure that I use the right equipment.	ARM CIRCUMFERENCE (IN CENTIMETRES) <input type="text"/> <input type="text"/> MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN CENTIMETRES.	ARM CIRCUMFERENCE (IN CENTIMETRES) <input type="text"/> <input type="text"/> MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN CENTIMETRES.	ARM CIRCUMFERENCE (IN CENTIMETRES) <input type="text"/> <input type="text"/> MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN CENTIMETRES.																																													
314	USE THE ARM CIRCUMFERENCE MEASUREMENT TO SELECT THE APPROPRIATE BLOOD PRESSURE MONITOR CUFF SIZE. CIRCLE THE CODE FOR THE CUFF SIZE.	SMALL: 17 CM – 22 CM 1 MEDIUM: 22 CM – 32 CM 2 LARGE: 32 CM – 42 CM 3	SMALL: 17 CM – 22 CM 1 MEDIUM: 22 CM – 32 CM 2 LARGE: 32 CM – 42 CM 3	SMALL: 17 CM – 22 CM 1 MEDIUM: 22 CM – 32 CM 2 LARGE: 32 CM – 42 CM 3																																													

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME	NAME _____	NAME _____	NAME _____
315	RECORD TIME OF FIRST BP READING	HOURS MINUTES [] [] : [] []	HOURS MINUTES [] [] : [] []	HOURS MINUTES [] [] : [] []
316	TAKE THE FIRST BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE.	FIRST BP MEASURE SYSTOLIC [] [] [] DIASTOLIC [] [] [] REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996 (IF NOT MEASURED, GO TO 338) ←	FIRST BP MEASURE SYSTOLIC [] [] [] DIASTOLIC [] [] [] REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996 (IF NOT MEASURED, GO TO 338) ←	FIRST BP MEASURE SYSTOLIC [] [] [] DIASTOLIC [] [] [] REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996 (IF NOT MEASURED, GO TO 338) ←
317	Before this survey, has your blood pressure ever been checked?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
318	Were you told on two or more different occasions by a doctor or other health professional that you had hypertension or high blood pressure?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
319	To lower your blood pressure, are you now taking a prescribed medicine?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
320	CHECK THAT IT HAS BEEN AT LEAST 5 MINUTES BEFORE TAKING THE SECOND BLOOD PRESSURE MEASUREMENT			
321	May I take your blood pressure at this time?	YES 1 NO 2 (GO TO 332) ←	YES 1 NO 2 (GO TO 332) ←	YES 1 NO 2 (GO TO 332) ←
322	RECORD TIME OF SECOND BP READING	HOURS MINUTES [] [] : [] []	HOURS MINUTES [] [] : [] []	HOURS MINUTES [] [] : [] []
323	TAKE THE SECOND BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE.	SECOND BP MEASURE SYSTOLIC [] [] [] DIASTOLIC [] [] [] REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996 (IF NOT MEASURED, GO TO 332) ←	SECOND BP MEASURE SYSTOLIC [] [] [] DIASTOLIC [] [] [] REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996 (IF NOT MEASURED, GO TO 332) ←	SECOND BP MEASURE SYSTOLIC [] [] [] DIASTOLIC [] [] [] REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996 (IF NOT MEASURED, GO TO 332) ←

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME	NAME _____	NAME _____	NAME _____
324	CHECK THAT IT HAS BEEN AT LEAST 5 MINUTES BEFORE TAKING THE THIRD BLOOD PRESSURE MEASUREMENT			
325	May I take your blood pressure at this time?	YES 1 NO 2 (GO TO 334) ←	YES 1 NO 2 (GO TO 334) ←	YES 1 NO 2 (GO TO 334) ←
326	RECORD TIME OF THIRD BP READING	HOURS MINUTES <input type="text"/> : <input type="text"/>	HOURS MINUTES <input type="text"/> : <input type="text"/>	HOURS MINUTES <input type="text"/> : <input type="text"/>
327	TAKE THE THIRD BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE.	THIRD BP MEASURE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996 (IF NOT MEASURED, GO TO 334) ←	THIRD BP MEASURE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996 (IF NOT MEASURED, GO TO 334) ←	THIRD BP MEASURE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996 (IF NOT MEASURED, GO TO 334) ←
328	RECORD THE SUM OF THE SYSTOLIC MEASURES FROM 323 AND 327.	SUM SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	SUM SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	SUM SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/>
329	CALCULATE THE AVERAGE SYSTOLIC PRESSURES BY DIVIDING THE SUM IN 328 BY 2.	AVERAGE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 336	AVERAGE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 336	AVERAGE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 336
330	RECORD THE SUM OF THE DIASTOLIC MEASURES FROM 323 AND 327.	SUM DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	SUM DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	SUM DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>
331	CALCULATE THE AVERAGE DIASTOLIC PRESSURES BY DIVIDING THE SUM IN 330 BY 2.	AVERAGE DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 336 AND SKIP TO 336	AVERAGE DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 336 AND SKIP TO 336	AVERAGE DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 336 AND SKIP TO 336
331A	IF ONLY ONE MEASUREMENT WAS TAKEN, RECORD THE FIRST SYSTOLIC AND DIASTOLIC NUMBERS HERE.			
332	RECORD THE SYSTOLIC MEASURE FROM 316.	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 336	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 336	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 336
333	RECORD THE DIASTOLIC MEASURE FROM 316.	DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 336 AND SKIP TO 336	DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 336 AND SKIP TO 336	DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 336 AND SKIP TO 336
333A	IF ONLY TWO MEASUREMENTS WERE TAKEN, RECORD THE SECOND SYSTOLIC AND DIASTOLIC NUMBERS HERE.			
334	RECORD THE SYSTOLIC MEASURE FROM 323.	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 336	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 336	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 336
335	RECORD THE DIASTOLIC MEASURE FROM 323.	DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 336	DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 336	DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 336

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	NAME	NAME _____	NAME _____	NAME _____																																																																																																																																				
336	CIRCLE THE SINGLE NUMBER WHERE THE AVERAGE DIASTOLIC AND SYSTOLIC MEASURES MEET. AVERAGE SYSTOLIC	AVERAGE DIASTOLIC <table style="width:100%; border-collapse: collapse; font-size: small;"> <tr> <td style="text-align: center;"><80</td> <td style="text-align: center;"><85</td> <td style="text-align: center;">85-89</td> <td style="text-align: center;">90-99</td> <td style="text-align: center;">100-109</td> <td style="text-align: center;">≥110</td> </tr> <tr> <td style="text-align: center;"><120</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> <td style="text-align: center;">6</td> </tr> <tr> <td style="text-align: center;"><130</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> <td style="text-align: center;">6</td> </tr> <tr> <td style="text-align: center;">130-139</td> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> <td style="text-align: center;">6</td> </tr> <tr> <td style="text-align: center;">140-159</td> <td style="text-align: center;">4</td> <td style="text-align: center;">4</td> <td style="text-align: center;">4</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> <td style="text-align: center;">6</td> </tr> <tr> <td style="text-align: center;">160-179</td> <td style="text-align: center;">5</td> <td style="text-align: center;">5</td> <td style="text-align: center;">5</td> <td style="text-align: center;">5</td> <td style="text-align: center;">5</td> <td style="text-align: center;">6</td> </tr> <tr> <td style="text-align: center;">≥180</td> <td style="text-align: center;">6</td> <td style="text-align: center;">6</td> <td style="text-align: center;">6</td> <td style="text-align: center;">6</td> <td style="text-align: center;">6</td> <td style="text-align: center;">6</td> </tr> </table>	<80	<85	85-89	90-99	100-109	≥110	<120	1	2	3	4	5	6	<130	2	2	3	4	5	6	130-139	3	3	3	4	5	6	140-159	4	4	4	4	5	6	160-179	5	5	5	5	5	6	≥180	6	6	6	6	6	6	AVERAGE DIASTOLIC <table style="width:100%; 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337	RECORD THE NUMBER YOU CIRCLED IN 336 IN THE CHART BELOW. THEN USE THE INSTRUCTIONS TO THE RIGHT OF THAT NUMBER TO COMPLETE A BLOOD PRESSURE REPORT AND REFERRAL FORM FOR THE RESPONDENT. GIVE THE FORM TO THE RESPONDENT AND ANSWER ANY QUESTIONS.	<table border="1" style="width:100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th style="width:15%;">NUMBER CIRCLED IN 336</th> <th style="width:45%;">RESPONDENT'S BLOOD PRESSURE CATEGORY</th> <th style="width:40%;">CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE WITHIN:</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">NORMAL (OPTIMAL)</td> <td style="text-align: center;">1 YEAR</td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">NORMAL (MILDLY HIGH)</td> <td style="text-align: center;">1 YEAR</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">NORMAL (MODERATELY HIGH)</td> <td style="text-align: center;">2 MONTHS</td> </tr> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;">ABNORMAL (MILDLY ELEVATED)</td> <td style="text-align: center;">1 MONTH</td> </tr> <tr> <td style="text-align: center;">5</td> <td style="text-align: center;">ABNORMAL (MODERATELY ELEVATED)</td> <td style="text-align: center;">1 WEEK</td> </tr> <tr> <td style="text-align: center;">6</td> <td style="text-align: center;">ABNORMAL (SEVERELY ELEVATED)</td> <td style="text-align: center;">IMMEDIATELY</td> </tr> </tbody> </table>			NUMBER CIRCLED IN 336	RESPONDENT'S BLOOD PRESSURE CATEGORY	CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE WITHIN:	1	NORMAL (OPTIMAL)	1 YEAR	2	NORMAL (MILDLY HIGH)	1 YEAR	3	NORMAL (MODERATELY HIGH)	2 MONTHS	4	ABNORMAL (MILDLY ELEVATED)	1 MONTH	5	ABNORMAL (MODERATELY ELEVATED)	1 WEEK	6	ABNORMAL (SEVERELY ELEVATED)	IMMEDIATELY																																																																																																															
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338	AGE: CHECK 302.	15-17 YEARS 1 18-49 YEARS 2 (GO TO 342) ←	15-17 YEARS 1 18-49 YEARS 2 (GO TO 342) ←	15-17 YEARS 1 18-49 YEARS 2 (GO TO 342) ←																																																																																																																																				
339	MARITAL STATUS: CHECK 302.	NEVER MARRIED 1 OTHER 2 (GO TO 342) ←	NEVER MARRIED 1 OTHER 2 (GO TO 342) ←	NEVER MARRIED 1 OTHER 2 (GO TO 342) ←																																																																																																																																				
340	ASK CONSENT FOR ANAEMIA TEST FROM PARENT/ OTHER ADULT IDENTIFIED IN 307 AS RESPONSIBLE FOR NEVER MARRIED WOMEN AGE 15-17.	<p>As part of this survey, we are asking people all over the country to take an anaemia test. Anaemia 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 anaemia. For the anaemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anaemia immediately, and the result will be told to you and (NAME OF ADOLESCENT) 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 to the test for (NAME OF ADOLESCENT), or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to take the anaemia test?</p>																																																																																																																																						
341	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 347)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 347)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 347)																																																																																																																																				

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME	NAME _____	NAME _____	NAME _____
342	ASK CONSENT FOR ANAEMIA TEST FROM RESPONDENT.	<p>As part of this survey, we are asking people all over the country to take an anaemia test. Anaemia 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 anaemia. For the anaemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anaemia 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 to the test, or you can say no. It is up to you to decide. Will you take the anaemia test?</p>		
343	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 345)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 345)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 345)
344	Are you pregnant now?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
345	AGE: CHECK 302.	15-17 YEARS 1 18-49 YEARS 2 (GO TO 349) ←	15-17 YEARS 1 18-49 YEARS 2 (GO TO 349) ←	15-17 YEARS 1 18-49 YEARS 2 (GO TO 349) ←
346	MARITAL STATUS: CHECK 302.	NEVER MARRIED 1 OTHER 2 (GO TO 349) ←	NEVER MARRIED 1 OTHER 2 (GO TO 349) ←	NEVER MARRIED 1 OTHER 2 (GO TO 349) ←
347	ASK CONSENT FOR BLOOD GLUCOSE FROM PARENT/ OTHER ADULT IDENTIFIED IN 307 AS RESPONSIBLE FOR NEVER MARRIED WOMEN AGE 15-17.	<p>As part of this survey, we are also measuring the level of sugar in the blood. If it is not treated, a high level of blood sugar may increase the risk for heart disease and stroke. For the blood sugar testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for sugar immediately, and the result will be told to you and (NAME OF ADOLESCENT) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. The results of this blood sugar test will be given to you and (NAME OF ADOLESCENT) with an explanation of the meaning of the blood sugar numbers. If (NAME OF ADOLESCENT)'S blood sugar is high, we will suggest that (NAME OF ADOLESCENT) consult a health facility or doctor since we cannot provide any counselling, further testing or treatment during the survey.</p> <p>Do you have any questions about the blood sugar measurement so far? If you have any questions about the procedure at any time, please ask me. You can say yes or no to having (NAME OF ADOLESCENT)'s blood sugar measured now. Will you allow me to proceed to take (NAME OF ADOLESCENT)'s measurement?</p>		
348	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 353)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 353)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 353)

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME	NAME _____	NAME _____	NAME _____
349	ASK CONSENT FOR BLOOD GLUCOSE FROM RESPONDENT.	<p>As part of this survey, we are also measuring the level of sugar in the blood. If it is not treated, a high level of blood sugar may increase the risk for heart disease and stroke. For the blood sugar testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for sugar 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. The results of this blood sugar test will be given to you with an explanation of the meaning of your blood sugar numbers. If your blood sugar is high, we will suggest that you consult a health facility or doctor since we cannot provide any counselling, further testing or treatment during the survey.</p> <p>Do you have any questions about the blood sugar measurement so far? If you have any questions about the procedure at any time, please ask me.</p> <p>You can say yes or no to having your blood sugar measured now.</p> <p>Will you allow me to proceed to take your measurement?</p>		
350	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 353)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 353)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 353)
351	When was the last time you had something to eat?	HOURS AGO <input type="text"/> <input type="text"/> IF LESS THAN 1 HOUR, RECORD '00'	HOURS AGO <input type="text"/> <input type="text"/> IF LESS THAN 1 HOUR, RECORD '00'	HOURS AGO <input type="text"/> <input type="text"/> IF LESS THAN 1 HOUR, RECORD '00'
352	When was the last time you had something to drink other than plain water?	HOURS AGO <input type="text"/> <input type="text"/> IF LESS THAN 1 HOUR, RECORD '00'	HOURS AGO <input type="text"/> <input type="text"/> IF LESS THAN 1 HOUR, RECORD '00'	HOURS AGO <input type="text"/> <input type="text"/> IF LESS THAN 1 HOUR, RECORD '00'
353	CHECK THE COVER PAGE: IS THE HOUSEHOLD SELECTED FOR STATE MODULE?	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO TO 367)	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO TO 367)	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO TO 367)
354	AGE: CHECK 302.	15-17 YEARS 1 18-49 YEARS 2 (GO TO 358) ←	15-17 YEARS 1 18-49 YEARS 2 (GO TO 358) ←	15-17 YEARS 1 18-49 YEARS 2 (GO TO 358) ←
355	MARITAL STATUS: CHECK 302.	NEVER MARRIED 1 OTHER 2 (GO TO 358) ←	NEVER MARRIED 1 OTHER 2 (GO TO 358) ←	NEVER MARRIED 1 OTHER 2 (GO TO 358) ←
356	ASK CONSENT FOR DBS COLLECTION FROM PARENT/ OTHER ADULT IDENTIFIED IN 307 AS RESPONSIBLE FOR NEVER MARRIED WOMEN AGE 15-17.	<p>As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in India. For the HIV test, we need a few (more) drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one else will be able to know (NAME OF ADOLESCENT)'s test results either. If (NAME OF ADOLESCENT) wants to know her HIV status, I can provide a list of nearby facilities offering counselling and testing for HIV. I will also give her a voucher for free services that can be used at any of these facilities.</p> <p>Do you have any questions?</p> <p>You can say yes to the test, or you can say no. It is up to you to decide.</p> <p>Will you allow (NAME OF ADOLESCENT) to take the HIV test?</p>		
357	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 367)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 367)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 367)

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME	NAME _____	NAME _____	NAME _____
358	ASK CONSENT FOR DBS COLLECTION FROM RESPONDENT.	<p>As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in India. For the HIV test, we need a few (more) drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one else will be able to know your test results either. If you want to know whether you have HIV, I can provide you with a list of nearby facilities offering counselling and testing for HIV. I will also give you a voucher for free services for you (and for your partner if you want) that you can use at any of these facilities.</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 take the HIV test?</p>		
359	CIRCLE THE APPROPRIATE CODE, SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED 2 _____ ← (SIGN) (IF REFUSED, GO TO 367)	GRANTED 1 RESPONDENT REFUSED 2 _____ ← (SIGN) (IF REFUSED, GO TO 367)	GRANTED 1 RESPONDENT REFUSED 2 _____ ← (SIGN) (IF REFUSED, GO TO 367)
360	AGE: CHECK 302.	15-17 YEARS 1 18-49 YEARS 2 (GO TO 364) ←	15-17 YEARS 1 18-49 YEARS 2 (GO TO 364) ←	15-17 YEARS 1 18-49 YEARS 2 (GO TO 364) ←
361	MARITAL STATUS: CHECK 302.	NEVER MARRIED 1 OTHER 2 (GO TO 364) ←	NEVER MARRIED 1 OTHER 2 (GO TO 364) ←	NEVER MARRIED 1 OTHER 2 (GO TO 364) ←
362	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/OTHER ADULT IDENTIFIED IN 307 AS RESPONSIBLE FOR NEVER MARRIED WOMEN AGE 15-17.	<p>We ask you to allow (NAME OF AGENCY) to store part of (NAME OF ADOLESCENT)'s blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done. The blood sample will not have any name or other data attached that could identify (NAME OF ADOLESCENT). You do not have to agree. If you do not want the blood sample stored for additional testing (NAME OF ADOLESCENT) 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>		
363	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ ← (SIGN) (IF REFUSED, GO TO 366)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ ← (SIGN) (IF REFUSED, GO TO 366)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ ← (SIGN) (IF REFUSED, GO TO 366)
364	ASK CONSENT FOR ADDITIONAL TESTING FROM RESPONDENT.	<p>We ask you to allow (NAME OF AGENCY) to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done. 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>		
365	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED 2 _____ ← (SIGN) (IF GRANTED, GO TO 367)	GRANTED 1 RESPONDENT REFUSED 2 _____ ← (SIGN) (IF GRANTED, GO TO 367)	GRANTED 1 RESPONDENT REFUSED 2 _____ ← (SIGN) (IF GRANTED, GO TO 367)
366	ADDITIONAL TESTS	CHECK 363 AND 365: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 363 AND 365: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 363 AND 365: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME	NAME _____	NAME _____	NAME _____
367	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S)			
368	RECORD HAEMO-GLOBIN LEVEL HERE AND IN ANAEMIA PAMPHLET.	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED 995 OTHER 996 NOT TESTED 998	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED 995 OTHER 996 NOT TESTED 998	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED 995 OTHER 996 NOT TESTED 998
369	RECORD THE TIME OF THE BLOOD GLUCOSE TEST	HOURS MINUTES <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT TESTED 9996	HOURS MINUTES <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT TESTED 9996	HOURS MINUTES <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT TESTED 9996
370	RECORD BLOOD GLUCOSE IN MG/DL	MG/DL <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 995 OTHER 996 NOT TESTED 998	MG/DL <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 995 OTHER 996 NOT TESTED 998	MG/DL <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 995 OTHER 996 NOT TESTED 998
371	BAR CODE LABEL	<div style="border: 2px dashed black; padding: 10px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> REFUSED 999994 NOT SELECTED 999995 OTHER 999996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 2px dashed black; padding: 10px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> REFUSED 999994 NOT SELECTED 999995 OTHER 999996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 2px dashed black; padding: 10px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> REFUSED 999994 NOT SELECTED 999995 OTHER 999996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
372	GO BACK TO 303 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, GO TO 403.			

WEIGHT, HEIGHT, BLOOD PRESSURE, BLOOD GLUCOSE, HAEMOGLOBIN MEASUREMENT AND HIV TESTING FOR MEN AGE 15-54

401	<p>CHECK THE COVER PAGE: IS THE HOUSEHOLD SELECTED FOR STATE MODULE?</p> <p style="text-align: center;"> YES <input type="checkbox"/> NO <input type="checkbox"/> → END INTERVIEW </p> <p>FROM THE LIST OF ELIGIBLE MEN, RECORD THE NAME, LINE NUMBER, AGE, AND MARITAL STATUS IN THE SAME ORDER THEY APPEAR. WRITE THE NAME OF EACH MAN AT THE TOP OF THE FOLLOWING PAGES. IF THERE ARE MORE THAN THREE MEN, USE AN ADDITIONAL QUESTIONNAIRE(S).</p>
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		MAN 1	MAN 2	MAN 3
402	NAME LINE NUMBER AGE MARITAL STATUS	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/> NEVER MARRIED 1 OTHER 2	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/> NEVER MARRIED 1 OTHER 2	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/> NEVER MARRIED 1 OTHER 2

403	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 (GO TO 303 FOR NEXT MAN OR, IF NO MORE MEN, END INTERVIEW.) REFUSED 99995 OTHER 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 (GO TO 303 FOR NEXT MAN OR, IF NO MORE MEN, END INTERVIEW.) REFUSED 99995 OTHER 99996	KG. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 (GO TO 303 FOR NEXT MAN OR, IF NO MORE MEN, END INTERVIEW.) REFUSED 99995 OTHER 99996
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404	HEIGHT IN CENTIMETRES	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> REFUSED 9995 OTHER 9996
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405	AGE: CHECK 402.	15-17 YEARS 1 18-54 YEARS 2 (GO TO 410) ←	15-17 YEARS 1 18-54 YEARS 2 (GO TO 410) ←	15-17 YEARS 1 18-54 YEARS 2 (GO TO 410) ←
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406	MARITAL STATUS: CHECK 402.	NEVER MARRIED 1 OTHER 2 (GO TO 410) ←	NEVER MARRIED 1 OTHER 2 (GO TO 410) ←	NEVER MARRIED 1 OTHER 2 (GO TO 410) ←
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407	RECORD NAME OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT.	NAME _____	NAME _____	NAME _____
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408	ASK CONSENT FOR BLOOD PRESSURE FROM PARENT/OTHER ADULT IDENTIFIED IN 407 AS RESPONSIBLE FOR NEVER MARRIED MEN AGE 15-17.	<p>I would like to measure (NAME OF ADOLESCENT)'s blood pressure. This will be done three times, with an interval of about five minutes between measurements. This is a harmless procedure. Blood pressure measurement is used to find out if a person has high blood pressure. If not treated, high blood pressure may eventually cause serious damage to the heart. The results of this blood pressure measurement will be given to you and (NAME OF ADOLESCENT) after the measurement process is completed. The results of blood pressure measurement will be explained to you. If (NAME OF ADOLESCENT)'s blood pressure is high, we will suggest that (NAME OF ADOLESCENT) consult a health facility or doctor since we cannot provide any further testing or treatment during the survey. You can also decide at any time not to participate in the blood pressure measurement. 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 to the test for (NAME OF ADOLESCENT) or you can say no. It is up to you to decide. Will you allow me to measure (NAME OF ADOLESCENT)'s blood pressure?</p>		
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409	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 440)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 440)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 440)
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		MAN 1	MAN 2	MAN 3																																													
	NAME	NAME _____	NAME _____	NAME _____																																													
410	ASK CONSENT FOR BLOOD PRESSURE FROM RESPONDENT.	<p>I would like to measure your blood pressure. This will be done three times, with an interval of about five minutes between measurements. This is a harmless procedure. Blood pressure measurement is used to find out if a person has high blood pressure. If not treated, high blood pressure may eventually cause serious damage to the heart. The results of this blood pressure measurement will be given to you after the measurement process is completed. The results of blood pressure measurement will be explained to you. If your blood pressure is high, we will suggest that you consult a health facility or doctor since we cannot provide any further testing or treatment during the survey. You can also decide at any time not to participate in the blood pressure measurement. 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 to the test or you can say no. It is up to you to decide. Will you allow me to measure your blood pressure?</p>																																															
411	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 438)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 438)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 438)																																													
412	<p>Before taking your blood pressure, I would like to ask a few questions about things that may affect these measurements. Have you done any of the following within the past 30</p> <p>a) Eaten anything?</p> <p>b) Had coffee, tea, cola or other drink that has caffeine?</p> <p>c) Smoked any tobacco product?</p> <p>d) Used any other type of tobacco such as ghutka, pan masala with tobacco other chewing tobacco or snuff?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>EATEN</td> <td>1</td> <td>2</td> </tr> <tr> <td>HAD CAFFEINATED DRINK</td> <td>1</td> <td>2</td> </tr> <tr> <td>SMOKED</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER TOBACCO ...</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	EATEN	1	2	HAD CAFFEINATED DRINK	1	2	SMOKED	1	2	OTHER TOBACCO ...	1	2	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>EATEN</td> <td>1</td> <td>2</td> </tr> <tr> <td>HAD CAFFEINATED DRINK</td> <td>1</td> <td>2</td> </tr> <tr> <td>SMOKED</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER TOBACCO ...</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	EATEN	1	2	HAD CAFFEINATED DRINK	1	2	SMOKED	1	2	OTHER TOBACCO ...	1	2	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>EATEN</td> <td>1</td> <td>2</td> </tr> <tr> <td>HAD CAFFEINATED DRINK</td> <td>1</td> <td>2</td> </tr> <tr> <td>SMOKED</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER TOBACCO ...</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	EATEN	1	2	HAD CAFFEINATED DRINK	1	2	SMOKED	1	2	OTHER TOBACCO ...	1	2
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OTHER TOBACCO ...	1	2																																															
413	May I begin the process of measuring your blood pressure? I will begin by measuring the circumference of your arm to make sure that I use the right equipment.	ARM CIRCUMFERENCE (IN CENTIMETRES) . <input type="text"/> <input type="text"/> MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN CENTIMETRES.	ARM CIRCUMFERENCE (IN CENTIMETRES) . <input type="text"/> <input type="text"/> MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN CENTIMETRES.	ARM CIRCUMFERENCE (IN CENTIMETRES) . <input type="text"/> <input type="text"/> MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN CENTIMETRES.																																													
414	USE THE ARM CIRCUMFERENCE MEASUREMENT TO SELECT THE APPROPRIATE BLOOD PRESSURE MONITOR CUFF SIZE. CIRCLE THE CODE FOR THE CUFF SIZE.	SMALL: 17 CM – 22 CM 1 MEDIUM: 22 CM – 32 CM 2 LARGE: 32 CM – 42 CM 3	SMALL: 17 CM – 22 CM 1 MEDIUM: 22 CM – 32 CM 2 LARGE: 32 CM – 42 CM 3	SMALL: 17 CM – 22 CM 1 MEDIUM: 22 CM – 32 CM 2 LARGE: 32 CM – 42 CM 3																																													

		MAN 1	MAN 2	MAN 3
	NAME	NAME _____	NAME _____	NAME _____
415	RECORD TIME OF FIRST BP READING	HOURS MINUTES [] [] : [] []	HOURS MINUTES [] [] : [] []	HOURS MINUTES [] [] : [] []
416	TAKE THE FIRST BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE.	FIRST BP MEASURE SYSTOLIC [] [] [] DIASTOLIC [] [] [] REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996 (IF NOT MEASURED, GO TO 438) ←	FIRST BP MEASURE SYSTOLIC [] [] [] DIASTOLIC [] [] [] REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996 (IF NOT MEASURED, GO TO 438) ←	FIRST BP MEASURE SYSTOLIC [] [] [] DIASTOLIC [] [] [] REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996 (IF NOT MEASURED, GO TO 438) ←
417	Before this survey, has your blood pressure ever been checked?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
418	Were you told on two or more different occasions by a doctor or other health professional that you had hypertension or high blood pressure?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
419	To lower your blood pressure, are you now taking a prescribed medicine?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
420	CHECK THAT IT HAS BEEN AT LEAST 5 MINUTES BEFORE TAKING THE SECOND BLOOD PRESSURE MEASUREMENT			
421	May I take your blood pressure at this time?	YES 1 NO 2 (GO TO 432) ←	YES 1 NO 2 (GO TO 432) ←	YES 1 NO 2 (GO TO 432) ←
422	RECORD TIME OF SECOND BP READING	HOURS MINUTES [] [] : [] []	HOURS MINUTES [] [] : [] []	HOURS MINUTES [] [] : [] []
423	TAKE THE SECOND BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE.	SECOND BP MEASURE SYSTOLIC [] [] [] DIASTOLIC [] [] [] REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996 (IF NOT MEASURED, GO TO 432) ←	SECOND BP MEASURE SYSTOLIC [] [] [] DIASTOLIC [] [] [] REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996 (IF NOT MEASURED, GO TO 432) ←	SECOND BP MEASURE SYSTOLIC [] [] [] DIASTOLIC [] [] [] REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996 (IF NOT MEASURED, GO TO 432) ←

		MAN 1	MAN 2	MAN 3
	NAME	NAME _____	NAME _____	NAME _____
424	CHECK THAT IT HAS BEEN AT LEAST 5 MINUTES BEFORE TAKING THE THIRD BLOOD PRESSURE MEASUREMENT			
425	May I take your blood pressure at this time?	YES 1 NO 2 (GO TO 434) ←	YES 1 NO 2 (GO TO 434) ←	YES 1 NO 2 (GO TO 434) ←
426	RECORD TIME OF THIRD BP READING	HOURS MINUTES <input type="text"/> : <input type="text"/>	HOURS MINUTES <input type="text"/> : <input type="text"/>	HOURS MINUTES <input type="text"/> : <input type="text"/>
427	TAKE THE THIRD BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE.	THIRD BP MEASURE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996 (IF NOT MEASURED, GO TO 434) ←	THIRD BP MEASURE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996 (IF NOT MEASURED, GO TO 434) ←	THIRD BP MEASURE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996 (IF NOT MEASURED, GO TO 434) ←
428	RECORD THE SUM OF THE SYSTOLIC MEASURES FROM 423 AND 427.	SUM SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	SUM SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	SUM SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/>
429	CALCULATE THE AVERAGE SYSTOLIC PRESSURES BY DIVIDING THE SUM IN 428 BY 2.	AVERAGE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 436	AVERAGE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 436	AVERAGE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 436
430	RECORD THE SUM OF THE DIASTOLIC MEASURES FROM 423 AND 427.	SUM DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	SUM DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	SUM DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>
431	CALCULATE THE AVERAGE DIASTOLIC PRESSURES BY DIVIDING THE SUM IN 430 BY 2.	AVERAGE DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 436 AND SKIP TO 436	AVERAGE DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 436 AND SKIP TO 436	AVERAGE DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 436 AND SKIP TO 436
431A	IF ONLY ONE MEASUREMENT WAS TAKEN, RECORD THE FIRST SYSTOLIC AND DIASTOLIC NUMBERS HERE.			
432	RECORD THE SYSTOLIC MEASURE FROM 416.	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 436	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 436	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 436
433	RECORD THE DIASTOLIC MEASURE FROM 416.	DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 436 AND SKIP TO 436	DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 436 AND SKIP TO 436	DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 436 AND SKIP TO 436
433A	IF ONLY TWO MEASUREMENTS WERE TAKEN, RECORD THE SECOND SYSTOLIC AND DIASTOLIC NUMBERS HERE.			
434	RECORD THE SYSTOLIC MEASURE FROM 423.	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 436	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 436	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 436
435	RECORD THE DIASTOLIC MEASURE FROM 423.	DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 436	DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 436	DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 436

		MAN 1	MAN 2	MAN 3																																																																																																																																				
	NAME _____	NAME _____	NAME _____	NAME _____																																																																																																																																				
436	CIRCLE THE SINGLE NUMBER WHERE THE AVERAGE DIASTOLIC AND SYSTOLIC MEASURES MEET. AVERAGE SYSTOLIC	AVERAGE DIASTOLIC <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><80</td> <td style="text-align: center;"><85</td> <td style="text-align: center;">85-89</td> <td style="text-align: center;">90-99</td> <td style="text-align: center;">100-109</td> <td style="text-align: center;">≥110</td> </tr> <tr> <td style="text-align: center;"><120</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> <td style="text-align: center;">6</td> </tr> <tr> <td style="text-align: center;"><130</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> <td style="text-align: center;">6</td> </tr> <tr> <td style="text-align: center;">130-139</td> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> <td style="text-align: center;">6</td> </tr> <tr> <td style="text-align: center;">140-159</td> <td style="text-align: center;">4</td> <td style="text-align: center;">4</td> <td style="text-align: center;">4</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> <td style="text-align: center;">6</td> </tr> <tr> <td style="text-align: center;">160-179</td> <td style="text-align: center;">5</td> <td style="text-align: center;">5</td> <td style="text-align: center;">5</td> <td style="text-align: center;">5</td> <td style="text-align: center;">5</td> <td style="text-align: center;">6</td> </tr> <tr> <td style="text-align: center;">≥180</td> <td style="text-align: center;">6</td> <td style="text-align: center;">6</td> <td style="text-align: center;">6</td> <td style="text-align: center;">6</td> <td style="text-align: center;">6</td> <td style="text-align: center;">6</td> </tr> </table>	<80	<85	85-89	90-99	100-109	≥110	<120	1	2	3	4	5	6	<130	2	2	3	4	5	6	130-139	3	3	3	4	5	6	140-159	4	4	4	4	5	6	160-179	5	5	5	5	5	6	≥180	6	6	6	6	6	6	AVERAGE DIASTOLIC <table style="width:100%; 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437	RECORD THE NUMBER YOU CIRCLED IN 336 IN THE CHART BELOW. THEN USE THE INSTRUCTIONS TO THE RIGHT OF THAT NUMBER TO COMPLETE A BLOOD PRESSURE REPORT AND REFERRAL FORM FOR THE RESPONDENT. GIVE THE FORM TO THE RESPONDENT AND ANSWER ANY QUESTIONS.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">NUMBER CIRCLED IN 336</th> <th style="width:45%;">RESPONDENT'S BLOOD PRESSURE CATEGORY</th> <th style="width:40%;">CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE WITHIN:</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">NORMAL (OPTIMAL)</td> <td style="text-align: center;">1 YEAR</td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">NORMAL (MILDLY HIGH)</td> <td style="text-align: center;">1 YEAR</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">NORMAL (MODERATELY HIGH)</td> <td style="text-align: center;">2 MONTHS</td> </tr> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;">ABNORMAL (MILDLY ELEVATED)</td> <td style="text-align: center;">1 MONTH</td> </tr> <tr> <td style="text-align: center;">5</td> <td style="text-align: center;">ABNORMAL (MODERATELY ELEVATED)</td> <td style="text-align: center;">1 WEEK</td> </tr> <tr> <td style="text-align: center;">6</td> <td style="text-align: center;">ABNORMAL (SEVERELY ELEVATED)</td> <td style="text-align: center;">IMMEDIATELY</td> </tr> </tbody> </table>			NUMBER CIRCLED IN 336	RESPONDENT'S BLOOD PRESSURE CATEGORY	CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE WITHIN:	1	NORMAL (OPTIMAL)	1 YEAR	2	NORMAL (MILDLY HIGH)	1 YEAR	3	NORMAL (MODERATELY HIGH)	2 MONTHS	4	ABNORMAL (MILDLY ELEVATED)	1 MONTH	5	ABNORMAL (MODERATELY ELEVATED)	1 WEEK	6	ABNORMAL (SEVERELY ELEVATED)	IMMEDIATELY																																																																																																															
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440	ASK CONSENT FOR ANAEMIA TEST FROM PARENT/ OTHER ADULT IDENTIFIED IN 407 AS RESPONSIBLE FOR NEVER MARRIED MEN AGE 15-17.	<p>As part of this survey, we are asking people all over the country to take an anaemia test. Anaemia 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 anaemia. For the anaemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anaemia immediately, and the result will be told to you and (NAME OF ADOLESCENT) 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 to the test for (NAME OF ADOLESCENT), or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to take the anaemia test?</p>																																																																																																																																						
441	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 446)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 446)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 446)																																																																																																																																				

		MAN 1	MAN 2	MAN 3
	NAME	NAME _____	NAME _____	NAME _____
442	ASK CONSENT FOR ANAEMIA TEST FROM RESPONDENT.	<p>As part of this survey, we are asking people all over the country to take an anaemia test. Anaemia 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 anaemia. For the anaemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anaemia 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 to the test, or you can say no. It is up to you to decide. Will you take the anaemia test?</p>		
443	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN)
444	AGE: CHECK 402.	15-17 YEARS 1 18-54 YEARS 2 (GO TO 448) ←	15-17 YEARS 1 18-54 YEARS 2 (GO TO 448) ←	15-17 YEARS 1 18-54 YEARS 2 (GO TO 448) ←
445	MARITAL STATUS: CHECK 402.	NEVER MARRIED 1 OTHER 2 (GO TO 448) ←	NEVER MARRIED 1 OTHER 2 (GO TO 448) ←	NEVER MARRIED 1 OTHER 2 (GO TO 448) ←
446	ASK CONSENT FOR BLOOD GLUCOSE FROM PARENT/ OTHER ADULT IDENTIFIED IN 407 AS RESPONSIBLE FOR NEVER MARRIED MEN AGE 15-17.	<p>As part of this survey, we are also measuring the level of sugar in the blood. If it is not treated, a high level of blood sugar may increase the risk for heart disease and stroke. For the blood sugar testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for sugar immediately, and the result will be told to you and (NAME OF ADOLESCENT) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. The results of this blood sugar test will be given to you and (NAME OF ADOLESCENT) with an explanation of the meaning of the blood sugar numbers. If (NAME OF ADOLESCENT)'S blood sugar is high, we will suggest that (NAME OF ADOLESCENT) consult a health facility or doctor since we cannot provide any counselling, further testing or treatment during the survey.</p> <p>Do you have any questions about the blood sugar measurement so far? If you have any questions about the procedure at any time, please ask me. You can say yes or no to having (NAME OF ADOLESCENT)'s blood sugar measured now. Will you allow me to proceed to take (NAME OF ADOLESCENT)'s measurement?</p>		
447	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 453)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 453)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 453)

		MAN 1	MAN 2	MAN 3
	NAME	NAME _____	NAME _____	NAME _____
448	ASK CONSENT FOR BLOOD GLUCOSE FROM RESPONDENT.	<p>As part of this survey, we are also measuring the level of sugar in the blood. If it is not treated, a high level of blood sugar may increase the risk for heart disease and stroke. For the blood sugar testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for sugar 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. The results of this blood sugar test will be given to you with an explanation of the meaning of your blood sugar numbers. If your blood sugar is high, we will suggest that you consult a health facility or doctor since we cannot provide any counselling, further testing or treatment during the survey.</p> <p>Do you have any questions about the blood sugar measurement so far? If you have any questions about the procedure at any time, please ask me.</p> <p>You can say yes or no to having your blood sugar measured now.</p> <p>Will you allow me to proceed to take your measurement?</p>		
449	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 453)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 453)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 453)
450	When was the last time you had something to eat?	HOURS AGO <input type="text"/> <input type="text"/> IF LESS THAN 1 HOUR, RECORD '00'	HOURS AGO <input type="text"/> <input type="text"/> IF LESS THAN 1 HOUR, RECORD '00'	HOURS AGO <input type="text"/> <input type="text"/> IF LESS THAN 1 HOUR, RECORD '00'
451	When was the last time you had something to drink other than plain water?	HOURS AGO <input type="text"/> <input type="text"/> IF LESS THAN 1 HOUR, RECORD '00'	HOURS AGO <input type="text"/> <input type="text"/> IF LESS THAN 1 HOUR, RECORD '00'	HOURS AGO <input type="text"/> <input type="text"/> IF LESS THAN 1 HOUR, RECORD '00'
453	AGE: CHECK 402.	15-17 YEARS 1 18-54 YEARS 2 (GO TO 457) ←	15-17 YEARS 1 18-54 YEARS 2 (GO TO 457) ←	15-17 YEARS 1 18-54 YEARS 2 (GO TO 457) ←
454	MARITAL STATUS: CHECK 402.	NEVER MARRIED 1 OTHER 2 (GO TO 457) ←	NEVER MARRIED 1 OTHER 2 (GO TO 457) ←	NEVER MARRIED 1 OTHER 2 (GO TO 457) ←
455	ASK CONSENT FOR DBS COLLECTION FROM PARENT/ OTHER ADULT IDENTIFIED IN 407 AS RESPONSIBLE FOR NEVER MARRIED MEN AGE 15-17.	<p>As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in India. For the HIV test, we need a few (more) drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one else will be able to know (NAME OF ADOLESCENT)'s test results either. If (NAME OF ADOLESCENT) wants to know her HIV status, I can provide a list of nearby facilities offering counselling and testing for HIV. I will also give her a voucher for free services that can be used at any of these facilities.</p> <p>Do you have any questions?</p> <p>You can say yes to the test, or you can say no. It is up to you to decide.</p> <p>Will you allow (NAME OF ADOLESCENT) to take the HIV test?</p>		
456	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 466)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 466)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 466)

		MAN 1	MAN 2	MAN 3
	NAME	NAME _____	NAME _____	NAME _____
457	ASK CONSENT FOR DBS COLLECTION FROM RESPONDENT.	<p>As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in India. For the HIV test, we need a few (more) drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one else will be able to know your test results either. If you want to know whether you have HIV, I can provide you with a list of nearby facilities offering counselling and testing for HIV. I will also give you a voucher for free services for you (and for your partner if you want) that you can use at any of these facilities.</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 take the HIV test?</p>		
458	CIRCLE THE APPROPRIATE CODE, SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 466)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 466)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 466)
459	AGE: CHECK 402.	15-17 YEARS 1 18-54 YEARS 2 (GO TO 463) ←	15-17 YEARS 1 18-54 YEARS 2 (GO TO 463) ←	15-17 YEARS 1 18-54 YEARS 2 (GO TO 463) ←
460	MARITAL STATUS: CHECK 402.	NEVER MARRIED 1 OTHER 2 (GO TO 463) ←	NEVER MARRIED 1 OTHER 2 (GO TO 463) ←	NEVER MARRIED 1 OTHER 2 (GO TO 463) ←
461	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/OTHER ADULT IDENTIFIED IN 407 AS RESPONSIBLE FOR NEVER MARRIED MEN AGE 15-17.	<p>We ask you to allow (NAME OF AGENCY) to store part of (NAME OF ADOLESCENT)'s blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done. The blood sample will not have any name or other data attached that could identify (NAME OF ADOLESCENT). You do not have to agree. If you do not want the blood sample stored for additional testing (NAME OF ADOLESCENT) 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>		
462	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 465)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 465)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 465)
463	ASK CONSENT FOR ADDITIONAL TESTING, FROM RESPONDENT.	<p>We ask you to allow (NAME OF AGENCY) to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done. 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>		
464	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF GRANTED, GO TO 466)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF GRANTED, GO TO 466)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF GRANTED, GO TO 466)
465	ADDITIONAL TESTS	CHECK 462 AND 464: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 462 AND 464: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 462 AND 464: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.

		MAN 1	MAN 2	MAN 3
	NAME	NAME _____	NAME _____	NAME _____
466	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S)			
467	RECORD HAEMO-GLOBIN LEVEL HERE AND IN ANAEMIA PAMPHLET.	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED 995 OTHER 996 NOT TESTED 998	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED 995 OTHER 996 NOT TESTED 998	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED 995 OTHER 996 NOT TESTED 998
468	RECORD THE TIME OF THE BLOOD GLUCOSE TEST	HOURS MINUTES <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT TESTED 9996	HOURS MINUTES <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT TESTED 9996	HOURS MINUTES <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT TESTED 9996
469	RECORD BLOOD GLUCOSE IN MG/DL	MG/DL <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 995 OTHER 996 NOT TESTED 998	MG/DL <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 995 OTHER 996 NOT TESTED 998	MG/DL <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 995 OTHER 996 NOT TESTED 998
470	BAR CODE LABEL	<div style="border: 2px dashed black; padding: 10px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> REFUSED 999994 NOT SELECTED 999995 OTHER 999996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 2px dashed black; padding: 10px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> REFUSED 999994 NOT SELECTED 999995 OTHER 999996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	<div style="border: 2px dashed black; padding: 10px; text-align: center;">PUT THE 1ST BAR CODE LABEL HERE.</div> REFUSED 999994 NOT SELECTED 999995 OTHER 999996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
471	GO BACK TO 403 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE MEN, END INTERVIEW.			

HEALTH INVESTIGATOR'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING BIOMARKERS

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC TESTS/QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____