14 April 2010

AFGHANISTAN MORTALITY SURVEY
HOUSEHOLD QUESTIONNAIRE

THE MINISTRY OF PUBLIC HEALTH

IDENTIFICATION	
VILLAGE / NEIGHBORHOOD [MUQTAA/MAHALA] _____	☐☐☐
NAME OF HOUSEHOLD HEAD _____	
CLUSTER NUMBER [SAHA SHOMOR]	☐☐☐
STRUCTURE NUMBER	☐☐☐
HOUSEHOLD NUMBER	☐☐☐

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY ☐☐
				MONTH ☐☐
				YEAR ☐☐☐☐
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMB. ☐☐☐
RESULT*	_____	_____	_____	RESULT ☐
NEXT VISIT DATE:	_____	_____		TOTAL NUMBER OF VISITS ☐
TIME:	_____	_____		

*RESULT CODES:
1 COMPLETED
2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT
3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME
4 POSTPONED
5 REFUSED
7 DWELLING VACANT OR ADDRESS NOT A DWELLING
8 DWELLING DESTROYED
9 DWELLING NOT FOUND
6 OTHER _____
(SPECIFY)

TOTAL PERSONS IN HOUSEHOLD ☐☐

TOTAL ELIGIBLE WOMEN 12-49 ☐☐

NUMBER OF DEATHS SINCE 1 HAMMAL 1384 ☐☐

LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE ☐☐

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	DATA ENTRY OPERATOR
NAME _____ ☐☐☐	NAME _____ ☐☐☐	☐☐	☐☐

Introduction and Consent

Hello. My name is _____ and I am working with the Ministry of Public Health. 'We are conducting a survey about health all over Afghanistan.
Your household was selected for the survey. The questions usually take about 15 to 20 minutes

I would like to ask you some questions about your household. This information will help the government to plan health services.

We would very much appreciate your participation in this survey. Whatever information you provide will be kept strictly confidential.

No information identifying you or members of your household will ever be released to anyone outside of this survey.

Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope you will participate in the survey since your answers will help the government improve health services for Afghans.

At this time, do you want to ask me anything about the survey?

May I begin the interview now?

Signature of interviewer: Date:

RESPONDENT AGREES TO BE INTERVIEWED . . . . . 1 ↓

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . . . . 2 → END

SECTION 1. HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	ELIGIBILITY	SURVIVORSHIP OF BIOLOGICAL PARENTS		MIGRATION TO HOUSEHOLD		INPATIENT		OUTPATIENT	
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR ALL PERSONS, ASK QUESTIONS 102A-102C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 105-116 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)? IF AGE 95 OR MORE, RECORD 95'. IF AGE LESS THAN 1 YEAR RECORD '00'	CIRCLE LINE NUMBER OF ALL WOMEN AGE 12-49	Is (NAME)'s natural mother alive?	Is (NAME)'s natural father alive?	Has (NAME) lived here since 1 Hammal 1384?	In what month and year did (NAME) move in?	In the last 12 months, was (NAME) admitted overnight to stay at a health facility?	CIRCLE LINE NUMBER OF PERSON ELIGIBLE FOR IN-PATIENT SECTION	In the last 30 days, did (NAME) receive care from any source, without staying overnight?	CIRCLE LINE NUMBER OF PERSON ELIGIBLE FOR OUT-PATIENT SECTION
(101)	(102)	(103)	(104)	(105)	(106)	(107)	(108)	(109)	(110)	(111)	(112)	(113)	(114)	(115)	(116)
01		01	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS	01	Y N 1 2	Y N 1 2	Y N 1 2 GO TO Q.113	MONTH YEAR	Y N DK 1 2 8 GO TO Q.115	01	Y N DK 1 2 8 GO TO (2)	01
02			M F 1 2	Y N 1 2	Y N 1 2	IN YEARS	02	Y N 1 2	Y N 1 2	Y N 1 2 GO TO Q.113	MONTH YEAR	Y N DK 1 2 8 GO TO Q.115	02	Y N DK 1 2 8 GO TO (3)	02
03			M F 1 2	Y N 1 2	Y N 1 2	IN YEARS	03	Y N 1 2	Y N 1 2	Y N 1 2 GO TO Q.113	MONTH YEAR	Y N DK 1 2 8 GO TO Q.115	03	Y N DK 1 2 8 GO TO (4)	03
04			M F 1 2	Y N 1 2	Y N 1 2	IN YEARS	04	Y N 1 2	Y N 1 2	Y N 1 2 GO TO Q.113	MONTH YEAR	Y N DK 1 2 8 GO TO Q.115	04	Y N DK 1 2 8 GO TO (5)	04
05			M F 1 2	Y N 1 2	Y N 1 2	IN YEARS	05	Y N 1 2	Y N 1 2	Y N 1 2 GO TO Q.113	MONTH YEAR	Y N DK 1 2 8 GO TO Q.115	05	Y N DK 1 2 8 GO TO (6)	05
06			M F 1 2	Y N 1 2	Y N 1 2	IN YEARS	06	Y N 1 2	Y N 1 2	Y N 1 2 GO TO Q.113	MONTH YEAR	Y N DK 1 2 8 GO TO Q.115	06	Y N DK 1 2 8 GO TO (7)	06
07			M F 1 2	Y N 1 2	Y N 1 2	IN YEARS	07	Y N 1 2	Y N 1 2	Y N 1 2 GO TO Q.113	MONTH YEAR	Y N DK 1 2 8 GO TO Q.115	07	Y N DK 1 2 8 GO TO (8)	07
08			M F 1 2	Y N 1 2	Y N 1 2	IN YEARS	08	Y N 1 2	Y N 1 2	Y N 1 2 GO TO Q.113	MONTH YEAR	Y N DK 1 2 8 GO TO Q.115	08	Y N DK 1 2 8 GO TO (9)	08
09			M F 1 2	Y N 1 2	Y N 1 2	IN YEARS	09	Y N 1 2	Y N 1 2	Y N 1 2 GO TO Q.113	MONTH YEAR	Y N DK 1 2 8 GO TO Q.115	09	Y N DK 1 2 8 GO TO (10)	09
10			M F 1 2	Y N 1 2	Y N 1 2	IN YEARS	10	Y N 1 2	Y N 1 2	Y N 1 2 GO TO Q.113	MONTH YEAR	Y N DK 1 2 8 GO TO Q.115	10	Y N DK 1 2 8 GO TO (11)	10
11			M F 1 2	Y N 1 2	Y N 1 2	IN YEARS	11	Y N 1 2	Y N 1 2	Y N 1 2 GO TO Q.113	MONTH YEAR	Y N DK 1 2 8 GO TO Q.115	11	Y N DK 1 2 8 GO TO (12)	11
12			M F 1 2	Y N 1 2	Y N 1 2	IN YEARS	12	Y N 1 2	Y N 1 2	Y N 1 2 GO TO Q.113	MONTH YEAR	Y N DK 1 2 8 GO TO Q.115	12	Y N DK 1 2 8 GO TO (13)	12
13			M F 1 2	Y N 1 2	Y N 1 2	IN YEARS	13	Y N 1 2	Y N 1 2	Y N 1 2 GO TO Q.113	MONTH YEAR	Y N DK 1 2 8 GO TO Q.115	13	Y N DK 1 2 8 GO TO Q.201	13

TICK HERE IF CONTINUATION SHEET USED ☐

102A) Just to make sure that I have a complete listing. Are there any other persons such as small children or infants that we have not listed? YES ☐ → ADD TO TABLE NO ☐

102B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here? YES ☐ → ADD TO TABLE NO ☐

102C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed? YES ☐ → ADD TO TABLE NO ☐

CODES FOR Q.103: RELATIONSHIP TO HEAD OF HOUSEHOLD

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

SECTION 2. MIGRATION FROM HOUSEHOLD

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask you some questions about members of this household who lived here in 1 Hammal 1384 but who have since moved away. Are there any members of your household who lived here in 1 Hammal 1384 but who have since moved away?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW . . . 8	→ 301A

LINE NO.	MIGRANTS	SEX	MONTH AND YEAR MOVED AWAY	AGE	REASONS FOR MOVING
	Please tell me the names of the persons who have moved away? AFTER LISTING THE NAMES AND RECORDING 'THE SEX FOR EACH PERSON, ASK QUESTIONS 205-207 FOR EACH PERSON	Is (NAME) male or female?	In what month and year did s/he move away?	How old was (NAME) when s/he moved away? IF AGE 95 OR MORE, RECORD 95'. IF AGE LESS THAN 1 YEAR RECORD '00'	What was the main reason that (NAME) moved away?
(202)	(203)	(204)	(205)	(206)	(207)
01	NAME _____	M F 1 2	MONTH ☐☐ YEAR ☐☐☐☐	YEARS ☐☐	WORK . . . . . 1 SCHOOL . . . . . 2 FAMILY . . . . . 3 SECURITY 4 DON'T KNOW . . . . . 8 OTHER _____ 6 (SPECIFY)
02	NAME _____	M F 1 2	MONTH ☐☐ YEAR ☐☐☐☐	YEARS ☐☐	WORK . . . . . 1 SCHOOL . . . . . 2 FAMILY . . . . . 3 SECURITY 4 DON'T KNOW . . . . . 8 OTHER _____ 6 (SPECIFY)
03	NAME _____	M F 1 2	MONTH ☐☐ YEAR ☐☐☐☐	YEARS ☐☐	WORK . . . . . 1 SCHOOL . . . . . 2 FAMILY . . . . . 3 SECURITY 4 DON'T KNOW . . . . . 8 OTHER _____ 6 (SPECIFY)
04	NAME _____	M F 1 2	MONTH ☐☐ YEAR ☐☐☐☐	YEARS ☐☐	WORK . . . . . 1 SCHOOL . . . . . 2 FAMILY . . . . . 3 SECURITY 4 DON'T KNOW . . . . . 8 OTHER _____ 6 (SPECIFY)
05	NAME _____	M F 1 2	MONTH ☐☐ YEAR ☐☐☐☐	YEARS ☐☐	WORK . . . . . 1 SCHOOL . . . . . 2 FAMILY . . . . . 3 SECURITY 4 DON'T KNOW . . . . . 8 OTHER _____ 6 (SPECIFY)

TICK HERE IF CONTINUATION SHEET USED ☐

208	CHECK Q203 AND SUM ALL PERSONS LISTED HERE AND ON CONTINUATION SHEET, IF ANY. TOTAL NUMBER OF PERSONS IN HOUSEHOLD WHO HAVE MOVED AWAY SINCE 1 HAMMAL 1384. . . . . ☐☐

SECTION 3. HOUSEHOLD DEATHS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301A	Now I would like to ask you a few more questions about your household. Has any usual resident of your household died since 1 Hammal 1384?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 301C
301B	Was there any birth since 1 Hammal 1384 where the baby showed signs of life at birth (such as crying, breathing, or movement) but died soon after?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
301C	Was there any pregnancy since 1 Hammal 1384 that ended in a stillbirth- that is, where the baby never showed any signs of life (such as crying, breathing, or movement)?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
	CHECK Q.301A, 301B, and 301C: IF ANY YES CODE '1' CIRCLED ↓	IF ALL NO OR DON'T KNOW CODE '2' OR '8' CIRCLED →	→ 401
302	ASK Qs.304-308 AS APPROPRIATE FOR EACH PERSON WHO DIED. IF THERE WERE MORE THAN 3 DEATHS, USE ADDITIONAL QUESTIONNAIRE(S).		

		1	2	3	
303	COLUMN NO.				
304	What was the name of the person who died most recently (before him/her)?				
305	How old was (NAME) when he/she died? IF '1' YEAR PROBE: How many months old was (NAME) when he/she died? IF '1' MONTH PROBE: How many days old was (NAME) when he/she died? IF STILLBIRTH CIRCLE '1' AND RECORD AGE IN DAYS AS '00'. RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN 1 YEAR, AND COMPLETED YEARS IF 1 YEAR OR MORE	DAYS . . . 1 ☐☐ MONTHS . 2 ☐☐ YEARS . . 3 ☐☐	DAYS . . . 1 ☐☐ MONTHS . 2 ☐☐ YEARS . . 3 ☐☐	DAYS . . . 1 ☐☐ MONTHS . 2 ☐☐ YEARS . . 3 ☐☐	
306	Was (NAME) male or female?	MALE . . . . . 1 FEMALE 2	MALE . . . . . 1 FEMALE 2	MALE . . . . . 1 FEMALE 2	
307	CHECK Q.305: WHICH VERBAL AUTOPSY QUESTIONNAIRE SHOULD BE ADMINISTERED.	0 - 28 DAYS . . . . . 1 29 DAYS TO 11 YRS . . . . 2 12 YRS AND ABOVE 3	0 - 28 DAYS . . . . . 1 29 DAYS TO 11 YRS . . . . 2 12 YRS AND ABOVE 3	0 - 28 DAYS . . . . . 1 . . . 2 29 DAYS TO 11 YRS . . . 3 12 YRS AND ABOVE	
308	NAME AND LINE NUMBER OF THE MOTHER FROM Q.101 AND Q.102 . IF SHE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	LINE NUMBER ☐☐ (NAME)	LINE NUMBER ☐☐ (NAME)	LINE NUMBER ☐☐ (NAME)	
309	Has any other member of your household died since 1 Hammal 1384?	YES . . . . . 1 GO TO Q.304 IN NEXT COLUMN ← NO . . . . . 2 DK 8	YES . . . . . 1 GO TO Q.304 IN NEXT COLUMN ← NO . . . . . 2 DK 8	YES . . . . . 1 GO TO Q.304 ON NEW QUEST. ← NO . . . . . 2 DK 8	
	TICK HERE IF ADDITIONAL QUESTIONNAIRES USED ☐				

310	CHECK Q304 AND SUM ALL PERSONS LISTED HERE AND ON CONTINUATION SHEET, IF ANY. TOTAL NUMBER OF PERSONS IN HOUSEHOLD WHO DIED SINCE 1 HAMMAL 1384. . . . . ☐☐	
311	CHECK Q.310: IF 1 OR MORE DEATHS ↓ IF NO DEATHS →	→ 401
	READ TO THE RESPONDENT: After this interview we would like to get more information on the circumstances surrounding this/these death(s) so that the government can provide health services to help reduce these deaths.	

SECTION 4. INPATIENT HEALTH EXPENDITURES

No.	Question	Inpatient 1	Inpatient 2	Inpatient 3
401	CHECK Q.114: ONE OR MORE INPATIENTS ☐ ↓ NO INPATIENTS ☐ → 501			
	CHECK QS.102,114: ENTER LINE NUMBER AND NAME OF EACH HOUSEHOLD MEMBER WHO WAS AN INPATIENT. READ: Now I would like to ask some questions about the household members who stayed overnight in a health facility in the last 12 months.			
402	LINE NUMBER FROM Q.114 IN HOUSEHOLD SCHEDULE NAME FROM Q.102	INPATIENT 1 LINE NUMBER . . . . ☐☐ __________	INPATIENT 2 LINE NUMBER . . . . ☐☐ __________	INPATIENT 3 LINE NUMBER . . . . ☐☐ __________
403	How many times did [NAME] get admitted in a health facility in the last 12 months.	NUMBER OF TIMES . . . . ☐☐☐	NUMBER OF TIMES . . . . ☐☐☐	NUMBER OF TIMES . . . . ☐☐☐
404	Where did (NAME) most recently stay overnight for health care? IF THE FACILITY IS A HOSPITAL OR CLINIC WRITE THE NAME OF THE PLACE. PROBE FOR THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. __________ NAME OF FACILITY 1ST INPATIENT __________ NAME OF FACILITY 2ND INPATIENT __________ NAME OF FACILITY 3RD INPATIENT	PUBLIC NATIONAL HOSP. . . . . 21 REGIONAL HOSP . . . . 22 PROVINCIAL HOSP . . . . 23 DISTRICT HOSP . . . . 24 CHC/POLYCLINIC . . . . 25 OTHER ________ 26 (SPECIFY) PRIVATE PVT. HOSPITAL . . . . 31 PVT. CLINIC . . . . 32 OTHER ________ 36 (SPECIFY) OTHER ________ 96 (SPECIFY)	PUBLIC NATIONAL HOSP. . . . . 21 REGIONAL HOSP . . . . 22 PROVINCIAL HOSP . . . . 23 DISTRICT HOSP . . . . 24 CHC/POLYCLINIC . . . . 25 OTHER ________ 26 (SPECIFY) PRIVATE PVT. HOSPITAL . . . . 31 PVT. CLINIC . . . . 32 OTHER ________ 36 (SPECIFY) OTHER ________ 96 (SPECIFY)	PUBLIC NATIONAL HOSP. . . . . 21 REGIONAL HOSP . . . . 22 PROVINCIAL HOSP . . . . 23 DISTRICT HOSP . . . . 24 CHC/POLYCLINIC . . . . 25 OTHER ________ 26 (SPECIFY) PRIVATE PVT. HOSPITAL . . . . 31 PVT. CLINIC . . . . 32 OTHER ________ 36 (SPECIFY) OTHER ________ 96 (SPECIFY)
405	For the most recent inpatient care for [NAME] what was the total cost? This includes costs associated with [NAME] going to and from the inpatient facility, costs for the inpatient room, health service providers, medicines, diagnostic tests, and other costs such as for food for [NAME] while an inpatient.	TOTAL COST AFGHANI ☐☐☐☐☐☐ NO COST/FREE . . . . 000000 (SKIP TO 410) ← DON'T KNOW 999998	TOTAL COST AFGHANI ☐☐☐☐☐☐ NO COST/FREE . . . . 000000 (SKIP TO 410) ← DON'T KNOW 999998	TOTAL COST AFGHANI ☐☐☐☐☐☐ NO COST/FREE . . . . 000000 (SKIP TO 410) ← DON'T KNOW 999998
406	How much of this total cost, was paid for just medicines?	TOTAL COST AFGHANI ☐☐☐☐☐☐ NO COST/FREE . . . . 000000 DON'T KNOW 999998	TOTAL COST AFGHANI ☐☐☐☐☐☐ NO COST/FREE . . . . 000000 DON'T KNOW 999998	TOTAL COST AFGHANI ☐☐☐☐☐☐ NO COST/FREE . . . . 000000 DON'T KNOW 999998
407	How much of this total cost, was paid for just diagnostic services (ex. lab test, x-ray)?	TOTAL COST AFGHANI ☐☐☐☐☐☐ NO COST/FREE . . . . 000000 DON'T KNOW 999998	TOTAL COST AFGHANI ☐☐☐☐☐☐ NO COST/FREE . . . . 000000 DON'T KNOW 999998	TOTAL COST AFGHANI ☐☐☐☐☐☐ NO COST/FREE . . . . 000000 DON'T KNOW 999998
408	How much of this total cost was paid for transportation (non-ambulance), to and from the inpatient facility and home?	TOTAL COST AFGHANI ☐☐☐☐☐☐ NO COST/FREE . . . . 000000 DON'T KNOW . 999998	TOTAL COST AFGHANI ☐☐☐☐☐☐ NO COST/FREE . . . . 000000 DON'T KNOW 999998	TOTAL COST AFGHANI ☐☐☐☐☐☐ NO COST/FREE . . . . 000000 DON'T KNOW 999998
409	How much of this total cost was paid for food and accom-modation when traveling to and from home, or for food while in the facility?	TOTAL COST AFGHANI ☐☐☐☐☐☐ NO COST/FREE . . . . 000000 DON'T KNOW 999998	TOTAL COST AFGHANI ☐☐☐☐☐☐ NO COST/FREE . . . . 000000 DON'T KNOW 999998	TOTAL COST AFGHANI ☐☐☐☐☐☐ NO COST/FREE . . . . 000000 DON'T KNOW 999998

410	Were any non-monetary payments made for the costs associated with the inpatient care for [NAME]? These would include gifts in-kind or payments made in goods.	YES . . . . . 1 NO . . . . . 2 (SKIP TO 412) ← DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 412) ← DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 412) ← DON'T KNOW 8
411	What is the value of the gifts or in-kind payments in Afghani? PROBE TO GET A MONETARY ESTIMATE	TOTAL COST AFGHANI NO COST/FREE . . . . . 000000 DON'T KNOW 999998	TOTAL COST AFGHANI NO COST/FREE . . . . . 000000 DON'T KNOW 999998	TOTAL COST AFGHANI NO COST/FREE . . . . . 000000 DON'T KNOW 999998
412	How many nights did (NAME) stay overnight during this visit?	NUMBER OF NIGHTS	NUMBER OF NIGHTS	NUMBER OF NIGHTS
	CHECK	GO BACK TO Q.402 IN NEXT COLUMN. OR IF NO MORE INPATIENTS GO TO Q413.	GO BACK TO Q.402 IN NEXT COLUMN. OR IF NO MORE INPATIENTS GO TO Q413.	GO TO Q402 ON NEW QUEST. OR IF NO MORE INPATIENTS GO TO Q413.
TICK HERE IF ADDITIONAL QUESTIONNAIRES USED				
413	CHECK Q402 AND SUM ALL PERSONS LISTED HERE AND ON CONTINUATION SHEET, IF ANY. TOTAL NUMBER OF PERSONS IN HOUSEHOLD WHO HAD AN INPATIENT ADMISSION.			

501	CHECK Q.116: ONE OR MORE OUTPATIENTS ☐ ↓	NO OUTPATIENTS ☐ → 513		
	CHECK Q.102 AND Q.116: ENTER LINE NUMBER AND NAME OF EACH HOUSEHOLD MEMBER WHO WAS AN OUTPATIENT. Now I would like to ask you about how much your household and all its members spent on health services in the last 30 days.			
502	LINE NUMBER FROM Q.116 IN HOUSEHOLD SCHEDULE NAME FROM Q.102	OUTPATIENT 1 LINE NUMBER . . . . ☐☐ ____________	OUTPATIENT 2 LINE NUMBER . . . . ☐☐ ____________	OUTPATIENT 3 LINE NUMBER . . . . ☐☐ ____________
503	Where did (NAME) get care or treatment most recently without staying overnight? IF THE FACILITY IS A HOSPITAL OR CLINIC WRITE THE NAME OF THE PLACE. ____________ NAME OF FACILITY (1ST. OUTPATENT) ____________ NAME OF FACILITY (2ND. OUTPATENT) ____________ NAME OF FACILITY (3RD. OUTPATENT)	PUBLIC NATIONAL HOSP. . . . . 21 REGIONAL HOSP . . . . 22 PROVINCIAL HOSP . . . . 23 DISTRICT HOSP . . . . 24 CHC/POLYCLINIC . . . . 25 BASIC HEALTH CENTER . 27 SUB-HEALTH CENTER . . . . 28 HEALTH POST . . . . 29 MOBILE CLINIC . . . . 30 OTHER ________ 26 (SPECIFY) PRIVATE PVT. HOSPITAL . . . . 31 PVT. CLINIC . . . . 32 PRIVATE DOCTOR'S OFFICE 33 PHARMACY . . . . 34 COUNSELLING CENTER/ DRUG ABUSE . . . . 35 OTHER ________ 36 (SPECIFY) OTHER SOURCE CHARITY/FOUNDATIONS 41 MOSQUE 42 REFUGEE CAMP . . . . 43 SHOP . . . . 44 TRADITIONAL PRACTIONER/ MULLAH/UNANI . . . . 45 OTHER ________ 46 (SPECIFY)	PUBLIC NATIONAL HOSP. . . . . 21 REGIONAL HOSP . . . . 22 PROVINCIAL HOSP . . . . 23 DISTRICT HOSP . . . . 24 CHC/POLYCLINIC . . . . 25 BASIC HEALTH CENTER . 27 SUB-HEALTH CENTER . . . . 28 HEALTH POST . . . . 29 MOBILE CLINIC . . . . 30 OTHER ________ 26 (SPECIFY) PRIVATE PVT. HOSPITAL . . . . 31 PVT. CLINIC . . . . 32 PRIVATE DOCTOR'S OFFICE 33 PHARMACY . . . . 34 COUNSELLING CENTER/ DRUG ABUSE . . . . 35 OTHER ________ 36 (SPECIFY) OTHER SOURCE CHARITY/FOUNDATIONS 41 MOSQUE 42 REFUGEE CAMP . . . . 43 SHOP . . . . 44 TRADITIONAL PRACTIONER/ MULLAH/UNANI . . . . 45 OTHER ________ 46 (SPECIFY)	PUBLIC NATIONAL HOSP. . . . . 21 REGIONAL HOSP . . . . 22 PROVINCIAL HOSP . . . . 23 DISTRICT HOSP . . . . 24 CHC/POLYCLINIC . . . . 25 BASIC HEALTH CENTER . 27 SUB-HEALTH CENTER . . . . 28 HEALTH POST . . . . 29 MOBILE CLINIC . . . . 30 OTHER ________ 26 (SPECIFY) PRIVATE PVT. HOSPITAL . . . . 31 PVT. CLINIC . . . . 32 PRIVATE DOCTOR'S OFFICE 33 PHARMACY . . . . 34 COUNSELLING CENTER/ DRUG ABUSE . . . . 35 OTHER ________ 36 (SPECIFY) OTHER SOURCE CHARITY/FOUNDATIONS 41 MOSQUE 42 REFUGEE CAMP . . . . 43 SHOP . . . . 44 TRADITIONAL PRACTIONER/ MULLAH/UNANI . . . . 45 OTHER ________ 46 (SPECIFY)
504	For the most recent outpatient care for [NAME] what was the total cost? This includes costs associated with [NAME] going to and from the site where care or treatment was received, costs for any treatment, medicines, diagnostic test, and any other costs.	TOTAL COST AFGHANI ☐☐☐☐☐☐ NO COST/FREE . . . . 000000 (SKIP TO 509) ← DON'T KNOW 999998	TOTAL COST AFGHANI ☐☐☐☐☐☐ NO COST/FREE . . . . 000000 (SKIP TO 509) ← DON'T KNOW 999998	TOTAL COST AFGHANI ☐☐☐☐☐☐ NO COST/FREE . . . . 000000 (SKIP TO 509) ← DON'T KNOW 999998
505	How much of this total cost, was paid for just medicines?	TOTAL COST AFGHANI ☐☐☐☐☐☐ NO COST/ FREE . . . . 000000 DON'T KNOW 999998	TOTAL COST AFGHANI ☐☐☐☐☐☐ NO COST/ FREE . . . . 000000 DON'T KNOW 999998	TOTAL COST AFGHANI ☐☐☐☐☐☐ NO COST/ FREE . . . . 000000 DON'T KNOW 999998
506	How much of this total cost, was paid for just diagnostic services (ex. lab test, x-ray)?	TOTAL COST AFGHANI ☐☐☐☐☐☐ NO COST/ FREE . . . . 000000 DON'T KNOW 999998	TOTAL COST AFGHANI ☐☐☐☐☐☐ NO COST/ FREE . . . . 000000 DON'T KNOW 999998	TOTAL COST AFGHANI ☐☐☐☐☐☐ NO COST/ FREE . . . . 000000 DON'T KNOW 999998
507	How much of this total cost was paid for transportation (non-ambulance), to and from home?	TOTAL COST AFGHANI ☐☐☐☐☐☐ NO COST/ FREE . . . . 000000 DON'T KNOW 999998	TOTAL COST AFGHANI ☐☐☐☐☐☐ NO COST/ FREE . . . . 000000 DON'T KNOW 999998	TOTAL COST AFGHANI ☐☐☐☐☐☐ NO COST/ FREE . . . . 000000 DON'T KNOW 999998

		OUTPATIENT 1	OUTPATIENT 2	OUTPATIENT 3
508	How much of this total cost was paid for food and accomodation when traveling to and from home, or for food while seeking outpatient care?	TOTAL COST AFGHANI NO COST/ FREE . . . . . 000000 DON'T KNOW 999998	TOTAL COST AFGHANI NO COST/ FREE . . . . . 000000 DON'T KNOW 999998	TOTAL COST AFGHANI NO COST/ FREE . . . . . 000000 DON'T KNOW 999998
509	Were any non-monetary payments made for the costs associated with the outpatient care for [NAME]? These would include gifts in-kind or payments made in goods.	YES . . . . . 1 NO . . . . . 2 (SKIP TO 511) ← DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 511) ← DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 511) ← DON'T KNOW 8
510	What is the value of the gifts or in-kind payments in Afghani? PROBE TO GET A MONETARY ESTIMATE	TOTAL COST AFGHANI NO COST/ FREE . . . . . 000000 DON'T KNOW 999998	TOTAL COST AFGHANI NO COST/ FREE . . . . . 000000 DON'T KNOW 999998	TOTAL COST AFGHANI NO COST/ FREE . . . . . 000000 DON'T KNOW 999998
511	In total, how many different times did (NAME) get outpatient care during the past 30 days, without staying overnight.	NUMBER OF OUTPATIENT VISITS	NUMBER OF OUTPATIENT VISITS	NUMBER OF OUTPATIENT VISITS
	CHECK	GO BACK TO Q.502 IN NEXT COLUMN OR IF NO MORE OUTPATIENTS GO TO Q.'512	GO BACK TO Q.504 IN NEXT COLUMN OR IF NO MORE OUTPATIENTS GO TO Q.512	GO TO Q502 ON NEW QUESTIONNAIRE. OR IF NO MORE OUTPATIENTS 'GO TO Q.512

TICK HERE IF ADDITIONAL QUESTIONNAIRES USED ☐

512	CHECK Q502 AND SUM ALL PERSONS LISTED HERE AND ON CONTINUATION SHEET, IF ANY. TOTAL NUMBER OF PERSONS IN HOUSEHOLD WHO RECEIVED OUTPATIENT CARE.	
513	In the last 3 months, how much did your household spend on health-related items such as drugs, vitamins, herbal treatments, family planning methods, and other such items?	TOTAL COST AFGHANI NO COST/FREE . . . . . 000000 DON'T KNOW 999998
514	In the last 3 months, how much did your household spend on prescription glasses and vision products?	TOTAL COST AFGHANI NO COST/FREE . . . . . 000000 DON'T KNOW 999998
515	In the last 3 months, how much did your household spend on hearing aids, canes and other prosthetic devices?	TOTAL COST AFGHANI NO COST/FREE . . . . . 000000 DON'T KNOW 999998
516	In the last 3 months, have you or anyone in your household faced financial difficulties in paying for medical costs?	YES . . . . . 01 NO . . . . . 02 →601
517	What did you or your household member have to do to pay for the medical costs? PROBE: Anything else?	SELL ASSETS . . . . . A BORROW MONEY . . . . . B OTHER _____ X (SPECIFY)

SECTION 6. HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 PUBLIC TAP/STANDPIPE ..... 13 TUBE WELL OR BOREHOLE ..... 21 DUG WELL PROTECTED WELL ..... 31 UNPROTECTED WELL ..... 32 WATER FROM SPRING PROTECTED SPRING ..... 41 UNPROTECTED SPRING ..... 42 RAINWATER ..... 51 TANKER TRUCK ..... 61 CART WITH SMALL TANK ..... 71 SURFACE WATER (RIVER/DAM/LAKE/POND/ STREAM/CANAL/IRRIGATION CHANNEL ..... 81 BOTTLED WATER ..... 91 OTHER _____ 96 (SPECIFY)	
602	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM ..... 11 FLUSH TO SEPTIC TANK ..... 12 FLUSH TO PIT LATRINE ..... 13 FLUSH TO SOMEWHERE ELSE ..... 14 FLUSH, DON'T KNOW WHERE ..... 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE 21 PIT LATRINE WITH SLAB ..... 22 PIT LATRINE WITHOUT SLAB/OPEN PIT ..... 23 NO FACILITY/BUSH/FIELD ..... 31 OTHER _____ 96 (SPECIFY)	→ 604
603	Do you share this toilet facility with other households?	YES ..... 1 NO 2	
604	Does your household have: a) Electricity? b) A radio? c) A television? d) A mobile telephone? e) A non-mobile telephone? f) A stand fan? g) A mattress? h) A cabinet/almirah? i) A generator? j) A refrigerator?	YES NO a) ELECTRICITY ..... 1 2 b) RADIO ..... 1 2 c) TELEVISION ..... 1 2 d) MOBILE TELEPHONE ..... 1 2 e) NON-MOBILE TELEPHONE ..... 1 2 f) STAND FAN ..... 1 2 g) MATTRESS ..... 1 2 h) CABINET/ALMIRAH ..... 1 2 i) GENERATOR ..... 1 2 j) REFRIGERATOR 1 2	
605	What type of fuel does your household mainly use for cooking?	ELECTRICITY ..... 01 LPG/CYLINDER ..... 02 NATURAL GAS/PIPED ..... 03 KEROSENE ..... 04 COAL, LIGNITE ..... 05 CHARCOAL ..... 06 WOOD ..... 07 STRAW/SHRUBS/GRASS ..... 08 AGRICULTURAL CROP ..... 09 ANIMAL DUNG ..... 10 NO FOOD COOKED IN HOUSEHOLD ..... 95 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
606	MAIN MATERIAL OF THE FLOOR RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND ..... 11 DUNG ..... 12 MUD AND HAY ..... 13 RUDIMENTARY FLOOR WOOD PLANKS ..... 21 FINISHED FLOOR PARQUET OR POLISHED WOOD ..... 31 VINYL OR PLASTIC STRIPS ..... 32 CERAMIC TILES ..... 33 CEMENT ..... 34 CARPET 41 OTHER _____ 96 (SPECIFY)	
607	MAIN MATERIAL OF THE ROOF RECORD OBSERVATION.	NATURAL ROOFING NO ROOF ..... 11 THATCH/BUSHES/GRASS ..... 12 SOD/MUD WITH GRASS ..... 13 RUDIMENTARY ROOFING RUSTIC MAT/MUD WITH HAY ..... 21 WOOD PLANKS ..... 22 CARDBOARD/CLOTH/TENT ..... 23 FINISHED ROOFING METAL ..... 31 WOOD/TIMBER ..... 32 CERAMIC TILES ..... 33 CEMENT/BRICKS ..... 34 ROOFING SHINGLES ..... 35 OTHER _____ 96 (SPECIFY)	
608	MAIN MATERIAL OF THE EXTERIOR WALLS RECORD OBSERVATION.	NATURAL WALLS NO WALLS ..... 11 PREPARED MUD ..... 12 DIRT ..... 13 RUDIMENTARY WALLS HAY WITH MUD ..... 21 STONE WITH MUD ..... 22 UNCOVERED ADOBE ..... 23 PLYWOOD ..... 24 CARDBOARD/CLOTH/TENT 25 REUSED WOOD ..... 26 FINISHED WALLS CEMENT ..... 31 STONE WITH LIME/CEMENT ..... 32 CEMENT/BRICKS ..... 33 COVERED ADOBE ..... 34 WOOD PLANKS/SHINGLES ..... 35 OTHER _____ 96 (SPECIFY)	
609	How many rooms in this household are used for sleeping?	ROOMS ..... [ ][ ]	
610	Does any member of this household own: a) A watch? b) A bicycle? c) A tractor? d) A motorcycle or motor scooter? e) An animal-drawn cart? f) A car or truck? g) A rickshaw?	YES NO a) WATCH ..... 1 2 b) BICYCLE ..... 1 2 c) TRACTOR ..... 1 2 d) MOTORCYCLE/SCOOTER ..... 1 2 e) ANIMAL-DRAWN CART ..... 1 2 f) CAR/TRUCK ..... 1 2 g) RICKSHAW 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
611	Does any member of this household own any agricultural land?	YES . . . . . 1 NO 2	→ 613
612	How many ser/biswa/jerab of agricultural land do members of this household own? IF 995 OR MORE, WRITE 995.	SER 1 ☐☐☐ BISWAS 2 ☐☐☐ JERAB 3 ☐☐☐ DON'T KNOW 9998	
613	Does this household own any livestock, herds, other farm animals, or poultry?	YES . . . . . 1 NO 2	→ 615
614	How many of the following animals does this household own? IF NONE, ENTER '00'. IF 95 OR MORE, ENTER '95'. IF UNKNOWN, ENTER '98'. a) Cattle? b) Milk cows or bulls? c) Horses, donkeys, mules or camels? d) Goats? e) Sheep? f) Chickens?	a) CATTLE . . . . . ☐☐ b) COWS/BULLS . . . . . ☐☐ c) HORSE/DONKEY/MULE/CAMEL . . . . . ☐☐ d) GOATS . . . . . ☐☐ e) SHEEP . . . . . ☐☐ f) CHICKENS . . . . . ☐☐	
615	Does any member of this household have a bank account?	YES . . . . . 1 NO 2	
616	To which ethnic group does (NAME OF HEAD OF HOUSEHOLD) belong?	PASHTUN . . . . . 01 TAJIK . . . . . 02 HAZARA . . . . . 03 UZBEK . . . . . 04 TURKMEN . . . . . 05 NURISTANI . . . . . 06 BALOCH . . . . . 07 PASHAI . . . . . 08 OTHER _____ 96 (SPECIFY)	

AFGHANISTAN MORTALITY SURVEY
WOMAN'S QUESTIONNAIRE

THE MINISTRY OF PUBLIC HEALTH

IDENTIFICATION

VILLAGE / NEIGHBORHOOD [MUQATAA / MAHALAH] _____ ☐☐☐

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER [SAHA SHOMOR] . . . . . ☐☐☐

STRUCTURE NUMBER . . . . . ☐☐☐

HOUSEHOLD NUMBER . . . . . ☐☐☐

LINE NUMBER AND NAME OF WOMAN FROM HOUSEHOLD QUESTIONNAIRE ☐☐

_____

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY ☐☐
				MONTH ☐☐
				YEAR ☐☐☐☐
INTERVIEWER'S NAME	_____	_____	_____	INT. NUM. ☐☐☐
RESULT*	_____	_____	_____	RESULT ☐
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS ☐
TIME	_____	_____		

*RESULT CODES:
1 COMPLETED
2 NOT AT HOME AT TIME OF VISIT
3 POSTPONED
4 REFUSED
5 PARTLY COMPLETED
7 INCAPACITATED
6 OTHER _____ (SPECIFY)

LANGUAGE OF INTERVIEW

LANGUAGE OF QUESTIONNAIRE: 3 LANGUAGE OF INTERVIEW: ☐ LANGUAGE OF RESPONDENT ☐

LANGUAGE CODES: PASHTU = 1, DARI = 2, ENGLISH = 3, OTHER = 4 _____ (SPECIFY)

TRANSLATOR USED: (YES = 1, NO = 2) ☐

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ ☐☐☐	NAME _____ ☐☐☐	☐☐	☐☐

Introduction and Consent

Hello. My name is _____ and I am working with the Ministry of Public Health. We are conducting a survey about health all over Afghanistan. Your household was selected for the survey. The questions usually take about 30-45 minutes.

We are collecting information on women's health in the community. This information will help the government to plan health services. We would very much appreciate your participation in this survey. As part of the survey we would first like to ask some questions about your health and your family. Whatever information you provide will be kept strictly confidential. No information identifying you or your family will ever be released to anyone outside of this survey.

Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope you will participate in the survey since your answers will help the government improve health services for Afghans.

At this time, do you want to ask me anything about the survey?

May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED . . 1 ↓

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . 2 → END

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME. MORNING=1 EVENING=2	MORNING/EVENING . . . . . [ ] HOUR . . . . . [ ][ ] MINUTES . . . . . [ ][ ]	
	COLLECT ANY RELEVANT DOCUMENTS THAT MAY HAVE INFORMATION ON THE RESPONDENT AND HER CHILDREN'S AGE AND DATE OF BIRTH FOR EXAMPLE : TT CARD, ANC CARD, CHILD VACCINATION CARD, BIRTH CERTIFICATE, REGISTRATION CERTIFICATE, ETC.		
102	In what month and year were you born?	MONTH . . . . . [ ][ ] DON'T KNOW MONTH . . . . . 98 YEAR . . . . . [ ][ ][ ][ ] DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT Q.102 AND/OR Q.103 IF INCONSISTENT.	AGE IN COMPLETED YEARS . . . . . [ ][ ]	
104	Have you ever attended school?	YES . . . . . 1 NO 2	→ 107
105	What is the highest level of school you attended: primary, secondary, higher or madrassa?	PRIMARY . . . . . 1 SECONDARY . . . . . 2 HIGHER . . . . . 3 MADRASSA 4	
106	What is the highest standard you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'	STANDARD [ ][ ]	
107	To which ethnic group do you belong?	PASHTUN . . . . . 01 TAJIK . . . . . 02 HAZARA . . . . . 03 UZBEK . . . . . 04 TURKMEN . . . . . 05 NURISTANI . . . . . 06 BALOCH . . . . . 07 PASHAI . . . . . 08 OTHER _____ 96 (SPECIFY)	

SECTION 2. MARITAL STATUS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Are you currently married?	YES, CURRENTLY MARRIED . . . . . 1 NO, NOT CURRENTLY MARRIED 2	→ 203A
202	Have you ever been married?	YES, FORMERLY MARRIED . 1 NO 2	→ 601
203	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED . . . . . 1 DIVORCED . . . . . 2 SEPARATED 3	→ 205
203A	NAME AND LINE NUMBER OF HUSBAND FROM HOUSEHOLD QUESTIONNAIRE Q.101 AND Q.102	NAME _____ ☐☐	
204	Is your husband living with you now or is he staying elsewhere?	STAYING ELSEWHERE . . . . . 1 LIVING WITH HER 2	
205	Have you been married only once or more than once?	ONLY ONCE . . . . . 1 MORE THAN ONCE 2	
206	CHECK Q.205: MARRIED ONLY ONCE → In what month and year did you start living with your husband? MARRIED MORE THAN ONCE → Now I would like to ask about your first husband. In what month and year did you start living with him?	MONTH . . . . . ☐☐ DON'T KNOW MONTH . . . . . 98 YEAR . . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	→ 208
207	How old were you when you first started living with him?	AGE . . . . . ☐☐	
208	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY. Now I would like to ask a question about sexual activity in order to gain a better understanding of some important life issues. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE . . . . . 00 AGE IN YEARS . . . . . ☐☐ FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND 95	→ 601

SECTION 3. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES . . . . . 1 NO 2	→ 306
302	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES . . . . . 1 NO 2	→ 304
303	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME . . . . . [ ][ ] DAUGHTERS AT HOME . [ ][ ]	
304	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES . . . . . 1 NO 2	→ 306
305	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE . . . [ ][ ] DAUGHTERS ELSEWHERE . . . . . [ ][ ]	
306	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES . . . . . 1 NO 2	→ 308
307	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD . . . . . [ ][ ] GIRLS DEAD . . . . . [ ][ ]	
308	Have you ever had a stillbirth, that is, where the baby was not born alive?	YES . . . . . 1 NO 2	→ 310
309	How many stillbirths have you had in your lifetime?	NUMBER OF STILLBIRTHS . . . . . [ ][ ]	
310	SUM ANSWERS TO Q.303, Q.305, Q.307, AND Q309 AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL . . . . . [ ][ ]	
311	CHECK Q.310 Just to make sure that I have this right: you have had (TOTAL IN Q310) births (and stillbirths) during your life. Is that correct? YES ☐ ↓ NO ☐ → PROBE AND CORRECT Qs.303-309 AS NECESSARY.		
312	CHECK 310: ONE OR MORE BIRTHS ☐ ↓ NO BIRTHS ☐ →		501

Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.

RECORD NAMES OF ALL BIRTHS IN Q.313. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS.
(IF THERE ARE MORE THAN 16 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW).

313	314	315	316	317	318	319	320	321	322	323	324	325	326
What name was given to your first/next child?	CHECK Q308: NO STILL-BIRTHS → 315 IF ANY STILL-BIRTHS, ASK: ↓ Was the baby born alive or born dead?	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD)	In what month and year did (NAME) die?	How old was (NAME) when he/she died? IF '1 YEAR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN ONE MONTH; MONTHS IF LESS THAN 2 YEARS; OR YEARS	In what month and year did the stillbirth occur?	How many months did this pregnancy last? RECORD IN COMPLETED MONTHS	Were there any other births between (NAME OF PREVIOUS BIRTH) and (NAME) including any children who died soon after birth or were still born?
01	ALIVE . . . . . 1 DEAD . . . . . 2 ↓ 324	BOY . . 1 GIRL . . 2	SINGLE . . . . 1 MULTIPLE . . 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . . . 1 NO . . . . 2 ↓ 322	AGE IN YEARS ☐☐	YES . . . . 1 NO 2	LINE NUMBER ☐☐ ↓ (NEXT BIRTH)	MONTH ☐☐ YEAR ☐☐☐☐	DAYS 1 ☐☐ MONTHS . 2 ☐☐ YEARS 3 ☐☐ ↓ (NEXT BIRTH)	MONTH ☐☐ YEAR ☐☐☐☐	MONTHS ☐☐	
02	ALIVE . . . . . 1 DEAD . . . . . 2 ↓ 324	BOY . . 1 GIRL . . 2	SINGLE . . . . 1 MULTIPLE . . 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . . . 1 NO . . . . 2 ↓ 322	AGE IN YEARS ☐☐	YES . . . . 1 NO 2	LINE NUMBER ☐☐ ↓ (GO TO 326)	MONTH ☐☐ YEAR ☐☐☐☐	DAYS 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐ ↓ (GO TO 326)	MONTH ☐☐ YEAR ☐☐☐☐	MONTHS ☐☐	YES 1 ADD BIRTH ←┘ NO 2 NEXT BIRTH ←┘
03	ALIVE . . . . . 1 DEAD . . . . . 2 ↓ 324	BOY . . 1 GIRL . . 2	SINGLE . . . . 1 MULTIPLE . . 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . . . 1 NO . . . . 2 ↓ 322	AGE IN YEARS ☐☐	YES . . . . 1 NO 2	LINE NUMBER ☐☐ ↓ (GO TO 326)	MONTH ☐☐ YEAR ☐☐☐☐	DAYS 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐ ↓ (GO TO 326)	MONTH ☐☐ YEAR ☐☐☐☐	MONTHS ☐☐	YES 1 ADD BIRTH ←┘ NO 2 NEXT BIRTH ←┘
04	ALIVE . . . . . 1 DEAD . . . . . 2 ↓ 324	BOY . . 1 GIRL . . 2	SINGLE . . . . 1 MULTIPLE . . 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . . . 1 NO . . . . 2 ↓ 322	AGE IN YEARS ☐☐	YES . . . . 1 NO 2	LINE NUMBER ☐☐ ↓ (GO TO 326)	MONTH ☐☐ YEAR ☐☐☐☐	DAYS 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐ ↓ (GO TO 326)	MONTH ☐☐ YEAR ☐☐☐☐	MONTHS ☐☐	YES 1 ADD BIRTH ←┘ NO 2 NEXT BIRTH ←┘
05	ALIVE . . . . . 1 DEAD . . . . . 2 ↓ 323	BOY . . 1 GIRL . . 2	SINGLE . . . . 1 MULTIPLE . . 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . . . 1 NO . . . . 2 ↓ 322	AGE IN YEARS ☐☐	YES . . . . 1 NO 2	LINE NUMBER ☐☐ ↓ (GO TO 326)	MONTH ☐☐ YEAR ☐☐☐☐	DAYS 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐ ↓ (GO TO 326)	MONTH ☐☐ YEAR ☐☐☐☐	MONTHS ☐☐	YES 1 ADD BIRTH ←┘ NO 2 NEXT BIRTH ←┘

Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.

RECORD NAMES OF ALL BIRTHS IN Q.313. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS.
(IF THERE ARE MORE THAN 16 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW).

313	314	315	316	317	318	319	320	321	322	323	324	325	326
What name was given to your first/next child?	CHECK Q308: NO STILL-BIRTHS → 315 IF ANY STILL-BIRTHS, ASK: ↓ Was the baby born alive or born dead?	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD)	In what month and year did (NAME) die?	How old was (NAME) when he/she died? IF '1 YEAR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN ONE MONTH; MONTHS IF LESS THAN 2 YEARS; OR YEARS	In what month and year did the stillbirth occur?	How many months did this pregnancy last? RECORD IN COMPLETED MONTHS	Were there any other births between (NAME OF PREVIOUS BIRTH) and (NAME) including any children who died soon after birth or were still born?
06	ALIVE . . . . . 1 DEAD . . . . . 2 → 324	BOY . . 1 GIRL . . 2	SINGLE . . . . 1 MULTIPLE . . 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . . . 1 NO . . . . 2 → 322	AGE IN YEARS ☐☐	YES . . . . 1 NO 2	LINE NUMBER ☐☐ ↓ (GO TO 326)	MONTH ☐☐ YEAR ☐☐☐☐	DAYS 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐ ↓ (GO TO 326)	MONTH ☐☐ YEAR ☐☐☐☐	MONTHS ☐☐	YES 1 ADD BIRTH ↵ NO 2 NEXT BIRTH ↵
07	ALIVE . . . . . 1 DEAD . . . . . 2 → 324	BOY . . 1 GIRL . . 2	SINGLE . . . . 1 MULTIPLE . . 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . . . 1 NO . . . . 2 → 322	AGE IN YEARS ☐☐	YES . . . . 1 NO 2	LINE NUMBER ☐☐ ↓ (GO TO 326)	MONTH ☐☐ YEAR ☐☐☐☐	DAYS 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐ ↓ (GO TO 326)	MONTH ☐☐ YEAR ☐☐☐☐	MONTHS ☐☐	YES 1 ADD BIRTH ↵ NO 2 NEXT BIRTH ↵
08	ALIVE . . . . . 1 DEAD . . . . . 2 → 324	BOY . . 1 GIRL . . 2	SINGLE . . . . 1 MULTIPLE . . 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . . . 1 NO . . . . 2 → 322	AGE IN YEARS ☐☐	YES . . . . 1 NO 2	LINE NUMBER ☐☐ ↓ (GO TO 326)	MONTH ☐☐ YEAR ☐☐☐☐	DAYS 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐ ↓ (GO TO 326)	MONTH ☐☐ YEAR ☐☐☐☐	MONTHS ☐☐	YES 1 ADD BIRTH ↵ NO 2 NEXT BIRTH ↵

TICK HERE IF ADDITIONAL QUESTIONNAIRES USED ☐

327 Have you had any live births or stillbirths since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH (S) IN TABLE.
YES 1
NO 2

328 COMPARE Q.310 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:
NUMBERS ARE SAME ☐↓ NUMBERS ARE DIFFERENT ☐→ (PROBE AND RECONCILE)

329 CHECK Q.322 AND Q.324:
ENTER THE NUMBER OF DEATHS AND STILLBIRTHS SINCE 1 HAMMAL 1386 OR LATER. IF NONE, ENTER '0' ☐
FOR EACH DEATH OR STILLBIRTH SINCE HAMMAL 1386 CHECK TO MAKE SURE A VAQ HAS BEEN COMPLETED.

330 CHECK 317 AND 324:
ENTER THE NUMBER OF BIRTHS AND STILLBIRTHS SINCE 1 HAMMAL 1384 OR LATER.
IF NONE, ENTER '00 . . . . . ☐☐

SECTION 4. ANTENATAL, DELIVERY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	CHECK Q.330: ONE OR MORE BIRTHS OR STILLBIRTHS IN 1 HAMMAL 1384 OR LATER ☐ ↓ NO BIRTHS OR STILLBIRTHS IN 1 HAMMAL 1384 OR LATER ☐ → 501		
402	CHECK Q.313, 317 AND 324: ENTER IN THE TABLE THE LINE NUMBER AND NAME OF THE LAST BIRTH OR STILLBIRTH THAT TOOK PLACE IN 1 HAMMAL 1384 OR LATER. IF THERE ARE MORE THAN ONE BIRTH OR STILLBIRTH ASK THE QUESTIONS ABOUT ONLY THE LAST BIRTH OR STILLBIRTH. NAME AND LINE NUMBER _____ ☐☐		
	Now I would like to ask you some questions about the health care you received in the last five years while pregnant with [NAME or after the birth of (NAME).		
403	Did you see anyone for antenatal care during this pregnancy? IF YES: Who did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON	HEALTH PERSONNEL DOCTOR . . . . . A NURSE/MIDWIFE . . . . . B OTHER PERSON TRADITIONAL BIRTH ATTENDANT . . C COMM. HEALTH WORKER . . . . . D OTHER _____ X (SPECIFY) NO ONE . . . . . Y	→ 405
404	Why did you not see anyone? PROBE: Any other reason? CIRCLE ALL MENTIONED	NOT NECESSARY . . . . . A NOT CUSTOMARY . . . . . B LACK OF MONEY . . . . . C TOO FAR . . . . . D TRANSPORTATION PROBLEM . . . . . E NO ONE TO ACCOMPANY . . . . . F GOOD SERVICE NOT AVAILABLE . . . . . G DID NOT GET PERMISSION . . . . . H BETTER SERVICE AT HOME . . . . . I DID NOT KNOW WHERE TO GO . . . . . J NO FEMALE PROVIDER AVAILABLE . . . . . K INCONVENIENT SERVICE HOUR . . . . . L AFRAID OF BAD PEOPLE . . . . . M SECURITY REASONS . . . . . N LONG WAITING TIME . . . . . O RELIGIOUS REASON . . . . . P AFRAID OF HEALTH FACILITIES . . . . . Q WAS NOT LIFE THREATENING . . . . . R OTHER _____ X (SPECIFY)	→ 413
405	The very first time you went for antenatal care when you were pregnant with (NAME), did you go because of problems with the pregnancy or just for a checkup?	BECAUSE OF A PROBLEM . . . . . 1 JUST FOR A CHECKUP 2	→ 407
406	What problems did you have when you first went for antenatal care when you were pregnant with [NAME]? Anything else? CIRCLE ALL MENTIONED.	HEADACHE . . . . . A BLURRY VISION . . . . . B SWOLLEN FACE/HANDS/FEET C HIGH FEVER . . . . . D SPOTTING/BLEEDING . . . . . E FOUL-SMELLING DISCHARGE F LOWER ABDOMINAL PAIN . . . . . G SHAKING/FITS H FAINTED/UNCONSCIOUS I TOO EARLY CONTRACTIONS J BABY NOT MOVING/ NOT MOVING MUCH . . . . . K VOMITING . . . . . L WHOLE BODY PAIN . . . . . M THIN/WEAK BLOOD . . . . . N **CIRCLE BELOW ONLY IF WOMAN USES EXACT TERM** EDEMA . . . . . O PRE-ECLAMSIA . . . . . P CONVULSIONS . . . . . Q ECLAMPSIA . . . . . R TETANUS . . . . . S ANEMIA . . . . . T OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
407	Where did you receive antenatal care for this pregnancy? IF SOURCE IS A HOSPITAL, HEALTH CENTER, OR CLINIC WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ NAME OF PLACE PROBE: Any other place? RECORD ALL PLACES MENTIONED.	HOME RESPONDENT'S HOME ..... A OTHER HOME ..... B PUBLIC SECTOR HOSPITAL (NATIONAL, REGIONAL, PROVINCIAL, OR DISTRICT .. C CHC/POLYCLINIC ..... D BASIC HEALTH CENTER .. E HEALTH POST/SUB-HEALTH POST F MOBILE CLINIC G OTHER PUBLIC _____ H' (SPECIFY) PRIVATE SECTOR PVT. HOSPITAL ..... I PVT. CLINIC ..... J PVT DOCTOR'S OFFICE ..... K OTHER PRIVATE _____ L (SPECIFY) OTHER SOURCE CHARITY/FOUNDATIONS ..... M REFUGEE CAMP ..... N OTHER _____ X (SPECIFY)	
408	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS ..... [ ][ ] DON'T KNOW 98	
409	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES .... [ ][ ] DON'T KNOW 98	
410	As part of your antenatal care during this pregnancy, were any of the following done at least once? a) Were you weighed? b) Was your blood pressure measured? c) Did you give a urine sample? d) Did you give a blood sample?	YES NO a) WEIGHT ..... 1 2 b) BP ..... 1 2 c) URINE ..... 1 2 d) BLOOD 1 2	
411	During (any of) your antenatal care visit (s), were you told about the signs of pregnancy complications?	YES ..... 1 NO ..... 2 DON'T KNOW 8	→ 413
412	Were you told where to go if you had any of these complications?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
413	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions in baby after birth?	YES ..... 1 NO ..... 2 DON'T KNOW 8	→ 416
414	During this pregnancy, how many times did you get this tetanus injection?	NUMBER OF TIMES .... [ ][ ] DON'T KNOW 98	
415	CHECK Q.414: OTHER → TWO OR MORE TIMES		→ 420
416	At any time before this pregnancy, did you receive any tetanus injections, either to protect yourself or another baby?	YES ..... 1 NO ..... 2 DON'T KNOW 8	→ 420
417	Before this pregnancy, how many other times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES .... [ ][ ] DON'T KNOW 98	
418	In what month and year did you receive the last tetanus injection before this pregnancy?	MONTH ..... [ ][ ] DK MONTH ..... 98 YEAR ..... [ ][ ][ ][ ] DON'T KNOW YEAR 9998	→ 420

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
419	How many years ago did you receive that tetanus injection?	YEARS AGO	
420	During this pregnancy, were you given or did you buy any iron/folic acid tablets like these? SHOW TABLETS.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 422
421	During the whole pregnancy, for how many days did you take the tablets? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS . . . . . . DON'T KNOW 998	
422	During this pregnancy, did you take any drug for intestinal worms?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
423	Who assisted with the delivery of (NAME)? PROBE: Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PERSONNEL DOCTOR . . . . . A NURSE/MIDWIFE . . . . . B OTHER PERSON TRADITIONAL BIRTH ATTENDANT . . C COMM. HEALTH WORKER . . . . . D RELATIVE/FRIEND . . . . . E OTHER _____ X (SPECIFY) NO ONE . . . . . Y	
424	Where did you give birth to (NAME)? WRITE THE NAME OF THE PLACE. IF THE SOURCE IS A HOSPITAL, HEALTH CENTER, OR CLINIC, PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ NAME OF PLACE	HOME RESPONDENT'S HOME . . . . . 01 OTHER HOME . . . . . 02 PUBLIC SECTOR HOSPITAL (NATIONAL, REGIONAL, PROVINCIAL, OR DISTRICT . . 03 CHC/POLYCLINIC . . . . . 04 BASIC HEALTH CENTER . . . . . 05 OTHER PUBLIC _____ 06 (SPECIFY)(SPECIFY) PRIVATE SECTOR PVT. HOSPITAL . . . . . 07 PVT. CLINIC . . . . . 08 PVT DOCTOR'S OFFICE . . . . . 09 OTHER PRIVATE _____ 10 (SPECIFY)(SPECIFY) OTHER SOURCE CHARITY/FOUNDATIONS . . . . . 11 REFUGEE CAMP . . . . . 12 OTHER _____ 96 (SPECIFY)	→ 426
425	Why did you not deliver at a hospital or health center? PROBE: Any other reason? CIRCLE ALL MENTIONED.	NOT NECESSARY . . . . . A NOT CUSTOMARY . . . . . B LACK OF MONEY . . . . . C TOO FAR . . . . . D TRANSPORTATION PROBLEM E NO ONE TO ACCOMPANY F GOOD SERVICE NOT AVAILABLE G DIDN'T GET PERMISSION H BETTER SERVICE AT HOME I DID NOT KNOW WHERE TO GO J NO FEMALE PROVIDER AVAILABLE . . . . . K INCONVENIENT SERVICE HOUR . . . . . L AFRAID OF BAD PEOPLE . . . . . M SECURITY REASONS . . . . . N LONG WAITING TIME . . . . . O RELIGIOUS REASON . . . . . P AFRAID OF HEALTH FACILITIES WAS NOT LIFE THREATENING . . Q OTHER _____ X (SPECIFY)	→ 427

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
426	Were any of the following procedures performed at the time of delivery? a. Forceps used to get the baby out. b. Vacuum extractor used to get the baby out. c. Episiotomy, that is, a cut in the vagina. d. Cesarian section, that is, a cut in the belly. e. Received blood transfusions. f. Received intravenous fluids (IV).	YES NO DK a. FORCEPS 1 2 8 b. VACUUM EXTRAC. 1 2 8 c. EPISIOTOMY 1 2 8 d. CESARIAN 1 2 8 e. BLOOD TRANSF 1 2 8 f. INTRAVENOUS 1 2 8	
427	At any time just before, during or after the delivery of (NAME) did you suffer from any problems? IF YES: What problems did you have? Anything else? CIRCLE ALL MENTIONED.	HEADACHE . . . . . A BLURRY VISION . . . . . B SWOLLEN FACE/HANDS/FEET C HIGH FEVER . . . . . D EXCESSIVE BLEEDING . . . . . E FOUL-SMELLING DISCHARGE . . . . . F LOWER ABDOMINAL PAIN . . . . . G SHAKING/FITS . . . . . H FAINTED/UNCONSCIOUS . . . . . I TOO LONG/PROLONGED LABOR . . . . . J WATER BROKE TOO EARLY . . . . . K BABY WOULDN'T COME OUT . . . . . L BABY NOT MOVING/ NOT MOVING MUCH . . . . . M BABY'S HANDS/FEET CAME OUT FIRST . . . . . N WHOLE BODY PAIN . . . . . O TEARING/TORN PELVIC AREA . . . . . P LEAKING URINE/STOOL . . . . . Q **CIRCLE BELOW ONLY IF WOMAN USES EXACT TERM** EDEMA . . . . . R PRE-ECLAMSIA . . . . . S CONVULSIONS . . . . . T ECLAMPSIA . . . . . U TETANUS . . . . . V DID NOT HAVE ANY PROBLEMS Y → 437 OTHER _____ X (SPECIFY)	
428	Did you see anyone about this (these) problems?	YES . . . . . 1 → 430 NO 2	
429	Why did you not see anyone for the problems you had? PROBE: Any other reason? CIRCLE ALL MENTIONED.	NOT NECESSARY . . . . . A NOT CUSTOMARY . . . . . B LACK OF MONEY . . . . . C TOO FAR . . . . . D TRANSPORTATION PROBLEM . . . . . E NO ONE TO ACCOMPANY . . . . . F GOOD SERVICE NOT AVAILABLE . . . . . G DID NOT GET PERMISSION . . . . . H BETTER SERVICE AT HOME I DID NOT KNOW WHERE TO GO J NO FEMALE PROVIDER AVAILABLE . . . . . K INCONVENIENT SERVICE HOUR . . . . . L AFRAID OF BAD PEOPLE . . . . . M SECURITY REASONS . . . . . N LONG WAITING TIME . . . . . O RELIGIOUS REASON . . . . . P AFRAID OF HEALTH FACILITIES . . . . . Q WAS NOT LIFE THREATENING . . . . . R OTHER _____ X (SPECIFY)	→ 437

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
430	Who did you see about the problems you had PROBE: Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR . . . . . A NURSE/MIDWIFE . . . . . B OTHER PERSON TRADITIONAL BIRTH ATTENDANT . . C COMM. HEALTH WORKER . . . . . D TRADITIONAL PRACTITIONER/ UNANI . . . . . E RELATIVE/FRIEND . . . . . F OTHER _____ X (SPECIFY) NO ONE . . . . . Y	
431	Where were you treated for this (these) problems? WRITE THE NAME OF THE PLACE(S). IF THE SOURCE IS A HOSPITAL, HEALTH CENTER, OR CLINIC, PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). _____ NAME OF PLACE	HOME RESPONDENT'S HOME . . . . . A OTHER HOME . . . . . B PUBLIC SECTOR HOSPITAL (NATIONAL, REGIONAL, PROVINCIAL, OR DISTRICT . . C CHC/POLYCLINIC . . . . . D BASIC HEALTH CENTER . . E HEALTH POST/SUB-HEALTH POST F MOBILE CLINIC G OTHER PUBLIC _____ H (SPECIFY) PRIVATE SECTOR PVT. HOSPITAL . . . . . I PVT. CLINIC . . . . . J PVT DOCTOR'S OFFICE K OTHER PRIVATE _____ L (SPECIFY) OTHER SOURCE CHARITY/FOUNDATIONS M REFUGEE CAMP N OTHER _____ X (SPECIFY)	
432	Did your condition improve after you were treated?	NO CHANGE . . . . . 1 IMPROVED . . . . . 2 WORSENED . . . . . 3 DON'T KNOW 8	
433	Were you referred or told to go to another place for treatment or advice?	YES . . . . . 1 NO 2	→ 437
434	Where were you referred to or told to go for treatment for this (these) problems? WRITE THE NAME OF THE PLACE(S). IF THE SOURCE IS A HOSPITAL, HEALTH CENTER, OR CLINIC, PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). _____ NAME OF PLACE	PUBLIC SECTOR HOSPITAL (NATIONAL, REGIONAL, PROVINCIAL, OR DISTRICT . . C CHC/POLYCLINIC . . . . . D BASIC HEALTH CENTER . . . . . E HEALTH POST/SUB-HEALTH POST F MOBILE CLINIC . . . . . G OTHER PUBLIC _____ H (SPECIFY) PRIVATE SECTOR PVT. HOSPITAL . . . . . I PVT. CLINIC . . . . . J PVT DOCTOR'S OFFICE . . . . . K OTHER PRIVATE _____ L (SPECIFY) OTHER SOURCE CHARITY/FOUNDATIONS M REFUGEE CAMP N OTHER _____ X (SPECIFY)	
435	Did you go to the place you were referred to or told to go for treatment?	YES . . . . . 1 NO 2	→ 437

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
436	Why did you not go to the referred place or any other place for treatment? PROBE: Any other reason? CIRCLE ALL MENTIONED.	NOT NECESSARY . . . . . A NOT CUSTOMARY . . . . . B LACK OF MONEY . . . . . C TOO FAR . . . . . D TRANSPORTATION PROBLEM . . . . . E NO ONE TO ACCOMPANY . . . . . F GOOD SERVICE NOT AVAILABLE . . . . . G COULDN'T GET PERMISSION . . . . . H BETTER SERVICE AT HOME . . . . . I DID NOT KNOW WHERE TO GO . . . . . J NO FEMALE PROVIDER AVAILABLE . . . . . K INCONVENIENT SERVICE HOUR . . . . . L AFRAID OF BAD PEOPLE . . . . . M SECURITY REASONS . . . . . N LONG WAITING TIME . . . . . O RELIGIOUS REASON . . . . . P AFRAID OF HEALTH FACILITIES . . . . . Q WAS NOT LIFE THREATENING . . . . . R OTHER X (SPECIFY)	
437	CHECK Q.424: ANY CODES '03' TO '12' CIRCLED ☐ ↓ OTHER CODES CIRCLED ☐ →		439
438	How long after (NAME) was delivered did you stay there? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 ☐☐ DAYS 2 ☐☐ WEEKS 3 ☐☐ DON'T KNOW 98	
439	After (NAME) was born, did anyone check on your health?	YES . . . . . 1 NO . . . . . 2 →	443
440	How long after (NAME) was delivered did the first check on your health take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 ☐☐ DAYS 2 ☐☐ WEEKS 3 ☐☐ DON'T KNOW 998	
441	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR . . . . . 1 NURSE/MIDWIFE . . . . . 2 OTHER PERSON TRADITIONAL BIRTH ATTENDANT . . . . . 3 COMM. HEALTH WORKER . . . . . 4 RELATIVE/FRIEND . . . . . 5 OTHER _____ 6 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
442	Where did this first check on your health take place? WRITE THE NAME OF THE PLACE(S). IF THE SOURCE IS A HOSPITAL, HEALTH CENTER, OR CLINIC, PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). _____ NAME OF PLACE	HOME RESPONDENT'S HOME . . . . . 01 OTHER HOME . . . . . 02 PUBLIC SECTOR HOSPITAL (NATIONAL, REGIONAL, PROVINCIAL, OR DISTRICT 03 CHC/POLYCLINIC . . . . . 04 BASIC HEALTH CENTER . . . . . 05 HEALTH POST/SUB-HEALTH POST 06 MOBILE CLINIC 07 OTHER PUBLIC _____ 08 (SPECIFY) PRIVATE SECTOR PVT. HOSPITAL . . . . . 09 PVT. CLINIC . . . . . 10 PVT DOCTOR'S OFFICE 11 OTHER PRIVATE _____ 12 (SPECIFY) OTHER SOURCE CHARITY/FOUNDATIONS 13 REFUGEE CAMP 14 OTHER _____ 96 (SPECIFY)	
443	In the first two months after delivery, did you receive a vitamin A dose (like this/any of these)? SHOW COMMON TYPES OF CAPSULES.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
444	Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?		

		YES	NO
a) Lack of money?	a) LACK OF MONEY	1	2
b) Too far?	b) TOO FAR	1	2
c) Transportation problem?	c) TRANSPORTATION PROBLEM	1	2
d) No one to accompany?	d) NO ONE TO ACCOMPANY	1	2
e) Good provider not available?	e) GOOD PROVIDER NOT AVAILABLE	1	2
f) Drugs not available?	f) DRUGS NOT AVAILABLE	1	2
g) Couldn't get permission?	g) COULDN'T GET PERMISSION	1	2
h) Better service at home?	h) BETTER SERVICE AT HOME	1	2
i) Do not know where to go?	i) DID NOT KNOW WHERE TO GO	1	2
j) No female provider available?	j) NO FEMALE PROVIDER AVAILABLE	1	2
k) Inconvenient service hour?	k) INCONVENIENT SERVICE HOUR	1	2
l) Afraid of bad people?	l) AFRAID OF BAD PEOPLE	1	2
m) Security reasons?	m) SECURITY REASONS	1	2
n) Long waiting time?	n) LONG WAITING TIME	1	2
o) Religious reasons?	o) RELIGIOUS REASON	1	2
p) Afraid of health facilities?	p) AFRAID OF HEALTH FACILITIES	1	2

SECTION 5. FAMILY PLANNING

501	CHECK 201: CURRENTLY MARRIED ☐ NOT CURRENTLY MARRIED ☐ → 601		
502	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)?		
01	**Female sterilization** PROBE: Women can have an operation to avoid having any more children.	YES . . . . . 1 NO 2	
02	**Male sterilization** PROBE: Men can have an operation to avoid having any more children.	YES . . . . . 1 NO 2	
03	**IUD** PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.	YES . . . . . 1 NO 2	
04	**INJECTABLES** PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES . . . . . 1 NO 2	
05	**Implants (Implanon/Jadelle/ Norplants)** PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES . . . . . 1 NO 2	
06	**Pill** PROBE: Women can take a pill every day to avoid becoming pregnant.	YES . . . . . 1 NO 2	
07	**Male condom** PROBE Men can put a rubber sheath on their penis before sexual intercourse.	YES . . . . . 1 NO 2	
08	**Lactational Amenorrhea Method (LAM)**	YES . . . . . 1 NO 2	
09	**Rhythm Method** PROBE: Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES . . . . . 1 NO 2	
10	**Withdrawal** PROBE: Men can be careful and pull out before climax.	YES . . . . . 1 NO 2	
11	**Emergency Contraception** PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy	YES . . . . . 1 NO 2	
12	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES . . . . . 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	
503	Are you pregnant now?	YES 1 NO 2 UNSURE 8	→ 601
504	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 601
505	Which method are you using? CIRCLE ALL MENTIONED.	FEMALE STERILIZATION A MALE STERILIZATION . . . . . B IUD . . . . . C INJECTABLES . . . . . D IMPLANTS . . . . . E PILL . . . . . F MALE CONDOM . . . . . G LACTATIONAL AMEN. METHOD H RHYTHM METHOD . . . . . I WITHDRAWAL . . . . . J OTHER MODERN METHOD X OTHER TRADITIONAL METH . . . . . Y	

SECTION 6. MATERNAL MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died. How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER	
602	CHECK601: TWO OR MORE BIRTHS ↓	ONLY ONE BIRTH (RESPONDENT ONLY) →	618
603	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS	

		(1)	(2)	(3)	(4)	(5)	(6)
604	What was the name given to your oldest (next oldest) brother or sister?	_____	_____	_____	_____	_____	_____
605	Is (NAME) male or female?	MALE . . . . . 1 FEMALE . . 2	MALE . . . . . 1 FEMALE . . 2	MALE . . . . . 1 FEMALE . . 2	MALE . . . . . 1 FEMALE . . 2	MALE . . . . . 1 FEMALE . . 2	MALE . . . . . 1 FEMALE . . 2
606	Is (NAME) still alive?	YES . . . . . 1 NO . . . . . 2 GO TO 610 DK 8	YES . . . . . 1 NO . . . . . 2 GO TO 610 DK 8	YES . . . . . 1 NO . . . . . 2 GO TO 610 DK 8	YES . . . . . 1 NO . . . . . 2 GO TO 610 DK 8	YES . . . . . 1 NO . . . . . 2 GO TO 610 DK 8	YES . . . . . 1 NO . . . . . 2 GO TO 610 DK 8
607	How old is (NAME)?						
608	Where does (NAME) usually live?	URBAN . . . . . 1 RURAL . . . . . 2 DON'T KNOW 8	URBAN . . . . . 1 RURAL . . . . . 2 DON'T KNOW 8	URBAN . . . . . 1 RURAL . . . . . 2 DON'T KNOW 8	URBAN . . . . . 1 RURAL . . . . . 2 DON'T KNOW 8	URBAN . . . . . 1 RURAL . . . . . 2 DON'T KNOW 8	URBAN . . . . . 1 RURAL . . . . . 2 DON'T KNOW 8
609	When was the last time you had direct contact with (NAME) in person, by phone, mail or other means of communication?	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4 GO TO (2)	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4 GO TO (3)	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4 GO TO (4)	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4 GO TO (5)	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4 GO TO (6)	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4 GO TO (7)
610	How many years ago did (NAME) die?						
611	How old was (NAME) when he/she died?						
612	Where did (NAME) usually live?	URBAN . . . . . 1 RURAL . . . . . 2 DON'T KNOW 8	URBAN . . . . . 1 RURAL . . . . . 2 DON'T KNOW 8	URBAN . . . . . 1 RURAL . . . . . 2 DON'T KNOW 8	URBAN . . . . . 1 RURAL . . . . . 2 DON'T KNOW 8	URBAN . . . . . 1 RURAL . . . . . 2 DON'T KNOW 8	URBAN . . . . . 1 RURAL . . . . . 2 DON'T KNOW 8
613	CHECK Q.605 AND Q.611	IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (3)	IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (4)	IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (5)	IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (6)	IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (7)
614	Was (NAME) pregnant when she died?	YES . . . . . 1 GO TO 617 NO 2	YES . . . . . 1 GO TO 617 NO 2	YES . . . . . 1 GO TO 617 NO 2	YES . . . . . 1 GO TO 617 NO 2	YES . . . . . 1 GO TO 617 NO 2	YES . . . . . 1 GO TO 617 NO 2
615	Did (NAME) die during childbirth?	YES . . . . . 1 GO TO 617 NO 2	YES . . . . . 1 GO TO 617 NO 2	YES . . . . . 1 GO TO 617 NO 2	YES . . . . . 1 GO TO 617 NO 2	YES . . . . . 1 GO TO 617 NO 2	YES . . . . . 1 GO TO 617 NO 2
616	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
617	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy?						

IF NO MORE BROTHERS OR SISTERS, GO TO 618.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES					SKIP
604	What was the name given to your oldest (next oldest) brother or sister?	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____
605	Is (NAME) male or female?	MALE . . . . . 1 FEMALE 2	MALE . . . . . 1 FEMALE 2	MALE . . . . . 1 FEMALE 2	MALE . . . . . 1 FEMALE 2	MALE . . . . . 1 FEMALE 2	MALE . . . . . 1 FEMALE 2
606	Is (NAME) still alive?	YES . . . . . 1 NO . . . . . 2 GO TO 610 DK 8	YES . . . . . 1 NO . . . . . 2 GO TO 610 DK 8	YES . . . . . 1 NO . . . . . 2 GO TO 610 DK 8	YES . . . . . 1 NO . . . . . 2 GO TO 610 DK 8	YES . . . . . 1 NO . . . . . 2 GO TO 610 DK 8	YES . . . . . 1 NO . . . . . 2 GO TO 610 DK 8
607	How old is (NAME)?						
608	Where does (NAME) usually live?	URBAN . . . . . 1 RURAL . . . . . 2 DON'T KNOW . . 8	URBAN . . . . . 1 RURAL . . . . . 2 DON'T KNOW . . 8	URBAN . . . . . 1 RURAL . . . . . 2 DON'T KNOW . . 8	URBAN . . . . . 1 RURAL . . . . . 2 DON'T KNOW . . 8	URBAN . . . . . 1 RURAL . . . . . 2 DON'T KNOW . . 8	URBAN . . . . . 1 RURAL . . . . . 2 DON'T KNOW . . 8
609	When was the last time you had direct contact with (NAME) in person, by phone, mail or other means of communication?	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4 GO TO (8)	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4 GO TO (9)	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4 GO TO (10)	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4 GO TO (11)	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4 GO TO (12)	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4 GO TO (13)
610	How many years ago did (NAME) die?						
611	How old was (NAME) when he/she died?						
612	Where did (NAME) usually live?	URBAN . . . . . 1 RURAL . . . . . 2 DON'T KNOW . . 8	URBAN . . . . . 1 RURAL . . . . . 2 DON'T KNOW . . 8	URBAN . . . . . 1 RURAL . . . . . 2 DON'T KNOW . . 8	URBAN . . . . . 1 RURAL . . . . . 2 DON'T KNOW . . 8	URBAN . . . . . 1 RURAL . . . . . 2 DON'T KNOW . . 8	URBAN . . . . . 1 RURAL . . . . . 2 DON'T KNOW . . 8
613	CHECK Q.605 AND Q.611	IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (8)	IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)	IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10)	IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)	IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12)	IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13)
614	Was (NAME) pregnant when she died?	YES . . . . . 1 GO TO 617 NO 2	YES . . . . . 1 GO TO 617 NO 2	YES . . . . . 1 GO TO 617 NO 2	YES . . . . . 1 GO TO 617 NO 2	YES . . . . . 1 GO TO 617 NO 2	YES . . . . . 1 GO TO 617 NO 2
615	Did (NAME) die during childbirth?	YES . . . . . 1 GO TO 617 NO 2	YES . . . . . 1 GO TO 617 NO 2	YES . . . . . 1 GO TO 617 NO 2	YES . . . . . 1 GO TO 617 NO 2	YES . . . . . 1 GO TO 617 NO 2	YES . . . . . 1 GO TO 617 NO 2
616	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
617	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?						

TICK HERE IF ADDITIONAL QUESTIONNAIRES USED ☐

IF NO MORE BROTHERS OR SISTERS, GO TO 518.

618	RECORD THE TIME. MORNING=1 EVENING=2	MORNING/EVENING ☐ HOUR . . . . . ☐☐ MINUTES . . . . . ☐☐

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

April 14 2010

AFGHANISTAN MORTALITY SURVEY
VERBAL AUTOPSY [FORM 1]
DEATH OF AN INFANT AGED 0-28 DAYS

THE MINISTRY OF PUBLIC HEALTH

IDENTIFICATION

VILLAGE / NEIGHBORHOOD [MUQATAA / MAHALAH] _____ ☐☐☐

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER [SAHA SHOMOR] . . . . . ☐☐☐

STRUCTURE NUMBER . . . . . ☐☐☐

HOUSEHOLD NUMBER . . . . . ☐☐☐

NAME, LINE NUMBER OF RESPONDENT FROM Q.101 AND Q.102 IN HQ _____ ☐☐

NAME, COLUMN NUMBER OF DECEASED FROM Q.303 AND Q.304 IN HQ _____ ☐☐

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY ☐☐
				MONTH ☐☐
				YEAR ☐☐☐☐
INTERVIEWER'S NAME				INT. NUMBER ☐☐☐
RESULT*				RESULT ☐
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS ☐
TIME				

*RESULT CODES:
1 COMPLETED
2 NOT AT HOME
3 POSTPONED
4 REFUSED
5 PARTLY COMPLETED
7 INCAPACITATED
6 OTHER _____ (SPECIFY)

LANGUAGE OF INTERVIEW

LANGUAGE OF QUESTIONNAIRE: 3 LANGUAGE OF INTERVIEW: ☐ LANGUAGE OF RESPONDENT ☐

LANGUAGE CODES: PASHTU = 1, DARI = 2, ENGLISH = 3, OTHER = 4 _____ (SPECIFY)

TRANSLATOR USED: (YES = 1, NO = 2) ☐

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ ☐☐☐	NAME _____ ☐☐☐	☐☐	☐☐

Introduction and Consent

Hello. My name is_____and I am working with the Ministry of Public Health.
We are conducting a survey about health all over Afghanistan.
Your household was selected for the survey. The questions usually take about 30 to 45 minutes.

We are collecting information on the causes of death in the community. This information will help the government to plan health services. We would very much appreciate your participation in this survey. We learned during our earlier visit that (NAME) had died recently. As part of the survey we want to ask you about the circumstances leading to the death of the deceased. Whatever information you provide wil be kept strictly confidential. No information identifying you or the deceased will ever be released to anyone outside of this survey.

Participation in this survey is voluntary and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your answers will help the government improve health services for Afghans.

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

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED 1 ↓

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED 2 → END

DEATH OF A CHILD AGED 0-28 DAYS

SECTION 2. BASIC INFORMATION ABOUT RESPONDENT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	RECORD THE TIME MORNING = 1 EVENING = 2	MORNING/EVENING . . . . . [ ] HOUR . . . . . [ ][ ] MINUTES . . . . . [ ][ ]	
202	What is your relationship to the baby?	FATHER . . . . . 1 MOTHER . . . . . 2 SIBLING . . . . . 3 OTHER RELATIVE _____ 6 (SPECIFY) NO RELATION 8	
203	Did you live with the baby in the period leading to her/his death?	YES . . . . . 1 NO 2	

SECTION 3. INFORMATION ON THE DECEASED AND DATE/PLACE OF DEATH

301	What was the name of the baby? IF NO NAME HAS BEEN GIVEN TO THE BABY WRITE 'BABY'.	_____ (NAME)	
302	Was (NAME) male or female?	MALE . . . . . 1 FEMALE 2	
303	When was (NAME) born? RECORD '98' IF DON'T KNOW DAY OR MONTH RECORD '9998' IF DON'T KNOW YEAR	DAY . . . . . [ ][ ] MONTH . . . . . [ ][ ] YEAR . . . . . [ ][ ][ ][ ]	
304	How old was (NAME) when s/he died? IF LESS THAN ONE DAY RECORD '00'.	DAYS . . . . . [ ][ ]	
305	When did s/he die? RECORD '98' IF DON'T KNOW DAY OR MONTH RECORD '9998' IF DON'T KNOW YEAR	DAY . . . . . [ ][ ] MONTH . . . . . [ ][ ] YEAR . . . . . [ ][ ][ ][ ]	
305A	CHECK 305: DIED 1 HAMMAL 1386 OR AFTER ☐ ↓ DIED EARLIER THAN 1 HAMMAL 1386 ☐ →		END
305B	CHECK 304: AGE AT DEATH 0-28 DAYS ☐ ↓ AGE AT DEATH 29 DAYS TO 11 YEARS ☐ →		USE VA FORM 2
	AGE AT DEATH 12 YEARS AND ABOVE ☐ →		USE VA FORM 3
306	Where did s/he die?	HOSPITAL . . . . . 1 OTHER HEALTH FACILITY . . . . . **2** HOME . . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	

DEATH OF A CHILD AGED 0-28 DAYS

SECTION 4. RESPONDENT'S ACCOUNT OF ILLNESS/EVENTS LEADING TO DEATH

401	Could you tell me about the illness/events that led to her/his death?
402	CAUSE OF DEATH 1 ACCORDING TO RESPONDENT
403	CAUSE OF DEATH 2 ACCORDING TO RESPONDENT

DEATH OF A CHILD AGED 0-28 DAYS

SECTION 5. PREGNANCY HISTORY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	I would like to ask you some questions concerning the mother and symptoms that (NAME) had/showed at birth and shortly after. Some of these questions may not appear to be directly related to the baby's death. Kindly be patient and answer all the questions. They will help us to get a clear picture of all possible symptoms that (NAME) had.		
502	How many births, including stillbirths, did the mother have before this baby?	NUMBER OF BIRTHS/ STILLBIRTHS . . . . . [ ][ ] DON'T KNOW 98	
503	How many months was the pregnancy when the baby was born?	MONTHS . . . . . [ ][ ] DON'T KNOW 98	
504	Did the pregnancy end earlier than expected?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 506 → 506
505	How many weeks before the expected date of delivery did the pregnancy end?	WEEKS . . . . . [ ][ ] DON'T KNOW 98	
506	During the pregnancy did the mother suffer from any of the following known illnesses:	YES NO DK	
	1 High blood pressure?	HIGH BLOOD PRESSURE 1 2 8	
	2 Heart disease?	HEART DISEASE 1 2 8	
	3 Diabetes?	DIABETES 1 2 8	
	4 Epilepsy/convulsion?	EPILEPSY/CONVULSION 1 2 8	
	5 Any other medically diagnosed illness?	OTHER . . . . . 1 2 8 _____ (SPECIFY)	
507	During the last 3 months of pregnancy did the mother suffer from any of the following illnesses:	YES NO DK	
	01 Vaginal bleeding?	VAGINAL BLEEDING 1 2 8	
	02 Smelly vaginal discharge?	SMELLY VAGINAL DISCHARGE 1 2 8	
	03 Puffy face?	PUFFY FACE 1 2 8	
	04 Headache?	HEADACHE 1 2 8	
	05 Blurred vision?	BLURRED VISION 1 2 8	
	06 Convulsion?	CONVULSION 1 2 8	
	07 Febrile illness?	FEBRILE ILLNESS 1 2 8	
	08 Severe abdominal pain that was not labor pain?	SEVERE ABDOMINAL PAIN (NOT LABOR PAIN) 1 2 8	
	09 Pallor and shortness of breath (both present)?	PALLOR/SHORTNESS OF BREATH (BOTH) 1 2 8	
	10 Did she suffer from any other illness?	OTHER ILLNESS . . . . . 1 2 8 _____ (SPECIFY)	
508	Was the child a single or multiple birth?	SINGLETON . . . . . 1 TWIN . . . . . 2 TRIPLET OR MORE . . . . . 3 DON'T KNOW 8	→ 601 → 601
509	What was the birth order of the child that died?	FIRST . . . . . 1 SECOND . . . . . 2 THIRD OR HIGHER . . . . . 3 DON'T KNOW 8	

SECTION 6. DELIVERY HISTORY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Where was the child born? PROBE TO IDENTIFY THE TYPE OF HEALTH FACILITY AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF A HEALTH FACILITY IS PUBLIC OR PRIVATE , WRITE THE NAME OF THE PLACE _____ (NAME OF PLACE)	HOME RESPONDENT'S HOME . . . . . 01 OTHER HOME . . . . . 02 PUBLIC SECTOR HOSPITAL (NATIONAL, REGIONAL, PROVINCIAL, OR DISTRICT . . . . . 03 CHC/POLYCLINIC . . . . . 04 BASIC HEALTH CENTER . . . . . 05 OTHER PUBLIC _____ 06 (SPECIFY) PRIVATE SECTOR PVT. HOSPITAL . . . . . 07 PRIVATE CLINIC . . . . . 08 PRIVATE DOCTOR'S OFFICE . . . . . 09 OTHER PRIVATE _____ 10 (SPECIFY) OTHER SOURCE CHARITY/FOUNDATIONS . . . . . 11 REFUGEE CAMP . . . . . 12 OTHER _____ 96 (SPECIFY)	
602	Who assisted with the delivery? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT DURING THE DELIVERY.	HEALTH PERSONNEL DOCTOR . . . . . A NURSE/MIDWIFE . . . . . B OTHER PERSON TRADITIONAL BIRTH ATTENDANT . . . . . C COMMUNITY HEALTH WORKER . . . . . D RELATIVE/FRIEND . . . . . E OTHER _____ X (SPECIFY) NO ONE . . . . . Y	
603	When did the water break?	BEFORE LABOR STARTED . . . . . 1 DURING LABOR . . . . . 2 DON'T KNOW 8	
604	How many hours after the water broke was the baby born?	LESS THAN 24 HOURS . . . . . 1 24 HOURS OR MORE . . . . . 2 DON'T KNOW 8	
605	Was the water foul smelling?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
606	Did the baby stop moving in the womb?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 → 608 → 608
607	When did the baby stop moving in the womb?	BEFORE LABOR STARTED . . . . . 1 DURING LABOR . . . . . 2 DON'T KNOW 8	
608	Did a birth attendant listen for fetal heart sounds during labor?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 → 610 → 610
609	Were fetal heart sounds present?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
610	Was there excess bleeding on the day labor started?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
611	Did the mother have a fever on the day labor started?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
612	How long did the labor pains last?	LESS THAN 12 HOURS . . . . . 1 12-23 HOURS . . . . . 2 24 HOURS OR MORE . . . . . 3 DON'T KNOW 8	
613	Was it a normal vaginal delivery?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 615 → 615
614	What type of delivery was it?	FORCEPS/VACUUM . . . . . 1 CAESAREAN SECTION . . . . . 2 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
615	Which part of the baby came first?	HEAD . . . . . 1 BOTTOM . . . . . 2 FEET . . . . . 3 ARM/HAND . . . . . 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
616	Did the umbilical cord come out before the baby was born?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

SECTION 7. CONDITION OF THE BABY SOON AFTER BIRTH

701	At birth what was the size of the baby?	SMALLER THAN NORMAL . . . . . 1 NORMAL . . . . . 2 LARGER THAN NORMAL . . . . . 3 DON'T KNOW 8	
702	Was the baby premature?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 → 704 → 704
703	How many months or weeks long was the pregnancy? INDICATE DURATION OF PREGNANCY	MONTHS . . . . . 1 ☐☐ WEEKS . . . . . 2 ☐☐ DON'T KNOW 9 9 8	
704	What was the birth weight of the baby?	KILOGRAMS . . . . . ☐.☐ DON'T KNOW 9 8	
705	Was anything applied to the umbilical cord stump after birth?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 → 707 → 707
706	What was it?	_____ _____ (SPECIFY)	
707	Were there any signs of injury or broken bones?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 → 709 → 709
708	Where were the marks or signs of injury?	_____ _____ (SPECIFY)	
709	Was there any sign of paralysis?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
710	Did the baby have any malformation?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 → 712 → 712

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
711	What kind of malformation did the baby have?	SWELLING/DEFECT ON THE BACK ..... A VERY LARGE HEAD ..... B VERY SMALL HEAD ..... C DEFECT OF LIP AND/OR PALATE ..... D OTHER MALFORMATION _____ X (SPECIFY) DON'T KNOW ..... Y	
712	What was the color of the baby at birth?	NORMAL ..... 1 PALE ..... 2 BLUE ..... 3 DON'T KNOW 8	
713	Did the baby breathe after birth, even a little?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
714	Was the baby given assistance to breathe?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
715	Did the baby ever cry after birth, even a little?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
716	Did the baby ever move, even a little?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
717	CHECK 713, 715, AND 716 FOR CODES 'NO': ALL THREE CODES 'NO': THE BABY DIDN'T BREATH, THE BABY DIDN'T CRY, THE BABY DIDN'T MOVE OTHER:		→801
718	If the baby did not cry, breathe or move, was it born dead?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 →801 →801
719	Was the baby macerated, that is, showed signs of decay?	YES ..... 1 NO ..... 2 DON'T KNOW 8	→1001 →1001 →1001

SECTION 8. HISTORY OF INJURIES/ACCIDENTS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Did the baby suffer from any injury or accident that led to her/his death?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 →804 →804
802	What kind of injury or accident did the baby suffer?	ROAD TRAFFIC ACCIDENT ..... 1 FALL ..... 2 DROWNING ..... 3 POISONING ..... 4 BURNS ..... 5 VIOLENCE/ASSAULT ..... 7 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
803	Was the injury or accident intentionally inflicted by someone else?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
804	Did the baby suffer from any animal/insect bite that led to her/his death?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 →901 →901
805	What type of animal/insect?	DOG ..... 1 SNAKE ..... 2 INSECT ..... 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	

SECTION 9. NEONATAL ILLNESS HISTORY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Was the baby ever able to suckle or bottle-feed?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 → 906 → 906
902	How soon after birth did the baby suckle or bottle-feed?	HOURS . . . . . 1 ☐☐ DAYS . . . . . 2 ☐☐ DON'T KNOW 9 9 8	
903	Did the baby stop suckling or bottle-feeding?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 → 905 → 905
904	How many days after birth did the baby stop suckling or bottle-feeding?	DAYS . . . . . ☐☐ DON'T KNOW 9 8	
905	Was the breastfeeding exclusive?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
906	Did the baby have convulsions?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 → 908 → 908
907	How soon after birth did the convulsions start?	DAYS . . . . . ☐☐ DON'T KNOW 9 8	
908	Did the baby become stiff and arched backwards?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
909	Did the child have bulging of the fontanelle?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 → 911 → 911
910	How many days after birth did the baby have the bulging?	DAYS . . . . . ☐☐ DON'T KNOW 9 8	
911	Did the baby become unresponsive or unconscious?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 → 913 → 913
912	How many days after birth did the baby become unresponsive or unconscious?'	DAYS . . . . . ☐☐ DON'T KNOW 9 8	
913	Did the baby have a fever?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 → 915 → 915
914	How many days after birth did the baby have a fever?	DAYS . . . . . ☐☐ DON'T KNOW 9 8	
915	Did the baby become cold to the touch?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 → 917 → 917
916	How many days after birth did the baby become cold to the touch?	DAYS . . . . . ☐☐ DON'T KNOW 9 8	
917	Did the baby have a cough?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 → 919 → 919
918	How many days after birth did the baby start to cough?	DAYS . . . . . ☐☐ DON'T KNOW 9 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
919	Did the baby have fast breathing?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 → 921 → 921
920	How many days after birth did the baby start breathing fast?	DAYS . . . . . [ ][ ] DON'T KNOW 9 8	
921	Did the baby have difficulty breathing?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 → 926 → 926
922	How many days after birth did the baby start having difficulty in breathing?	DAYS . . . . . [ ][ ] DON'T KNOW 9 8	
923	Did the baby have chest indrawing?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
924	Did the baby have grunting? DEMONSTRATE	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
925	Did the baby have flaring of the nostrils?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
926	Did the baby have diarrhea?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 → 930 → 930
927	How many days after birth did the baby have diarrhea?	DAYS . . . . . [ ][ ] DON'T KNOW 9 8	
928	When the diarrhea was most severe, how many times did the baby pass stools in a day?	NUMBER OF TIMES . . . . . [ ][ ] DON'T KNOW 9 8	
929	Was there blood in the stools?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
930	Did the baby have vomiting?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 → 933 → 933
931	How many days after birth did vomiting start?	DAYS . . . . . [ ][ ] DON'T KNOW 9 8	
932	When the vomiting was most severe, how many times did the baby vomit in a day?	NUMBER OF TIMES . . . . . [ ][ ] DON'T KNOW 9 8	
933	Did the baby have abdominal distension?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 → 935 → 935
934	How many days after birth did the baby have abdominal distension?	DAYS . . . . . [ ][ ] DON'T KNOW 9 8	
935	Did the baby have redness or discharge from the umbilical cord stump?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
936	Did the baby have a pustular skin rash?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
937	Did the baby have yellow palms or soles?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 → 1001 → 1001
938	How many days after birth did the yellow palms or soles begin?	DAYS . . . . . [ ][ ] DON'T KNOW 9 8	
939	For how many days did the baby have yellow palms or soles?	DAYS . . . . . [ ][ ] DON'T KNOW 9 8	

SECTION 10. MOTHER'S HEALTH AND CONTEXTUAL FACTORS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	What was the age of the mother at the time the baby died?	YEARS . . . . . [ ][ ] DON'T KNOW 9 8	
1002	Did the mother receive antenatal care?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
1003	Did the mother receive tetanus toxoid (TT) vaccine?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 → 1005 → 1005
1004	How many doses?	NUMBER OF DOSES . . . . . [ ][ ] DON'T KNOW 9 8	
1005	How is the mother's health now?	HEALTHY . . . . . 1 ILL . . . . . 2 NOT ALIVE . . . . . 3 DON'T KNOW 8	

DEATH OF A CHILD AGED 0-28 DAYS

SECTION 11 TREATMENT AND HEALTH SERVICE USE FOR THE FINAL ILLNESS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1101	Did the baby receive any treatment for the illness that led to death?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 → 1201 → 1201
1102	Can you please list the treatments the baby was given for the illness that led to death? COPY FROM PRESCRIPTION/DISCHARGE NOTES IF AVAILABLE	a) _____ b) _____ c) _____	
1103	Where did (NAME) receive treatment for the illness that led to his/her death? PROBE: Any where else? CIRCLE ALL PLACES MENTIONED. PROBE TO IDENTIFY THE TYPE OF HEALTH FACILITY AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF A HEALTH FACILITY IS PUBLIC OR PRIVATE , WRITE THE NAME OF THE PLACE _____ (NAME OF PLACE)	HOME RESPONDENT'S HOME . . . . . A OTHER HOME . . . . . B PUBLIC SECTOR HOSPITAL (NATIONAL, REGIONAL, PROVINCIAL, OR DISTRICT . . . . . C CHC/POLYCLINIC . . . . . D BASIC HEALTH CENTER . . . . . E HEALTH POST/SUB-HEALTH POST . . . . . F MOBILE CLINIC . . . . . G OTHER PUBLIC _____ H (SPECIFY) PRIVATE SECTOR PVT. HOSPITAL . . . . . I PRIVATE CLINIC . . . . . J PRIVATE DOCTOR'S OFFICE . . . . . K OTHER PRIVATE _____ L (SPECIFY) OTHER SOURCE CHARITY/FOUNDATIONS . . . . . M REFUGEE CAMP . . . . . N OTHER _____ X (SPECIFY)	
1103A	CHECK Q.1103: CODE C TO N CIRCLED ☐ ↓ OTHER CODE CIRCLED ☐		→ 1201
1104	In the month before death, how many times in total did s/he receive treatment from this/these facilities?	NUMBER OF TIMES . . . . . ☐☐ DON'T KNOW 9 8	
1105	Did a health care worker tell you the cause of death?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 → 1201 → 1201
1106	What did the health care worker say?	_____ _____ _____	

SECTION 12. DATA ABSTRACTED FROM DEATH CERTIFICATE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1201	Do you have a death certifcate for the baby?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 1301 → 1301
1202	Can I see the death certificate? COPY DAY, MONTH AND YEAR OF DEATH FROM THE DEATH CERTIFICATE.	DAY MONTH YEAR ☐☐ ☐☐ ☐☐☐☐	
1203	COPY DAY, MONTH AND YEAR OF ISSUE OF DEATH CERTIFICATE.	DAY MONTH YEAR ☐☐ ☐☐ ☐☐☐☐	
1204	RECORD THE CAUSE OF DEATH FROM THE FIRST (TOP) LINE OF THE DEATH CERTIFICATE: _____		
1205	RECORD THE CAUSE OF DEATH FROM THE SECOND LINE OF THE DEATH CERTIFICATE (IF ANY): _____		
1206	RECORD THE CAUSE OF DEATH FROM THE THIRD LINE OF THE DEATH CERTIFICATE (IF ANY): _____		
1207	RECORD THE CAUSE OF DEATH FROM THE FOURTH LINE OF THE DEATH CERTIFICATE (IF ANY): _____		

DEATH OF A CHILD AGED 0-28 DAYS

SECTION 13. DATA ABSTRACTED FROM OTHER HEALTH RECORDS

1301	OTHER HEALTH RECORDS AVAILABLE	YES . . . . . 1 NO 2	→1311
1302	FOR EACH TYPE OF HEALTH RECORD SUMMARIZE DETAILS FOR LAST 2 VISITS (IF MORE THAN 2) AND RECORD DATE OF ISSUE. (RECORD INFORMATION ABOUT MOTHER AND STILLBORN DECEASED CHILD)		
1303	BURIAL PERMIT (CAUSE OF DEATH) _____		
1304	POST MORTEM RESULTS (CAUSE OF DEATH) _____		
1305	VACCINATION/MCH/ANC CARD (RELEVANT INFORMATION) _____		
1306	HOSPITAL PRESCRIPTION (RELEVANT INFORMATION) _____		
1307	TREATMENT CARDS (RELEVANT INFORMATION) _____		
1308	HOSPITAL DISCHARGE (RELEVANT INFORMATION) _____		
1309	LABORATORY RESULTS (RELEVANT INFORMATION) _____		
1310	OTHER HOSPITAL DOCUMENTS SPECIFY: _____		
1311	RECORD THE TIME MORNING = 1 EVENING = 2	MORNING/EVENING . . . . . [ ] HOURS . . . . . [ ][ ] MINUTES . . . . . [ ][ ]	

DEATH OF A CHILD AGED 0-28 DAYS

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

April 14 2010

AFGHANISTAN MORTALITY SURVEY
VERBAL AUTOPSY [FORM 2]
DEATH OF A CHILD AGED 29 DAYS TO 11 YEARS

THE MINISTRY OF PUBLIC HEALTH

IDENTIFICATION

VILLAGE / NEIGHBORHOOD [MUQATAA / MAHALAH] _____ ☐☐☐

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER [SAHA SHOMOR] . . . . . ☐☐☐

STRUCTURE NUMBER . . . . . ☐☐☐

HOUSEHOLD NUMBER . . . . . ☐☐☐

NAME, LINE NUMBER OF RESPONDENT FROM Q.101 AND Q.102 IN HQ _____ ☐☐

NAME, COLUMN NUMBER OF DECEASED FROM Q.303 AND Q.304 IN HQ _____ ☐☐

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY ☐☐
				MONTH ☐☐
				YEAR ☐☐☐☐
INTERVIEWER'S NAME				INT. NUMBER ☐☐☐
RESULT*				RESULT ☐
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS ☐
TIME				

*RESULT CODES:
1 COMPLETED
2 NOT AT HOME
3 POSTPONED
4 REFUSED
5 PARTLY COMPLETED
7 INCAPACITATED
6 OTHER _____ (SPECIFY)

LANGUAGE OF INTERVIEW

LANGUAGE OF QUESTIONNAIRE: ☐ LANGUAGE OF INTERVIEW: ☐ LANGUAGE OF RESPONDENT ☐

LANGUAGE CODES: PASHTU = 1, DARI = 2, ENGLISH = 3, OTHER = 4

TRANSLATOR USED: (YES = 1, NO = 2) ☐

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ ☐☐☐	NAME _____ ☐☐☐	☐☐	☐☐

Introduction and Consent

Hello. My name is_____and I am working with the Ministry of Public Health.
We are conducting a survey about health all over Afghanistan.
Your household was selected for the survey. The questions usually take about 30 to 45 minutes.

We are collecting information on the causes of death in the community. This information will help the government to plan health services. We would very much appreciate your participation in this survey. We learned during our earlier visit that (NAME) had died recently. As part of the survey we want to ask you about the circumstances leading to the death of the deceased. Whatever information you provide wil be kept strictly confidential. No information identifying you or the deceased will ever be released to anyone outside of this survey.

Participation in this survey is voluntary and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your answers will help the government improve health services for Afghanis.

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

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED 1 ↓

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED 2 → END

DEATH OF A CHILD AGED 29 DAYS TO 11 YEARS

SECTION 2. BASIC INFORMATION ABOUT RESPONDENT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	RECORD THE TIME MORNING = 1 EVENING = 2	MORNING/EVENING . . . . . [ ] HOUR . . . . . [ ][ ] MINUTES . . . . . [ ][ ]	
202	What is your relationship to the deceased?	FATHER . . . . . 1 MOTHER . . . . . 2 SPOUSE 3 SIBLING . . . . . 4 OTHER RELATIVE _____ 6 (SPECIFY) NO RELATION 8	
203	Did you live with the deceased in the period leading to her/his death?	YES . . . . . 1 NO 2	

SECTION 3. INFORMATION ON THE DECEASED AND DATE/PLACE OF DEATH

301	What was the name of the deceased?	_____ (NAME)	
302	Was the deceased male or female?	MALE . . . . . 1 FEMALE 2	
303	When was the deceased born? RECORD '98' IF DON'T KNOW DAY OR MONTH RECORD '9998' IF DON'T KNOW YEAR	DAY . . . . . [ ][ ] MONTH . . . . . [ ][ ] YEAR . . . . . [ ][ ][ ][ ]	
304	How old was the deceased when s/he died? IF AGE LESS THAN 1 YEAR RECORD MONTHS	AGE IN YEARS . . . . . 1 [ ][ ] AGE IN MONTHS . . . . . 2 [ ][ ]	
305	When did s/he die? RECORD '98' IF DON'T KNOW DAY OR MONTH RECORD '9998' IF DON'T KNOW YEAR	DAY . . . . . [ ][ ] MONTH . . . . . [ ][ ] YEAR . . . . . [ ][ ][ ][ ]	
305A	CHECK 305: DIED 1 HAMMAL 1386 OR AFTER ☐ DIED EARLIER THAN 1 HAMMAL 1386 ☐ →		END
305B	CHECK 304: AGE AT DEATH 29 DAYS TO 11 YEARS ☐ AGE AT DEATH 28 DAYS OR LESS ☐ → AGE AT DEATH 12 YEARS AND ABOVE ☐ →		USE VA FORM 1 USE VA FORM 3
306	What was her/his occupation, that is, what kind of work did s/he mainly do?	[ ][ ] _____ _____ _____	
307	What is the highest level of school s/he attended: primary, secondary or madrassa?	NONE . . . . . 1 PRIMARY . . . . . 2 SECONDARY . . . . . 3 MADRASSA . . . . . 5 DON'T KNOW 8	
308	What was her/his marital status?	NEVER MARRIED . . . . . 1 MARRIED . . . . . 2 WIDOWED . . . . . 3 DIVORCED . . . . . 4 SEPARATED . . . . . 5 DON'T KNOW 8	
309	Where did s/he die?	HOSPITAL . . . . . 1 OTHER HEALTH FACILITY . . . . . 2 HOME . . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	

DEATH OF A CHILD AGED 29 DAYS TO 11 YEARS

SECTION 4. RESPONDENT'S ACCOUNT OF ILLNESS/EVENTS LEADING TO DEATH

401	Could you tell me about the illness/events that led to her his/death?
402	CAUSE OF DEATH 1 ACCORDING TO RESPONDENT
403	CAUSE OF DEATH 2 ACCORDING TO RESPONDENT

DEATH OF A CHILD AGED 29 DAYS TO 11 YEARS

SECTION 5. HISTORY OF PREVIOUSLY KNOWN MEDICAL CONDITIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	I would like to ask you some questions concerning previously known medical conditions the deceased had; injuries and accidents that the deceased suffered; and signs and symptoms that the deceased had/showed when s/he was ill. Some of these questions may not appear to be directly related to his/her death. Please bear with me and answer all the questions. They will help us to get a clear picture of all possible symptoms that the deceased had. Please tell me if the deceased suffered from any of the following illnesses:		
502	Heart disease?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
503	Diabetes?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
504	Asthma?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
505	Epilepsy?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
506	Malnutrition?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
507	Cancer?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 → 509 → 509
508	Can you specify the type or site of cancer?	TYPE/SITE _____	
509	Tuberculosis?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
510	HIV/AIDS?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
511	Did s/he suffer from any other medically diagnosed illness?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 → 601 → 601
512	Can you specify the illness?	ILLNESS _____	

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SECTION 6. HISTORY OF INJURIES/ACCIDENTS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Did s/he suffer from any injury or accident that led to her/his death?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	→ 604 → 604
602	What kind of injury or accident did the deceased suffer?	ROAD TRAFFIC ACCIDENT . . . 1 FALL . . . 2 DROWNING . . . 3 POISONING . . . 4 BURNS . . . 5 VIOLENCE/ASSAULT . . . 7 OTHER _____ 6 (SPECIFY) DON'T KNOW . . . 8	
603	Was the injury or accident intentionally inflicted by someone else?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	
604	CHECK QUESTION 304 FOR AGE AT DEATH: 10 YEARS OR OLDER ☐ ↓ UNDER 10 YEARS ☐ →		606
605	Do you think that s/he committed suicide?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	
606	Did s/he suffer from any animal/insect bite that led to her/his death?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	→ 608 → 608
607	What type of animal/insect?	DOG . . . 1 SNAKE . . . 2 INSECT . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW . . . 8	
608	CHECK Q.304: UNDER ONE YEAR ☐ ↓ ONE YEAR OR OLDER ☐ →		801

SECTION 7. SYMPTOMS AND SIGNS NOTED DURING THE FINAL ILLNESS OF INFANTS

701	Was the child small at birth?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	
702	Was the child born prematurely?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	→ 704 → 704
703	How many months or weeks premature? INDICATE PERIOD OF PREGNANCY	WEEKS . . . 1 ☐☐ MONTHS . . . 2 ☐☐ DON'T KNOW . . . 9 9 8	
704	Was the child growing normally?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	
705	Did the child have bulging of the fontanelle?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	→ 801 → 801
706	For how many days before death did s/he have the bulging?	DAYS . . . ☐☐ DON'T KNOW . . . 9 8	

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SECTION 8. STATUS OF MOTHER AND SYMPTOMS NOTED DURING THE FINAL ILLNESS FOR ALL CHILDREN

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	How is the mother's health now?	HEALTHY . . . . . 1 ILL . . . . . 2 NOT ALIVE . . . . . 3 DON'T KNOW 8	
802	For how long was the child ill before s/he died?	DAYS . . . . . 1 [ ][ ] MONTHS . . . . . 2 [ ][ ] DON'T KNOW 9 9 8	
803	Did s/he have a fever?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 808 → 808
804	For how long did s/he have a fever?	DAYS . . . . . 1 [ ][ ] MONTHS . . . . . 2 [ ][ ] DON'T KNOW 9 9 8	
805	Was the fever severe?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
806	Was the fever continuous or on and off?	CONTINUOUS . . . . . 1 ON AND OFF . . . . . 2 DON'T KNOW 8	
807	Did s/he have chills/rigor?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
808	Did s/he have a cough?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 812 → 812
809	For how long did s/he have a cough?	DAYS . . . . . 1 [ ][ ] MONTHS . . . . . 2 [ ][ ] DON'T KNOW 9 9 8	
810	Was the cough severe?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
811	Did the child vomit after he/she coughed?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
812	Did s/he have fast breathing?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 818 → 818
813	For how long did s/he have fast breathing?	DAYS . . . . . [ ][ ] DON'T KNOW 9 8	
814	Did s/he have difficulty in breathing?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 820 → 820
815	For how long did s/he have difficulty in breathing?	DAYS . . . . . [ ][ ] DON'T KNOW 9 8	
816	Did s/he have chest indrawing?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 818 → 818

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
817	For how long did s/he have chest indrawing?	DAYS ..... [ ][ ] DON'T KNOW 9 8	
818	Did s/he have noisy breathing (grunting or wheezing)? DEMONSTRATE	YES ..... 1 NO ..... 2 DON'T KNOW 8	
819	Did s/he have flaring of the nostrils?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
820	Did s/he have diarrhoea?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 824 → 824
821	For how long did s/he have diarrhoea?	DAYS ..... [ ][ ] DON'T KNOW 9 8	
822	When the diarrhoea was most severe, how many times did s/he pass stool in a day?	NUMBER OF TIMES ..... [ ][ ] DON'T KNOW 9 8	
823	At any time during the final illness was there blood in the stool?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
824	Did s/he vomit?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 827 → 827
825	For how long did s/he vomit?	DAYS ..... [ ][ ] DON'T KNOW 9 8	
826	When the vomiting was most severe, how many times did s/he vomit in a day?	NUMBER OF TIMES ..... [ ][ ] DON'T KNOW 9 8	
827	Did s/he have abdominal pain?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 830 → 830
828	For how long did s/he have abdominal pain?	DAYS ..... 1 [ ][ ] MONTHS ..... 2 [ ][ ] DON'T KNOW 9 9 8	
829	Was the abdominal pain severe?	YES ..... 1 NO ..... 2 DON'T KNOW 8	
830	Did s/he have abdominal distension?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → 834 → 834
831	For how long did s/he have abdominal distension?	DAYS ..... 1 [ ][ ] MONTHS ..... 2 [ ][ ] DON'T KNOW 9 9 8	
832	Did the distension develop rapidly within days or gradually over months?	RAPIDLY WITHIN DAYS ..... 1 GRADUALLY OVER MONTHS ..... 2 DON'T KNOW 8	
833	Was there a period of a day or longer during which s/he did not pass any stool?	YES ..... 1 NO ..... 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
834	Did s/he have any mass in the abdomen?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	 → 836 → 836
835	For how long did s/he have the mass in the abdomen?	DAYS . . . 1 ☐☐ MONTHS . . . 2 ☐☐ DON'T KNOW . . . 9 9 8	
836	Did s/he have headache?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	 → 839 → 839
837	For how long did s/he have headache?	DAYS . . . 1 ☐☐ MONTHS . . . 2 ☐☐ DON'T KNOW . . . 9 9 8	
838	Was the headache severe?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	
839	Did s/he have a stiff or painful neck?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	 → 841 → 841
840	For how long did s/he have a stiff or painful neck?	DAYS . . . ☐☐ DON'T KNOW . . . 9 8	
841	Did s/he become unconscious?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	 → 844 → 844
842	For how long was s/he unconscious?	DAYS . . . ☐☐ DON'T KNOW . . . 9 8	
843	Did the unconsciousness start suddenly, quickly within a single day, or slowly over many days?	SUDDENLY . . . 1 FAST (IN A DAY) . . . 2 SLOWLY (MANY DAYS) . . . 3 DON'T KNOW . . . 8	
844	Did s/he have convulsions?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	 → 846 → 846
845	For how long did s/he have convulsions?	DAYS . . . 1 ☐☐ MONTHS . . . 2 ☐☐ DON'T KNOW . . . 9 9 8	
846	Did s/he have paralysis of the lower limbs?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	 → 849 → 849
847	How long did s/he have paralysis of the lower limbs?	DAYS . . . 1 ☐☐ MONTHS . . . 2 ☐☐ DON'T KNOW . . . 9 9 8	
848	Did the paralysis of the lower limbs start suddenly, quickly within a single day, or slowly over many days?	SUDDENLY . . . 1 FAST (IN A DAY) . . . 2 SLOWLY (MANY DAYS) . . . 3 DON'T KNOW . . . 8	
849	Was there any change in the amount of urine s/he passed daily?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	 → 852 → 852

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
850	For how long did s/he have the change in the amount of urine s/he passed daily?	DAYS . . . 1 [ ][ ] MONTHS . . . 2 [ ][ ] DON'T KNOW . . . 9 9 8	
851	How much urine did s/he pass?	TOO MUCH . . . 1 TOO LITTLE . . . 2 NO URINE AT ALL . . . 3 DON'T KNOW . . . 8	
852	During the illness that led to death, did s/he have any skin rash?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	→ 856 → 856
853	For how long did s/he have the skin rash?	DAYS . . . [ ][ ] DON'T KNOW . . . 9 8	
854	Was the rash located on:	YES NO DK	
	1 The face?	FACE . . . 1 2 8	
	2 The trunk?	TRUNK . . . 1 2 8	
	3 On the arms and legs?	ARMS AND LEGS . . . 1 2 8	
	4 Any other place?	OTHER PLACE . . . 1 2 8 SPECIFY: _____ ↵ (SPECIFY)	
855	What did the rash look like?	MEASLES RASH . . . 1 RASH WITH CLEAR FLUID . . . 2 RASH WITH PUS . . . 3 DON'T KNOW . . . 8	
856	Did s/he have red eyes?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	
857	Did s/he have bleeding from the nose, mouth, or anus?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	
858	Did s/he have weight loss?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	→ 861 → 861
859	For how long before death did s/he have the weight loss?	DAYS . . . 1 [ ][ ] MONTHS . . . 2 [ ][ ] DON'T KNOW . . . 9 9 8	
860	Did s/he look very thin and wasted?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	
861	Did s/he have mouth sores or white patches in the mouth or on the tongue?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	→ 863 → 863
862	For how long did s/he have mouth sores or white patches in the mouth or on the tongue?	DAYS . . . [ ][ ] DON'T KNOW . . . 9 8	
863	Did s/he have any swelling?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	→ 866 → 866
864	For how long did s/he have the swelling?	DAYS . . . 1 [ ][ ] MONTHS . . . 2 [ ][ ] DON'T KNOW . . . 9 9 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
865	Was the swelling on: 1 The face? 2 The joints? 3 The ankles? 4 The whole body? 5 Any other place?	YES NO DK FACE . . . . . 1 2 8 JOINTS . . . . . 1 2 8 ANKLES . . . . . 1 2 8 WHOLE BODY . . . . . 1 2 8 OTHER PLACE . . . . . 1 2 8 SPECIFY: _____ ↵	
866	Did s/he have any lumps?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 869 → 869
867	For how long did s/he have the lumps?	DAYS . . . . . 1 ☐☐ MONTHS . . . . . 2 ☐☐ DON'T KNOW 9 9 8	
868	Were the lumps on: 1 The neck? 2 The armpit? 3 The groin? 4 Any other place?	YES NO DK NECK . . . . . 1 2 8 ARMPIT . . . . . 1 2 8 GROIN . . . . . 1 2 8 OTHER PLACE . . . . . 1 2 8 SPECIFY: _____ ↵	
869	Did s/he have yellow discoloration of the eyes?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 871 → 871
870	For how long did s/he have the yellow discoloration of the eyes?	DAYS . . . . . 1 ☐☐ MONTHS . . . . . 2 ☐☐ DON'T KNOW 9 9 8	
871	Did her/his hair color change to reddish or yellowish?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 873 → 873
872	For how long did s/he have reddish/yellowish hair?	DAYS . . . . . 1 ☐☐ MONTHS . . . . . 2 ☐☐ DON'T KNOW 9 9 8	
873	Did s/he look pale (thinning/lack of blood) or have pale palms, eyes or nail beds?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 875 → 875
874	For how long did s/he look pale (thinning/lack of blood) or have pale palms, eyes, or nail beds?	DAYS . . . . . ☐☐ DON'T KNOW 9 8	
875	Did s/he have sunken eyes?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 901 → 901
876	For how long did s/he have sunken eyes?	DAYS . . . . . ☐☐ DON'T KNOW 9 8	

DEATH OF A CHILD AGED 29 DAYS TO 11 YEARS

SECTION 9. TREATMENT AND HEALTH SERVICE USE FOR THE FINAL ILLNESS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Was s/he vaccinated for measles?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
902	Did s/he receive any treatment for the illness that led to death?	YES . . . . . 1 NO . . . . . 2 →909 DON'T KNOW . . . . . 8 →909	
903	Can you please list the drugs s/he was given for the ilness that led to death? COPY FROM PRESCRIPTION/DISCHARGE NOTES IF AVAILABLE	_____ _____ _____	
904	What type of treatment did s/he receive: 1 Oral rehydration salts and/or intravenous fluids (drip) treatment? 2 Blood transfusion? 3 Treatment/food through a tube passed through the nose? 4 Any other treatment?	YES NO DK ORS/DRIP TREATMENT . . . . . 1 2 8 BLOOD TRANSFUSION . . . . . 1 2 8 THROUGH THE NOSE . . . . . 1 2 8 OTHER _____ (SPECIFY) 1 2 8	
905	Where did (NAME) receive treatment for the illness that led to his/her death? PROBE: Any where else? CIRCLE ALL PLACES MENTIONED. PROBE TO IDENTIFY THE TYPE OF HEALTH FACILITY AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF A HEALTH FACILITY IS PUBLIC OR PRIVATE , WRITE THE NAME OF THE PLACE _____ (NAME OF PLACE)	HOME RESPONDENT'S HOME . . . . . A OTHER HOME . . . . . B PUBLIC SECTOR HOSPITAL (NATIONAL, REGIONAL, PROVINCIAL, OR DISTRICT) . . . . . C CHC/POLYCLINIC . . . . . D BASIC HEALTH CENTER . . . . . E HEALTH POST/SUB-HEALTH POST . . . . . F MOBILE CLINIC . . . . . G OTHER PUBLIC _____ (SPECIFY) H PRIVATE SECTOR PVT. HOSPITAL . . . . . I PRIVATE CLINIC . . . . . J PRIVATE DOCTOR'S OFFICE . . . . . K OTHER PRIVATE _____ (SPECIFY) L OTHER SOURCE CHARITY/FOUNDATIONS . . . . . M REFUGEE CAMP . . . . . N OTHER _____ (SPECIFY) X	
905A	CHECK Q.905: CODE C TO N CIRCLED ☐ OTHER CODE CIRCLED ☐	→ 909	
906	In the month before death, how many times in total did s/he receive treatment from this/these facilities?	NUMBER OF TIMES . . . . . ☐☐ DON'T KNOW 9 8	
907	Did a health care worker tell you the cause of death?	YES . . . . . 1 NO . . . . . 2 →909 DON'T KNOW . . . . . 8 →909	
908	What did the health care worker say?	_____ _____ _____	
909	Did s/he have any operation for the illness?	YES . . . . . 1 NO . . . . . 2 →1001 DON'T KNOW . . . . . 8 →1001	
910	How many days before death did s/he have the operation?	DAYS . . . . . ☐☐ DON'T KNOW 9 8	
911	On what part of the body was the operation?	ABDOMEN . . . . . 1 CHEST . . . . . 2 HEAD . . . . . 3 OTHER _____ (SPECIFY) 6 DON'T KNOW 8	

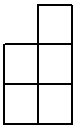
DEATH OF A CHILD AGED 29 DAYS TO 11 YEARS

SECTION 10. DATA ABSTRACTED FROM DEATH CERTIFICATE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	Do you have a death certifcate for the deceased?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 1101 → 1101
1002	Can I see the death certificate? COPY DAY, MONTH AND YEAR OF DEATH FROM THE DEATH CERTIFICATE.	DAY MONTH YEAR ☐☐ ☐☐ ☐☐☐☐	
1003	COPY DAY, MONTH AND YEAR OF ISSUE OF DEATH CERTIFICATE.	DAY MONTH YEAR ☐☐ ☐☐ ☐☐☐☐	
1004	RECORD THE CAUSE OF DEATH FROM THE FIRST (TOP) LINE OF THE DEATH CERTIFICATE: _____		
1005	RECORD THE CAUSE OF DEATH FROM THE SECOND LINE OF THE DEATH CERTIFICATE (IF ANY): _____		
1006	RECORD THE CAUSE OF DEATH FROM THE THIRD LINE OF THE DEATH CERTIFICATE (IF ANY): _____		
1007	RECORD THE CAUSE OF DEATH FROM THE FOURTH LINE OF THE DEATH CERTIFICATE (IF ANY): _____		

DEATH OF A CHILD AGED 29 DAYS TO 11 YEARS

SECTION 11. DATA ABSTRACTED FROM OTHER HEALTH RECORDS

1101	OTHER HEALTH RECORDS AVAILABLE	YES . . . . . 1 NO 2	→ 1111
1102	FOR EACH TYPE OF HEALTH RECORD SUMMARIZE DETAILS FOR LAST 2 VISITS (IF MORE THAN 2) AND RECORD DATE OF ISSUE		
1103	BURIAL PERMIT (CAUSE OF DEATH) _____		
1104	POST MORTEM RESULTS (CAUSE OF DEATH) _____		
1105	MCH/ANC CARD (RELEVANT INFORMATION) _____		
1106	HOSPITAL PRESCRIPTION (RELEVANT INFORMATION) _____		
1107	TREATMENT CARDS (RELEVANT INFORMATION) _____		
1108	HOSPITAL DISCHARGE (RELEVANT INFORMATION) _____		
1109	LABORATORY RESULTS (RELEVANT INFORMATION) _____		
1110	OTHER HOSPITAL DOCUMENTS SPECIFY: _____		
1111	RECORD THE TIME MORNING = 1 EVENING = 2	MORNING/EVENING HOURS . . . . .  MINUTES	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

April 14 2010

AFGHANISTAN MORTALITY SURVEY
VERBAL AUTOPSY [FORM 3]
DEATH OF AN ADULT AGED 12 YEARS AND ABOVE

THE MINISTRY OF PUBLIC HEALTH

IDENTIFICATION

VILLAGE / NEIGHBORHOOD [MUQATAA / MAHALAH] _____ ☐☐☐

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER [SAHA SHOMOR] ☐☐☐

STRUCTURE NUMBER ☐☐☐

HOUSEHOLD NUMBER ☐☐☐

NAME, LINE NUMBER OF RESPONDENT FROM Q.101 AND Q.102 IN HQ _____ ☐☐

NAME, COLUMN NUMBER OF DECEASED FROM Q.303 AND Q.304 IN HQ _____ ☐☐

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY ☐☐
				MONTH ☐☐
				YEAR ☐☐☐☐
INTERVIEWER'S NAME				INT. NUMBER ☐☐☐
RESULT*				RESULT ☐
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS ☐
TIME				

*RESULT CODES:
1 COMPLETED
2 NOT AT HOME
3 POSTPONED
4 REFUSED
5 PARTLY COMPLETED
7 INCAPACITATED
6 OTHER _____ (SPECIFY)

LANGUAGE OF INTERVIEW

LANGUAGE OF QUESTIONNAIRE: ☐ LANGUAGE OF INTERVIEW: ☐ LANGUAGE OF RESPONDENT ☐

LANGUAGE CODES: PASHTU = 1, DARI = 2, OTHER = 3, OTHER = 4

TRANSLATOR USED: (YES = 1, NO = 2) ☐

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ ☐☐☐	NAME _____ ☐☐☐	☐☐	☐☐

Introduction and Consent

Hello. My name is_____and I am working with the Ministry of Public Health.
We are conducting a survey about health all over Afghanistan.
Your household was selected for the survey. The questions usually take about 30 to 45 minutes.

We are collecting information on the causes of death in the community. This information will help the government to plan health services. We would very much appreciate your participation in this survey. We learned during our earlier visit that (NAME) had died recently. As part of the survey we want to ask you about the circumstances leading to the death of the deceased. Whatever information you provide wil be kept strictly confidential. No information identifying you or the deceased will ever be released to anyone outside of this survey.

Participation in this survey is voluntary and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your answers will help the government improve health services for Afghans.

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

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED 1 ↓

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED 2 → END

DEATH OF AN ADULT AGED 12 YEARS AND ABOVE

SECTION 2. BASIC INFORMATION ABOUT RESPONDENT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	RECORD THE TIME MORNING = 1 EVENING = 2	MORNING/EVENING HOUR . . . . . . MINUTES	
202	What is your relationship to the deceased?	FATHER . . . . . 1 MOTHER . . . . . 2 SPOUSE 3 SIBLING . . . . . 4 OTHER RELATIVE _____ 6 (SPECIFY) NO RELATION 8	
203	Did you live with the deceased in the period leading to her/his death?	YES . . . . . 1 NO 2	

SECTION 3. INFORMATION ON THE DECEASED AND DATE/PLACE OF DEATH

301	What was the name of the deceased?	_____ (NAME)	
302	Was (NAME) male or female?	MALE . . . . . 1 FEMALE 2	
303	When was (NAME) born? RECORD '98' IF DON'T KNOW DAY OR MONTH RECORD '9998' IF DON'T KNOW YEAR	DAY . . . . . . MONTH . . . . . . YEAR	
304	How old was (NAME) when s/he died?	AGE IN YEARS	
305	When did s/he die? RECORD '98' IF DON'T KNOW DAY OR MONTH RECORD '9998' IF DON'T KNOW YEAR	DAY . . . . . . MONTH . . . . . . YEAR	
305A	CHECK 305: DIED 1 HAMMAL 1386 OR AFTER ☐	DIED EARLIER THAN 1 HAMMAL 1386 ☐ →	END
305B	CHECK 304: AGE AT DEATH 12 YEARS AND ABOVE ☐	AGE AT DEATH 28 DAYS OR LESS ☐ → AGE AT DEATH 29 DAYS TO 11 YEARS ☐ →	USE VA USE VA FORM 2
306	What was her/his occupation, that is, what kind of work did s/he mainly do?	_____ _____ _____	
307	What is the highest level of school s/he attended: primary, secondary, higher or madrassa?	NONE . . . . . 1 PRIMARY . . . . . 2 SECONDARY . . . . . 3 HIGHER . . . . . 4 MADRASSA . . . . . 5 DON'T KNOW 8	
308	What was her/his marital status?	NEVER MARRIED . . . . . 1 MARRIED . . . . . 2 WIDOWED . . . . . 3 DIVORCED . . . . . 4 SEPARATED . . . . . 5 DON'T KNOW 8	
309	Where did s/he die?	HOSPITAL . . . . . 1 OTHER HEALTH FACILITY . . . . . 2 HOME . . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	

DEATH OF A PERSON AGED 12 YEARS AND ABOVE

SECTION 4. RESPONDENT'S ACCOUNT OF ILLNESS/EVENTS LEADING TO DEATH

401	Could you tell me about the illness/events that led to her his/death?
402	CAUSE OF DEATH 1 ACCORDING TO RESPONDENT
403	CAUSE OF DEATH 2 ACCORDING TO RESPONDENT

DEATH OF A PERSON AGED 12 YEARS AND ABOVE

SECTION 5. HISTORY OF PREVIOUSLY KNOWN MEDICAL CONDITIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	I would like to ask you some questions concerning previously known medical conditions the deceased had; injuries and accidents that the deceased suffered; and signs and symptoms that the deceased had/showed when s/he was ill. Some of these questions may not appear to be directly related to his/her death. Please bear with me and answer all the questions. They will help us to get a clear picture of all possible symptoms that the deceased had. Please tell me if the deceased suffered from any of the following illnesses:		
502	High blood pressure?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
503	Diabetes?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
504	Asthma?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
505	Epilepsy?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
506	Malnutrition?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
507	Cancer?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 → 509 → 509
508	Can you specify the type or site of cancer?	TYPE/SITE _____	
509	Tuberculosis?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
510	HIV/AIDS?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
511	Did s/he suffer from any other medically diagnosed illness?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 → 601 → 601
512	Can you specify the illness?	ILLNESS _____	

DEATH OF A PERSON AGED 12 YEARS AND ABOVE

SECTION 6. HISTORY OF INJURIES/ACCIDENTS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Did s/he suffer from any injury or accident that led to her/his death?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	 → 604 → 604
602	What kind of injury or accident did the deceased suffer?	ROAD TRAFFIC ACCIDENT . . . 1 FALL . . . 2 DROWNING . . . 3 POISONING . . . 4 BURNS . . . 5 VIOLENCE/ASSAULT . . . 7 OTHER _____ (SPECIFY) 6 DON'T KNOW . . . 8	
603	Was the injury or accident intentionally inflicted by someone else?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	
604	Do you think that s/he committed suicide?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	
605	Did s/he suffer from any animal/insect bite that led to her/his death?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	 → 607 → 607
606	What type of animal/insect?	DOG . . . 1 SNAKE . . . 2 INSECT . . . 3 OTHER _____ (SPECIFY) 6 DON'T KNOW . . . 8	
607	CHECK Q.302: FEMALE ☐ ↓ MALE ☐ →		901

SECTION 7. SYMPTOMS AND SIGNS ASSOCIATED WITH ILLNESS OF WOMEN

701	Did she have an ulcer or swelling in the breast?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	 → 703 → 703
702	For how long did she have an ulcer or swelling in the breast?	DAYS . . . 1 ☐☐ MONTHS . . . 2 ☐☐ DON'T KNOW . . . 9 9 8	
703	Did she have excessive vaginal bleeding during menstrual periods?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	 → 705 → 705
704	For how long did s/he have the excessive vaginal bleeding during menstrual periods?	DAYS . . . 1 ☐☐ MONTHS . . . 2 ☐☐ DON'T KNOW . . . 998	
705	Did she have vaginal bleeding in between menstrual periods?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	 → 707 → 707
706	For how long did she have vaginal bleeding in between menstrual periods?	DAYS . . . 1 ☐☐ MONTHS . . . 2 ☐☐ DON'T KNOW . . . 998	
707	Did she have abnormal vaginal discharge?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	 → 801 → 801
708	For how long did she have abnormal vaginal discharge?	DAYS . . . 1 ☐☐ MONTHS . . . 2 ☐☐ DON'T KNOW . . . 998	

DEATH OF A PERSON AGED 12 YEARS AND ABOVE

SECTION 8. SYMPTOMS AND SIGNS ASSOCIATED WITH PREGNANCY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801A	CHECK Q.304: AGE AT DEATH 12-49 ☐ AGE AT DEATH LESS THAN 12 OR 50 AND ABOVE ☐	→ 901	
801	Was she pregnant at the time of death?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	→ 806 → 806
802	How long was she pregnant?	WEEKS . . . 1 ☐☐ MONTHS . . . 2 ☐☐ DON'T KNOW . . . 9 9 8	
803	How many pregnancies had she had, including this one?	PREGNANCIES . . . ☐☐ DON'T KNOW . . . 9 8	
804	During the last 3 months of pregnancy, did she suffer from any of the following illnesses:	YES NO DK	
	1 Vaginal bleeding?	VAGINAL BLEEDING . . . 1 2 8	
	2 Smelly vaginal discharge?	SMELLY VAGINAL DISCHARGE . . . 1 2 8	
	3 Puffy face?	PUFFY FACE . . . 1 2 8	
	4 Headache?	HEADACHE . . . 1 2 8	
	5 Blurred vision?	BLURRED VISION . . . 1 2 8	
	6 Convulsion?	CONVULSION . . . 1 2 8	
	7 Febrile illness?	FEBRILE ILLNESS . . . 1 2 8	
	8 Severe abdominal pain that was not labor pain?	SEVERE ABDOMINAL PAIN (NOT LABOR PAIN) . . . 1 2 8	
	9 Pallor and shortness of breath (both present)?	PALLOR/SHORTNESS OF BREATH (BOTH) . . . 1 2 8	
	10 Did she suffer from any other illness?	OTHER _____ (SPECIFY) 1 2 8	
805	Did she die during labor, but undelivered?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	
806	Did she give birth recently?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	→ 818 → 818
807	How many days after giving birth did she die?	DAYS . . . ☐☐ DON'T KNOW . . . 9 8	
808	Was there excessive bleeding on the day labor started?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	
809	Was there excessive bleeding during labor before delivering the baby?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	
810	Was there excessive bleeding after delivering the baby?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	
811	Did she have difficulty in delivering the placenta?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	
812	Was she in labor for unusually long (more than 24 hours)?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	
813	Was it a normal vaginal delivery?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	→ 815 → 815
814	What type of delivery was it?	FORCEPS/VACUUM . . . 1 CAESAREAN SECTION . . . 2 OTHER _____ (SPECIFY) 6 DON'T KNOW . . . 8	
815	Did she have foul smelling vaginal discharge?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	

DEATH OF A PERSON AGED 12 YEARS AND ABOVE

SECTION 8. SYMPTOMS AND SIGNS ASSOCIATED WITH PREGNANCY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
816	Where did she give birth? PROBE TO IDENTIFY THE TYPE OF HEALTH FACILITY AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF A HEALTH FACILITY IS PUBLIC OR PRIVATE , WRITE THE NAME OF THE PLACE _____ (NAME OF PLACE)	HOME RESPONDENT'S HOME . . . . . 01 OTHER HOME . . . . . 02 PUBLIC SECTOR HOSPITAL (NATIONAL, REGIONAL, PROVINCIAL, OR DISTRICT . . . . . 03 CHC/POLYCLINIC . . . . . 04 BASIC HEALTH CENTER . . . . . 05 OTHER PUBLIC _____ 06 (SPECIFY) PRIVATE SECTOR PVT. HOSPITAL . . . . . 07 PRIVATE CLINIC . . . . . 08 PRIVATE DOCTOR'S OFFICE . . . . . 09 OTHER PRIVATE _____ 10 (SPECIFY) OTHER SOURCE CHARITY/FOUNDATIONS . . . . . 11 REFUGEE CAMP . . . . . 12 OTHER _____ 96 (SPECIFY)	
817	Who assisted with the delivery? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT DURING THE DELIVERY.	HEALTH PERSONNEL DOCTOR . . . . . A NURSE/MIDWIFE . . . . . B OTHER PERSON TRADITIONAL BIRTH ATTENDANT . . . . . C COMMUNITY HEALTH WORKER . . . . . D RELATIVE/FRIEND . . . . . E OTHER _____ X (SPECIFY) NO ONE . . . . . Y	
818	Did she experience an abortion recently?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 901 → 901
819	Did she die during the abortion?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 821 → 821
820	How many days before death did she have the abortion?	DAYS . . . . . ☐☐ DON'T KNOW 9 8	
821	How many months pregnant was she when she had the abortion?	MONTHS . . . . . ☐☐ DON'T KNOW 9 8	
822	Did she have heavy bleeding after the abortion?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
823	Did the abortion occur by itself, spontaneously?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 901 → 901
824	Did she take medicine or treatment to induce?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

SECTION 9. SIGNS AND SYMPTOMS NOTED DURING THE FINAL ILLNESS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	For how long was s/he ill before s/he died?	DAYS . . . . . 1 MONTHS . . . . . 2 DON'T KNOW 9 9 8	
902	Did s/he have a fever?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 907 → 907
903	For how long did s/he have a fever?	DAYS . . . . . 1 MONTHS . . . . . 2 DON'T KNOW 9 9 8	
904	Was the fever continuous or on and off?	CONTINUOUS . . . . . 1 ON AND OFF . . . . . 2 DON'T KNOW 8	
905	Did s/he have fever only at night?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
906	Did s/he have chills/rigor?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
907	Did s/he have a cough?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 913 → 913
908	For how long did s/he have a cough?	DAYS . . . . . 1 MONTHS . . . . . 2 DON'T KNOW 9 9 8	
909	Was the cough severe?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
910	Was the cough productive with sputum?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
911	Did s/he cough out blood?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
912	Did s/he have night sweats?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
913	Did s/he have breathlessness?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 918 → 918
914	For how long did s/he have breathlessness?	DAYS . . . . . 1 MONTHS . . . . . 2 DON'T KNOW 9 9 8	
915	Was s/he unable to carry out daily routines due to breathlessness?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
916	Was s/he breathless while lying flat?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
917	Did s/he have wheezing?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

SECTION 9. SIGNS AND SYMPTOMS NOTED DURING THE FINAL ILLNESS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
918	Did s/he have chest pain?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	→ 928 → 928
919	For how long did s/he have chest pain?	DAYS . . . 1 [ ][ ] MONTHS . . . 2 [ ][ ] DON'T KNOW . . . 9 9 8	
920	Did chest pain start suddenly or gradually?	SUDDENLY . . . 1 GRADUALLY . . . 2 DON'T KNOW . . . 8	
921	When s/he had severe chest pain, how long did it last?	LESS THAN HALF AN HOUR . . . 1 HALF AN HOUR TO 24 HOURS . . . 2 LONGER THAN 24 HOURS . . . 3 DON'T KNOW . . . 8	
922	Was the chest pain located below the breastbone (sternum)?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	
923	Was the chest pain located over the heart and did it spread to the left arm?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	
924	Was the chest pain located over the ribs (sides)?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	
925	Was the chest pain continuous or on and off?	CONTINUOUS . . . 1 ON AND OFF . . . 2 DON'T KNOW . . . 8	
926	Did the chest pain get worse while coughing?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	
927	Did s/he have palpitations?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	
928	Did s/he have diarrhoea?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	→ 933 → 933
929	For how long did s/he have diarrhoea?	DAYS . . . 1 [ ][ ] MONTHS . . . 2 [ ][ ] DON'T KNOW . . . 9 9 8	
930	Was the diarrhoea continuous or on and off?	CONTINUOUS . . . 1 ON AND OFF . . . 2 DON'T KNOW . . . 8	
931	At any time during the final illness was there blood in the stool?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	
932	When the diarrhoea was most severe, how many times did s/he pass stools in a day?	NUMBER OF TIMES . . . [ ][ ] DON'T KNOW . . . 9 8	
933	Did s/he vomit?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	→ 937 → 937
934	For how long did s/he vomit?	DAYS . . . 1 [ ][ ] MONTHS . . . 2 [ ][ ] DON'T KNOW . . . 9 9 8	

SECTION 9. SIGNS AND SYMPTOMS NOTED DURING THE FINAL ILLNESS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
935	Did the vomit look like a coffee-colored fluid or bright red/blood red or some other?	COFFEE-COLORED FLUID . . . . . 1 BRIGHT RED/BLOOD RED . . . . . 2 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
936	When the vomiting was most severe, how many times did s/he vomit in a day?	NUMBER OF TIMES . . . . . ☐☐ DON'T KNOW 9 8	
937	CHECK QUESTION 302 FOR SEX OF THE DECEASED: FEMALE ☐ MALE ☐ →		939
938	CHECK QUESTIONS 801, 805, 819 TO SEE IF SHE DIED DURING PREGNANCY, LABOR, ABORTION OR POSTPARTUM: NO ☐ YES ☐ →		948
939	Did s/he have abdominal pain?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 941 → 941
940	For how long did s/he have abdominal pain?	DAYS . . . . . 1 ☐☐ MONTHS . . . . . 2 ☐☐ DON'T KNOW 9 9 8	
941	Did s/he have abdominal distension?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 945 → 945
942	For how long did s/he have abdominal distension?	DAYS . . . . . 1 ☐☐ MONTHS . . . . . 2 ☐☐ DON'T KNOW 9 9 8	
943	Did the distension develop rapidly within days or gradually over months?	RAPIDLY WITHIN DAYS . . . . . 1 GRADUALLY OVER MONTHS . . . . . 2 DON'T KNOW 8	
944	Was there a period of a day or longer during which s/he did not pass any stool?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
945	Did s/he have any mass in the abdomen?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 948 → 948
946	For how long did s/he have the mass in the abdomen?	DAYS . . . . . 1 ☐☐ MONTHS . . . . . 2 ☐☐ DON'T KNOW 9 9 8	
947	Where in the abdomen was the mass located?	RIGHT UPPER ABDOMEN . . . . . 1 LEFT UPPER ABDOMEN . . . . . 2 LOWER ABDOMEN . . . . . 3 ALL OVER ABDOMEN . . . . . 4 DON'T KNOW 8	
948	Did s/he have difficulty or pain while swallowing solids?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 950 → 950
949	For how long did s/he have difficulty or pain while swallowing solids?	DAYS . . . . . 1 ☐☐ MONTHS . . . . . 2 ☐☐ DON'T KNOW 9 9 8	

SECTION 9. SIGNS AND SYMPTOMS NOTED DURING THE FINAL ILLNESS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
950	Did s/he have difficulty or pain while swallowing liquids?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	→ 952 → 952
951	For how long did s/he have difficulty or pain while swallowing liquids?	DAYS . . . 1 MONTHS . . . 2 DON'T KNOW . . . 9 9 8	
952	Did s/he have headache?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	→ 955 → 955
953	For how long did s/he have headache?	DAYS . . . 1 MONTHS . . . 2 DON'T KNOW . . . 9 9 8	
954	Was the headache severe?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	
955	Did s/he have a stiff or painful neck?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	→ 957 → 957
956	For how long did s/he have a stiff or painful neck?	DAYS . . . DON'T KNOW . . . 9 8	
957	Did s/he have mental confusion?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	→ 960 → 960
958	For how long did s/he have mental confusion?	DAYS . . . 1 MONTHS . . . 2 DON'T KNOW . . . 9 9 8	
959	Did the mental confusion start suddenly, quickly within a single day, or slowly over many days?	SUDDENLY . . . 1 FAST (IN A DAY) . . . 2 SLOWLY (MANY DAYS) . . . 3 DON'T KNOW . . . 8	
960	Did s/he become unconscious?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	→ 963 → 963
961	For how long was s/he unconscious?	DAYS . . . 1 MONTHS . . . 2 DON'T KNOW . . . 9 9 8	
962	Did the unconsciousness start suddenly, quickly within a single day, or slowly over many days?	SUDDENLY . . . 1 FAST (IN A DAY) . . . 2 SLOWLY (MANY DAYS) . . . 3 DON'T KNOW . . . 8	
963	Did s/he have convulsions?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	→ 965 → 965
964	For how long did s/he have convulsions?	DAYS . . . 1 MONTHS . . . 2 DON'T KNOW . . . 9 9 8	

SECTION 9. SIGNS AND SYMPTOMS NOTED DURING THE FINAL ILLNESS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
965	Was s/he unable to open the mouth?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 → 967 → 967
966	For how long was s/he unable to open the mouth?	DAYS . . . . . [ ][ ] DON'T KNOW 9 8	
967	Did s/he have stiffness of the whole body?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 → 969 → 969
968	For how long did s/he have stiffness of the whole body?	DAYS . . . . . [ ][ ] DON'T KNOW 98	
969	Did s/he have paralysis of one side of the body?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 → 972 → 972
970	For how long did s/he have paralysis of one side of the body?	DAYS . . . . . 1 [ ][ ] MONTHS . . . . . 2 [ ][ ] DON'T KNOW 9 9 8	
971	Did the paralysis of one side of the body start suddenly, quickly within a single day, or slowly over many days?	SUDDENLY . . . . . 1 FAST (IN A DAY) . . . . . 2 SLOWLY (MANY DAYS) . . . . . 3 DON'T KNOW 8	
972	Did s/he have paralysis of the lower limbs?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 → 975 → 975
973	How long did s/he have paralysis of the lower limbs?	DAYS . . . . . 1 [ ][ ] MONTHS . . . . . 2 [ ][ ] DON'T KNOW 9 9 8	
974	Did the paralysis of the lower limbs start suddenly, quickly within a single day, or slowly over many days?	SUDDENLY . . . . . 1 FAST (IN A DAY) . . . . . 2 SLOWLY (MANY DAYS) . . . . . 3 DON'T KNOW 8	
975	Was there any change in color of urine?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 → 977 → 977
976	For how long did s/he have the change in color of urine?	DAYS . . . . . 1 [ ][ ] MONTHS . . . . . 2 [ ][ ] DON'T KNOW 9 9 8	
977	During the final illness did s/he ever pass blood in the urine?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 → 979 → 979
978	For how long did s/he pass blood in the urine?	DAYS . . . . . 1 [ ][ ] MONTHS . . . . . 2 [ ][ ] DON'T KNOW 9 9 8	
979	Was there any change in the amount of urine s/he passed daily?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 → 982 → 982

SECTION 9. SIGNS AND SYMPTOMS NOTED DURING THE FINAL ILLNESS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
980	For how long did s/he have the change in the amount of urine passed daily?	DAYS . . . . . 1 [ ][ ] MONTHS . . . . . 2 [ ][ ] DON'T KNOW 9 9 8	
981	How much urine did s/he pass?	TOO MUCH . . . . . 1 TOO LITTLE . . . . . 2 NO URINE AT ALL . . . . . 3 DON'T KNOW 8	
982	During the illness that led to death, did s/he have any skin rash?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 986 → 986
983	For how long did s/he have the skin rash?	DAYS . . . . . [ ][ ] DON'T KNOW 9 8	
984	Was the rash located on: 1 The face? 2 The trunk? 3 On the arms and legs? 4 Any other place?	YES NO DK FACE . . . . . 1 2 8 TRUNK . . . . . 1 2 8 ARMS AND LEGS . . . . . 1 2 8 OTHER PLACE . . . . . 1 2 8 SPECIFY: _____ ↵ (SPECIFY)	
985	What did the rash look like?	MEASLES RASH . . . . . 1 RASH WITH CLEAR FLUID . . . . . 2 RASH WITH PUS . . . . . 3 DON'T KNOW 8	
986	Did s/he have red eyes?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
987	Did s/he have bleeding from the nose, mouth, or anus?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
988	Did s/he ever have shingles/herpes zoster?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
989	Did s/he have weight loss?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 990 → 990
989A	For how long before death did s/he have the weight loss?	DAYS . . . . . 1 [ ][ ] MONTHS . . . . . 2 [ ][ ] DON'T KNOW 9 9 8	
989B	Did s/he look very thin and wasted?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
990	Did s/he have mouth sores or white patches in the mouth or on the tongue?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 991 → 991
990A	For how long did s/he have mouth sores or white patches in the mouth or on the tongue?	DAYS . . . . . [ ][ ] DON'T KNOW 9 8	
991	Did s/he have any swelling?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 992 → 992

SECTION 9. SIGNS AND SYMPTOMS NOTED DURING THE FINAL ILLNESS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
991A	For how long did s/he have the swelling?	DAYS . . . . . 1 [ ][ ] MONTHS . . . . . 2 [ ][ ] DON'T KNOW 9 9 8	
991B	Was the swelling on: 1 The face? 2 The joints? 3 The ankles? 4 The whole body? 5 Any other place?	YES NO DK FACE . . . . . 1 2 8 JOINTS . . . . . 1 2 8 ANKLES . . . . . 1 2 8 WHOLE BODY . . . . . 1 2 8 OTHER PLACE . . . . . 1 2 8 SPECIFY:_____ ↵	
992	Did s/he have any lumps?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 993 → 993
992A	For how long did s/he have the lumps?	DAYS . . . . . 1 [ ][ ] MONTHS . . . . . 2 [ ][ ] DON'T KNOW 9 9 8	
992B	Were the lumps on: 1 The neck? 2 The armpit? 3 The groin? 4 Any other place?	YES NO DK NECK . . . . . 1 2 8 ARMPIT . . . . . 1 2 8 GROIN . . . . . 1 2 8 OTHER PLACE . . . . . 1 2 8 SPECIFY:_____ ↵	
993	Did s/he have yellow discoloration of the eyes?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 994 → 994
993A	For how long did s/he have the yellow discoloration of the eyes?	DAYS . . . . . 1 [ ][ ] MONTHS . . . . . 2 [ ][ ] DON'T KNOW 9 9 8	
994	Did s/he look pale (thinning/lack of blood) or have pale palms, eyes or nail beds?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 995 → 995
994A	For how long did s/he look pale (thinning/lack of blood) or have pale palms, eyes, or nail beds?	DAYS . . . . . [ ][ ] DON'T KNOW 9 8	
995	Did s/he have an ulcer, abscess, or sore anywhere on the body?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 1001 → 1001
995A	For how long did s/he have the ulcer, abscess, or sore?	DAYS . . . . . [ ][ ] DON'T KNOW 9 8	
995B	What was the location of the ulcer, abscess, or sore?	_____ _____ (SPECIFY)	

DEATH OF A PERSON AGED 12 YEARS AND ABOVE

SECTION 10. TREATMENT AND HEALTH SERVICE USE FOR THE FINAL ILLNESS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	Did s/he receive any treatment for the illness that led to death?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 →1008 →1008
1002	Can you please list the drugs s/he was given for the ilness that led to death? COPY FROM PRESCRIPTION/DISCHARGE NOTES IF AVAILABLE	_____ _____ _____	
1003	What type of treatment did s/he receive: 1 Oral rehydration salts and/or intravenous fluids (drip) treatment? 2 Blood transfusion? 3 Treatment/food through a tube passed through the nose? 4 Any other treatment?	YES NO DK ORS/DRIP TREATMENT . . . . . 1 2 8 BLOOD TRANSFUSION . . . . . 1 2 8 THROUGH THE NOSE . . . . . 1 2 8 OTHER _____ 1 2 8 (SPECIFY)	
1004	Where did (NAME) receive treatment for the illness that led to his/her death? PROBE: Any where else? CIRCLE ALL PLACES MENTIONED. PROBE TO IDENTIFY THE TYPE OF HEALTH FACILITY AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF A HEALTH FACILITY IS PUBLIC OR PRIVATE , WRITE THE NAME OF THE PLACE _____ (NAME OF PLACE)	HOME RESPONDENT'S HOME . . . . . A OTHER HOME B PUBLIC SECTOR HOSPITAL (NATIONAL, REGIONAL, PROVINCIAL, OR DISTRICT) . . . . . C CHC/POLYCLINIC . . . . . D BASIC HEALTH CENTEF . . . . . E HEALTH POST/SUB-HEALTH POST . . . . . F MOBILE CLINIC . . . . . G OTHER PUBLIC _____ H (SPECIFY) PRIVATE SECTOR PVT. HOSPITAL . . . . . I PRIVATE CLINIC . . . . . J PRIVATE DOCTOR'S OFFICE . . . . . K OTHER PRIVATE _____ L (SPECIFY) OTHER SOURCE CHARITY/FOUNDATIONS . . . . . M REFUGEE CAMF . . . . . N OTHER _____ X (SPECIFY)	
1004A	CHECK Q.1104: CODE C TO N CIRCLED ☐ OTHER CODE CIRCLED ☐		→1008
1005	In the month before death, how many times in total did s/he receive treatment from this/these facilities?	NUMBER OF TIMES . . . . . ☐☐ DON'T KNOW 9 8	
1006	Did a health care worker tell you the cause of death?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 →1008 →1008
1007	What did the health care worker say?	_____ _____ _____	
1008	Did s/he have any operation for the illness?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 →1101 →1101
1009	How long before death did s/he have the operation?	DAYS . . . . . ☐☐ DON'T KNOW 9 8	
1010	On what part of the body was the operation?	ABDOMEN . . . . . 1 CHEST . . . . . 2 HEAD . . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	

DEATH OF A PERSON AGED 12 YEARS AND ABOVE

SECTION 11. RISK FACTORS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1101	Did s/he drink alcohol?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 →1106 →1106
1102	How long had s/he been drinking? RECORD '00' IF LESS THAN ONE YEAR	YEARS . . . . . ☐☐ DON'T KNOW 9 8	
1103	How often did s/he drink alcohol?	DAILY . . . . . 1 FREQUENTLY (WEEKLY) . . . . . 2 ONCE IN A WHILE . . . . . 3 DON'T KNOW 8	
1104	Did s/he stop drinking?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 →1106 →1106
1105	How long before death did s/he stop drinking? RECORD '00' IF LESS THAN ONE MONTH	MONTHS . . . . . ☐☐ DON'T KNOW 9 8	
1106	Did s/he smoke tobacco (cigarette, cigar, pipe etc.)?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 →1201 →1201
1107	How long had s/he been smoking? RECORD '00' IF LESS THAN ONE YEAR	YEARS . . . . . ☐☐ DON'T KNOW 9 8	
1108	How often did s/he smoke?	DAILY . . . . . 1 FREQUENTLY (WEEKLY) . . . . . 2 ONCE IN A WHILE . . . . . 3 DON'T KNOW 8	 →1201 →1201 →1201
1109	How many cigarettes did s/he smoke daily?	NUMBER OF CIGARETTES ☐☐ DON'T KNOW 9 8	
1110	Did s/he stop smoking before death?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 →1201 →1201
1111	How long before death did s/he stop smoking? RECORD '00' IF LESS THAN ONE MONTH	MONTHS . . . . . ☐☐ DON'T KNOW 9 8	

DEATH OF A PERSON AGED 12 YEARS AND ABOVE

SECTION 12. DATA ABSTRACTED FROM DEATH CERTIFICATE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1201	Do you have a death certifcate for the deceased?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 → 1301 → 1301
1202	Can I see the death certificate? COPY DAY, MONTH AND YEAR OF DEATH FROM THE DEATH CERTIFICATE.	DAY MONTH YEAR ☐☐ ☐☐ ☐☐☐☐	
1203	COPY DAY, MONTH AND YEAR OF ISSUE OF DEATH CERTIFICATE.	DAY MONTH YEAR ☐☐ ☐☐ ☐☐☐☐	
1204	RECORD THE CAUSE OF DEATH FROM THE FIRST (TOP) LINE OF THE DEATH CERTIFICATE: _____		
1205	RECORD THE CAUSE OF DEATH FROM THE SECOND LINE OF THE DEATH CERTIFICATE (IF ANY): _____		
1206	RECORD THE CAUSE OF DEATH FROM THE THIRD LINE OF THE DEATH CERTIFICATE (IF ANY): _____		
1207	RECORD THE CAUSE OF DEATH FROM THE FOURTH LINE OF THE DEATH CERTIFICATE (IF ANY): _____		

DEATH OF A PERSON AGED 12 YEARS AND ABOVE

SECTION 13. DATA ABSTRACTED FROM OTHER HEALTH RECORDS

1301	OTHER HEALTH RECORDS AVAILABLE	YES . . . . . 1 NO 2	→ 1311
1302	FOR EACH TYPE OF HEALTH RECORD SUMMARIZE DETAILS FOR LAST 2 VISITS (IF MORE THAN 2) AND RECORD DATE OF ISSUE		
1303	BURIAL PERMIT (CAUSE OF DEATH) _____		
1304	POST MORTEM RESULTS (CAUSE OF DEATH) _____		
1305	MCH/ANC CARD (RELEVANT INFORMATION) _____		
1306	HOSPITAL PRESCRIPTION (RELEVANT INFORMATION) _____		
1307	TREATMENT CARDS (RELEVANT INFORMATION) _____		
1308	HOSPITAL DISCHARGE (RELEVANT INFORMATION) _____		
1309	LABORATORY RESULTS (RELEVANT INFORMATION) _____		
1310	OTHER HOSPITAL DOCUMENTS SPECIFY: _____		
1311	RECORD THE TIME MORNING = 1 EVENING = 2	MORNING/EVENING . . . . . [ ] HOURS . . . . . [ ][ ] MINUTES . . . . . [ ][ ]	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

18 March 2010

AFGHANISTAN MORTALITY SURVEY
GEOGRAPHIC INFORMATION SHEET

MINISTRY OF PUBLIC HEALTH

IDENTIFICATION

VILLAGE/NEIGHBORHOOD/MAHALA _____

CLUSTER NUMBER/SAHA SHOMOR . . . . . | | | |

NAME OF RESPONDENT _____ | | | |

CLUSTER INFORMATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
101	Is there cell phone signal in the center of the cluster?	YES . . . . . 1 NO 2	
102	Is the main road into the cluster paved?	YES . . . . . 1 NO 2	
103	Is there a police station/police post in the cluster?	YES . . . . . 1 NO 2	
104	What is the largest medical facility in the cluster? CIRCLE ONLY ONE.	HOSPITAL (NATIONAL, REGIONAL PROVINCIAL OR DISTRICT . . . . . 01 CHC/POLYCLINIC . . . . . 02 BASIC HEALTH CENTER . . . . . 03 HEALTH POST/SUB HEALTH POST . . . 04 MOBILE CLINIC . . . . . 05 PRIVATE HOSPITAL . . . . . 06 PRIVATE CLINIC . . . . . 07 PRIVATE DOCTOR'S OFFICE . . . . . 08 CHARITY FOUNDATIONS . . . . . 09 REFUGEE CAMP . . . . . 10 TRADITIONAL PRACTITIONER . . . . . 11 OTHER _____ 16 (SPECIFY) NO MEDICAL FACILITY 12	
105	How frequent is public transport/common transport to and from cluster?	AT LEAST ONCE A DAY . . . . . 1 SEVERAL DAYS A WEEK . . . . . 2 SEVERAL DAYS A MONTH . . . . . 3 CERTAIN MONTHS OF THE YEAR/ SEASONAL . . . . . 4 NO SCHEDULE . . . . . 5 NO PUBLIC TRANSPORT 6	
106	What is the highest level of school in the cluster? CIRCLE ONLY ONE.	PRIMARY . . . . . 1 SECONDARY . . . . . 2 COLLEGE/UNIVERSITY . . . . . 3 MADRASSA . . . . . 4 NO SCHOOL 5	
107	Are the following available in the cluster today:	YES NO	
	a) Petrol for vehicles?	PETROL 1 2	
	b) Fresh meat?	FRESH MEAT 1 2	
	c) Fresh fruits/vegetables?	FRUIT/VEGETABLE 1 2	
	d) Flour for bread?	FLOUR 1 2	
	e) Rice?	RICE 1 2	
	f) Firewood/cooking fuel?	FIREWOOD/COOKING FUEL 1 2	

DATE COMPLETED . . . . . | | DAY

| | MONTH

| | | YEAR

NAME OF LISTER . . . . . | | | LISTER NUMBER