

2019-20 LIBERIA DEMOGRAPHIC AND HEALTH SURVEY
 CONSENT TO FOLLOW-UP STUDY

GOVERNMENT OF LIBERIA
 LIBERIA INSTITUTE OF STATISTICS AND GEO-INFORMATION SERVICES

IDENTIFICATION									
PLACE NAME _____									
NAME OF HOUSEHOLD HEAD _____									
CLUSTER NUMBER	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>								
HOUSEHOLD NUMBER									
ADDRESS IN DETAIL _____									

CONSENT TO FOLLOW-UP STUDY FOR WOMEN AGE 15-49

	WOMAN 1	WOMAN 2	WOMAN 3												
401	COPY INFORMATION FROM Q.202: NAME _____ AGE <table border="1" style="display: inline-table; border-collapse: collapse; width: 30px; height: 20px;"><tr><td style="width: 15px;"></td><td style="width: 15px;"></td></tr></table> LINE NUMBER <table border="1" style="display: inline-table; border-collapse: collapse; width: 30px; height: 20px;"><tr><td style="width: 15px;"></td><td style="width: 15px;"></td></tr></table>					COPY INFORMATION FROM Q.202: NAME _____ AGE <table border="1" style="display: inline-table; border-collapse: collapse; width: 30px; height: 20px;"><tr><td style="width: 15px;"></td><td style="width: 15px;"></td></tr></table> LINE NUMBER <table border="1" style="display: inline-table; border-collapse: collapse; width: 30px; height: 20px;"><tr><td style="width: 15px;"></td><td style="width: 15px;"></td></tr></table>					COPY INFORMATION FROM Q.202: NAME _____ AGE <table border="1" style="display: inline-table; border-collapse: collapse; width: 30px; height: 20px;"><tr><td style="width: 15px;"></td><td style="width: 15px;"></td></tr></table> LINE NUMBER <table border="1" style="display: inline-table; border-collapse: collapse; width: 30px; height: 20px;"><tr><td style="width: 15px;"></td><td style="width: 15px;"></td></tr></table>				
402	COPY INFORMATION FROM Q.203: 15-17 YEARS 1 18-49 YEARS 2 (SKIP TO 404) ←	COPY INFORMATION FROM Q.203: 15-17 YEARS 1 18-49 YEARS 2 (SKIP TO 404) ←	COPY INFORMATION FROM Q.203: 15-17 YEARS 1 18-49 YEARS 2 (SKIP TO 404) ←												
403	COPY INFORMATION FROM Q.204: CODE 4 (NEVER IN UNION) 1 (SKIP TO 406) ← OTHER 2	COPY INFORMATION FROM Q.204: CODE 4 (NEVER IN UNION) 1 (SKIP TO 406) ← OTHER 2	COPY INFORMATION FROM Q.204: CODE 4 (NEVER IN UNION) 1 (SKIP TO 406) ← OTHER 2												

ADULT RESPONDENT CONSENT FOR FOLLOW UP STUDY

404	<p>In the next few days, another team from the Ministry of Health would like to visit you to conduct additional blood testing for different health conditions. Knowing how many Liberians have health conditions helps the Ministry of Health plan programs to help keep our people healthy. If you agree, they will collect a small amount of blood from your arm. The information from the blood tests will help the Ministry of Health plan vaccination and treatment programs. You do not have to permit the visit but we hope you will agree since your participation will help the Ministry know which communities need help to prevent certain kinds of illnesses and what kind of help they need.</p> <p>Do you have any questions? Do you agree to another visit by a Ministry of Health team?</p>														
405	GRANTED 1 RESPONDENT REFUSED 2 ← _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <table border="1" style="display: inline-table; border-collapse: collapse; width: 60px; height: 20px;"><tr><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td></tr></table> (IF GRANTED, SKIP TO 411) (IF REFUSED, SKIP TO 412) NOT PRESENT/OTHER 3 (SKIP TO 412) ←					GRANTED 1 RESPONDENT REFUSED 2 ← _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <table border="1" style="display: inline-table; border-collapse: collapse; width: 60px; height: 20px;"><tr><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td></tr></table> (IF GRANTED, SKIP TO 411) (IF REFUSED, SKIP TO 412) NOT PRESENT/OTHER 3 (SKIP TO 412) ←					GRANTED 1 RESPONDENT REFUSED 2 ← _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <table border="1" style="display: inline-table; border-collapse: collapse; width: 60px; height: 20px;"><tr><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td><td style="width: 15px;"></td></tr></table> (IF GRANTED, SKIP TO 411) (IF REFUSED, SKIP TO 412) NOT PRESENT/OTHER 3 (SKIP TO 412) ←				

	WOMAN 1	WOMAN 2	WOMAN 3
401	COPY INFORMATION FROM Q.202: NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	COPY INFORMATION FROM Q.202: NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	COPY INFORMATION FROM Q.202: NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>

406	NAME OF THE PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT _____	NAME OF THE PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT _____	NAME OF THE PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT _____
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PARENTAL/RESPONSIBLE ADULT CONSENT FOR FOLLOW UP STUDY

407	<p>In the next few days, another team from the Ministry of Health would like to visit (NAME OF MINOR) to conduct additional blood testing for different health conditions. Knowing how many Liberians have health conditions helps the Ministry of Health plan programs to help keep our people healthy. If you agree, they will collect a small amount of blood from (NAME OF MINOR)'s arm. The information from the blood tests will help the Ministry of Health plan vaccination and treatment programs. You do not have to permit the visit but we hope you will agree since the participation of (NAME OF MINOR) will help the Ministry know which communities need help to prevent certain kinds of illnesses and what kind of help they need.</p> <p>Do you have any questions? Do you agree for (NAME OF MINOR) to get another visit by a Ministry of Health team?</p>		
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408	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 412) NOT PRESENT/OTHER 3 (SKIP TO 412)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 412) NOT PRESENT/OTHER 3 (SKIP TO 412)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF REFUSED, SKIP TO 412) NOT PRESENT/OTHER 3 (SKIP TO 412)
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MINOR RESPONDENT CONSENT FOR FOLLOW UP STUDY

409	<p>In the next few days, another team from the Ministry of Health would like to visit you to conduct additional blood testing for different health conditions. Knowing how many Liberians have health conditions helps the Ministry of Health plan programs to help keep our people healthy. If you agree, they will collect a small amount of blood from your arm. The information from the blood tests will help the Ministry of Health plan vaccination and treatment programs. You do not have to permit the visit but we hope you will agree since your participation will help the Ministry know which communities need help to prevent certain kinds of illnesses and what kind of help they need.</p> <p>Do you have any questions? Do you agree to another visit by a Ministry of Health team?</p>		
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410	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 412) NOT PRESENT/OTHER 3 (SKIP TO 412)	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 412) NOT PRESENT/OTHER 3 (SKIP TO 412)	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 412) NOT PRESENT/OTHER 3 (SKIP TO 412)
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411	PLACE THE WHOLE BARCODE LABEL HERE. _____ NOT PRESENT 99994 REFUSED 99995 OTHER 99996	PLACE THE WHOLE BARCODE LABEL HERE. _____ NOT PRESENT 99994 REFUSED 99995 OTHER 99996	PLACE THE WHOLE BARCODE LABEL HERE. _____ NOT PRESENT 99994 REFUSED 99995 OTHER 99996
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412	GO BACK TO 204A IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, GO TO 301.		
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CONSENT TO FOLLOW-UP STUDY FOR MEN AGE 15-59

	MAN 1	MAN 2	MAN 3
501	COPY INFORMATION FROM 302: NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	COPY INFORMATION FROM 302: NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	COPY INFORMATION FROM 302: NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>
502	COPY INFORMATION FROM 303: 15-17 YEARS 1 18-59 YEARS 2 (SKIP TO 504) ←	COPY INFORMATION FROM 303: 15-17 YEARS 1 18-59 YEARS 2 (SKIP TO 504) ←	COPY INFORMATION FROM 303: 15-17 YEARS 1 18-59 YEARS 2 (SKIP TO 504) ←
503	COPY INFORMATION FROM 304: CODE 4 (NEVER IN UNION) 1 (SKIP TO 506) ← OTHER 2	COPY INFORMATION FROM 304: CODE 4 (NEVER IN UNION) 1 (SKIP TO 506) ← OTHER 2	COPY INFORMATION FROM 304: CODE 4 (NEVER IN UNION) 1 (SKIP TO 506) ← OTHER 2

ADULT RESPONDENT CONSENT FOR FOLLOW UP STUDY

504	<p>In the next few days, another team from the Ministry of Health would like to visit you to conduct additional blood testing for different health conditions. Knowing how many Liberians have health conditions helps the Ministry of Health plan programs to help keep our people healthy. If you agree, they will collect a small amount of blood from your arm. The information from the blood tests will help the Ministry of Health plan vaccination and treatment programs. You do not have to permit the visit but we hope you will agree since your participation will help the Ministry know which communities need help to prevent certain kinds of illnesses and what kind of help they need.</p> <p>Do you have any questions? Do you agree to another visit by a Ministry of Health team?</p>		
505	GRANTED 1 RESPONDENT REFUSED 2 ← _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF GRANTED, SKIP TO 511) (IF REFUSED, SKIP TO 512) NOT PRESENT/OTHER 3 (SKIP TO 512) ←	GRANTED 1 RESPONDENT REFUSED 2 ← _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF GRANTED, SKIP TO 511) (IF REFUSED, SKIP TO 512) NOT PRESENT/OTHER 3 (SKIP TO 512) ←	GRANTED 1 RESPONDENT REFUSED 2 ← _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (IF GRANTED, SKIP TO 511) (IF REFUSED, SKIP TO 512) NOT PRESENT/OTHER 3 (SKIP TO 512) ←

CONSENT TO FOLLOW-UP STUDY FOR MEN AGE 15-59

	MAN 1	MAN 2	MAN 3
501	COPY INFORMATION FROM 302: NAME _____ AGE <input style="width:30px; height:20px;" type="text"/> <input style="width:30px; height:20px;" type="text"/> LINE NUMBER <input style="width:30px; height:20px;" type="text"/> <input style="width:30px; height:20px;" type="text"/>	COPY INFORMATION FROM 302: NAME _____ AGE <input style="width:30px; height:20px;" type="text"/> <input style="width:30px; height:20px;" type="text"/> LINE NUMBER <input style="width:30px; height:20px;" type="text"/> <input style="width:30px; height:20px;" type="text"/>	COPY INFORMATION FROM 302: NAME _____ AGE <input style="width:30px; height:20px;" type="text"/> <input style="width:30px; height:20px;" type="text"/> LINE NUMBER <input style="width:30px; height:20px;" type="text"/> <input style="width:30px; height:20px;" type="text"/>

506	NAME OF THE PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT _____	NAME OF THE PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT _____	NAME OF THE PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT _____
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PARENTAL/RESPONSIBLE ADULT CONSENT FOR FOLLOW UP STUDY

507	In the next few days, another team from the Ministry of Health would like to visit (NAME OF MINOR) to conduct additional blood testing for different health conditions. Knowing how many Liberians have health conditions helps the Ministry of Health plan programs to help keep our people healthy. If you agree, they will collect a small amount of blood from (NAME OF MINOR)'s arm. The information from the blood tests will help the Ministry of Health plan vaccination and treatment programs. You do not have to permit the visit but we hope you will agree since the participation of (NAME OF MINOR) will help the Ministry know which communities need help to prevent certain kinds of illnesses and what kind of help they need.		
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508	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input style="width:30px; height:20px;" type="text"/> <input style="width:30px; height:20px;" type="text"/> <input style="width:30px; height:20px;" type="text"/> <input style="width:30px; height:20px;" type="text"/> (IF REFUSED, SKIP TO 512) NOT PRESENT/OTHER 3 (SKIP TO 512)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input style="width:30px; height:20px;" type="text"/> <input style="width:30px; height:20px;" type="text"/> <input style="width:30px; height:20px;" type="text"/> <input style="width:30px; height:20px;" type="text"/> (IF REFUSED, SKIP TO 512) NOT PRESENT/OTHER 3 (SKIP TO 512)	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) <input style="width:30px; height:20px;" type="text"/> <input style="width:30px; height:20px;" type="text"/> <input style="width:30px; height:20px;" type="text"/> <input style="width:30px; height:20px;" type="text"/> (IF REFUSED, SKIP TO 512) NOT PRESENT/OTHER 3 (SKIP TO 512)
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MINOR RESPONDENT CONSENT FOR FOLLOW UP STUDY

509	In the next few days, another team from the Ministry of Health would like to visit you to conduct additional blood testing for different health conditions. Knowing how many Liberians have health conditions helps the Ministry of Health plan programs to help keep our people healthy. If you agree, they will collect a small amount of blood from your arm. The information from the blood tests will help the Ministry of Health plan vaccination and treatment programs. You do not have to permit the visit but we hope you will agree since your participation will help the Ministry know which communities need help to prevent certain kinds of illnesses and what kind of help they need. Do you have any questions? Do you agree to another visit by a Ministry of Health team?		
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510	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 512) NOT PRESENT/OTHER 3 (SKIP TO 512)	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 512) NOT PRESENT/OTHER 3 (SKIP TO 512)	GRANTED 1 MINOR RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, SKIP TO 512) NOT PRESENT/OTHER 3 (SKIP TO 512)
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511	PLACE THE WHOLE BARCODE LABEL HERE.	PLACE THE WHOLE BARCODE LABEL HERE.	PLACE THE WHOLE BARCODE LABEL HERE.
	NOT PRESENT 99994 REFUSED 99995 OTHER 99996	NOT PRESENT 99994 REFUSED 99995 OTHER 99996	NOT PRESENT 99994 REFUSED 99995 OTHER 99996

512	GO BACK TO 301 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE MEN, END QUESTIONNAIRE.		
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SUPERVISOR NAME _____	SUPERVISOR NUMBER <input style="width:30px; height:20px;" type="text"/> <input style="width:30px; height:20px;" type="text"/> <input style="width:30px; height:20px;" type="text"/> <input style="width:30px; height:20px;" type="text"/>
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EBOLA ANTIBODY AND HEPATITIS B AND C TESTING FOR WOMEN AGE 15-49

		WOMAN 1	WOMAN 2	WOMAN 3
601	CHECK 401: WRITE WOMAN'S AGE WRITE WOMAN'S LINE NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>
602	CHECK 402: AGE	15-17 YEARS 1 18-49 YEARS 2 (SKIP TO 603A) ←	15-17 YEARS 1 18-49 YEARS 2 (SKIP TO 603A) ←	15-17 YEARS 1 18-49 YEARS 2 (SKIP TO 603A) ←
603	CHECK 403: MARITAL STATUS	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 620) ← OTHER 2	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 620) ← OTHER 2	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 620) ← OTHER 2
603A	CHECK CONSENT FOR FOLLOW UP: IS BARCODE PRESENT?	NO → SKIP TO 640 YES ↓	NO → SKIP TO 640 YES ↓	NO → SKIP TO 640 YES ↓
604	READ INTRODUCTION AND PURPOSE TO RESPONDENT	<p>The National Public Health Institute of Liberia (NPHIL), the Ministry of Health, the World Health Organization, the United States Centers for Disease Control and other Liberia Demographic Health Survey partners are conducting a national survey about health issues. This includes testing for diseases like hepatitis and whether people's bodies carry the memory of illnesses they had in the past. The memory of some illnesses in your blood can protect you from getting that illness again. I would like to discuss this part of the survey with you. If I use some words that you do not understand, please ask me to explain.</p> <p>The hepatitis B & C diseases are a result of an infection with the hepatitis B & C virus. These diseases may cause liver damage and other serious health problems. We are inviting you to allow us to examine your blood in order to know how many people have the hepatitis B & C virus. This information is very important to help the Ministry of Health to plan for programs to prevent and treat this disease. The results of the tests for hepatitis will be shared with you by phone in about three months. If the test shows that you have the hepatitis B or C virus, we will give you a referral to County Health Team or other health facility for counseling and advice about treatment.</p> <p>The Ministry of Health is also interested in testing people for the memory of the Ebola virus disease. No one in Liberia has Ebola right now. We are inviting you to allow us to examine your blood for signs of remembering the Ebola virus because there is still a lot about Ebola virus disease that we do not know. What we do know is that people who were sick with Ebola carry a memory of Ebola in their blood. This memory protects them from getting Ebola again. We are looking to learn more about the differences in people whose bodies do and do not remember Ebola virus. We do not know if people can become infected with Ebola virus but not feel sick or how many Liberians are protected from Ebola today. We are inviting you to allow us to examine your blood for the memory of the Ebola virus. This information will help our Ministry of Health know where to offer vaccination programs and where to work closely with communities if Ebola ever returns.</p>		

		WOMAN 1	WOMAN 2	WOMAN 3
601	CHECK 401: WRITE WOMAN'S AGE WRITE WOMAN'S LINE NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>
605	READ PROCEDURE TO RESPONDENT	If you agree to participate in this part of the survey, we would like to collect 1 teaspoon (4 ml) of blood in total from a vein in your arm. We will test this blood later in the laboratory in order to know if your body remembers the Ebola virus and if you have hepatitis B or C. Blood collection will take about 15 minutes. The equipment we will use to take the blood from your arm is clean and completely safe. We have not used it on anyone else and we will safely dispose of it when we have finished.		
606	READ RISKS TO RESPONDENT	The risk to you from this testing is small. The testing part of the survey is not harmful although you may experience a very small pain for a short time during blood sample collection. There are very minimal risks associated with having your blood drawn. You may get some bruising where the blood is taken from your arm. If you have any bleeding, swelling or other problem later, you should tell our study staff or your health worker.		
607	READ BENEFITS TO RESPONDENT	The information we collect during our survey may not help you directly but it could benefit many other people in the future because it will help the Ministry of Health plan for programs to treat hepatitis and provide better services for Ebola survivors.		
608	READ CONFIDENTIALITY TO RESPONDENT	What we talk about will be kept private. The results of these test will be kept confidential. To keep your privacy, we will keep the records under a number and will not record your name. We will keep the records in locked files. Only staff from this survey will be allowed to look at them. Your name or other facts that might point to you will not appear when we report the findings of this survey.		
609	READ FUTURE TESTING STATEMENT TO RESPONDENT	We would like to ask your permission to store your leftover blood for future tests. These tests may be for other health issues, which are important to the health of Liberians. This sample will be stored for an indefinite amount of time but your name will not be on the sample. Your leftover blood will not be sold or used for commercial reasons. If you do not agree to future tests to your blood samples, we will destroy your blood samples after survey-related testing has been completed.		
610	READ COST/PAYMENT STATEMENT TO RESPONDENT	Being part of this survey is up to you. If you decide not to participate in our survey, it will not affect any of your participation in other parts of the survey. It will not cost you or your family anything. You will not receive any money for your participation.		
611	READ RIGHT TO REFUSE OR WITHDRAW TO RESPONDENT	You are free to participate in this survey or not. You can quit at any time if you wish. If you decide you do not want to take part, it will not affect any care or treatment you or your family members receive. If at any time you decide that you do not want to stay in the survey, you can leave and it will not affect any health care you or your family members receive.		
612	READ PERSONS TO CONTACT TO RESPONDENT	This project has been approved by the UL PIRE Ethical Review Board. You will be offered a copy of this form to keep. If at any time you have questions about this survey you may contact the National Public Health Institute of Liberia or the UL PIRE IRB. You may also contact the National Public Health Institute of Liberia or the UL-PIRE IRB if you feel you have been harmed, or if you have questions about your rights as a survey participant. The contact person at the National Public Health Institute of Liberia is Mr. Bode Shobayo (Cell #: 0776787871).		

		WOMAN 1	WOMAN 2	WOMAN 3
601	CHECK 401: WRITE WOMAN'S AGE WRITE WOMAN'S LINE NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>

ADULT RESPONDENT					
E V I D E N C E	613	READ TESTING FOR MEMORY OF EBOLA CONSENT TO RESPONDENT.	Would you allow me to take a sample of your blood from your arm for testing for the memory of Ebola? You can say yes or no. It is up to you to decide.		
	614	CIRCLE THE CODE AND ASK THE RESPONDENT TO SIGN BELOW.	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT) _____ (INTERVIEWER SIGNATURE) NOT PRESENT/OTHER 3	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT) _____ (INTERVIEWER SIGNATURE) NOT PRESENT/OTHER 3	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT) _____ (INTERVIEWER SIGNATURE) NOT PRESENT/OTHER 3
	615	READ HEPATITIS B AND C TESTING CONSENT TO RESPONDENT	Would you allow me to take a sample of your blood from your arm for testing for Hepatitis B and C? You can say yes or no. It is up to you to decide.		
H E P A T I T I S	616	CIRCLE THE CODE AND ASK THE RESPONDENT TO SIGN BELOW.	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT) _____ (INTERVIEWER SIGNATURE) NOT PRESENT/OTHER 3	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT) _____ (INTERVIEWER SIGNATURE) NOT PRESENT/OTHER 3	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT) _____ (INTERVIEWER SIGNATURE) NOT PRESENT/OTHER 3
	617	CHECK Q. 614 AND Q.616	ONE OR MORE 'GRANTED' 1 NEITHER GRANTED 2 (SKIP TO 640) ←	ONE OR MORE 'GRANTED' 1 NEITHER GRANTED 2 (SKIP TO 640) ←	ONE OR MORE 'GRANTED' 1 NEITHER GRANTED 2 (SKIP TO 640) ←
A D D I T I O N A L	618	READ FUTURE TESTING CONSENT TO RESPONDENT	Do you agree for us to store your leftover blood for future testing? You can say yes or no. It is up to you to decide.		
	619	CIRCLE THE CODE AND ASK THE RESPONDENT TO SIGN BELOW.	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT) _____ (INTERVIEWER SIGNATURE) (SKIP TO 636A) NOT PRESENT/OTHER 3 (SKIP TO 640) ←	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT) _____ (INTERVIEWER SIGNATURE) (SKIP TO 636A) NOT PRESENT/OTHER 3 (SKIP TO 640) ←	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT) _____ (INTERVIEWER SIGNATURE) (SKIP TO 636A) NOT PRESENT/OTHER 3 (SKIP TO 640) ←

		WOMAN 1	WOMAN 2	WOMAN 3
601	CHECK 401: WRITE WOMAN'S AGE WRITE WOMAN'S LINE NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>
620	WRITE THE NAME OF THE PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT	NAME _____	NAME _____	NAME _____

PARENTAL/RESPONSIBLE ADULT CONSENT

EVIDENCE CONSENT	621	READ THE FULL TEXT TO THE PARENT/RESPONSIBLE ADULT	READ Q604 - Q612.		
	622	READ TESTING FOR MEMORY OF EBOLA CONSENT TO RESPONDENT.	Would you allow me to take a sample of blood from (NAME OF MINOR)'s arm for testing for the memory of Ebola? You can say yes or no. It is up to you to decide.		
	623	CIRCLE THE CODE AND ASK THE RESPONDENT TO SIGN BELOW.	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT) _____ (INTERVIEWER SIGNATURE) IF REFUSED SKIP TO 627 NOT PRESENT/OTHER 3 (SKIP TO 627) ←	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT) _____ (INTERVIEWER SIGNATURE) IF REFUSED SKIP TO 627 NOT PRESENT/OTHER 3 (SKIP TO 627) ←	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT) _____ (INTERVIEWER SIGNATURE) IF REFUSED SKIP TO 627 NOT PRESENT/OTHER 3 (SKIP TO 627) ←

MINOR RESPONDENT CONSENT

EVIDENCE CONSENT	624	READ THE FULL TEXT TO THE MINOR	READ Q604 - Q612.		
	625	READ TESTING FOR MEMORY OF EBOLA CONSENT TO RESPONDENT.	Would you allow me to take a sample of your blood from your arm for testing for the memory of Ebola? You can say yes or no. It is up to you to decide.		
	626	CIRCLE THE CODE AND ASK THE RESPONDENT TO SIGN BELOW.	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT) _____ (INTERVIEWER SIGNATURE) NOT PRESENT/OTHER 3	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT) _____ (INTERVIEWER SIGNATURE) NOT PRESENT/OTHER 3	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT) _____ (INTERVIEWER SIGNATURE) NOT PRESENT/OTHER 3

		WOMAN 1	WOMAN 2	WOMAN 3
601	CHECK 401: WRITE WOMAN'S AGE WRITE WOMAN'S LINE NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>

PARENTAL/RESPONSIBLE ADULT CONSENT					
H E P A T I T I S C O N S E N T	627	READ HEPATITIS B AND C TESTING CONSENT TO RESPONDENT	Would you allow me to take a sample of blood from (NAME OF MINOR)'s arm for testing for Hepatitis B and C? You can say yes or no. It is up to you to decide.		
	628	CIRCLE THE CODE AND ASK THE RESPONDENT TO SIGN BELOW.	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT) _____ (INTERVIEWER SIGNATURE) IF REFUSED SKIP TO 631 NOT PRESENT/OTHER 3 (SKIP TO 631) ←	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT) _____ (INTERVIEWER SIGNATURE) IF REFUSED SKIP TO 631 NOT PRESENT/OTHER 3 (SKIP TO 631) ←	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT) _____ (INTERVIEWER SIGNATURE) IF REFUSED SKIP TO 631 NOT PRESENT/OTHER 3 (SKIP TO 631) ←

MINOR RESPONDENT CONSENT					
H E P A T I T I S C O N S E N T	628A	CHECK Q.626	CODE 1 OR 2 CIRCLED ... 1 (SKIP TO 629) ← NEITHER 1 OR 2 CIRCLED . 2	CODE 1 OR 2 CIRCLED ... 1 (SKIP TO 629) ← NEITHER 1 OR 2 CIRCLED . 2	CODE 1 OR 2 CIRCLED ... 1 (SKIP TO 629) ← NEITHER 1 OR 2 CIRCLED . 2
	628B	READ THE FULL TEXT TO THE MINOR	READ Q604 - Q612.		
	629	READ HEPATITIS B AND C TESTING CONSENT TO RESPONDENT	Would you allow me to take a sample of your blood from your arm for testing for Hepatitis B and C? You can say yes or no. It is up to you to decide.		
	630	CIRCLE THE CODE AND ASK THE RESPONDENT TO SIGN BELOW.	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT) _____ (INTERVIEWER SIGNATURE) NOT PRESENT/OTHER 3 (SKIP TO 640) ←	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT) _____ (INTERVIEWER SIGNATURE) NOT PRESENT/OTHER 3 (SKIP TO 640) ←	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT) _____ (INTERVIEWER SIGNATURE) NOT PRESENT/OTHER 3 (SKIP TO 640) ←
631	CHECK Q. 626 AND Q.630	ONE OR MORE 'GRANTED' 1 NEITHER GRANTED 2 (SKIP TO 640) ←	ONE OR MORE 'GRANTED' 1 NEITHER GRANTED 2 (SKIP TO 640) ←	ONE OR MORE 'GRANTED' 1 NEITHER GRANTED 2 (SKIP TO 640) ←	

		WOMAN 1	WOMAN 2	WOMAN 3
601	CHECK 401: WRITE WOMAN'S AGE WRITE WOMAN'S LINE NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>

PARENTAL/RESPONSIBLE ADULT CONSENT					
A D D . T E S T I N G C O N S E N T	632	READ FUTURE TESTING CONSENT TO RESPONDENT	Do you agree for us to store (NAME OF MINOR)'s leftover blood for future testing? You can say yes or no. It is up to you to decide.		
	633	CIRCLE THE CODE AND ASK THE RESPONDENT TO SIGN BELOW.	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT) _____ (INTERVIEWER SIGNATURE) IF REFUSED SKIP TO 636A NOT PRESENT/OTHER 3 (SKIP TO 636A)	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT) _____ (INTERVIEWER SIGNATURE) IF REFUSED SKIP TO 636A NOT PRESENT/OTHER 3 (SKIP TO 636A)	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT) _____ (INTERVIEWER SIGNATURE) IF REFUSED SKIP TO 636A NOT PRESENT/OTHER 3 (SKIP TO 636A)

MINOR RESPONDENT CONSENT					
	634	READ FUTURE TESTING CONSENT TO RESPONDENT	Do you agree for us to store your leftover blood for future testing? You can say yes or no. It is up to you to decide.		
	635	CIRCLE THE CODE AND ASK THE RESPONDENT TO SIGN BELOW.	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT) _____ (INTERVIEWER SIGNATURE) NOT PRESENT/OTHER 3	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) _____ (INTERVIEWER SIGNATURE) NOT PRESENT/OTHER 3	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) _____ (INTERVIEWER SIGNATURE) NOT PRESENT/OTHER 3

EBOLA ANTIBODY AND HEPATITIS B AND C TESTING FOR WOMEN AGE 15-49

		WOMAN 1	WOMAN 2	WOMAN 3
601	CHECK 401: WRITE WOMAN'S AGE WRITE WOMAN'S LINE NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>
636A	DID RESPONDENT CONSENT TO BLOOD COLLECTION?	YES <input type="checkbox"/> NO <input type="checkbox"/> SKIP TO 640	YES <input type="checkbox"/> NO <input type="checkbox"/> SKIP TO 640	YES <input type="checkbox"/> NO <input type="checkbox"/> SKIP TO 640
636B	<p>PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).</p> <p><u>ENSURE CORRECT STICKERS ARE AFFIXED TO EACH VIAL</u></p> <p>FOR ADULT REPENDENTS: - IF "GRANTED" SELECTED IN EITHER 614 OR 616, AFFIX BARCODE - IF "GRANTED" SELECTED IN 614, AFFIX RED STICKER (E) - IF "GRANTED" SELECTED IN 616, AFFIX BLUE STICKER (H) - IF "GRANTED" SELECTED IN 619, AFFIX YELLOW STICKER</p> <p>FOR MINOR REPENDENTS: - IF "GRANTED" SELECTED IN EITHER 626 OR 630, AFFIX BARCODE - IF "GRANTED" SELECTED IN 626, AFFIX RED STICKER (E) - IF "GRANTED" SELECTED IN 630, AFFIX BLUE STICKER (H) - IF "GRANTED" SELECTED IN 635, AFFIX YELLOW STICKER</p> <p><u>AFFIX THIRD BARCODE ON HEPATITIS B & C INFORMATION SHEET</u></p>			
637	WAS BLOOD SAMPLE TAKEN FROM RESPONDENT?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
640	<p>GO BACK TO 601 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, GO TO 701.</p>			

		MAN 1	MAN 2	MAN 3
701	CHECK 501: WRITE MAN'S AGE WRITE MAN'S LINE NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>
702	CHECK 502: AGE	15-17 YEARS 1 18-59 YEARS 2 (SKIP TO 703A) ←	15-17 YEARS 1 18-59 YEARS 2 (SKIP TO 703A) ←	15-17 YEARS 1 18-59 YEARS 2 (SKIP TO 703A) ←
703	CHECK 503: MARITAL STATUS	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 720) ← OTHER 2	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 720) ← OTHER 2	CODE 4 (NEVER IN UNION) . 1 (SKIP TO 720) ← OTHER 2
703A	CHECK CONSENT FOR FOLLOW UP. IS BARCODE PRESENT?	NO → SKIP TO 740 YES ↓	NO → SKIP TO 740 YES ↓	NO → SKIP TO 740 YES ↓
704	READ INTRODUCTION AND PURPOSE TO RESPONDENT	<p>The National Public Health Institute of Liberia (NPHIL), the Ministry of Health, the World Health Organization, the United States Centers for Disease Control and other Liberia Demographic Health Survey partners are conducting a national survey about health issues. This includes testing for diseases like hepatitis and whether people's bodies carry the memory of illnesses they had in the past. The memory of some illnesses in your blood can protect you from getting that illness again. I would like to discuss this part of the survey with you. If I use some words that you do not understand, please ask me to explain.</p> <p>The hepatitis B & C diseases are a result of an infection with the hepatitis B & C virus. These diseases may cause liver damage and other serious health problems. We are inviting you to allow us to examine your blood in order to know how many people have the hepatitis B & C virus. This information is very important to help the Ministry of Health to plan for programs to prevent and treat this disease. The results of the tests for hepatitis will be shared with you by phone in about three months. If the test shows that you have the hepatitis B or C virus, we will give you a referral to County Health Team or other health facility for counseling and advice about treatment.</p> <p>The Ministry of Health is also interested in testing people for the memory of the Ebola virus disease. No one in Liberia has Ebola right now. We are inviting you to allow us to examine your blood for signs of remembering the Ebola virus because there is still a lot about Ebola virus disease that we do not know. What we do know is that people who were sick with Ebola carry a memory of Ebola in their blood. This memory protects them from getting Ebola again. We are looking to learn more about the differences in people whose bodies do and do not remember Ebola virus. We do not know if people can become infected with Ebola virus but not feel sick or how many Liberians are protected from Ebola today. We are inviting you to allow us to examine your blood for the memory of the Ebola virus. This information will help our Ministry of Health know where to offer vaccination programs and where to work closely with communities if Ebola ever returns.</p>		

		MAN 1	MAN 2	MAN 3
701	CHECK 501: WRITE MAN'S AGE WRITE MAN'S LINE NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>
705	READ PROCEDURE TO RESPONDENT	If you agree to participate in this part of the survey, we would like to collect 1 teaspoon (4 ml) of blood in total from a vein in your arm. We will test this blood later in the laboratory in order to know if your body remembers the Ebola virus and if you have hepatitis B or C. Blood collection will take about 15 minutes. The equipment we will use to take the blood from your arm is clean and completely safe. We have not used it on anyone else and we will safely dispose of it when we have finished.		
706	READ RISKS TO RESPONDENT	The risk to you from this testing is small. The testing part of the survey is not harmful although you may experience a very small pain for a short time during blood sample collection. There are very minimal risks associated with having your blood drawn. You may get some bruising where the blood is taken from your arm. If you have any bleeding, swelling or other problem later, you should tell our study staff or your health worker.		
707	READ BENEFITS TO RESPONDENT	The information we collect during our survey may not help you directly but it could benefit many other people in the future because it will help the Ministry of Health plan for programs to treat hepatitis and provide better services for Ebola survivors.		
708	READ CONFIDENTIALITY TO RESPONDENT	What we talk about will be kept private. The results of these test will be kept confidential. To keep your privacy, we will keep the records under a number and will not record your name. We will keep the records in locked files. Only staff from this survey will be allowed to look at them. Your name or other facts that might point to you will not appear when we report the findings of this survey.		
709	READ FUTURE TESTING STATEMENT TO RESPONDENT	We would like to ask your permission to store your leftover blood for future tests. These tests may be for other health issues, which are important to the health of Liberians. This sample will be stored for an indefinite amount of time but your name will not be on the sample. Your leftover blood will not be sold or used for commercial reasons. If you do not agree to future tests to your blood samples, we will destroy your blood samples after survey-related testing has been completed.		
710	READ COST/PAYMENT STATEMENT TO RESPONDENT	Being part of this survey is up to you. If you decide not to participate in our survey, it will not affect any of your participation in other parts of the survey. It will not cost you or your family anything. You will not receive any money for your participation.		
711	READ RIGHT TO REFUSE OR WITHDRAW TO RESPONDENT	You are free to participate in this survey or not. You can quit at any time if you wish. If you decide you do not want to take part, it will not affect any care or treatment you or your family members receive. If at any time you decide that you do not want to stay in the survey, you can leave and it will not affect any health care you or your family members receive.		
712	READ PERSONS TO CONTACT TO RESPONDENT	This project has been approved by the UL PIRE Ethical Review Board. You will be offered a copy of this form to keep. If at any time you have questions about this survey you may contact the National Public Health Institute of Liberia or the UL PIRE IRB. You may also contact the National Public Health Institute of Liberia or the UL-PIRE IRB if you feel you have been harmed, or if you have questions about your rights as a survey participant. The contact person at the National Public Health Institute of Liberia is Mr. Bode Shobayo (Cell #: 0776787871).		

		MAN 1	MAN 2	MAN 3
701	CHECK 501: WRITE MAN'S AGE WRITE MAN'S LINE NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>

ADULT RESPONDENT					
E V I D E N C E C O N S E N T	713	READ TESTING FOR MEMORY OF EBOLA CONSENT TO RESPONDENT.	Would you allow me to take a sample of your blood from your arm for testing for the memory of Ebola? You can say yes or no. It is up to you to decide.		
	714	CIRCLE THE CODE AND ASK THE RESPONDENT TO SIGN BELOW.	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT) _____ (INTERVIEWER SIGNATURE) NOT PRESENT/OTHER 3	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT) _____ (INTERVIEWER SIGNATURE) NOT PRESENT/OTHER 3	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT) _____ (INTERVIEWER SIGNATURE) NOT PRESENT/OTHER 3
	715	READ HEPATITIS B AND C TESTING CONSENT TO RESPONDENT	Would you allow me to take a sample of your blood from your arm for testing for Hepatitis B and C? You can say yes or no. It is up to you to decide.		
H E P A T I T I S C O N S E N T	716	CIRCLE THE CODE AND ASK THE RESPONDENT TO SIGN BELOW.	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT) _____ (INTERVIEWER SIGNATURE) NOT PRESENT/OTHER 3	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT) _____ (INTERVIEWER SIGNATURE) NOT PRESENT/OTHER 3	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT) _____ (INTERVIEWER SIGNATURE) NOT PRESENT/OTHER 3
	717	CHECK Q. 714 AND Q.716	ONE OR MORE 'GRANTED' 1 NEITHER GRANTED 2 (SKIP TO 740) ←	ONE OR MORE 'GRANTED' 1 NEITHER GRANTED 2 (SKIP TO 740) ←	ONE OR MORE 'GRANTED' 1 NEITHER GRANTED 2 (SKIP TO 740) ←
A D D I T I O N A L C O N S E N T	718	READ FUTURE TESTING CONSENT TO RESPONDENT	Do you agree for us to store your leftover blood for future testing? You can say yes or no. It is up to you to decide.		
	719	CIRCLE THE CODE AND ASK THE RESPONDENT TO SIGN BELOW.	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT) _____ (INTERVIEWER SIGNATURE) (SKIP TO 736A) NOT PRESENT/OTHER 3 (SKIP TO 740) ←	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT) _____ (INTERVIEWER SIGNATURE) (SKIP TO 736A) NOT PRESENT/OTHER 3 (SKIP TO 740) ←	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT) _____ (INTERVIEWER SIGNATURE) (SKIP TO 736A) NOT PRESENT/OTHER 3 (SKIP TO 740) ←

		MAN 1	MAN 2	MAN 3
701	CHECK 501: WRITE MAN'S AGE WRITE MAN'S LINE NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>
720	WRITE THE NAME OF THE PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT	NAME _____	NAME _____	NAME _____

PARENTAL/RESPONSIBLE ADULT CONSENT

EVID CONSENT	721	READ THE FULL TEXT TO THE PARENT/RESPONSIBLE ADULT	READ Q704 - Q712.		
	722	READ TESTING FOR MEMORY OF EBOLA CONSENT TO RESPONDENT.	Would you allow me to take a sample of blood from (NAME OF MINOR)'s arm for testing for the memory of Ebola? You can say yes or no. It is up to you to decide.		
	723	CIRCLE THE CODE AND ASK THE RESPONDENT TO SIGN BELOW.	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT) _____ (INTERVIEWER SIGNATURE) IF REFUSED SKIP TO 727 NOT PRESENT/OTHER 3 (SKIP TO 727) ←	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT) _____ (INTERVIEWER SIGNATURE) IF REFUSED SKIP TO 727 NOT PRESENT/OTHER 3 (SKIP TO 727) ←	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT) _____ (INTERVIEWER SIGNATURE) IF REFUSED SKIP TO 727 NOT PRESENT/OTHER 3 (SKIP TO 727) ←

MINOR RESPONDENT CONSENT

EVID CONSENT	724	READ THE FULL TEXT TO THE MINOR	READ Q704 - Q712.		
	725	READ TESTING FOR MEMORY OF EBOLA CONSENT TO RESPONDENT.	Would you allow me to take a sample of your blood from your arm for testing for the memory of Ebola? You can say yes or no. It is up to you to decide.		
	726	CIRCLE THE CODE AND ASK THE RESPONDENT TO SIGN BELOW.	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT) _____ (INTERVIEWER SIGNATURE) NOT PRESENT/OTHER 3	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT) _____ (INTERVIEWER SIGNATURE) NOT PRESENT/OTHER 3	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT) _____ (INTERVIEWER SIGNATURE) NOT PRESENT/OTHER 3

		MAN 1	MAN 2	MAN 3
701	CHECK 501: WRITE MAN'S AGE WRITE MAN'S LINE NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>

PARENTAL/RESPONSIBLE ADULT CONSENT					
H E P A T I T I S C O N S E N T	727	READ HEPATITIS B AND C TESTING CONSENT TO RESPONDENT	Would you allow me to take a sample of blood from (NAME OF MINOR)'s arm for testing for Hepatitis B and C? You can say yes or no. It is up to you to decide.		
	728	CIRCLE THE CODE AND ASK THE RESPONDENT TO SIGN BELOW.	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT) _____ (INTERVIEWER SIGNATURE) IF REFUSED SKIP TO 731 NOT PRESENT/OTHER 3 (SKIP TO 731) ←	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT) _____ (INTERVIEWER SIGNATURE) IF REFUSED SKIP TO 731 NOT PRESENT/OTHER 3 (SKIP TO 731) ←	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT) _____ (INTERVIEWER SIGNATURE) IF REFUSED SKIP TO 731 NOT PRESENT/OTHER 3 (SKIP TO 731) ←

MINOR RESPONDENT CONSENT				
728A	CHECK Q.626	CODE 1 OR 2 CIRCLED ... 1 (SKIP TO 729) ← NEITHER 1 OR 2 CIRCLED . 2	CODE 1 OR 2 CIRCLED ... 1 (SKIP TO 729) ← NEITHER 1 OR 2 CIRCLED . 2	CODE 1 OR 2 CIRCLED ... 1 (SKIP TO 729) ← NEITHER 1 OR 2 CIRCLED . 2
728B	READ THE FULL TEXT TO THE MINOR	READ Q704 - Q712.		
729	READ HEPATITIS B AND C TESTING CONSENT TO RESPONDENT	Would you allow me to take a sample of your blood from your arm for testing for Hepatitis B and C? You can say yes or no. It is up to you to decide.		
730	CIRCLE THE CODE AND ASK THE RESPONDENT TO SIGN BELOW.	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT) _____ (INTERVIEWER SIGNATURE) NOT PRESENT/OTHER 3 (SKIP TO 740) ←	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT) _____ (INTERVIEWER SIGNATURE) NOT PRESENT/OTHER 3 (SKIP TO 740) ←	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT) _____ (INTERVIEWER SIGNATURE) NOT PRESENT/OTHER 3 (SKIP TO 740) ←
731	CHECK Q. 726 AND Q.730	ONE OR MORE 'GRANTED' 1 NEITHER GRANTED 2 (SKIP TO 740) ←	ONE OR MORE 'GRANTED' 1 NEITHER GRANTED 2 (SKIP TO 740) ←	ONE OR MORE 'GRANTED' 1 NEITHER GRANTED 2 (SKIP TO 740) ←

		MAN 1	MAN 2	MAN 3
701	CHECK 501: WRITE MAN'S AGE WRITE MAN'S LINE NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>

PARENTAL/RESPONSIBLE ADULT CONSENT					
A D D . T E S T I N G C O N S E N T	732	READ FUTURE TESTING CONSENT TO RESPONDENT	Do you agree for us to store (NAME OF MINOR)'s leftover blood for future testing? You can say yes or no. It is up to you to decide.		
	733	CIRCLE THE CODE AND ASK THE RESPONDENT TO SIGN BELOW.	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT) _____ (INTERVIEWER SIGNATURE) IF REFUSED SKIP TO 736A NOT PRESENT/OTHER 3 (SKIP TO 736A)	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT) _____ (INTERVIEWER SIGNATURE) IF REFUSED SKIP TO 736A NOT PRESENT/OTHER 3 (SKIP TO 736A)	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT) _____ (INTERVIEWER SIGNATURE) IF REFUSED SKIP TO 736A NOT PRESENT/OTHER 3 (SKIP TO 736A)

MINOR RESPONDENT CONSENT					
	734	READ FUTURE TESTING CONSENT TO RESPONDENT	Do you agree for us to store your leftover blood for future testing? You can say yes or no. It is up to you to decide.		
	735	CIRCLE THE CODE AND ASK THE RESPONDENT TO SIGN BELOW.	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (REQUEST RESPONDENT SIGNATURE/THUMBPRINT) _____ (INTERVIEWER SIGNATURE) NOT PRESENT/OTHER 3	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) _____ (INTERVIEWER SIGNATURE) NOT PRESENT/OTHER 3	GRANTED 1 RESPONDENT REFUSED ... 2 _____ (SIGN AND ENTER YOUR FIELDWORKER NUMBER) _____ (INTERVIEWER SIGNATURE) NOT PRESENT/OTHER 3

EBOLA ANTIBODY AND HEPATITIS B AND C TESTING FOR MEN AGE 15-59

		MAN 1	MAN 2	MAN 3
701	CHECK 501: WRITE MAN'S AGE WRITE MAN'S LINE NUMBER	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ AGE <input type="text"/> <input type="text"/> LINE NUMBER <input type="text"/> <input type="text"/>
736A	DID RESPONDENT CONSENT TO BLOOD COLLECTION	YES <input type="checkbox"/> NO <input type="checkbox"/> SKIP TO 740	YES <input type="checkbox"/> NO <input type="checkbox"/> SKIP TO 740	YES <input type="checkbox"/> NO <input type="checkbox"/> SKIP TO 740
736B	<p>PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).</p> <p><u>ENSURE CORRECT STICKERS ARE AFFIXED TO EACH VIAL</u></p> <p>FOR ADULT REPENDENTS: - IF "GRANTED" SELECTED IN EITHER 714 OR 716, AFFIX BARCODE - IF "GRANTED" SELECTED IN 714, AFFIX RED STICKER (E) - IF "GRANTED" SELECTED IN 716, AFFIX BLUE STICKER (H) - IF "GRANTED" SELECTED IN 719, AFFIX YELLOW STICKER</p> <p>FOR MINOR REPENDENTS: - IF "GRANTED" SELECTED IN EITHER 726 OR 730, AFFIX BARCODE - IF "GRANTED" SELECTED IN 726, AFFIX RED STICKER (E) - IF "GRANTED" SELECTED IN 730, AFFIX BLUE STICKER (H) - IF "GRANTED" SELECTED IN 735, AFFIX YELLOW STICKER</p> <p><u>AFFIX THIRD BARCODE ON HEPATITIS B & C INFORMATION SHEET</u></p>			
737	WAS BLOOD SAMPLE TAKEN FROM RESPONDENT?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
740	<p>GO BACK TO 701 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE MEN, END QUESTIONNAIRE.</p>			

