

Nutrition and Health Survey, Afghanistan, 2002

Province _____ District _____ Village _____

Cluster number: _____ Household number: _____

Team code: _____ Interviewer code: _____ Date of interview: _____ / _____
Day Month

HOUSEHOLD DATA

- 1) Does your family now live in your usual place of residence? (circle one)..... **Yes / No / Unk**
 1a) If NO, how long since the family has lived there? _____ months OR _____ years
- 2) Has anyone in the family received any relief food since the change in government? **Yes / No / Unk**
- 3) What is your main source of water? (circle one) **Central piped system / Truck or water seller / Bore hole**
 Open **Well / River or stream / Lake or pond / Other**
- 4) Do you use the same source of water now as you did this time last year? **Yes / No / Unk**
- 5) How long does it take you to fetch water each time you go to get it?..... _____ minutes
- 6) Results of iodine testing of salt used for last night's food (circle one) **Positive / Negative / Not Done**

I would like to ask you about each person who **lived in this household at the time of Eid Qurban 1379** (2001 Gregorian calendar) and children who were born since the time of Eid Qurban:

HOUSEHOLD MEMBERS

Head of household
on 1st line

1. Alive (living in this household)
 2. Alive (living elsewhere)
 3. Died
 4. Missing/Unknown

When ____ became ill, was he/she very thin or did he/she have swollen feet or leas?

When ____ died, was she pregnant or at the time of Chil or Nefaz?

Per son no.	Age (years)	Sex (circle one)	Current Status as of TODAY (circle one)	If missing or dead, since when? (mm/yy)	Died of which cause? (ask questions)	Malnutrition?	Pregnant or in Chel??
1		M / F	1 2 3 4	/		Y / N	Y / N
2		M / F	1 2 3 4	/		Y / N	Y / N
3		M / F	1 2 3 4	/		Y / N	Y / N
4		M / F	1 2 3 4	/		Y / N	Y / N
5		M / F	1 2 3 4	/		Y / N	Y / N
6		M / F	1 2 3 4	/		Y / N	Y / N
7		M / F	1 2 3 4	/		Y / N	Y / N
8		M / F	1 2 3 4	/		Y / N	Y / N
9		M / F	1 2 3 4	/		Y / N	Y / N
10		M / F	1 2 3 4	/		Y / N	Y / N
11		M / F	1 2 3 4	/		Y / N	Y / N
12		M / F	1 2 3 4	/		Y / N	Y / N
13		M / F	1 2 3 4	/		Y / N	Y / N
14		M / F	1 2 3 4	/		Y / N	Y / N
15		M / F	1 2 3 4	/		Y / N	Y / N

LIVING WOMEN OF CHILDBEARING AGE (15 – 49 years)

Person no. from table 1 above.	Literate ?	Night blindness	Goiter	Number of pregnancies	Number of live births	Date of last delivery mm/yy	Preg-nant now?	No. of doses tetanus vaccine	MUAC (cms)	Weight (kgs)	Height (cms)	Hemoglobin (gms)
	Y / N	Y / N	Y / N			/	Y / N		____ , ____	____ , ____	____ , ____	____ , ____
	Y / N	Y / N	Y / N			/	Y / N		____ , ____	____ , ____	____ , ____	____ , ____
	Y / N	Y / N	Y / N			/	Y / N		____ , ____	____ , ____	____ , ____	____ , ____
	Y / N	Y / N	Y / N			/	Y / N		____ , ____	____ , ____	____ , ____	____ , ____
	Y / N	Y / N	Y / N			/	Y / N		____ , ____	____ , ____	____ , ____	____ , ____
	Y / N	Y / N	Y / N			/	Y / N		____ , ____	____ , ____	____ , ____	____ , ____
	Y / N	Y / N	Y / N			/	Y / N		____ , ____	____ , ____	____ , ____	____ , ____
	Y / N	Y / N	Y / N			/	Y / N		____ , ____	____ , ____	____ , ____	____ , ____
	Y / N	Y / N	Y / N			/	Y / N		____ , ____	____ , ____	____ , ____	____ , ____
	Y / N	Y / N	Y / N			/	Y / N		____ , ____	____ , ____	____ , ____	____ , ____

Nutrition Survey, Afghanistan 2002 -- Data collection form (Child 0-59 months)

Cluster number: _____ HH: _____ Child's person number: _____ Mother's person number: _____

Questions for adult caretaker

- 1) Relationship of respondent to child: **Mother** **Father** **Grandmother** **Grandfather** **Other**
- 2) Is this child's mother alive? **Yes** / **No** / **Unk**
- 3) Sex..... **Male** / **Female**
- 4) Date of birth OR Age in months ____ / ____ / ____ OR ____ months
Day Month Year .
- 5) Does this child have difficulty seeing at night or in the evening when other people do not?.... **Yes** / **No** / **Unk**
- 6) Since this time yesterday, has this child breast fed? **Yes** / **No** / **Unk**
 - 6a) If YES, was breast milk this child's main source of food since yesterday? **Yes** / **No** / **Unk**
 - 6b) If YES, how long after birth did this child first breastfeed? ____ hours
- 7) Since this time yesterday, has this child received anything other than breast milk? **Water, tea, or juice /**
(circle all that are true) **Powered milk or infant formula / Semi-solid or solid food / None of these**
- 8) Since this time yesterday, has this child drunk anything from a bottle with a nipple? **Yes** / **No** / **Unk**
- 9) Has this child received any vitamin A? Vitamin A is given as drops from a capsule **Yes** / **No** / **Unk**
(show example)
- 10) Since 2 weeks ago, has this child had diarrhea? Diarrhea is 3 or more stools in 24 hours. ... **Yes** / **No** / **Unk**
 - 10a) If YES, was this child taken to a clinic or hospital for this problem? **Yes** / **No** / **Unk**
- 11) Since two weeks ago, has this child had fever and difficulty breathing? **Yes** / **No** / **Unk**
 - 10a) If YES, was this child taken to a clinic or hospital for this problem? **Yes** / **No** / **Unk**
- 12) Since the change of government, has this child received measles vaccination? **Yes** / **No** / **Unk**
This vaccine is given by injection.

Examination of child

- 13) Bitot's spots **Yes** / **No**
- 14) Gums bleeding spontaneously **Yes** / **No**
- 15) Gums bleed upon tapping **Yes** / **No**
- 16) Angular stomatitis **Yes** / **No**
- 17) Pallor in palms of hands **Yes** / **No**
- 18) BCG scar **Yes** / **No**
- 19) Row of ricketts **Yes** / **No**
- 20) Perifollicular hemorrhage **Yes** / **No**
- 21) Swollen joints – soft and painful **Yes** / **No**
- 22) Swollen joints – hard and not painful **Yes** / **No**
- 23) Bruises or ecchymosis on legs **Yes** / **No**
- 24) Bowed legs **Yes** / **No**
- 25) Bilateral edema **Yes** / **No**
- 26) Spinal deformity **Yes** / **No**
- 27) Does this child have a physical deformity making it difficult to obtain an accurate height? **Yes** / **No**

Anthropometry and laboratory

- 28) Weight: (kgs) _____ , _____
- 29) Length/Height: (cms) _____ , _____
- 30) MUAC: (cms) _____ , _____
- 31) Hemoglobin: _____ , _____