

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"/>
IS HOUSEHOLD SELECTED FOR DRIED BLOOD SPOT (DBS) COLLECTION? (YES = 1, NO =)	<input type="checkbox"/>

HEALTH INVESTIGATOR VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY [][] MONTH [][] YEAR [][][][]
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <input type="checkbox"/>
TIME	_____	_____		

*LANGUAGE OF QUESTIONNAIRE: **ENGLISH** 1 | 8

*LANGUAGE CODES:	01 ASSAMESE	06 KASHMIRI	11 NEPALI	16 TELUGU	96 OTHER
	02 BENGALI	07 KONKANI	12 ORIYA	17 URDU	
	03 GUJARATI	08 MALAYALAM	13 PUNJABI	18 ENGLISH	SPECIFY _____
	04 HINDI	09 MANIPURI	14 SINDHI	19 GARO	
	05 KANNADA	10 MARATHI	15 TAMIL	20 KHASI	

TOTAL NUMBER OF ELIGIBLE WOMEN	[][]
TOTAL NUMBER OF ELIGIBLE CHILDREN	[][]
TOTAL NUMBER OF ELIGIBLE MEN	[][]

SUPERVISOR	HEALTH INVESTIGATOR
NAME _____ [][][][]	NAME _____ [][][][]
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 IN THE HOUSEHOLD SCHEDULE. IF MORE THAN SIX CHILDREN, USE 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 2013 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 test will assist the government to develop programmes to prevent and treat anaemia. We ask that children born in 2013 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 ON THIS PAGE 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 2013 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"/> REFUSED 9995 OTHER 9996	CM. <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"/> 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 test will assist the government to develop programmes to prevent and treat anaemia. We ask that children born in 2013 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"/> REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED 995 OTHER 996	G/DL <input type="text"/> <input type="text"/> . <input type="text"/> REFUSED 995 OTHER 996
213	GO BACK TO 203 IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 303.			

WEIGHT, HEIGHT, WAIST & HIP CIRCUMFERENCE, BLOOD PRESSURE, BLOOD GLUCOSE, HAEMOGLOBIN MEASUREMENT, AND COLLECTION OF DRIED BLOOD SPOTS 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 IN THE HOUSEHOLD SCHEDULE. WRITE THE NAME OF EACH WOMAN AT THE TOP OF THE FOLLOWING PAGES. IF THERE ARE MORE THAN THREE WOMEN, USE 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"/> 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"/> 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"/> 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"/> REFUSED 9995 OTHER 9996	CM. <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"/> REFUSED 9995 OTHER 9996
305	WAIST CIRCUMFERENCE IN CENTIMETRES	CM. <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"/> REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> * <input type="text"/> REFUSED 9995 OTHER 9996
306	HIP CIRCUMFERENCE IN CENTIMETRES	CM. <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"/> REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> * <input type="text"/> REFUSED 9995 OTHER 9996
307	AGE: CHECK 302.	15-17 YEARS 1 18-49 YEARS 2 (GO TO 312) ←	15-17 YEARS 1 18-49 YEARS 2 (GO TO 312) ←	15-17 YEARS 1 18-49 YEARS 2 (GO TO 312) ←
308	MARITAL STATUS: CHECK 302.	NEVER MARRIED 1 OTHER 2 (GO TO 312) ←	NEVER MARRIED 1 OTHER 2 (GO TO 312) ←	NEVER MARRIED 1 OTHER 2 (GO TO 312) ←
309	RECORD NAME OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT.	NAME _____	NAME _____	NAME _____
310	ASK CONSENT FOR BLOOD PRESSURE FROM PARENT/OTHER ADULT IDENTIFIED IN 309 AS RESPONSIBLE FOR NEVER MARRIED WOMEN AGE 15-17.	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 the 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. 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?		
311	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 342)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 342)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 342)

		WOMAN 1	WOMAN 2	WOMAN 3																																													
	NAME	NAME _____	NAME _____	NAME _____																																													
312	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 the 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>																																															
313	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 340)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 340)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 340)																																													
314	<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, paan 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																																															
315	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	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.																																													
316	USE THE ARM CIRCUMFERENCE MEASUREMENT TO SELECT THE APPROPRIATE BLOOD PRESSURE MONITOR CUFF SIZE.	SMALL: 17 CM – 22 CM 1 MEDIUM: 23 CM – 31 CM 2 LARGE: 32 CM – 42 CM 3	SMALL: 17 CM – 22 CM 1 MEDIUM: 23 CM – 31 CM 2 LARGE: 32 CM – 42 CM 3	SMALL: 17 CM – 22 CM 1 MEDIUM: 23 CM – 31 CM 2 LARGE: 32 CM – 42 CM 3																																													

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME	NAME _____	NAME _____	NAME _____
317	RECORD TIME OF FIRST BP READING	HOURS MINUTES [][] * [][]	HOURS MINUTES [][] * [][]	HOURS MINUTES [][] * [][]
318	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 340) ←	FIRST BP MEASURE SYSTOLIC [][][] DIASTOLIC [][][] REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996 (IF NOT MEASURED, GO TO 340) ←	FIRST BP MEASURE SYSTOLIC [][][] DIASTOLIC [][][] REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996 (IF NOT MEASURED, GO TO 340) ←
319	Before this survey, has your blood pressure ever been checked?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
320	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
321	To lower your blood pressure, are you now taking a prescribed medicine?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
322	CHECK THAT IT HAS BEEN AT LEAST 5 MINUTES BEFORE TAKING THE SECOND BLOOD PRESSURE MEASUREMENT			
323	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) ←
324	RECORD TIME OF SECOND BP READING	HOURS MINUTES [][] * [][]	HOURS MINUTES [][] * [][]	HOURS MINUTES [][] * [][]
325	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 334) ←	SECOND BP MEASURE SYSTOLIC [][][] DIASTOLIC [][][] REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996 (IF NOT MEASURED, GO TO 334) ←	SECOND BP MEASURE SYSTOLIC [][][] DIASTOLIC [][][] REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996 (IF NOT MEASURED, GO TO 334) ←

	WOMAN 1	WOMAN 2	WOMAN 3
	NAME _____	NAME _____	NAME _____
326	CHECK THAT IT HAS BEEN AT LEAST 5 MINUTES BEFORE TAKING THE THIRD BLOOD PRESSURE MEASUREMENT		
327	May I take your blood pressure at this time? YES 1 NO 2 (GO TO 336) ←	YES 1 NO 2 (GO TO 336) ←	YES 1 NO 2 (GO TO 336) ←
328	RECORD TIME OF THIRD BP READING HOURS MINUTES [][] * [][]	HOURS MINUTES [][] * [][]	HOURS MINUTES [][] * [][]
329	TAKE THE THIRD BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE. THIRD BP MEASURE SYSTOLIC [][][] DIASTOLIC [][][] REFUSED 994 TECHNICAL PROBLEMS 995 OTHER 996 (IF NOT MEASURED, GO TO 336) ←	THIRD BP MEASURE SYSTOLIC [][][] DIASTOLIC [][][] REFUSED 994 TECHNICAL PROBLEMS 995 OTHER 996 (IF NOT MEASURED, GO TO 336) ←	THIRD BP MEASURE SYSTOLIC [][][] DIASTOLIC [][][] REFUSED 994 TECHNICAL PROBLEMS 995 OTHER 996 (IF NOT MEASURED, GO TO 336) ←
330	RECORD THE SUM OF THE SYSTOLIC MEASURES FROM 325 AND 329. SUM SYSTOLIC [][][]	SUM SYSTOLIC [][][]	SUM SYSTOLIC [][][]
331	CALCULATE THE AVERAGE SYSTOLIC PRESSURES BY DIVIDING THE SUM IN 330 BY 2. AVERAGE SYSTOLIC [][][] CIRCLE IN 336	AVERAGE SYSTOLIC [][][] CIRCLE IN 336	AVERAGE SYSTOLIC [][][] CIRCLE IN 336
332	RECORD THE SUM OF THE DIASTOLIC MEASURES FROM 325 AND 329. SUM DIASTOLIC [][][]	SUM DIASTOLIC [][][]	SUM DIASTOLIC [][][]
333	CALCULATE THE AVERAGE DIASTOLIC PRESSURES BY DIVIDING THE SUM IN 332 BY 2. AVERAGE DIASTOLIC [][][] CIRCLE IN 338 AND SKIP TO 338	AVERAGE DIASTOLIC [][][] CIRCLE IN 338 AND SKIP TO 338	AVERAGE DIASTOLIC [][][] CIRCLE IN 338 AND SKIP TO 338
333A	IF ONLY ONE MEASUREMENT WAS TAKEN, RECORD THE FIRST SYSTOLIC AND DIASTOLIC NUMBERS HERE.		
334	RECORD THE SYSTOLIC MEASURE FROM 318. SYSTOLIC [][][] CIRCLE IN 338	SYSTOLIC [][][] CIRCLE IN 338	SYSTOLIC [][][] CIRCLE IN 338
335	RECORD THE DIASTOLIC MEASURE FROM 318. DIASTOLIC [][][] CIRCLE IN 338 AND SKIP TO 338	DIASTOLIC [][][] CIRCLE IN 338 AND SKIP TO 338	DIASTOLIC [][][] CIRCLE IN 338 AND SKIP TO 338
335A	IF ONLY TWO MEASUREMENTS WERE TAKEN, RECORD THE SECOND SYSTOLIC AND DIASTOLIC NUMBERS HERE.		
336	RECORD THE SYSTOLIC MEASURE FROM 325. SYSTOLIC [][][] CIRCLE IN 338	SYSTOLIC [][][] CIRCLE IN 338	SYSTOLIC [][][] CIRCLE IN 338
337	RECORD THE DIASTOLIC MEASURE FROM 325. DIASTOLIC [][][] CIRCLE IN 338	DIASTOLIC [][][] CIRCLE IN 338	DIASTOLIC [][][] CIRCLE IN 338

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338	CIRCLE THE SINGLE NUMBER WHERE THE AVERAGE DIASTOLIC AND SYSTOLIC MEASURES MEET. AVERAGE DIASTOLIC AVERAGE SYSTOLIC	<table border="1"> <thead> <tr> <th></th> <th><80</th> <th>80-84</th> <th>85-89</th> <th>90-99</th> <th>100-109</th> <th>≥110</th> </tr> </thead> <tbody> <tr><td><120</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>120-129</td><td>2</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>130-139</td><td>3</td><td>3</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>140-159</td><td>4</td><td>4</td><td>4</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>160-179</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>6</td></tr> <tr><td>≥180</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td></tr> </tbody> </table>		<80	80-84	85-89	90-99	100-109	≥110	<120	1	2	3	4	5	6	120-129	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	<table border="1"> <thead> <tr> <th></th> <th><80</th> <th>80-84</th> <th>85-89</th> <th>90-99</th> <th>100-109</th> <th>≥110</th> </tr> </thead> <tbody> <tr><td><120</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>120-129</td><td>2</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>130-139</td><td>3</td><td>3</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>140-159</td><td>4</td><td>4</td><td>4</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>160-179</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>6</td></tr> <tr><td>≥180</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td></tr> </tbody> </table>		<80	80-84	85-89	90-99	100-109	≥110	<120	1	2	3	4	5	6	120-129	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	<table border="1"> <thead> <tr> <th></th> <th><80</th> <th>80-84</th> <th>85-89</th> <th>90-99</th> <th>100-109</th> <th>≥110</th> </tr> </thead> <tbody> <tr><td><120</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>120-129</td><td>2</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>130-139</td><td>3</td><td>3</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>140-159</td><td>4</td><td>4</td><td>4</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>160-179</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>6</td></tr> <tr><td>≥180</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td></tr> </tbody> </table>		<80	80-84	85-89	90-99	100-109	≥110	<120	1	2	3	4	5	6	120-129	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
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339	RECORD THE NUMBER YOU CIRCLED IN 338 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"> <thead> <tr> <th>NUMBER CIRCLED IN 338</th> <th>RESPONDENT'S BLOOD PRESSURE CATEGORY</th> <th>CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE WITHIN:</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>NORMAL (OPTIMAL)</td> <td>1 YEAR</td> </tr> <tr> <td>2</td> <td>NORMAL (MILDLY HIGH)</td> <td>1 YEAR</td> </tr> <tr> <td>3</td> <td>NORMAL (MODERATELY HIGH)</td> <td>2 MONTHS</td> </tr> <tr> <td>4</td> <td>ABNORMAL (MILDLY ELEVATED)</td> <td>1 MONTH</td> </tr> <tr> <td>5</td> <td>ABNORMAL (MODERATELY ELEVATED)</td> <td>1 WEEK</td> </tr> <tr> <td>6</td> <td>ABNORMAL (SEVERELY ELEVATED)</td> <td>IMMEDIATELY</td> </tr> </tbody> </table>			NUMBER CIRCLED IN 338	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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342	ASK CONSENT FOR ANAEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 309 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 test will assist the government to develop programmes 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>																																																																																																																																																					
343	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE 2 ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 349)	GRANTED 1 PARENT/OTHER RESPONSIBLE 2 ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 349)	GRANTED 1 PARENT/OTHER RESPONSIBLE 2 ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 349)																																																																																																																																																			

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME	NAME _____	NAME _____	NAME _____
344	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 test will assist the government to develop programmes 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>		
345	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 347)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 347)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 347)
346	Are you pregnant now?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
347	AGE: CHECK 302.	15-17 YEARS 1 18-49 YEARS 2 (GO TO 351) ←	15-17 YEARS 1 18-49 YEARS 2 (GO TO 351) ←	15-17 YEARS 1 18-49 YEARS 2 (GO TO 351) ←
348	MARITAL STATUS: CHECK 302.	NEVER MARRIED 1 OTHER 2 (GO TO 351) ←	NEVER MARRIED 1 OTHER 2 (GO TO 351) ←	NEVER MARRIED 1 OTHER 2 (GO TO 351) ←
349	ASK CONSENT FOR BLOOD GLUCOSE FROM PARENT/ OTHER ADULT IDENTIFIED IN 309 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>		
350	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 358)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 358)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 358)

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME	NAME _____	NAME _____	NAME _____
351	<p>ASK CONSENT FOR BLOOD GLUCOSE FROM RESPONDENT.</p>	<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>		
352	<p>CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.</p>	<p>GRANTED 1 RESPONDENT REFUSED 2</p> <p>_____ (SIGN)</p> <p>(IF REFUSED, GO TO 358)</p>	<p>GRANTED 1 RESPONDENT REFUSED 2</p> <p>_____ (SIGN)</p> <p>(IF REFUSED, GO TO 358)</p>	<p>GRANTED 1 RESPONDENT REFUSED 2</p> <p>_____ (SIGN)</p> <p>(IF REFUSED, GO TO 358)</p>
353	<p>When was the last time you had something to eat?</p>	<p>HOURS AGO <input type="text"/> <input type="text"/></p> <p>IF LESS THAN 1 HOUR, RECORD '00'</p>	<p>HOURS AGO <input type="text"/> <input type="text"/></p> <p>IF LESS THAN 1 HOUR, RECORD '00'</p>	<p>HOURS AGO <input type="text"/> <input type="text"/></p> <p>IF LESS THAN 1 HOUR, RECORD '00'</p>
354	<p>When was the last time you had something to drink other than plain water?</p>	<p>HOURS AGO <input type="text"/> <input type="text"/></p> <p>IF LESS THAN 1 HOUR, RECORD '00'</p>	<p>HOURS AGO <input type="text"/> <input type="text"/></p> <p>IF LESS THAN 1 HOUR, RECORD '00'</p>	<p>HOURS AGO <input type="text"/> <input type="text"/></p> <p>IF LESS THAN 1 HOUR, RECORD '00'</p>
355	<p>Before this survey, has your blood glucose ever been checked?</p>	<p>YES 1 NO 2</p>	<p>YES 1 NO 2</p>	<p>YES 1 NO 2</p>
356	<p>Were you told on two or more different occasions by a doctor or other health professional that your blood glucose level was high?</p>	<p>YES 1 NO 2</p>	<p>YES 1 NO 2</p>	<p>YES 1 NO 2</p>
357	<p>To lower your blood glucose level, are you now taking a prescribed medicine?</p>	<p>YES 1 NO 2</p>	<p>YES 1 NO 2</p>	<p>YES 1 NO 2</p>

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME	NAME _____	NAME _____	NAME _____
358	CHECK THE COVER PAGE: IS THE HOUSEHOLD SELECTED FOR DBS COLLECTION?	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO TO 372)	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO TO 372)	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO TO 372)
359	AGE: CHECK 302.	15-17 YEARS 1 18-49 YEARS 2 (GO TO 363) ←	15-17 YEARS 1 18-49 YEARS 2 (GO TO 363) ←	15-17 YEARS 1 18-49 YEARS 2 (GO TO 363) ←
360	MARITAL STATUS: CHECK 302.	NEVER MARRIED 1 OTHER 2 (GO TO 363) ←	NEVER MARRIED 1 OTHER 2 (GO TO 363) ←	NEVER MARRIED 1 OTHER 2 (GO TO 363) ←
361	ASK CONSENT FOR DBS COLLECTION FROM PARENT/ OTHER ADULT IDENTIFIED IN 309 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 a test for malaria, HbA1c and vitamin D. Malaria is a common cause of fever and can be treated with medicines. Malaria can be present in patients with or sometimes without fever. It is important to find out the type of malaria and whether the currently available drugs will be effective for treating persons with malaria. The second test, HbA1c, a form of haemoglobin, is done to estimate the three-month average blood sugar levels to find out if the blood sugar levels are controlled in diabetic patients taking medicines. Vitamin D levels in the blood are measured to detect vitamin D deficiency, which is very common in India. Vitamin D deficiency causes brittleness of bones and can lead to fractures.</p> <p>The tests will be done at national level laboratories to obtain advanced information on these conditions and will be used by the Government for their better management. For the tests, 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 and 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. Information regarding care to be taken in case of fever and diabetes will be given along with a referral letter to the nearest health care facility for diagnosis and treatment. Information on ways to prevent vitamin D deficiency will also be provided.</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 ADOLESCENT) to take the tests?</p>		
362	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE 2 ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 372)	GRANTED 1 PARENT/OTHER RESPONSIBLE 2 ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 372)	GRANTED 1 PARENT/OTHER RESPONSIBLE 2 ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 372)
363	ASK CONSENT FOR DBS COLLECTION FROM RESPONDENT.	<p>As part of the survey we also are asking people all over the country to take a test for malaria, HbA1c and vitamin D. Malaria is a common cause of fever and can be treated with medicines. Malaria can be present in patients with or sometimes without fever. It is important to find out the type of the malaria and whether the currently available drugs will be effective for treating persons with malaria. The second test, HbA1c, a form of haemoglobin, is done to estimate the three-month average blood sugar levels to find out if the blood sugar levels are controlled in diabetic patients taking medicines. Vitamin D levels in the blood are measured to detect vitamin D deficiency, which is very common in India. Vitamin D deficiency causes brittleness of bones and can lead to fractures.</p> <p>The tests will be done at national level laboratories to obtain advanced information on these conditions and will be used by the Government for improving programs to control them. For the tests, 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 and we will not be able to tell you the test results. No one else will be able to know the test results. Information regarding care to be taken in case of fever and diabetes will be given along with referral letter to the nearest health care facility for diagnosis and treatment. Information on ways to prevent vitamin D deficiency will also be provided.</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 to take the tests?</p>		
364	CIRCLE THE APPROPRIATE CODE, SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 372)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 372)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 372)
365	AGE: CHECK 302.	15-17 YEARS 1 18-49 YEARS 2 (GO TO 369) ←	15-17 YEARS 1 18-49 YEARS 2 (GO TO 369) ←	15-17 YEARS 1 18-49 YEARS 2 (GO TO 369) ←
366	MARITAL STATUS: CHECK 302.	NEVER MARRIED 1 OTHER 2 (GO TO 369) ←	NEVER MARRIED 1 OTHER 2 (GO TO 369) ←	NEVER MARRIED 1 OTHER 2 (GO TO 369) ←

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME	NAME _____	NAME _____	NAME _____
367	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/OTHER ADULT IDENTIFIED IN 309 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 tests in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>		
368	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 371)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 371)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 371)
369	ASK CONSENT FOR ADDITIONAL TESTING FROM RESPONDENT.	<p>We ask you to allow (NAME OF AGENCY) to store part of your 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 tests in this survey.</p> <p>Will you allow us to keep your blood sample stored for additional testing?</p>		
370	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF GRANTED, GO TO 372)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF GRANTED, GO TO 372)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF GRANTED, GO TO 372)
371	ADDITIONAL TESTS	CHECK 368 AND 370: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 368 AND 370: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 368 AND 370: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.
372	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S)			
373	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
374	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
375	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
376	BAR CODE LABEL	<div style="border: 2px dashed black; padding: 5px; 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: 5px; 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: 5px; 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.
377	Have you ever undergone a screening test for cervical cancer?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
378	Have you ever undergone a breast examination for breast cancer?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
379	Have you ever undergone An oral cavity examination for oral cancer?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
380	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, WAIST & HIP CIRCUMFERENCE, BLOOD PRESSURE, BLOOD GLUCOSE, HAEMOGLOBIN MEASUREMENT, AND COLLECTION OF DRIED BLOOD SPOTS FOR MEN AGE 15-54

401	CHECK THE COVER PAGE: IS THE HOUSEHOLD SELECTED FOR STATE MODULE?	YES <input type="checkbox"/> NO <input type="checkbox"/> → END INTERVIEW		
FROM THE LIST OF ELIGIBLE MEN, RECORD THE NAME, LINE NUMBER, AGE, AND MARITAL STATUS IN THE SAME ORDER THEY APPEAR IN THE HOUSEHOLD SCHEDULE. WRITE THE NAME OF EACH MAN AT THE TOP OF THE FOLLOWING PAGES. IF THERE ARE MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S).				
		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"/> <input type="text"/> NOT PRESENT 99994 (GO TO 403 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"/> <input type="text"/> NOT PRESENT 99994 (GO TO 403 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"/> <input type="text"/> NOT PRESENT 99994 (GO TO 403 FOR NEXT MAN OR, IF NO MORE MEN, END INTERVIEW. REFUSED 99995 OTHER 99996
404	HEIGHT IN CENTIMETRES	CM. <input type="text"/> <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"/> <input type="text"/> REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> REFUSED 9995 OTHER 9996
405	WAIST CIRCUMFERENCE IN CENTIMETRES	CM. <input type="text"/> <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"/> <input type="text"/> REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> REFUSED 9995 OTHER 9996
406	HIP CIRCUMFERENCE IN CENTIMETRES	CM. <input type="text"/> <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"/> <input type="text"/> REFUSED 9995 OTHER 9996	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> REFUSED 9995 OTHER 9996
407	AGE: CHECK 402.	15-17 YEARS 1 18-54 YEARS 2 (GO TO 412) ←	15-17 YEARS 1 18-54 YEARS 2 (GO TO 412) ←	15-17 YEARS 1 18-54 YEARS 2 (GO TO 412) ←
408	MARITAL STATUS: CHECK 402.	NEVER MARRIED 1 OTHER 2 (GO TO 412) ←	NEVER MARRIED 1 OTHER 2 (GO TO 412) ←	NEVER MARRIED 1 OTHER 2 (GO TO 412) ←
409	RECORD NAME OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT.	NAME _____	NAME _____	NAME _____
410	ASK CONSENT FOR BLOOD PRESSURE FROM PARENT/OTHER ADULT IDENTIFIED IN 409 AS RESPONSIBLE FOR NEVER MARRIED MEN AGE 15-17.	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 the 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. 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?		
411	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE 2 ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 442)	GRANTED 1 PARENT/OTHER RESPONSIBLE 2 ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 442)	GRANTED 1 PARENT/OTHER RESPONSIBLE 2 ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 442)

		MAN 1	MAN 2	MAN 3																																																												
	NAME	NAME _____	NAME _____	NAME _____																																																												
412	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>																																																														
413	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 440)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 440)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 440)																																																												
414	<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, paan masala, with tobacco, other chewing tobacco, or snuff?</p>	<table border="0"> <thead> <tr> <th></th> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>EATEN</td> <td></td> <td>1</td> <td>2</td> </tr> <tr> <td>HAD CAFFEINATED DRINK</td> <td></td> <td>1</td> <td>2</td> </tr> <tr> <td>SMOKED</td> <td></td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER TOBACCO ...</td> <td></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></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>EATEN</td> <td></td> <td>1</td> <td>2</td> </tr> <tr> <td>HAD CAFFEINATED DRINK</td> <td></td> <td>1</td> <td>2</td> </tr> <tr> <td>SMOKED</td> <td></td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER TOBACCO ...</td> <td></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></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>EATEN</td> <td></td> <td>1</td> <td>2</td> </tr> <tr> <td>HAD CAFFEINATED DRINK</td> <td></td> <td>1</td> <td>2</td> </tr> <tr> <td>SMOKED</td> <td></td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER TOBACCO ...</td> <td></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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415	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 ...	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.																																																												
416	USE THE ARM CIRCUMFERENCE MEASUREMENT TO SELECT THE APPROPRIATE BLOOD PRESSURE MONITOR CUFF SIZE.	SMALL: 17 CM – 22 CM 1 MEDIUM: 23 CM – 31 CM 2 LARGE: 32 CM – 42 CM 3	SMALL: 17 CM – 22 CM 1 MEDIUM: 23 CM – 31 CM 2 LARGE: 32 CM – 42 CM 3	SMALL: 17 CM – 22 CM 1 MEDIUM: 23 CM – 31 CM 2 LARGE: 32 CM – 42 CM 3																																																												

		MAN 1	MAN 2	MAN 3
	NAME	NAME _____	NAME _____	NAME _____
417	RECORD TIME OF FIRST BP READING	HOURS MINUTES [] [] . [] []	HOURS MINUTES [] [] . [] []	HOURS MINUTES [] [] . [] []
418	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 440) ←	FIRST BP MEASURE SYSTOLIC [] [] [] DIASTOLIC [] [] [] REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996 (IF NOT MEASURED, GO TO 440) ←	FIRST BP MEASURE SYSTOLIC [] [] [] DIASTOLIC [] [] [] REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996 (IF NOT MEASURED, GO TO 440) ←
419	Before this survey, has your blood pressure ever been checked?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
420	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
421	To lower your blood pressure, are you now taking a prescribed medicine?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
422	CHECK THAT IT HAS BEEN AT LEAST 5 MINUTES BEFORE TAKING THE SECOND BLOOD PRESSURE MEASUREMENT			
423	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) ←
424	RECORD TIME OF SECOND BP READING	HOURS MINUTES [] [] . [] []	HOURS MINUTES [] [] . [] []	HOURS MINUTES [] [] . [] []
425	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 434) ←	SECOND BP MEASURE SYSTOLIC [] [] [] DIASTOLIC [] [] [] REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996 (IF NOT MEASURED, GO TO 434) ←	SECOND BP MEASURE SYSTOLIC [] [] [] DIASTOLIC [] [] [] REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996 (IF NOT MEASURED, GO TO 434) ←

		MAN 1	MAN 2	MAN 3
	NAME	NAME _____	NAME _____	NAME _____
426	CHECK THAT IT HAS BEEN AT LEAST 5 MINUTES BEFORE TAKING THE THIRD BLOOD PRESSURE MEASUREMENT			
427	May I take your blood pressure at this time?	YES 1 NO 2 (GO TO 436) ←	YES 1 NO 2 (GO TO 436) ←	YES 1 NO 2 (GO TO 436) ←
428	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"/>
429	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 436) ←	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 436) ←	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 436) ←
430	RECORD THE SUM OF THE SYSTOLIC MEASURES FROM 425 AND 429.	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"/>
431	CALCULATE THE AVERAGE SYSTOLIC PRESSURES BY DIVIDING THE SUM IN 430 BY 2.	AVERAGE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 438	AVERAGE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 438	AVERAGE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 438
432	RECORD THE SUM OF THE DIASTOLIC MEASURES FROM 425 AND 429.	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"/>
433	CALCULATE THE AVERAGE DIASTOLIC PRESSURES BY DIVIDING THE SUM IN 432 BY 2.	AVERAGE DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 438 AND SKIP TO 438	AVERAGE DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 438 AND SKIP TO 438	AVERAGE DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 438 AND SKIP TO 438
433A	IF ONLY ONE MEASUREMENT WAS TAKEN, RECORD THE FIRST SYSTOLIC AND DIASTOLIC NUMBERS HERE.			
434	RECORD THE SYSTOLIC MEASURE FROM 418.	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 438	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 438	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 438
435	RECORD THE DIASTOLIC MEASURE FROM 418.	DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 438 AND SKIP TO 438	DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 438 AND SKIP TO 438	DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 438 AND SKIP TO 438
435A	IF ONLY TWO MEASUREMENTS WERE TAKEN, RECORD THE SECOND SYSTOLIC AND DIASTOLIC NUMBERS HERE.			
436	RECORD THE SYSTOLIC MEASURE FROM 425.	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 438	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 438	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 438
437	RECORD THE DIASTOLIC MEASURE FROM 425.	DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 438	DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 438	DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> CIRCLE IN 438

		MAN 1	MAN 2	MAN 3																					
	NAME	NAME _____	NAME _____	NAME _____																					
438	CIRCLE THE SINGLE NUMBER WHERE THE AVERAGE DIASTOLIC AND SYSTOLIC MEASURES MEET. AVERAGE SYSTOLIC <120 120-129 130-139 140-159 160-179 ≥180	AVERAGE DIASTOLIC <80 80-84 85-89 90-99 100-109 ≥110 1 2 3 4 5 6 2 2 3 4 5 6 3 3 3 4 5 6 4 4 4 4 5 6 5 5 5 5 5 6 6 6 6 6 6 6	AVERAGE DIASTOLIC <80 80-84 85-89 90-99 100-109 ≥110 1 2 3 4 5 6 2 2 3 4 5 6 3 3 3 4 5 6 4 4 4 4 5 6 5 5 5 5 5 6 6 6 6 6 6 6	AVERAGE DIASTOLIC <80 80-84 85-89 90-99 100-109 ≥110 1 2 3 4 5 6 2 2 3 4 5 6 3 3 3 4 5 6 4 4 4 4 5 6 5 5 5 5 5 6 6 6 6 6 6 6																					
439	RECORD THE NUMBER YOU CIRCLED IN 438 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"> <thead> <tr> <th>NUMBER CIRCLED IN 438</th> <th>RESPONDENT'S BLOOD PRESSURE CATEGORY</th> <th>CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE WITHIN:</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>NORMAL (OPTIMAL)</td> <td>1 YEAR</td> </tr> <tr> <td>2</td> <td>NORMAL (MILDLY HIGH)</td> <td>1 YEAR</td> </tr> <tr> <td>3</td> <td>NORMAL (MODERATELY HIGH)</td> <td>2 MONTHS</td> </tr> <tr> <td>4</td> <td>ABNORMAL (MILDLY ELEVATED)</td> <td>1 MONTH</td> </tr> <tr> <td>5</td> <td>ABNORMAL (MODERATELY ELEVATED)</td> <td>1 WEEK</td> </tr> <tr> <td>6</td> <td>ABNORMAL (SEVERELY ELEVATED)</td> <td>IMMEDIATELY</td> </tr> </tbody> </table>			NUMBER CIRCLED IN 438	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
NUMBER CIRCLED IN 438	RESPONDENT'S BLOOD PRESSURE CATEGORY	CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE WITHIN:																							
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440	AGE: CHECK 402.	15-17 YEARS 1 18-54 YEARS 2 (GO TO 444) ←	15-17 YEARS 1 18-54 YEARS 2 (GO TO 444) ←	15-17 YEARS 1 18-54 YEARS 2 (GO TO 444) ←																					
441	MARITAL STATUS: CHECK 402.	NEVER MARRIED 1 OTHER 2 (GO TO 444) ←	NEVER MARRIED 1 OTHER 2 (GO TO 444) ←	NEVER MARRIED 1 OTHER 2 (GO TO 444) ←																					
442	ASK CONSENT FOR ANAEMIA TEST FROM PARENT/ OTHER ADULT IDENTIFIED IN 409 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 test will assist the government to develop programmes 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>																							
443	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 448)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 448)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 448)																					

		MAN 1	MAN 2	MAN 3
	NAME	NAME _____	NAME _____	NAME _____
444	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 test will assist the government to develop programmes 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.</p>		
445	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)
446	AGE: CHECK 402.	15-17 YEARS 1 18-54 YEARS 2 (GO TO 450) ←	15-17 YEARS 1 18-54 YEARS 2 (GO TO 450) ←	15-17 YEARS 1 18-54 YEARS 2 (GO TO 450) ←
447	MARITAL STATUS: CHECK 402.	NEVER MARRIED 1 OTHER 2 (GO TO 450) ←	NEVER MARRIED 1 OTHER 2 (GO TO 450) ←	NEVER MARRIED 1 OTHER 2 (GO TO 450) ←
448	ASK CONSENT FOR BLOOD GLUCOSE FROM PARENT/ OTHER ADULT IDENTIFIED IN 409 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>		
449	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 458)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 458)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 458)

		MAN 1	MAN 2	MAN 3
	NAME	NAME _____	NAME _____	NAME _____
450	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>		
451	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 458)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 458)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 458)
452	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'
453	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'
454	Before this survey, has your blood glucose ever been checked?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
455	Were you told on two or more different occasions by a doctor or other health professional that your blood glucose level was high?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
456	To lower your blood glucose level, are you now taking a prescribed medicine?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
457	CHECK THE COVER PAGE: IS THE HOUSEHOLD SELECTED FOR DBS COLLECTION?	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO TO 471)	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO TO 471)	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO TO 471)

		MAN 1	MAN 2	MAN 3
	NAME	NAME _____	NAME _____	NAME _____
458	AGE: CHECK 402.	15-17 YEARS 1 18-54 YEARS 2 (GO TO 462) ←	15-17 YEARS 1 18-54 YEARS 2 (GO TO 462) ←	15-17 YEARS 1 18-54 YEARS 2 (GO TO 462) ←
459	MARITAL STATUS: CHECK 402.	NEVER MARRIED 1 OTHER 2 (GO TO 462) ←	NEVER MARRIED 1 OTHER 2 (GO TO 462) ←	NEVER MARRIED 1 OTHER 2 (GO TO 462) ←
460	ASK CONSENT FOR DBS COLLECTION FROM PARENT/ OTHER ADULT IDENTIFIED IN 409 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 a test for malaria, HbA1c and vitamin D. Malaria is a common cause of fever and can be treated with medicines. Malaria can be present in patients with or sometimes without fever. It is important to find out the type of malaria and whether the currently available drugs will be effective for treating persons with malaria. The second test, HbA1c, a form of haemoglobin, is done to estimate the three-month average blood sugar levels to find out if the blood sugar levels are controlled in diabetic patients taking medicines. Vitamin D levels in the blood are measured to detect vitamin D deficiency, which is very common in India. Vitamin D deficiency causes brittleness of bones and can lead to fractures.</p> <p>The tests will be done at national level laboratories to obtain advanced information on these conditions and will be used by the Government for their better management. For the tests, 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 and 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. Information regarding care to be taken in case of fever and diabetes will be given along with a referral letter to the nearest health care facility for diagnosis and treatment. Information on ways to prevent vitamin D deficiency will also be provided.</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 ADOLESCENT) to take the tests?</p>		
461	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 471)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 471)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 471)
462	ASK CONSENT FOR DBS COLLECTION FROM RESPONDENT.	<p>As part of the survey we also are asking people all over the country to take a test for malaria, HbA1c and vitamin D. Malaria is a common cause of fever and can be treated with medicines. Malaria can be present in patients with or sometimes without fever. It is important to find out the type of the malaria and whether the currently available drugs will be effective for treating persons with malaria. The second test, HbA1c, a form of haemoglobin, is done to estimate the three-month average blood sugar levels to find out if the blood sugar levels are controlled in diabetic patients taking medicines. Vitamin D levels in the blood are measured to detect vitamin D deficiency, which is very common in India. Vitamin D deficiency causes brittleness of bones and can lead to fractures.</p> <p>The tests will be done at national level laboratories to obtain advanced information on these conditions and will be used by the Government for improving programmes to control them. For the tests, 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 and we will not be able to tell you the test results. No one else will be able to know the test results. Information regarding care to be taken in case of fever and diabetes will be given along with a referral letter to the nearest health care facility for diagnosis and treatment. Information on ways to prevent vitamin D deficiency will also be provided.</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 the tests to be taken?</p>		
463	CIRCLE THE APPROPRIATE CODE, SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 471)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 471)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 471)
464	AGE: CHECK 402.	15-17 YEARS 1 18-54 YEARS 2 (GO TO 468) ←	15-17 YEARS 1 18-54 YEARS 2 (GO TO 468) ←	15-17 YEARS 1 18-54 YEARS 2 (GO TO 468) ←
465	MARITAL STATUS: CHECK 402.	NEVER MARRIED 1 OTHER 2 (GO TO 468) ←	NEVER MARRIED 1 OTHER 2 (GO TO 468) ←	NEVER MARRIED 1 OTHER 2 (GO TO 468) ←

		MAN 1	MAN 2	MAN 3
	NAME	NAME _____	NAME _____	NAME _____
466	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/OTHER ADULT IDENTIFIED IN 409 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 tests in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>		
467	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 470)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 470)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 470)
468	ASK CONSENT FOR ADDITIONAL TESTING, FROM RESPONDENT.	<p>We ask you to allow (NAME OF AGENCY) to store part of your 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 tests in this survey.</p> <p>Will you allow us to keep the blood sample stored for additional testing?</p>		
469	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF GRANTED, GO TO 471)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF GRANTED, GO TO 471)	GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF GRANTED, GO TO 471)
470	ADDITIONAL TESTS	CHECK 467 AND 469: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 467 AND 469: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 467 AND 469: IF CONSENT HAS NOT BEEN GRANTED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.
471	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S)			
472	RECORD HAEMOGLOBIN 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
473	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
474	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
475	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.
476	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: _____