

WOMAN'S INFORMATION PANEL	WM
WM1. Cluster number: _____	WM2. Household number: _____
WM3. Woman's name and line number: NAME _____	WM4. Supervisor's name and number: NAME _____
WM5. Interviewer's name and number: NAME _____	WM6. Day / Month / Year of interview: _____ / _____ / 1 4 0 _____

<i>Check woman's age in HL6 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: If age 15-17, verify in HH33 that adult consent for interview is obtained or not necessary (HL20=90). If consent is needed and not obtained, the interview must not commence and '06' should be recorded in WM17.</i>		WM7. Record the time: <div style="text-align: center;">HOURS : MINUTES</div> <div style="text-align: center;">_____ : _____</div>
WM8. Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire?	<div style="display: flex; justify-content: space-between;"> <div> YES, INTERVIEWED ALREADY 1 NO, FIRST INTERVIEW 2 </div> <div> 1 ⇨ WM9B 2 ⇨ WM9A </div> </div>	
WM9A. Hello, my name is (<i>your name</i>). We are from the National Statistics and Information Authority (NSIA) of Afghanistan. We are conducting a survey about the situation of children, families and households. I would like to talk to you about your health and other topics. This interview usually takes about 30 minutes. We are also interviewing mothers about their children. All the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?	WM9B. Now I would like to talk to you about your health and other topics in more detail. This interview will take about 30 minutes. Again, all the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?	
YES 1 NO / NOT ASKED 2	1 ⇨ WOMAN'S BACKGROUND Module 2 ⇨ WM17	

WM17. Result of woman's interview. <i>Discuss any result not completed with Supervisor.</i>	COMPLETED 01 NOT AT HOME 02 REFUSED 03 PARTLY COMPLETED 04 INCAPACITATED (<i>specify</i>) 05 NO ADULT CONSENT FOR RESPONDENT AGE 15-17 06 OTHER (<i>specify</i>) 96
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WOMAN'S BACKGROUND		WB
WB1. Check the respondent's line number (WM3) in WOMAN'S INFORMATION PANEL and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47): Is this respondent also the respondent to the HOUSEHOLD QUESTIONNAIRE?	YES, RESPONDENT IS THE SAME, WM3=HH47..... 1 NO, RESPONDENT IS NOT THE SAME, WM3≠HH47..... 2	2 ⇒ WB3
WB2. Check ED5 in EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE for this respondent: Highest level of school attended:	ED5=2, 3 OR 4..... 1 ED5=0, 1, 5, 8 OR BLANK 2	1 ⇒ WB15 2 ⇒ WB14
WB3. In what month and year were you born?	DATE OF BIRTH MONTH __ __ DK MONTH..... 98 YEAR __ __ __ __ DK YEAR 9998	
WB4. How old are you? <i>Probe: How old were you at your last birthday?</i> <i>If responses to WB3 and WB4 are inconsistent, probe further and correct. Age must be recorded.</i>	AGE (IN COMPLETED YEARS) __ __	
WB5. Have you ever attended school or formal Islamic education or any early childhood education programme?	YES 1 NO 2	2 ⇒ WB14
WB6. What is the highest level and grade or year of school you have attended?	EARLY CHILDHOOD EDUCATION..... 000 PRIMARY 1 __ __ LOWER SECONDARY 2 __ __ UPPER SECONDARY 3 __ __ HIGHER..... 4 __ __ FORMAL ISLAMIC EDUCATION..... 5 __ __	000 ⇒ WB14
WB7. Did you complete that (grade/year)?	YES 1 NO 2	
WB8. Check WB4: Age of respondent:	AGE 15-24 1 AGE 25-49 2	2 ⇒ WB13
WB9. At any time during 1401 school year did you attend school or formal Islamic education?	YES 1 NO 2	2 ⇒ WB11
WB10. During 1401 school year, which level and grade or year are you <u>attending</u> ?	PRIMARY 1 __ __ LOWER SECONDARY 2 __ __ UPPER SECONDARY 3 __ __ HIGHER..... 4 __ __ FORMAL ISLAMIC EDUCATION..... 5 __ __	
WB11. At any time during 1400 school year did you attend school or formal Islamic education?	YES 1 NO 2	2 ⇒ WB13
WB12. During 1400 school year, which level and grade or year did you <u>attend</u> ?	PRIMARY 1 __ __ LOWER SECONDARY 2 __ __ UPPER SECONDARY 3 __ __ HIGHER..... 4 __ __ FORMAL ISLAMIC EDUCATION..... 5 __ __	
WB13. Check WB6: Highest level of school attended:	WB6=2, 3 OR 4..... 1 WB6=1 OR 5..... 2	1 ⇒ WB15

<p>WB14. Now I would like you to read this sentence to me.</p> <p><i>Show sentence on the card to the respondent.</i></p> <p><i>If respondent cannot read whole sentence, probe:</i> Can you read part of the sentence to me?</p>	<p>CANNOT READ AT ALL 1</p> <p>ABLE TO READ ONLY PARTS OF SENTENCE..... 2</p> <p>ABLE TO READ WHOLE SENTENCE..... 3</p> <p>NO SENTENCE IN REQUIRED LANGUAGE / BRAILLE (specify language) 4</p>	
<p>WB15. How long have you been continuously living in (name of current city/town or village of residence)?</p> <p><i>If less than one year, record '00' years.</i></p>	<p>YEARS __ __</p> <p>ALWAYS / SINCE BIRTH 95</p>	<p>95 ⇨ End</p>
<p>WB16. Just before you moved here, did you live in a city/town, or in a rural area?</p> <p><i>Probe to identify the type of place.</i></p> <p><i>If unable to determine whether the place is a city, a town or a rural area, write the name of the place and then temporarily record '5' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>CITY/TOWN 1</p> <p>RURAL AREA..... 3</p> <p>UNABLE TO DETERMINE IF CITY/TOWN/RURAL 5</p> <p>DK / DON'T REMEMBER 8</p>	

WB17. Before you moved here, in which Province or country did you live in?	KABUL	01
	KAPISA	02
	PARWAN	03
	MAIDAN WARDAK.....	04
	LOGAR	05
	NANGARHAR	06
	LAGHMAN	07
	PANJSHIR	08
	BAGHLAN	09
	BAMYAN	10
	GHAZNI.....	11
	PAKTIKA	12
	PAKTYA.....	13
	KHOST.....	14
	KUNARHA	15
	NOORISTAN.....	16
	BADAKHSHAN	17
	TAKHAR	18
	KUNDUZ	19
	SAMANGAN.....	20
	BALKH	21
	SAR-E-PUL	22
	GHOR.....	23
	DAIKUNDI.....	24
	UROZGAN	25
	ZABUL.....	26
	KANDAHAR	27
	JAWZJAN	28
	FARYAB.....	29
	HELMAND	30
	BADGHIS	31
	HERAT.....	32
	FARAH	33
	NIMROZ	34
	OUTSIDE OF AFGHANISTAN	
	(specify)	96

MASS MEDIA AND ICT		MT
MT1. Do you read a newspaper or magazine at least once a week, less than once a week or not at all? <i>If 'At least once a week', probe: Would you say this happens almost every day?</i> <i>If 'Yes' record 3, if 'No' record 2.</i>	NOT AT ALL..... 0 LESS THAN ONCE A WEEK 1 AT LEAST ONCE A WEEK 2 ALMOST EVERY DAY 3	
MT2. Do you listen to the radio at least once a week, less than once a week or not at all? <i>If 'At least once a week', probe: Would you say this happens almost every day?</i> <i>If 'Yes' record 3, if 'No' record 2.</i>	NOT AT ALL..... 0 LESS THAN ONCE A WEEK 1 AT LEAST ONCE A WEEK 2 ALMOST EVERY DAY 3	
MT3. Do you watch television at least once a week, less than once a week or not at all? <i>If 'At least once a week', probe: Would you say this happens almost every day?</i> <i>If 'Yes' record 3, if 'No' record 2.</i>	NOT AT ALL..... 0 LESS THAN ONCE A WEEK 1 AT LEAST ONCE A WEEK 2 ALMOST EVERY DAY 3	
MT4. Have you ever used a computer or a tablet from any location?	YES 1 NO 2	2 ⇒ MT9
MT5. During the last 3 months, did you use a computer or a tablet at least once a week, less than once a week or not at all? <i>If 'At least once a week', probe: Would you say this happened almost every day?</i> <i>If 'Yes' record 3, if 'No' record 2.</i>	NOT AT ALL..... 0 LESS THAN ONCE A WEEK 1 AT LEAST ONCE A WEEK 2 ALMOST EVERY DAY 3	0 ⇒ MT9

MT6. During the last 3 months, did you:	YES NO	
[A] Copy or move a file or folder?	COPY/MOVE FILE1 2	
[B] Use a copy and paste tool to duplicate or move information within a document?	USE COPY/PASTE IN DOCUMENT1 2	
[C] Send e-mail with attached file, such as a document, picture or video?	SEND E-MAIL WITH ATTACHMENT1 2	
[D] Use a basic arithmetic formula in a spreadsheet?	USE BASIC SPREADSHEET FORMULA..1 2	
[E] Connect and install a new device, such as a modem, camera or printer?	CONNECT DEVICE1 2	
[F] Find, download, install and configure software?	INSTALL SOFTWARE1 2	
[G] Create an electronic presentation with presentation software, including text, images, sound, video or charts?	CREATE PRESENTATION1 2	
[H] Transfer a file between a computer and other device?	TRANSFER FILE1 2	
[I] Write a computer program in any programming language?	PROGRAMMING.....1 2	
MT7. Check MT6[C]: Is 'Yes' recorded?	YES, MT6[C]=11 NO, MT6[C]=2.....2	1 ⇒ MT10
MT8. Check MT6[F]: Is 'Yes' recorded?	YES, MT6[F]=11 NO, MT6[F]=22	1 ⇒ MT10
MT9. Have you ever used the internet from any location and any device?	YES1 NO2	2 ⇒ MT11
MT10. During the last 3 months, did you use the internet at least once a week, less than once a week or not at all? <i>If 'At least once a week', probe: Would you say this happens almost every day? If 'Yes' record 3, if 'No' record 2.</i>	NOT AT ALL.....0 LESS THAN ONCE A WEEK1 AT LEAST ONCE A WEEK2 ALMOST EVERY DAY3	
MT11. Do you own a mobile phone?	YES1 NO2	
MT12. During the last 3 months, did you use a mobile telephone at least once a week, less than once a week or not at all? <i>Probe if necessary: I mean have you communicated with someone using a mobile phone. If 'At least once a week', probe: Would you say this happens almost every day? If 'Yes' record 3, if 'No' record 2.</i>	NOT AT ALL.....0 LESS THAN ONCE A WEEK1 AT LEAST ONCE A WEEK2 ALMOST EVERY DAY3	

MARRIAGE		MA
MA1. Are you currently married?	YES, CURRENTLY MARRIED..... 1 NO, NOT MARRIED 3	3 ⇨ MA5
MA2. How old is your husband? <i>Probe:</i> How old was your husband on his last birthday?	AGE IN YEARS __ __ DK..... 98	
MA3. Besides yourself, does your husband have any other wives?	YES..... 1 NO..... 2	2 ⇨ MA7
MA4. How many other wives does he have?	NUMBER __ __ DK..... 98	⇨ MA7 98 ⇨ MA7
MA5. Have you ever been married?	YES, FORMERLY MARRIED..... 1 NO..... 3	3 ⇨ UN14
MA6. What is your marital status now: are you widowed, divorced or separated?	WIDOWED 1 DIVORCED..... 2 SEPARATED 3	
MA7. Have you been married only once or more than once?	ONLY ONCE 1 MORE THAN ONCE..... 2	1 ⇨ MA8A 2 ⇨ MA8B
MA8A. In what month and year did you start living with your husband? MA8B. In what month and year did you start living with your <u>first</u> husband?	DATE OF (FIRST) MARRIAGE MONTH..... __ __ DK MONTH 98 YEAR..... __ __ __ __ DK YEAR..... 9998	
MA9. Check MA8A/B: Is 'DK YEAR' recorded?	YES, MA8A/B=9998..... 1 NO, MA8A/B≠9998 2	2 ⇨ End
MA10. Check MA7: Married only once?	YES, MA7=1 1 NO, MA7=2 2	1 ⇨ MA11A 2 ⇨ MA11B
MA11A. How old were you when you started living with your husband? MA11B. How old were you when you started living with your <u>first</u> husband?	AGE IN YEARS __ __	

FERTILITY/BIRTH HISTORY		CM
CM1. Now I would like to ask about all the births you have had during your life. Have you ever given birth? <i>This module and the birth history should only include children born alive. Any stillbirths should not be included in response to any question.</i>	YES 1 NO 2	2 ⇒ CM8
CM2. Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	2 ⇒ CM5
CM3. How many sons live with you? <i>If none, record '00'.</i>	SONS AT HOME _ _	
CM4. How many daughters live with you? <i>If none, record '00'.</i>	DAUGHTERS AT HOME _ _	
CM5. 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	2 ⇒ CM8
CM6. How many sons are alive but do not live with you? <i>If none, record '00'.</i>	SONS ELSEWHERE _ _	
CM7. How many daughters are alive but do not live with you? <i>If none, record '00'.</i>	DAUGHTERS ELSEWHERE _ _	
CM8. Have you ever given birth to a boy or girl who was born alive but later died? <i>If 'No' probe by asking: I mean, to any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?</i>	YES 1 NO 2	2 ⇒ CM11
CM9. How many boys have died? <i>If none, record '00'.</i>	BOYS DEAD _ _	
CM10. How many girls have died? <i>If none, record '00'.</i>	GIRLS DEAD _ _	
CM11. Sum answers to CM3, CM4, CM6, CM7, CM9 and CM10.	SUM _ _	
CM12. Just to make sure that I have this right, you have had in total (total number in CM11) births during your life. Is this correct?	YES 1 NO 2	1 ⇒ CM14
CM13. Check responses to CM1-CM10 and make corrections as necessary until response in CM12 is 'Yes'.		
CM14. Check CM11: How many live births?	NO LIVE BIRTHS, CM11=00 0 ONE OR MORE LIVE BIRTH, CM11=01 OR MORE 1	0 ⇒ End

FERTILITY/BIRTH HISTORY
BH
BH0. Now I would like to record the names of all of your births, whether still alive or not, starting with the first one you had.

Record names of all of the births in BH1. Record twins and triplets on separate lines.

BH0. BH Line Number	BH1. What name was given to your (first/next) baby?	BH2. Were any of these births twins? 1 SINGLE 2 MULTI.	BH3. Is (name of birth) a boy or a girl? 1 BOY 2 GIRL	BH4. On what day, month and year was (name of birth) born? Probe: What is (his/her) birthday?	BH5. Is (name of birth) still alive? 1 YES 2 NO	BH6. How old was (name of birth) at (his/her) last birthday? Record age in completed years.	BH7. Is (name of birth) living with you? 1 YES 2 NO	BH8. Record household line number of child (from HL1) Record '00' if child is not listed.	BH9. How old was (name of birth) when (he/she) died? If '1 year', probe: How many months old was (name of birth)? Record days if less than 1 month; record months if less than 2 years; or years	BH10. Were there any other live births between (name of previous birth) and (name of birth), including any children who died after birth? 1 YES 2 NO			
		S M	B G	Day	Month	Year	Y N	Age	Y N	Line No	Unit	Number	Y N
01		1 2	1 2	— — —	— — —	— — —	1 2	— — —	1 2	— — —	DAYS1 MONTHS ..2 YEARS3	— — —	Y
02		1 2	1 2	— — —	— — —	— — —	1 2	— — —	1 2	⇒ Next Birth	DAYS1 MONTHS ..2 YEARS3	— — —	1 2 Add Next Birth Birth
03		1 2	1 2	— — —	— — —	— — —	1 2	— — —	1 2	⇒ BH10	DAYS1 MONTHS ..2 YEARS3	— — —	1 2 Add Next Birth Birth
04		1 2	1 2	— — —	— — —	— — —	1 2	— — —	1 2	⇒ BH10	DAYS1 MONTHS ..2 YEARS3	— — —	1 2 Add Next Birth Birth
05		1 2	1 2	— — —	— — —	— — —	1 2	— — —	1 2	⇒ BH10	DAYS1 MONTHS ..2 YEARS3	— — —	1 2 Add Next Birth Birth
06		1 2	1 2	— — —	— — —	— — —	1 2	— — —	1 2	⇒ BH10	DAYS1 MONTHS ..2 YEARS3	— — —	1 2 Add Next Birth Birth
07		1 2	1 2	— — —	— — —	— — —	1 2	— — —	1 2	⇒ BH10	DAYS1 MONTHS ..2 YEARS3	— — —	1 2 Add Next Birth Birth
08		1 2	1 2	— — —	— — —	— — —	1 2	— — —	1 2	⇒ BH10	DAYS1 MONTHS ..2 YEARS3	— — —	1 2 Add Next Birth Birth
09		1 2	1 2	— — —	— — —	— — —	1 2	— — —	1 2	⇒ BH10	DAYS1 MONTHS ..2 YEARS3	— — —	1 2 Add Next Birth Birth

BH0. BH Line Number	BH1. What name was given to your (first/next) baby?	BH2. Were any of these births twins?	BH3. Is (name of birth) a boy or a girl?	BH4. In what month and year was (name of birth) born? <i>Probe: What is (his/her) birthday?</i>			BH5. Is (name of birth) still alive?		BH6. How old was (name of birth) at (his/her) last birthday? <i>Record age in completed years.</i>	BH7. Is (name of birth) living with you?	BH8. Record household line number of child (from HLI) <i>Record '00' if child is not listed.</i>	BH9. How old was (name of birth) when (he/she) died? <i>If '1 year', probe: How many months old was (name of birth)? Record days if less than 1 month; record months if less than 2 years; or years</i>			BH10. Were there any other live births between (name of previous birth) and (name of birth), including any children who died after birth?
		S M	B G	Day	Month	Year	Y N	Y N	Age	Y N	Line No	Unit	Number	Y N	
10		1 2	1 2	— —	— —	— —	1 2	1 2	— —	1 2	— BH10	DAYS1 MONTHS ..2 YEARS3	— —	1 > 2 > Add Next Birth Birth	
11		1 2	1 2	— —	— —	— —	1 2	1 2	— —	1 2	— BH10	DAYS1 MONTHS ..2 YEARS3	— —	1 > 2 > Add Next Birth Birth	
12		1 2	1 2	— —	— —	— —	1 2	1 2	— —	1 2	— BH10	DAYS1 MONTHS ..2 YEARS3	— —	1 > 2 > Add Next Birth Birth	
13		1 2	1 2	— —	— —	— —	1 2	1 2	— —	1 2	— BH10	DAYS1 MONTHS ..2 YEARS3	— —	1 > 2 > Add Next Birth Birth	
14		1 2	1 2	— —	— —	— —	1 2	1 2	— —	1 2	— BH10	DAYS1 MONTHS ..2 YEARS3	— —	1 > 2 > Add Next Birth Birth	
BH11. Have you had any live births since the birth of (name of last birth listed)?															
YES 1															
NO 2															

CM15. Compare number in CM11 with number of births listed in the birth history above and check:	NUMBERS ARE THE SAME 1 NUMBERS ARE DIFFERENT 2	1 ⇒ CM17
CM16. Probe and reconcile responses in the birth history until response in CM12 is 'Yes'.		
CM17. Check BH4: Last birth occurred within the last 2 years, that is, since (month of interview) in (year of interview minus 2)? If the month of interview and the month of birth are the same, and the year of birth is (year of interview minus 2), consider this as a birth within the last 2 years.	NO LIVE BIRTHS IN THE LAST 2 YEARS 0 ONE OR MORE LIVE BIRTHS IN THE LAST 2 YEARS 1	0 ⇒ End
CM18. Copy name of the last child listed in BH1. If the child has died, take special care when referring to this child by name in the following modules.	NAME OF LAST-BORN CHILD _____	

MATERNAL AND NEWBORN HEALTH		MN												
MN1. Check CM17: Was there a live birth in the last 2 years? Copy name of last birth listed in the birth history (CM18) to here and use where indicated: Name _____	YES, CM17=11 NO, CM17=0 OR BLANK2	2 ⇒ End												
MN2. Did you see anyone for antenatal care during your pregnancy with (<i>name</i>)?	YES1 NO2	2 ⇒ MN7												
MN3. Whom did you see? Probe: Anyone else? Probe for the type of person seen and record all answers given.	HEALTH PROFESSIONAL DOCTOR.....A NURSE / MIDWIFEB OTHER PERSON TRADITIONAL BIRTH ATTENDANTF COMMUNITY HEALTH WORKER.....G OTHER (<i>specify</i>)X													
MN4. How many weeks or months pregnant were you when you first received antenatal care for this pregnancy? Record the answer as stated by respondent. If "9 months" or later, record 9.	WEEKS1 ____ MONTHS2 0 ____ DK998													
MN5. How many times did you receive antenatal care during this pregnancy? Probe to identify the number of times antenatal care was received. If a range is given, record the minimum number of times antenatal care received.	NUMBER OF TIMES ____ DK98													
MN6. As part of your antenatal care during this pregnancy, were any of the following done at least once: [A] Was your blood pressure measured? [B] Did you give a urine sample? [C] Did you give a blood sample?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>BLOOD PRESSURE</td> <td>1</td> <td>2</td> </tr> <tr> <td>URINE SAMPLE</td> <td>1</td> <td>2</td> </tr> <tr> <td>BLOOD SAMPLE</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	BLOOD PRESSURE	1	2	URINE SAMPLE	1	2	BLOOD SAMPLE	1	2	
	YES	NO												
BLOOD PRESSURE	1	2												
URINE SAMPLE	1	2												
BLOOD SAMPLE	1	2												
MN7. Do you have a vaccination card or other document with your own immunisations listed? If yes, ask: May I see it please? If a vaccination card is presented, use it to assist with answers to the following questions.	YES (VACCINATION CARD OR OTHER DOCUMENT SEEN)1 YES (VACCINATION CARD OR OTHER DOCUMENT NOT SEEN)2 NO3 DK8													
MN8. When you were pregnant with (<i>name</i>), did you receive any injection in the arm or shoulder to prevent the baby from getting tetanus, that is, convulsions after birth?	YES1 NO2 DK8	2 ⇒ MN11 8 ⇒ MN11												

MN9. How many times did you receive this tetanus injection during your pregnancy with (<i>name</i>)?	NUMBER OF TIMES DK8	8 ⇒ MN11
MN10. Check MN9: How many tetanus injections during last pregnancy were reported?	ONLY 1 INJECTION1 2 OR MORE INJECTIONS2	2 ⇒ MN19
MN11. At any time before your pregnancy with (<i>name</i>), did you receive any tetanus injection either to protect yourself or another baby? <i>Include DTP (Tetanus) vaccinations received as a child if mentioned.</i>	YES1 NO2 DK8	2 ⇒ MN19 8 ⇒ MN19
MN12. Before your pregnancy with (<i>name</i>), how many times did you receive a tetanus injection? <i>If 7 or more times, record '7'.</i> <i>Include DTP (Tetanus) vaccinations received as a child if mentioned.</i>	NUMBER OF TIMES DK8	
MN13. Check MN12: How many tetanus injections before last pregnancy were reported?	ONLY 1 INJECTION1 2 OR MORE INJECTIONS OR DK2	1 ⇒ MN14A 2 ⇒ MN14B
MN14A. How many years ago did you receive that tetanus injection? MN14B. How many years ago did you receive the last of those tetanus injections? <i>The reference is to the last injection received <u>prior</u> to this pregnancy, as recorded in MN12.</i> <i>If less than 1 year, record '00'.</i>	YEARS AGO DK 98	

MN23. Immediately after the birth, was (<i>name</i>) put directly on the bare skin of your chest?	YES1 NO2 DK/ DON'T REMEMBER8	2 ⇒ MN25 8 ⇒ MN25
MN24. Before being placed on the bare skin of your chest, was the baby wrapped up?	YES1 NO2 DK/ DON'T REMEMBER8	
MN25. Was (<i>name</i>) dried or wiped soon after birth?	YES1 NO2 DK/ DON'T REMEMBER8	
MN26. How long after the birth was (<i>name</i>) bathed for the first time? <i>If "immediately" or less than 1 hour, record '000'. If less than 24 hours, record hours.</i> <i>If "1 day" or "next day", probe: About how many hours after the delivery?</i> <i>If "24 hours", probe to ensure best estimate of less than 24 hours or 1 day. If 24 hours or more, record days.</i>	IMMEDIATELY/LESS THAN 1 HOUR000 HOURS1 ____ DAYS2 ____ NEVER BATHED997 DK / DON'T REMEMBER998	
MN27. Check MN20: Was the child delivered in a health facility?	YES, MN20=21-36 OR 761 NO, MN20=11-12 OR 962	1 ⇒ MN30
MN28. What was used to cut the cord?	NEW BLADE1 BLADE USED FOR OTHER PURPOSES2 SCISSORS3 OTHER (<i>specify</i>)6 DK8	
MN29. Was the instrument used to cut the cord boiled or sterilised prior to use?	YES1 NO2 DK / DON'T REMEMBER8	
MN30. After the cord was cut and until it fell off, was anything applied to the cord?	YES1 NO2 DK / DON'T REMEMBER8	2 ⇒ MN32 8 ⇒ MN32

MN31. What was applied to the cord? <i>Probe: Anything else?</i>	CHLORHEXIDINE A OTHER ANTISEPTIC (ALCOHOL, SPIRIT, GENTIAN VIOLET) B MUSTARD OIL C ASH D ANIMAL DUNG E OTHER (<i>specify</i>) X DK / DON'T REMEMBER Z	
MN32. When (<i>name</i>) was born, was (he/she) very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DK 8	
MN33. Was (<i>name</i>) weighed at birth?	YES 1 NO 2 DK 8	2 ⇒ MN35 8 ⇒ MN35
MN34. How much did (<i>name</i>) weigh? <i>If a card is available, record weight from card.</i>	FROM CARD 1 (KG) ____ . ____ FROM RECALL 2 (KG) ____ . ____ DK 99998	
MN35. Has your menstrual period returned since the birth of (<i>name</i>)?	YES 1 NO 2	
MN36. Did you ever breastfeed (<i>name</i>)?	YES 1 NO 2	2 ⇒ MN39B
MN37. How long after birth did you first put (<i>name</i>) to the breast? <i>If less than 1 hour, record '00' hours.</i> <i>If less than 24 hours, record hours.</i> <i>Otherwise, record days.</i>	IMMEDIATELY 000 HOURS 1 ____ DAYS 2 ____ DK / DON'T REMEMBER 998	
MN38. In the first three days after delivery, was (<i>name</i>) given anything to drink other than breast milk?	YES 1 NO 2	1 ⇒ MN39A 2 ⇒ End
MN39A. What was (<i>name</i>) given to drink? <i>Probe: Anything else?</i> <i>'Not given anything to drink' is not a valid response and response category Y cannot be recorded.</i> MN39B. In the first three days after delivery, what was (<i>name</i>) given to drink? <i>Probe: Anything else?</i> <i>'Not given anything to drink' (category Y) can only be recorded if no other response category is recorded.</i>	MILK (OTHER THAN BREAST MILK) A PLAIN WATER B SUGAR OR GLUCOSE WATER C GRIPE WATER D SUGAR-SALT-WATER SOLUTION E INFANT FORMULA G TEA / INFUSIONS / TRADITIONAL HERBAL PREPARATIONS H PRESCRIBED MEDICINE J OTHER (<i>specify</i>) X NOT GIVEN ANYTHING TO DRINK Y	

POST-NATAL HEALTH CHECKS		PN
PN1. Check CM17: Was there a live birth in the last 2 years? Copy name of last birth listed in the birth history (CM18) to here and use where indicated: Name _____	YES, CM17=11 NO, CM17=0 OR BLANK2	2 ⇒ End
PN2. Check MN20: Was the child delivered in a health facility?	YES, MN20=21-36 OR 76.....1 NO, MN20=11-12 OR 96.....2	2 ⇒ PN7
PN3. Now I would like to ask you some questions about what happened in the hours and days after the birth of (<i>name</i>). You have said that you gave birth in (<i>name or type of facility in MN20</i>). How long did you stay there after the delivery? If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.	HOURS1 ____ DAYS.....2 ____ WEEKS.....3 ____ DK / DON'T REMEMBER998	
PN4. I would like to talk to you about checks on (<i>name</i>)'s health after delivery – for example, someone examining (<i>name</i>), checking the cord, or seeing if (<i>name</i>) is ok. Before you left the (<i>name or type of facility in MN20</i>), did anyone check on (<i>name</i>)'s health?	YES1 NO.....2	
PN5. And what about checks on <u>your</u> health – I mean, someone assessing your health, for example asking questions about your health or examining you? Did anyone check on <u>your</u> health before you left (<i>name or type of facility in MN20</i>)?	YES1 NO.....2	
PN6. Now I would like to talk to you about what happened after you left (<i>name or type of facility in MN20</i>). Did anyone check on (<i>name</i>)'s health after you left (<i>name or type of facility in MN20</i>)?	YES1 NO.....2	1 ⇒ PN12 2 ⇒ PN17
PN7. Check MN19: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?	YES, AT LEAST ONE OF THE CATEGORIES A TO G RECORDED1 NO, NONE OF THE CATEGORIES A TO G RECORDED2	2 ⇒ PN11
PN8. You have already said that (<i>person or persons in MN19</i>) assisted with the birth. Now I would like to talk to you about checks on (<i>name</i>)'s health after delivery, for example examining (<i>name</i>), checking the cord, or seeing if (<i>name</i>) is ok. After the delivery was over and before (<i>person or persons in MN19</i>) left you, did (<i>person or persons in MN19</i>) check on (<i>name</i>)'s health?	YES1 NO.....2	

PN9. And did (<i>person or persons in MN19</i>) check on <u>your</u> health before leaving, for example asking questions about your health or examining you?	YES1 NO.....2	
PN10. After the (<i>person or persons in MN19</i>) left you, did anyone check on the health of (<i>name</i>)?	YES1 NO.....2	1 ⇨ PN12 2 ⇨ PN19
PN11. I would like to talk to you about checks on (<i>name</i>)'s health after delivery – for example, someone examining (<i>name</i>), checking the cord, or seeing if the baby is ok. After (<i>name</i>) was delivered, did anyone check on (his/her) health?	YES1 NO.....2	2 ⇨ PN20
PN12. Did such a check happen only once, or more than once?	ONCE.....1 MORE THAN ONCE2	1 ⇨ PN13A 2 ⇨ PN13B
PN13A. How long after delivery did that check happen? PN13B. How long after delivery did the first of these checks happen? <i>If less than one day, record hours.</i> <i>If less than one week, record days.</i> <i>Otherwise, record weeks.</i>	HOURS1 ____ DAYS.....2 ____ WEEKS.....3 ____ DK / DON'T REMEMBER998	
PN14. Who checked on (<i>name</i>)'s health at that time?	HEALTH PROFESSIONAL DOCTORA NURSE / MIDWIFEB OTHER PERSON TRADITIONAL BIRTH ATTENDANTF COMMUNITY HEALTH WORKER.....G RELATIVE / FRIENDH OTHER (<i>specify</i>)X	

<p>PN15. Where did this check take place?</p> <p><i>Probe to identify the type of place.</i></p> <p><i>If unable to determine whether public or private, write the name of the place and then temporarily record '76' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>HOME</p> <p>RESPONDENT'S HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC MEDICAL SECTOR</p> <p>GOVERNMENT HOSPITAL 21</p> <p>GOVERNMENT HEALTH CENTRE 22</p> <p>GOVERNMENT HEALTH POST 23</p> <p>PUBLIC CLINIC 24</p> <p>OTHER PUBLIC (specify) 26</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 31</p> <p>PRIVATE CLINIC 32</p> <p>PRIVATE MATERNITY HOME 33</p> <p>OTHER PRIVATE MEDICAL (specify) 36</p> <p>DK PUBLIC OR PRIVATE 76</p> <p>OTHER (specify) 96</p>	
<p>PN16. Check MN20: Was the child delivered in a health facility?</p>	<p>YES, MN20=21-36 OR 76 1</p> <p>NO, MN20=11-12 OR 96 2</p>	<p>2 ⇒ PN18</p>
<p>PN17. After you left (<i>name or type of facility in MN20</i>), did anyone check on <u>your</u> health?</p>	<p>YES 1</p> <p>NO 2</p>	<p>1 ⇒ PN21</p> <p>2 ⇒ PN25</p>
<p>PN18. Check MN19: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?</p>	<p>YES, AT LEAST ONE OF THE CATEGORIES A TO G RECORDED 1</p> <p>NO, NONE OF THE CATEGORIES A TO G RECORDED 2</p>	<p>2 ⇒ PN20</p>
<p>PN19. After the delivery was over and (<i>person or persons in MN19</i>) left, did anyone check on <u>your</u> health?</p>	<p>YES 1</p> <p>NO 2</p>	<p>1 ⇒ PN21</p> <p>2 ⇒ PN25</p>
<p>PN20. After the birth of (<i>name</i>), did anyone check on <u>your</u> health, for example asking questions about your health or examining you?</p>	<p>YES 1</p> <p>NO 2</p>	<p>2 ⇒ PN25</p>
<p>PN21. Did such a check happen only once, or more than once?</p>	<p>ONCE 1</p> <p>MORE THAN ONCE 2</p>	<p>1 ⇒ PN22A</p> <p>2 ⇒ PN22B</p>
<p>PN22A. How long after delivery did that check happen?</p> <p>PN22B. How long after delivery did the first of these checks happen?</p> <p><i>If less than one day, record hours.</i></p> <p><i>If less than one week, record days.</i></p> <p><i>Otherwise, record weeks.</i></p>	<p>HOURS 1 ____</p> <p>DAYS 2 ____</p> <p>WEEKS 3 ____</p> <p>DK / DON'T REMEMBER 998</p>	

PN23. Who checked on <u>your</u> health at that time?	HEALTH PROFESSIONAL DOCTORA NURSE / MIDWIFEB OTHER PERSON TRADITIONAL BIRTH ATTENDANT F COMMUNITY HEALTH WORKERG RELATIVE / FRIENDH OTHER (<i>specify</i>)X																	
PN24. Where did this check take place? <i>Probe to identify the type of place.</i> <i>If unable to determine whether public or private, write the name of the place and then temporarily record '76' until you learn the appropriate category for the response.</i> _____ (<i>Name of place</i>)	HOME RESPONDENT'S HOME..... 11 OTHER HOME..... 12 PUBLIC MEDICAL SECTOR GOVERNMENT HOSPITAL..... 21 GOVERNMENT HEALTH CENTRE22 GOVERNMENT HEALTH POST23 PUBLIC CLINIC24 OTHER PUBLIC (<i>specify</i>) 26 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL..... 31 PRIVATE CLINIC..... 32 PRIVATE MATERNITY HOME..... 33 OTHER PRIVATE MEDICAL (<i>specify</i>) 36 DK PUBLIC OR PRIVATE 76 OTHER (<i>specify</i>) 96																	
PN25. During the first two days after birth, did any health care provider do any of the following either at home or at a facility: [A] Examine (<i>name</i>)'s cord? [B] Take the temperature of (<i>name</i>)? [C] Counsel you on breastfeeding?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>EXAMINE THE CORD.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TAKE TEMPERATURE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>COUNSEL ON BREASTFEEDING.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	EXAMINE THE CORD.....	1	2	8	TAKE TEMPERATURE	1	2	8	COUNSEL ON BREASTFEEDING.....	1	2	8	
	YES	NO	DK															
EXAMINE THE CORD.....	1	2	8															
TAKE TEMPERATURE	1	2	8															
COUNSEL ON BREASTFEEDING.....	1	2	8															
PN26. Check MN36: Was child ever breastfed?	YES, MN36=1..... 1 NO, MN36=2 2	2 ⇒PN28																
PN27. Observe (<i>name</i>)'s breastfeeding? <i>This question is the continuation of PN25.</i>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>OBSERVE BREASTFEEDING</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	OBSERVE BREASTFEEDING	1	2	8									
	YES	NO	DK															
OBSERVE BREASTFEEDING	1	2	8															
PN28. Check MN33: Was child weighed at birth?	YES, MN33=1.....1 NO, MN33=22 DK, MN33=83	1 ⇒PN29A 2 ⇒PN29B 3 ⇒PN29C																

<p>PN29A. You mentioned that <i>(name)</i> was weighed at birth. After that, was <i>(name)</i> weighed again by a health care provider within two days?</p> <p>PN29B. You mentioned that <i>(name)</i> was not weighed at birth. Was <i>(name)</i> weighed at all by a health care provider within two days after birth?</p> <p>PN29C. You mentioned that you do not know if <i>(name)</i> was weighed at birth. Was <i>(name)</i> weighed at all by a health care provider within two days after birth?</p>	<p>YES1</p> <p>NO.....2</p>	
<p>PN30. During the first two days after <i>(name)</i>'s birth, did any health care provider give you information on the symptoms that require you to take your sick child to a health facility for care?</p>	<p>YES1</p> <p>NO.....2</p>	

MENSTRUAL HYGIENE		UN
UN14. When did your last menstrual period start? <i>Record the answer using the same unit stated by the respondent.</i> <i>If '1 year', probe:</i> How many months ago?	DAYS AGO 1 ____ WEEKS AGO 2 ____ MONTHS AGO 3 ____ YEARS AGO 4 ____ IN MENOPAUSE / HAS HAD HYSTERECTOMY 993 BEFORE LAST BIRTH..... 994 NEVER MENSTRUATED 995	 993 ⇨ End 994 ⇨ End 995 ⇨ End
UN15. Check UN14: Was the last menstrual period within last year?	YES, WITHIN LAST YEAR 1 NO, ONE YEAR OR MORE 2	2 ⇨ End
UN16. Due to your last menstruation, were there any social activities, school or work days that you did not attend?	YES 1 NO 2 DK / NOT SURE / NO SUCH ACTIVITY 8	
UN17. During your last menstrual period were you able to wash and change in privacy while at home?	YES 1 NO 2 DK 8	
UN18. Did you use any materials such as sanitary pads, tampons or cloth?	YES 1 NO 2 DK 8	2 ⇨ End 8 ⇨ End
UN19. Were the materials reusable?	YES 1 NO 2 DK 8	

WM10. <i>Record the time.</i>	HOURS AND MINUTES _ _ : _ _	
WM11. <i>Was the entire interview completed in private or was there anyone else during the entire interview or part of it?</i>	YES, THE ENTIRE INTERVIEW WAS COMPLETED IN PRIVATE 1 NO, OTHERS WERE PRESENT DURING THE ENTIRE INTERVIEW 2 NO, OTHERS WERE PRESENT DURING THE PART OF INTERVIEW 3	1 ⇒ WM12
WM11A. <i>Who was present during the entire interview or part of it?</i>	HUSBAND A OTHER MALE MEMBERS OF THE FAMILY B OTHER FEMALE MEMBERS OF THE FAMILY C NEIGHBOR D OTHER (specify) X	
WM12. <i>Language of the Questionnaire.</i>	ENGLISH 1 DARI 2 PASHTO 3	
WM13. <i>Language of the Interview.</i>	ENGLISH 1 DARI 2 PASHTO 3 OTHER LANGUAGE (specify) 6	
WM14. <i>Native language of the Respondent.</i>	DARI 02 PASHTO 03 UZBAKI 04 TURKMANI 05 NOORISTANI 06 BALOCHI 07 PASHAIE 08 OTHER LANGUAGE (specify) 96	
WM15. <i>Was a translator used for any parts of this questionnaire?</i>	YES, THE ENTIRE QUESTIONNAIRE 1 YES, PARTS OF THE QUESTIONNAIRE 2 NO, NOT USED 3	

WM16. Check columns HL10 and HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE:
Is the respondent the mother or caretaker of any child age 0-4 living in this household?

☐ Yes ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.

☐ No ⇒ Check HH26-HH27 in HOUSEHOLD QUESTIONNAIRE: Is there a child age 5-17 selected for QUESTIONNAIRE FOR CHILDREN AGE 5-17?

☐ Yes ⇒ Check column HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE:
Is the respondent the mother or caretaker of the child selected for QUESTIONNAIRE FOR CHILDREN AGE 5-17 in this household?

☐ Yes ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN AGE 5-17 for that child and start the interview with this respondent.

☐ No ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then end the interview with this respondent by thanking her for her cooperation. Check to see if there are other questionnaires to be administered in this household.

☐ No ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then end the interview with this respondent by thanking her for her cooperation. Check to see if there are other questionnaires to be administered in this household.

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS