

who_va_odk.xls

# Bohemia Verbal Autopsy	
Do you have a QR code with your worker ID?	<input type="radio"/> Yes <input type="radio"/> No
Manually write your 3 digit worker ID here	<div style="text-align: right;">\${have_wid}='No'</div> <div>-----</div>
Scan your worker ID QR code	<div style="text-align: right;">\${have_wid}='Yes'</div>
Does the house you're at already have a QR code?	<input type="radio"/> Yes <input type="radio"/> No, first visit <input type="radio"/> No, QR lost
Get a new QR code and stick it in a visible area.	<div style="text-align: right;">\${have_qr_house}='No, first visit'</div>
Get a replacement QR code and post it in a visible area. If one is not available, manually write the household ID	<div style="text-align: right;">\${have_qr_house}='No, QR lost'</div>
Scan the QR code for the house	<div style="text-align: right;">\${have_qr_house}!='No, QR lost'</div>
Write the Household ID	<div style="text-align: right;">\${have_qr_house}='No, QR lost'</div> <div>-----</div>
Does the house you're at have a painted ID number on it?	<input type="radio"/> Yes <input type="radio"/> No
Take a picture of the painted Household ID	<div style="text-align: right;">\${have_paint}='Yes'</div> <div>-----</div>
Write the 6 digit household ID here Include a dash in the middle, for example: 999-999	<div>-----</div>
## The ID you wrote does not match the QR code you scanned. Scanned QR: \${qr} Written ID: \${id_manual} ### Please double-check. If you are sure that what you entered is correct, you can continue.	<div style="text-align: right;">\${qr} != \${id_manual}</div>
Stand just outside the front door of the house and geocode the location.	

(Id10002) [Is this a region of high HIV/AIDS mortality?] <i>Should be completed by the central office. HIGH corresponds to more than 1% of deaths due to HIV/AIDS, LOW around 0.1%, VERY LOW less than 0.01%. Filling in during the interview is not mandatory. Usually the value is predetermined for the region.</i>	<input type="radio"/> High <input type="radio"/> Low <input type="radio"/> Very low
(Id10003) [Is this a region of high malaria mortality?] <i>Should be completed by the central office. HIGH corresponds to more than 1% of deaths due to malaria, LOW around 0.1%, VERY LOW less than 0.01%. Filling in during the interview is not mandatory. Usually the value is predetermined for the region.</i>	<input type="radio"/> High <input type="radio"/> Low <input type="radio"/> Very low
(Id10004) [During which season did (s)he die?]	<input type="radio"/> wet <input type="radio"/> dry <input type="radio"/> Doesn't know
(Id10007) [What is the name of VA respondent?]	<div>-----</div>
Does the person with whom you are conducting this interview have a permID?	<input type="radio"/> Yes <input type="radio"/> No
PermID of the person with whom you are conducting this interview	<div style="text-align: right;">\${id_interviewee_yn}='Yes'</div> <div>-----</div>
Does the deceased person have a permID?	<input type="radio"/> Yes <input type="radio"/> No
PermID of the person who died	<div style="text-align: right;">\${id_deceased_yn}='Yes'</div> <div>-----</div>
(Id10008) What is your/the respondent's relationship to the deceased? <i>First verify if the respondent is a family member, and only if it is not a family member choose the other categories like</i>	<input type="radio"/> parent <input type="radio"/> child <input type="radio"/> other family member

health worker or public official.	<input type="radio"/> friend <input type="radio"/> health worker <input type="radio"/> public official <input type="radio"/> another relationship <input type="radio"/> Refused to answer
(Id10009) Did you/the respondent live with the deceased in the period leading to her/his death?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10010) [Name of VA interviewer]	-----
(Id10013) [Did the respondent give consent?]	<input type="radio"/> Yes <input type="radio"/> No
(Id10017) What was the first or given name(s) of the deceased?	-----
(Id10018) What was the surname (or family name) of the deceased?	-----
(Id10019) What was the sex of the deceased?	<input type="radio"/> female <input type="radio"/> male <input type="radio"/> Ambiguous/intersex
(Id10020) Is the date of birth known?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused to answer
(Id10021) When was the deceased born? <i>To select previous years, click or tap the month name, then click or tap the year.</i>	<div style="text-align: right;">selected(\${Id10020}, 'yes')</div> Day: ----- Month: ----- Year: -----
(Id10022) Is the date of death known?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused to answer
(Id10023_a) When did (s)he die?	selected(\${Id10022}, 'yes') and selected(\${Id10020}, 'yes') Day: ----- Month: ----- Year: -----
(Id10023_b) When did (s)he die?	selected(\${Id10022}, 'yes') and (selected(\${Id10020}, 'no') or selected(\${Id10020}, 'dk')) Day: ----- Month: ----- Year: -----
(Id10024) Please indicate the year of death.	selected(\${Id10022}, 'no') or selected(\${Id10022}, 'ref') Year: -----
NEONATE was \${ageInDays} days old. <i>Please verify that the age is correct, before you proceed.</i> <i>You will now be filling in the questionnaire for a NEONATE.</i>	\${isNeonatal1} = '1'
CHILD was \${ageInYears} years \${ageInMonths} months and \${ageInMonthsRemain} days old. <i>Please verify that the age is correct, before you proceed.</i> <i>You will now be filling in the questionnaire for a CHILD.</i>	\${isChild1} = '1'
ADULT was \${ageInYears} years old. <i>Please verify that the age is correct, before you proceed.</i> <i>You will now be filling in the questionnaire for an ADULT.</i>	\${isAdult1} = '1'
[What age group corresponds to the deceased?] (1) Neonatal 0-28 completed days; (2) Child 29 days - 11 years; (3) Adult - above 11 years	<div style="text-align: right;">\${Id10020} != 'yes' or \${Id10022} != 'yes'</div> <input type="radio"/> Neonate <input type="radio"/> Child <input type="radio"/> Adult
How many days old was the baby? [Enter neonate's age in days:] <i>Neonatal age is under 28 days, or 0 to 27 completed days.</i>	<div style="text-align: right;">\${age_group} = 'neonate'</div> -----

<p>If less than 1 day or 24 hours, enter 0 days. A response is required for this question. If the exact age is unknown, enter the best estimate.</p>	
<p>How old was the child? [Enter child's age in:]</p> <p>Child age is between 28 days and 11 years. A response is required for this question. If the exact age is unknown, enter the best estimate.</p>	<p>\$(age_group) = 'child'</p> <p> <input type="radio"/> Days <input type="radio"/> Months <input type="radio"/> Years <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer </p>
<p>[Enter child's age in days:]</p>	<p>\$(age_child_unit) = 'days'</p> <p>-----</p>
<p>[Enter child's age in months:]</p>	<p>\$(age_child_unit) = 'months'</p> <p>-----</p>
<p>[Enter child's age in years:]</p>	<p>\$(age_child_unit) = 'years'</p> <p>-----</p>
<p>[Enter adult's age in years:]</p> <p>A response is required for this question. If the exact age is unknown, enter the best estimate.</p>	<p>\$(age_group) = 'adult'</p> <p>-----</p>
<p>(Id10008_check) It is not possible to select that the respondent is the child of the deceased and enter that the deceased is a neonate or child. Please go back and correct the selection.</p>	<p>selected(\${Id10008}, 'child') and (selected(\${isNeonatal}, '1') or selected(\${isChild}, '1'))</p>
<p>(Id10058) Where did the deceased die?</p>	<p> <input type="radio"/> hospital <input type="radio"/> other health facility <input type="radio"/> home <input type="radio"/> on route to hospital or facility <input type="radio"/> other <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer </p>
<p>(Id10051) [Is there a need to collect additional demographic data on the deceased?]</p> <p>If you choose 'No', this question allows to skip asking details about place of residence, education and family. The question on marriage status will always be asked for adults.</p>	<p> <input type="radio"/> Yes <input type="radio"/> No </p>
<p>(Id10052) What was her/his citizenship/nationality?</p>	<p>(selected(\${Id10051}, 'yes'))</p> <p> <input type="radio"/> citizen at birth <input type="radio"/> naturalized citizen <input type="radio"/> foreign national <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer </p>
<p>(Id10053) What was her/his ethnicity?</p> <p>Enter a "-" if this information is not available.</p>	<p>(selected(\${Id10051}, 'yes'))</p> <p>-----</p>
<p>(Id10054) What was her/his place of birth?</p> <p>Specify here village and district, a question on the facility and circumstances will be asked later. Enter a "-" if this information is not available.</p>	<p>(selected(\${Id10051}, 'yes'))</p> <p>-----</p>
<p>(Id10055) What was her/his place of usual residence? (the place where the person lived most of the year)</p> <p>For perinatal cases, just ask for the address of the health facility or if released at home, the home address.</p>	<p>(selected(\${Id10051}, 'yes'))</p> <p>-----</p>
<p>(Id10057) Where did the death occur? (specify country, province, district, village)</p>	<p>(selected(\${Id10051}, 'yes'))</p> <p>-----</p>
<p>(Id10059) What was her/his marital status?</p> <p>Life partner is defined here as living with someone for a long time without ever having married.</p>	<p>(selected(\${Id10051}, 'yes') and selected(\${isAdult}, '1'))</p> <p> <input type="radio"/> single <input type="radio"/> married <input type="radio"/> life partner <input type="radio"/> divorced <input type="radio"/> widowed </p>

	<input type="radio"/> too young to be married <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10060_check) [Is the date of marriage available?]	<input type="radio"/> (selected(\$ {isAdult}, '1')) and (\$ {Id10059} = 'married' or \$ {Id10059} = 'divorced' or \$ {Id10059} = ... <input type="radio"/> Yes <input type="radio"/> No
(Id10060) What was the date of marriage?	<div style="text-align: right;">selected(\$ {Id10060_check}, 'yes')</div> Day: _____ Month: _____ Year: _____
(Id10061) What was the name of the father?	(selected(\$ {isChild}, '1') or selected(\$ {isNeonatal}, '1')) and (selected(\$ {Id10051}, 'yes')) _____
(Id10062) What was the name of the mother?	(selected(\$ {isChild}, '1') or selected(\$ {isNeonatal}, '1')) and (selected(\$ {Id10051}, 'yes')) _____
(Id10063) What was her/his highest level of schooling?	((selected(\$ {isChild}, '1') and \$ {ageInMonthsByYear} >=48) or selected(\$ {isAdult}, '1')) and (sel ... <input type="radio"/> No formal education <input type="radio"/> Primary school <input type="radio"/> Secondary school <input type="radio"/> Higher than secondary school <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10064) Was (s)he able to read and/or write? <i>select 'yes' also if only one of either reading or writing is known to the respondent</i>	((selected(\$ {isChild}, '1') and \$ {ageInMonthsByYear} >=72) or selected(\$ {isAdult}, '1')) and (sel ... <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10065) What was her/his economic activity status in year prior to death? <i>The deceased might have had several activities. Choose the one that was probably true for most of the year preceding illness and death</i>	((selected(\$ {isChild}, '1') and \$ {ageInMonthsByYear} >=96) or selected(\$ {isAdult}, '1')) and (sel ... <input type="radio"/> mainly unemployed <input type="radio"/> mainly employed <input type="radio"/> home-maker <input type="radio"/> pensioner <input type="radio"/> student <input type="radio"/> other <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10066) What was her/his occupation, that is, what kind of work did (s)he mainly do?	(selected(\$ {isChild}, '1') or selected(\$ {isAdult}, '1')) and (selected(\$ {Id10051}, 'yes')) and sel ... _____
(Id10069) [Is there a need to collect civil registration numbers on the deceased?]	<input type="radio"/> Yes <input type="radio"/> No
(Id10069_a) Do you have a death registration certificate?	<div style="text-align: right;">selected(\$ {Id10069}, 'yes')</div> <input type="radio"/> Yes <input type="radio"/> No
(Id10070) [Death registration number/certificate] <i>Enter a "-" if this information is not available.</i>	<div style="text-align: right;">selected(\$ {Id10069_a}, 'yes')</div> _____
(Id10071_check) [Is the date of registration available?]	<div style="text-align: right;">selected(\$ {Id10069_a}, 'yes')</div> <input type="radio"/> Yes <input type="radio"/> No
(Id10071) [Date of registration]	<div style="text-align: right;">selected(\$ {Id10071_check}, 'yes')</div> Day: _____ Month: _____ Year: _____

(Id10072) [Place of registration] <i>Enter a "-" if this information is not available.</i>	selected(\${Id10069_a}, 'yes') -----
(Id10073) [National identification number of deceased] <i>Enter a "-" if this information is not available. For children and newborns that have no ID number, use the mother's ID. If mother's ID is not available, use the father's ID.</i>	selected(\${Id10069_a}, 'yes') -----
(Id10104) Did the baby ever cry?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10105) Did the baby cry immediately after birth, even if only a little bit?	selected(\${Id10104}, 'yes') or selected(\${Id10104}, 'dk') <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10106) How many minutes after birth did the baby first cry? <i>For don't know, enter "99." For refused, enter "88." If the respondent says the baby never cried, go back and enter "No" to Id10104, "Did the baby ever cry?"</i>	selected(\${Id10104}, 'yes') -----
(Id10107) Did the baby stop being able to cry?	selected(\${Id10104}, 'yes') or selected(\${Id10104}, 'dk') <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10108) How many hours before death did the baby stop crying? <i>Less than 60 minutes = 0 hours. Enter "99" for "don't know." Enter "88" for "refuse."</i>	selected(\${Id10107}, 'yes') -----
(Id10109) Did the baby ever move?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10110) Did the baby ever breathe?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10111) Did the baby breathe immediately after birth, even a little?	selected(\${Id10110}, 'yes') <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10112) Did the baby have a breathing problem?	selected(\${Id10110}, 'yes') <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10113) Was the baby given assistance to breathe at birth?	selected(\${Id10110}, 'yes') <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10114) If the baby didn't show any sign of life, was it born dead? <i>This question serves to finally determine if the baby was born alive or dead.</i>	not(selected(\${Id10104}, 'yes')) and not(selected(\${Id10109}, 'yes')) and not(selected(\${Id10110} ... <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10115) Were there any bruises or signs of injury on	<input type="radio"/> Yes

baby's body after the birth?	<input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(ld10116) Was the baby's body soft, pulpy and discoloured and the skin peeling away? <i>Macerated means the body was pulpy. This indicates that the baby has been dead inside the mother for some time. If the deceased is ascertained to be a stillbirth, proceed straight with the injury section.</i>	selected(\${ld10114}, 'yes') <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(ld10077) Did (s)he suffer from any injury or accident that led to her/his death?	\${ld10114}!=yes' <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(ld10079) Was it a road traffic accident?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(ld10080) What was her/his role in the road traffic accident?	selected(\${ld10079}, 'yes') <input type="radio"/> pedestrian <input type="radio"/> driver or passenger in car or light vehicle <input type="radio"/> driver or passenger in bus or heavy vehicle <input type="radio"/> driver or passenger on a motorcycle <input type="radio"/> driver or passenger on a pedal cycle <input type="radio"/> other <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(ld10081) What was the counterpart that was hit during the road traffic accident?	selected(\${ld10079}, 'yes') <input type="radio"/> pedestrian <input type="radio"/> stationary object <input type="radio"/> car or light vehicle <input type="radio"/> bus or heavy vehicle <input type="radio"/> motorcycle <input type="radio"/> pedal cycle <input type="radio"/> other <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(ld10082) Was (s)he injured in a non-road transport accident?	(selected(\${ld10079}, 'no') or selected(\${ld10079}, 'dk') or selected(\${ld10079}, 'ref')) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(ld10083) Was (s)he injured in a fall? <i>This includes accidents and cases where it is unknown if it was an accident or whether there was intentional violence.</i>	(selected(\${ld10079}, 'no') or selected(\${ld10079}, 'dk') or selected(\${ld10079}, 'ref')) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(ld10084) Was there any poisoning? <i>This includes accidents and cases where it is unknown if it was an accident or whether there was intentional violence.</i>	(selected(\${ld10079}, 'no') or selected(\${ld10079}, 'dk') or selected(\${ld10079}, 'ref')) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(ld10085) Did (s)he die of drowning? <i>This includes accidents and cases where it is unknown if it was an accident or whether there was intentional violence.</i>	(selected(\${ld10079}, 'no') or selected(\${ld10079}, 'dk') or selected(\${ld10079}, 'ref')) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(ld10086) Was (s)he injured by a bite or sting by	(selected(\${ld10079}, 'no') or selected(\${ld10079}, 'dk') or

venomous animal? <i>This includes accidents and cases where it is unknown if it was an accident or whether there was intentional violence.</i>	selected({{id10079}}, 'ref')) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(id10087) Was (s)he injured by an animal or insect (non-venomous)?	(selected({{id10086}}, 'no') or selected({{id10086}}, 'dk') or selected({{id10086}}, 'ref')) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(id10088) What was the animal/insect?	selected({{id10087}}, 'yes') or selected({{id10086}}, 'yes') <input type="radio"/> dog <input type="radio"/> snake <input type="radio"/> insect or scorpion <input type="radio"/> other <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(id10089) Was (s)he injured by burns/fire?	(selected({{id10079}}, 'no') or selected({{id10079}}, 'dk') or selected({{id10079}}, 'ref')) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(id10090) Was (s)he subject to violence (suicide, homicide, abuse)? <i>(don't say suicide for under-12-year olds)</i>	(selected({{id10079}}, 'no') or selected({{id10079}}, 'dk') or selected({{id10079}}, 'ref')) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(id10091) Was (s)he injured by a firearm?	(selected({{id10079}}, 'no') or selected({{id10079}}, 'dk') or selected({{id10079}}, 'ref')) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(id10092) Was (s)he stabbed, cut or pierced?	(selected({{id10079}}, 'no') or selected({{id10079}}, 'dk') or selected({{id10079}}, 'ref')) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(id10093) Was (s)he strangled?	(selected({{id10079}}, 'no') or selected({{id10079}}, 'dk') or selected({{id10079}}, 'ref')) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(id10094) Was (s)he injured by a blunt force?	(selected({{id10079}}, 'no') or selected({{id10079}}, 'dk') or selected({{id10079}}, 'ref')) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(id10095) Was (s)he injured by a force of nature?	(selected({{id10079}}, 'no') or selected({{id10079}}, 'dk') or selected({{id10079}}, 'ref')) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(id10096) Was it electrocution? <i>This includes accidents and cases where it is unknown if it</i>	(selected({{id10079}}, 'no') or selected({{id10079}}, 'dk') or selected({{id10079}}, 'ref')) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer

was an accident or whether there was intentional violence.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10097) Did (s)he encounter any other injury?	(selected(\${Id10079}, 'no') or selected(\${Id10079}, 'dk') or selected(\${Id10079}, 'ref')) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10098) Was the injury accidental?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10099) Was the injury self-inflicted?	\${isAdult} = '1' and not(selected(\${Id10098}, 'yes')) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10100) Was the injury intentionally inflicted by someone else?	not(selected(\${Id10098}, 'yes')) and not(selected(\${Id10099}, 'yes')) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10351) How many days old was the baby when the fatal illness started? Maximum number of days for neonates is 28 days. The answer could be given in another unit, but for data entry use days. Less than 24 hours=0 days; 1 week=7 days. Enter "99" for "don't know." Enter "88" for "refuse."	(selected(\${Id10114}, 'no') or \${Id10114} = 'NaN' or string-length(\${Id10114}) = 0) and selected(\$
(Id10408) Before the illness that led to death, was the baby/the child growing normally?	((selected(\${Id10114}, 'no') or \${Id10114} = 'NaN' or string-length(\${Id10114}) = 0) and selected ... <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10120_0) For how many days was (s)he ill before death? If less than 1 day or 24 hours, enter 0 days. For don't know, enter "99." For refused, enter "88."	selected(\${isNeonatal}, '1')
(Id10120_unit) For how long was (s)he ill before death?	(selected(\${isChild}, '1') or selected(\${isAdult}, '1')) <input type="radio"/> Days <input type="radio"/> Months <input type="radio"/> Years <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10121) Months	\${id10120_unit}='months'
(Id10122) Years	\${id10120_unit}='years'
(Id10120_1) Days Less than 24 hours = 0 days.	\${id10120_unit}='days'
(Id10123) Did (s)he die suddenly? Suddenly means died unexpectedly within 24 hours of being in regular health.	not(selected(\${Id10114}, 'yes')) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10125) Was there any diagnosis by a health professional of tuberculosis?	<input type="radio"/> Yes <input type="radio"/> No

Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.	<input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10126) Was an HIV test ever positive?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10127) Was there any diagnosis by a health professional of AIDS? Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10128) Did (s)he have a recent positive test by a health professional for malaria? Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10129) Did (s)he have a recent negative test by a health professional for malaria? Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.	not(selected(\${Id10128}, 'yes')) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10130) Was there any diagnosis by a health professional of dengue fever? Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10131) Was there any diagnosis by a health professional of measles? Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10132) Was there any diagnosis by a health professional of high blood pressure? Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.	not(selected(\${isChild}, '1')) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10133) Was there any diagnosis by a health professional of heart disease? Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10134) Was there any diagnosis by a health professional of diabetes? Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10135) Was there any diagnosis by a health professional of asthma? Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10136) Was there any diagnosis by a health professional of epilepsy? Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10137) Was there any diagnosis by a health professional of cancer? Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10138) Was there any diagnosis by a health professional of Chronic Obstructive Pulmonary Disease (COPD)?	selected(\${isAdult}, '1') <input type="radio"/> Yes <input type="radio"/> No

Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.	<input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10139) Was there any diagnosis by a health professional of dementia? Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.	selected(\${isAdult}, '1') <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10140) Was there any diagnosis by a health professional of depression? Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.	selected(\${isAdult}, '1') <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10141) Was there any diagnosis by a health professional of stroke? Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.	selected(\${isAdult}, '1') <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10142) Was there any diagnosis by a health professional of sickle cell disease? Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10143) Was there any diagnosis by a health professional of kidney disease? Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10144) Was there any diagnosis by a health professional of liver disease? Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10147) Did (s)he have a fever?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10148_a) How many days did the fever last? If less than 1 day or 24 hours, enter 0 days. Use 1 week = 7 days to determine number of days. For don't know, enter "99." For refused, enter "88."	selected(\${Id10147}, 'yes') and selected(\${isNeonatal}, '1')
(Id10148_units) How long did the fever last? Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.	selected(\${Id10147}, 'yes') and (selected(\${isChild}, '1') or selected(\${isAdult}, '1')) <input type="radio"/> Days <input type="radio"/> Months <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10148_b) [Enter how long the fever lasted in days]: Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.	\${Id10148_units}='days'
(Id10148_c) [Enter how long the fever lasted in months]: Enter 1-60 months.	\${Id10148_units}='months'
(Id10149) Did the fever continue until death?	selected(\${Id10147}, 'yes') <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10150) How severe was the fever?	(selected(\${isChild}, '1') or selected(\${isAdult}, '1')) and selected(\${Id10147}, 'yes') <input type="radio"/> mild <input type="radio"/> moderate <input type="radio"/> severe

	<input type="radio"/> Doesn't know <input type="radio"/> Refused to answer (selected(\${isChild}, '1') or selected(\${isAdult}, '1')) and selected(\${Id10147}, 'yes')
(Id10151) What was the pattern of the fever?	<input type="radio"/> continuous <input type="radio"/> on and off <input type="radio"/> only at night <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10152) Did (s)he have night sweats?	(selected(\${isChild}, '1') or selected(\${isAdult}, '1')) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10153) Did (s)he have a cough?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10154_units) For how long did (s)he have a cough? Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.	(selected(\${isChild}, '1') or selected(\${isAdult}, '1')) and selected(\${Id10153}, 'yes') <input type="radio"/> Days <input type="radio"/> Months <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10154_a) [Enter how long (s)he had a cough in days]: Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.	\${Id10154_units}='days'
(Id10154_b) [Enter how long (s)he had a cough in months]: Enter 1-60 months.	\${Id10154_units}='months'
(Id10155) Was the cough productive, with sputum?	(selected(\${isChild}, '1') or selected(\${isAdult}, '1')) and selected(\${Id10153}, 'yes') <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10156) Was the cough very severe?	(selected(\${isChild}, '1') or selected(\${isAdult}, '1')) and selected(\${Id10153}, 'yes') <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10157) Did (s)he cough up blood?	(selected(\${isChild}, '1') or selected(\${isAdult}, '1')) and selected(\${Id10153}, 'yes') <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10158) Did (s)he make a whooping sound when coughing?	(selected(\${isChild}, '1') and selected(\${Id10153}, 'yes')) or (selected(\${isNeonatal}, '1') and ... <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10159) Did (s)he have any difficulty breathing?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10161_0) For how many days did the difficulty breathing last? If less than 1 day or 24 hours, enter 0 days. Use 1 week = 7	selected(\${isNeonatal}, '1')

days to determine the number of days. For don't know, enter "99." For refused, enter "88."	
(Id10161_unit) For how long did the difficult breathing last? <i>Enter 1 unit only: 0-30 days, 1-11 months, or 1 or more years. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.</i>	(selected(\${isChild}, '1') or selected(\${isAdult}, '1')) <input type="radio"/> Days <input type="radio"/> Months <input type="radio"/> Years <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10161_1) [Enter how long the difficult breathing lasted in days]: <i>Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.</i>	<div style="text-align: right;">\${Id10161_unit}='days'</div> <div>-----</div>
(Id10162) [Enter how long the difficult breathing lasted in months]: <i>Enter 1-60 months.</i>	<div style="text-align: right;">\${Id10161_unit}='months'</div> <div>-----</div>
(Id10163) [Enter how long the difficult breathing lasted in years]: <i>Enter number of years less than age at death.</i>	<div style="text-align: right;">\${Id10161_unit}='years'</div> <div>-----</div>
(Id10165) Was the difficulty continuous or on and off?	(selected(\${isChild}, '1') or selected(\${isAdult}, '1')) and selected(\${Id10159}, 'yes') <input type="radio"/> continuous <input type="radio"/> on and off <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10166) During the illness that led to death, did (s)he have fast breathing?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10167_a) For how many days did the fast breathing last? <i>If less than 1 day or 24 hours, enter 0 days. Use 1 week = 7 days to determine the number of days. For don't know, enter "99." For refused, enter "88."</i>	selected(\${Id10166}, 'yes') and selected(\${isNeonatal}, '1') <div>-----</div>
(Id10167_units) How long did the fast breathing last? <i>Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.</i>	selected(\${Id10166}, 'yes') and (selected(\${isChild}, '1') or selected(\${isAdult}, '1')) <input type="radio"/> Days <input type="radio"/> Months <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10167_b) [Enter how long the fast breathing lasted in days]: <i>Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.</i>	<div style="text-align: right;">\${Id10167_units}='days'</div> <div>-----</div>
(Id10167_c) [Enter how long the fast breathing lasted in months]: <i>Enter 1-60 months.</i>	<div style="text-align: right;">\${Id10167_units}='months'</div> <div>-----</div>
(Id10168) Did (s)he have breathlessness?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10169_a) For how many days did (s)he have breathlessness? <i>If less than 1 day or 24 hours, enter 0 days. Use 1 week = 7 days to determine the number of days. For don't know, enter "99." For refused, enter "88."</i>	selected(\${Id10168}, 'yes') and selected(\${isNeonatal}, '1') <div>-----</div>
(Id10169_units) How long did (s)he have breathlessness? <i>Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.</i>	selected(\${Id10168}, 'yes') and (selected(\${isChild}, '1') or selected(\${isAdult}, '1')) <input type="radio"/> Days <input type="radio"/> Months <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10169_b) [Enter how long (s)he had breathlessness	<div style="text-align: right;">\${Id10169_units}='days'</div>

<p>in days]:</p> <p><i>Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.</i></p> <p>(Id10169_c) [Enter how long (s)he had breathlessness in months]:</p> <p><i>Enter 1-60 months.</i></p>	<p>-----</p> <p>-----</p>
<p>(Id10170) Was (s)he unable to carry out daily routines due to breathlessness?</p>	<p>selected(\$isAdult, '1') and selected(\$Id10168, 'yes')</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Doesn't know</p> <p><input type="radio"/> Refused to answer</p>
<p>(Id10171) Was (s)he breathless while lying flat?</p>	<p>selected(\$isAdult, '1') and selected(\$Id10168, 'yes')</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Doesn't know</p> <p><input type="radio"/> Refused to answer</p>
<p>(Id10172) Did you see the lower chest wall/ribs being pulled in as the child breathed in?</p> <p><i>Ask only for children under the age of 12 years. Show photos if available.</i></p>	<p>(selected(\$isNeonatal, '1') or selected(\$isChild, '1'))</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Doesn't know</p> <p><input type="radio"/> Refused to answer</p>
<p>(Id10173_nc) During the illness that led to death did his/her breathing sound like any of the following:</p>	<p>(selected(\$isNeonatal, '1') or selected(\$isChild, '1'))</p> <p><input type="checkbox"/> stridor</p> <p><input type="checkbox"/> grunting</p> <p><input type="checkbox"/> wheezing</p> <p><input type="checkbox"/> no</p> <p><input type="checkbox"/> Doesn't know</p> <p><input type="checkbox"/> Refused to answer</p>
<p>(Id10173_check) It is not possible to select "Don't know" or "refuse" together with other options. Please go back and correct the selection.</p>	<p>(selected(\$Id10173_nc, 'dk') or selected(\$Id10173_nc, 'ref')) and count-selected(\$Id10173_nc ...</p>
<p>(Id10173_a) During the illness that led to death did (s)he have wheezing?</p>	<p>selected(\$isAdult, '1')</p> <p><input type="checkbox"/> wheezing</p> <p><input type="checkbox"/> no</p> <p><input type="checkbox"/> Doesn't know</p> <p><input type="checkbox"/> Refused to answer</p>
<p>(Id10174) Did (s)he have chest pain?</p>	<p>(selected(\$isChild, '1') or selected(\$isAdult, '1'))</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Doesn't know</p> <p><input type="radio"/> Refused to answer</p>
<p>(Id10175) Was the chest pain severe?</p>	<p>(selected(\$isAdult, '1')) and selected(\$Id10174, 'yes')</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Doesn't know</p> <p><input type="radio"/> Refused to answer</p>
<p>(Id10176) How many days before death did (s)he have chest pain?</p> <p><i>Less than 1 day or 24 hours = 0 days; 1 week = 7 days. For don't know, enter "99." For refused, enter "88."</i></p>	<p>(selected(\$isChild, '1') or selected(\$isAdult, '1')) and selected(\$Id10174, 'yes')</p> <p>-----</p>
<p>(Id10178_unit) How long did the chest pain last?</p> <p><i>Enter 1 unit only: 0-59 minutes, 1-23 hours, or days less than response for how many days before death did (s)he have chest pain. 1 week = 7 days.</i></p>	<p>(selected(\$isChild, '1') or selected(\$isAdult, '1'))</p> <p><input type="radio"/> Minutes</p> <p><input type="radio"/> Hours</p> <p><input type="radio"/> Days</p> <p><input type="radio"/> Doesn't know</p> <p><input type="radio"/> Refused to answer</p>
<p>(Id10178) [Enter how long the chest pain lasted in minutes]:</p> <p><i>Enter 0-59 minutes.</i></p>	<p>-----</p> <p>-----</p>
<p>(Id10179) [Enter how long the chest pain lasted in hours]:</p>	<p>-----</p> <p>-----</p>

Enter 1-23 hours.	
(Id10179_1) [Enter how long the chest pain lasted in days]: Enter 0-30 days. 1 week = 7 days.	-----days'
(Id10181) Did (s)he have more frequent loose or liquid stools than usual? <i>Ask the respondent about his/her understanding of what is diarrhoea (having more frequent loose or liquid stools than usual); if unclear, explain to the respondent what is diarrhoea .</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10182_units) How long did (s)he have frequent loose or liquid stools? Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.	(selected(\${isChild}, '1') or selected(\${isAdult}, '1')) and selected(\${Id10181}, 'yes') <input type="radio"/> Days <input type="radio"/> Months <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10182_a) [Enter how long (s)he had frequent loose or liquid stools in days]: Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.	\${Id10182_units}='days' -----
(Id10182_b) [Enter how long (s)he had frequent loose or liquid stools in months]: Enter 1-60 months.	\${Id10182_units}='months' -----
(Id10183) How many stools did the baby or child have on the day that loose liquid stools were most frequent? <i>For don't know, enter "99." For refused, enter "88."</i>	(selected(\${isChild}, '1') or selected(\${isNeonatal}, '1')) and selected(\${Id10181}, 'yes') -----
(Id10184_a) How many days before death did the frequent loose or liquid stools start? <i>If less than 1 day or 24 hours, enter 0 days. Use 1 week = 7 days to determine the number of days. For don't know, enter "99." For refused, enter "88."</i>	selected(\${Id10181}, 'yes') and selected(\${isNeonatal}, '1') -----
(Id10184_units) How long before death did the frequent loose or liquid stools start? Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.	selected(\${Id10181}, 'yes') and selected(\${isChild}, '1') <input type="radio"/> Days <input type="radio"/> Months <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10184_b) [Enter how long before death the frequent loose or liquid stools started in days]: Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.	\${Id10184_units}='days' -----
(Id10184_c) [Enter how long before death the frequent loose or liquid stools started in months]: Enter 1-60 months.	\${Id10184_units}='months' -----
(Id10185) Did the frequent loose or liquid stools continue until death?	(selected(\${isChild}, '1')) and selected(\${Id10181}, 'yes') <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10186) At any time during the final illness was there blood in the stools?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10187) Was there blood in the stool up until death?	((selected(\${isChild}, '1') or selected(\${isAdult}, '1')) and selected(\${Id10186}, 'yes')) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10188) Did (s)he vomit?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know

(Id10189) To clarify: Did (s)he vomit in the week preceding the death?	<input type="radio"/> Refused to answer <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10190_units) How long before death did (s)he vomit? <i>Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.</i>	selected(\${Id10189}, 'yes') and selected(\${isAdult}, '1') <input type="radio"/> Days <input type="radio"/> Months <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10190_a) [Enter how long before death(s)he vomited in days]: <i>Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.</i>	\${Id10190_units}='days' -----
(Id10190_b) [Enter how long before death(s)he vomited in months]: <i>Enter 1-60 months.</i>	\${Id10190_units}='months' -----
(Id10191) Was there blood in the vomit?	(selected(\${Id10188}, 'yes') or selected(\${Id10189}, 'yes')) and \${isNeonatal} != '1' <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10192) Was the vomit black?	(selected(\${isChild}, '1') or selected(\${isAdult}, '1')) and (selected(\${Id10188}, 'yes') or selec ... <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10193) Did (s)he have any belly (abdominal) problem? <i>Explain to the respondent that problems could be pain, protruding abdomen or a mass.</i>	(selected(\${isChild}, '1') or selected(\${isAdult}, '1')) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10194) Did (s)he have belly (abdominal) pain?	(selected(\${isChild}, '1') or selected(\${isAdult}, '1')) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10195) Was the belly (abdominal) pain severe?	(selected(\${isChild}, '1') or selected(\${isAdult}, '1')) and selected(\${Id10194}, 'yes') <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10196_unit) For how long did (s)he have belly (abdominal) pain? <i>Enter 1 unit only: 0-23 hours, 1-30 days, or 1-60 months. 1 week = 7 days.</i>	<input type="radio"/> Hours <input type="radio"/> Days <input type="radio"/> Months <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10196) [Enter how long (s)he had belly (abdominal) pain in hours]: <i>Enter 1-23 hours.</i>	\${Id10196_unit}='hours' -----
(Id10197_a) [Enter how long (s)he had belly (abdominal) pain in days]: <i>Enter 0-30 days. 1 week = 7 days.</i>	\${Id10196_unit}='days' -----
(Id10198) [Enter how long (s)he had belly (abdominal) pain in months]: <i>Enter 1-60 months.</i>	\${Id10196_unit}='months' -----
(Id10199) Was the pain in the upper or lower belly (abdomen)?	((selected(\${isChild}, '1') and selected(\${Id10195}, 'yes')) or (selected(\${isAdult}, '1') and sele ...

	<input type="radio"/> upper abdomen <input type="radio"/> lower abdomen <input type="radio"/> upper and lower abdomen <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10200) Did (s)he have a more than usually protruding belly (abdomen)?	<small>(selected(\${isChild}, '1') or selected(\${isAdult}, '1'))</small> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10201_unit) For how long before death did (s)he have a more than usually protruding belly (abdomen)? Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.	<small>(selected(\${isChild}, '1') or selected(\${isAdult}, '1')) and selected(\${Id10200}, 'yes')</small> <input type="radio"/> Days <input type="radio"/> Months <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10201_a) [Enter how long before death (s)he had a more than usually protruding belly (abdomen) in days]: Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.	<small>\${Id10201_unit}='days'</small> -----
(Id10202) [Enter how long before death (s)he had a more than usually protruding belly (abdomen) in months]: Enter 1-60 months.	<small>\${Id10201_unit}='months'</small> -----
(Id10203) How rapidly did (s)he develop the protruding belly (abdomen)?	<small>(selected(\${isChild}, '1') or selected(\${isAdult}, '1')) and selected(\${Id10200}, 'yes')</small> <input type="radio"/> rapidly <input type="radio"/> slowly <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10204) Did (s)he have any mass in the belly (abdomen)?	<small>(selected(\${isChild}, '1') or selected(\${isAdult}, '1'))</small> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10205_unit) For how long did (s)he have a mass in the belly (abdomen)? Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.	<small>(selected(\${isChild}, '1') or selected(\${isAdult}, '1')) and selected(\${Id10204}, 'yes')</small> <input type="radio"/> Days <input type="radio"/> Months <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10205_a) [Enter how long (s)he had a mass in the belly (abdomen) in days]: Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.	<small>\${Id10205_unit}='days'</small> -----
(Id10206) [Enter how long (s)he had a mass in the belly (abdomen) in months]: Enter 1-60 months.	<small>\${Id10205_unit}='months'</small> -----
(Id10207) Did (s)he have a severe headache?	<small>(selected(\${isChild}, '1') or selected(\${isAdult}, '1'))</small> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10208) Did (s)he have a stiff neck during illness that led to death?	<small>(selected(\${isChild}, '1') or selected(\${isAdult}, '1'))</small> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10209_units) How long before death did (s)he have stiff neck? Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.	<small>(selected(\${isChild}, '1') or selected(\${isAdult}, '1')) and selected(\${Id10208}, 'yes')</small> <input type="radio"/> Days <input type="radio"/> Months

	<input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10209_a) [Enter how long before death did (s)he have stiff neck in days]: <i>Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.</i>	<div style="text-align: right;">\${Id10209_units}='days'</div> <div>-----</div>
(Id10209_b) [Enter how long before death did (s)he have stiff neck in months]: <i>Enter 1-60 months.</i>	<div style="text-align: right;">\${Id10209_units}='months'</div> <div>-----</div>
(Id10210) Did (s)he have a painful neck during the illness that led to death?	<div style="text-align: right;">(selected(\${isChild}, '1') or selected(\${isAdult}, '1'))</div> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10211_units) How long before death did (s)he have a painful neck? <i>Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.</i>	<div style="text-align: right;">(selected(\${isChild}, '1') or selected(\${isAdult}, '1')) and selected(\${Id10210}, 'yes')</div> <input type="radio"/> Days <input type="radio"/> Months <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10211_a) [Enter how long before death (s)he had a painful neck in days]: <i>Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.</i>	<div style="text-align: right;">\${Id10211_units}='days'</div> <div>-----</div>
(Id10211_b) [Enter how long before death (s)he had a painful neck in months]: <i>Enter 1-60 months.</i>	<div style="text-align: right;">\${Id10211_units}='months'</div> <div>-----</div>
(Id10212) Did (s)he have mental confusion?	<div style="text-align: right;">selected(\${isAdult}, '1')</div> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10213_units) How long did (s)he have mental confusion? <i>Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.</i>	<div style="text-align: right;">(selected(\${isAdult}, '1')) and selected(\${Id10212}, 'yes')</div> <input type="radio"/> Days <input type="radio"/> Months <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10213_a) [Enter how long (s)he had mental confusion in days]: <i>Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.</i>	<div style="text-align: right;">\${Id10213_units}='days'</div> <div>-----</div>
(Id10213_b) [Enter how long (s)he had mental confusion in months]: <i>Enter 1-60 months.</i>	<div style="text-align: right;">\${Id10213_units}='months'</div> <div>-----</div>
(Id10214) Was (s)he unconscious during the illness that led to death?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10215) Was (s)he unconscious for more than 24 hours before death?	<div style="text-align: right;">selected(\${Id10214}, 'yes')</div> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10216_units) How long before death did unconsciousness start? <i>Enter 1 unit only: 0-23 hours or 1-99 days. 1 week = 7 days.</i>	<div style="text-align: right;">selected(\${isChild}, '1') and (selected(\${Id10215}, 'no') or selected(\${Id10215}, 'dk') or selecte ...</div> <input type="radio"/> Hours <input type="radio"/> Days <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10216_a) [Enter how long before death unconsciousness started in hours]?	<div style="text-align: right;">\${Id10216_units}='hours'</div>

The question needs input in hours but the respondent may not know exactly and so it may be easier to ask 'how long' and then convert the duration in hours. (Less than 1 hour = "0").

(Id10216_b) [Enter how long before death unconsciousness started in days]?

If more than 99, enter 99.

(Id10217) Did the unconsciousness start suddenly, quickly (at least within a single day)?

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```
#{ld10216_units}='days'
```

```
(selected(${isChild}, '1') or selected(${isAdult}, '1')) and  
selected(${ld10214}, 'yes')
```

- ☐ Yes
- ☐ No
- ☐ Doesn't know
- ☐ Refused to answer

(Id10218) Did the unconsciousness continue until death?

```
(selected(${isChild}, '1') or selected(${isAdult}, '1')) and  
selected(${Id10214}, 'yes')
```

- ☐ Yes
- ☐ No
- ☐ Doesn't know
- ☐ Refused to answer

(Id10219) Did (s)he have convulsions?

- ☐ Yes
- ☐ No
- ☐ Doesn't know
- ☐ Refused to answer

(Id10220) Did (s)he experience any generalized convulsions or fits during the illness that led to death?

```
(selected(${isChild}, '1')) and selected(${ld10219}, 'yes')
```

- ☐ Yes
- ☐ No
- ☐ Doesn't know
- ☐ Refused to answer

(Id10221) For how many minutes did the convulsions last?

The answer could be given in another unit, but for data entry use minutes. Less than 1 minute=0; 1 hour=60 minutes. Enter "99" for "don't know." Enter "88" for "refuse."

```
(selected(${isChild}, '1') or selected(${isAdult}, '1')) and  
selected(${Id10219}, 'yes')
```

.....

(Id10222) Did (s)he become unconscious immediately after the convulsion?

```
(selected(${isChild}, '1') or selected(${isAdult}, '1')) and  
selected(${ld10219}, 'yes')
```

- ☐ Yes
- ☐ No
- ☐ Doesn't know
- ☐ Refused to answer

(Id10223) Did (s)he have any urine problems?

Explain to the respondent that urine problems refer to urinating a lot or not at all, and blood in the urine.

```
(selected(${isChild}, '1') or selected(${isAdult}, '1'))
```

- ☐ Yes
- ☐ No
- ☐ Doesn't know
- ☐ Refused to answer

(Id10225) Did (s)he go to urinate more often than usual?

```
(selected(${isChild}, '1') or selected(${isAdult}, '1')) and  
selected(${Id10223}, 'yes')
```

- ☐ Yes
- ☐ No
- ☐ Doesn't know
- ☐ Refused to answer

(Id10226) During the final illness did (s)he ever pass blood in the urine?

```
(selected(${isChild}, '1') or selected(${isAdult}, '1')) and  
selected(${Id10223}, 'yes')
```

- ☐ Yes
- ☐ No
- ☐ Doesn't know
- ☐ Refused to answer

(Id10224) Did (s)he stop urinating?

This means that the deceased stopped urinating.

```
(selected(${isChild}, '1') or selected(${isAdult}, '1')) and  
selected(${Id10223}, 'yes')
```

- ☐ Yes
- ☐ No
- ☐ Doesn't know
- ☐ Refused to answer

(Id10227) Did (s)he have sores or ulcers anywhere on the body?	(selected(\${isChild}, '1') or selected(\${isAdult}, '1')) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10228) Did (s)he have sores?	selected(\${isAdult}, '1') <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10229) Did the sores have clear fluid or pus?	((selected(\${isAdult}, '1') and selected(\${Id10228}, 'yes')) or (selected(\${isChild}, '1') and sel ... <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10230) Did (s)he have an ulcer (pit) on the foot?	(selected(\${isChild}, '1') or selected(\${isAdult}, '1')) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10231) Did the ulcer on the foot ooze pus?	(selected(\${isChild}, '1') or selected(\${isAdult}, '1')) and selected(\${Id10230}, 'yes') <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10232_units) How long did the ulcer on the foot ooze pus? Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.	(selected(\${isChild}, '1') or selected(\${isAdult}, '1')) and selected(\${Id10231}, 'yes') <input type="radio"/> Days <input type="radio"/> Months <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10232_a) [Enter how long the ulcer on the foot oozed pus in days]: Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.	`\${Id10232_units}`='days'
(Id10232_b) [Enter how long the ulcer on the foot oozed pus in months]: Enter 1-60 months.	`\${Id10232_units}`='months'
(Id10233) During the illness that led to death, did (s)he have any skin rash?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10234) For how many days did (s)he have the skin rash? The answer could be given in another unit, but for data entry use days. Less than 1 day or 24 hours = 0 days; 1 week=7 days; 1 month=30 days. Enter "99" for "don't know." Enter "88" for "refuse."	(selected(\${isChild}, '1') or selected(\${isAdult}, '1')) and selected(\${Id10233}, 'yes')
(Id10235) Where was the rash?	(selected(\${isChild}, '1') or selected(\${isAdult}, '1')) and selected(\${Id10233}, 'yes') <input type="checkbox"/> face <input type="checkbox"/> trunk or abdomen <input type="checkbox"/> extremities <input type="checkbox"/> everywhere <input type="checkbox"/> Doesn't know <input type="checkbox"/> Refused to answer
(Id10235_check) It is not possible to select "Doesn't Know" or "Refused to answer" together with other options. Please go back and correct the selection.	(selected(\${Id10235}, 'DK') or selected(\${Id10235}, 'Ref')) and count-selected(\${Id10235})>1
(Id10236) Did (s)he have measles rash (use local	(selected(\${isChild}, '1') or selected(\${isAdult}, '1')) and

term)?	selected(\${Id10233}, 'yes') <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10237) Did (s)he ever have shingles or herpes zoster?	selected(\${isAdult}, '1') <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10238) During the illness that led to death, did her/his skin flake off in patches?	(selected(\${isChild}, '1') or selected(\${isAdult}, '1')) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10239) During the illness that led to death, did he/she have areas of the skin that turned black?	(selected(\${isNeonatal}, '1') or selected(\${isChild}, '1')) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10240) During the illness that led to death, did he/she have areas of the skin with redness and swelling?	(selected(\${isNeonatal}, '1') or selected(\${isChild}, '1')) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10241) During the illness that led to death, did (s)he bleed from anywhere?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10242) Did (s)he bleed from the nose, mouth or anus?	(selected(\${isChild}, '1') or selected(\${isAdult}, '1')) and selected(\${Id10241}, 'yes') <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10243) Did (s)he have noticeable weight loss?	(selected(\${isChild}, '1') or selected(\${isAdult}, '1')) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10244) Was (s)he severely thin or wasted?	(selected(\${isChild}, '1') or selected(\${isAdult}, '1')) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10245) During the illness that led to death, did s/he have a whitish rash inside the mouth or on the tongue?	(selected(\${isChild}, '1') or selected(\${isAdult}, '1')) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10246) Did (s)he have stiffness of the whole body or was unable to open the mouth?	(selected(\${isChild}, '1') or selected(\${isAdult}, '1')) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10247) Did (s)he have puffiness of the face?	(selected(\${isChild}, '1') or selected(\${isAdult}, '1')) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer

(Id10248_units) How long did (s)he have puffiness of the face? <i>Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.</i>	(selected(\${isChild}, '1') or selected(\${isAdult}, '1')) and selected(\${Id10247}, 'yes') <input type="radio"/> Days <input type="radio"/> Months <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10248_a) [Enter how long (s)he had puffiness of the face in days]: <i>Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.</i>	\${Id10248_units}='days' -----
(Id10248_b) [Enter how long (s)he had puffiness of the face in months]: <i>Enter 1-60 months.</i>	\${Id10248_units}='months' -----
(Id10249) During the illness that led to death, did (s)he have swollen legs or feet?	(selected(\${isChild}, '1') or selected(\${isAdult}, '1')) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10250_units) How long did the swelling last? <i>Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.</i>	(selected(\${isChild}, '1') or selected(\${isAdult}, '1')) and selected(\${Id10249}, 'yes') <input type="radio"/> Days <input type="radio"/> Months <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10250_a) [Enter how long the swelling lasted in days]: <i>Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.</i>	\${Id10250_units}='days' -----
(Id10250_b) [Enter how long the swelling lasted in months]: <i>Enter 1-60 months.</i>	\${Id10250_units}='months' -----
(Id10251) Did (s)he have both feet swollen?	(selected(\${isChild}, '1') or selected(\${isAdult}, '1')) and selected(\${Id10249}, 'yes') <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10252) Did (s)he have general puffiness all over his/her body?	(selected(\${isChild}, '1') or selected(\${isAdult}, '1')) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10253) Did (s)he have any lumps?	(selected(\${isChild}, '1') or selected(\${isAdult}, '1')) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10254) Did (s)he have any lumps or lesions in the mouth?	(selected(\${isAdult}, '1')) and selected(\${Id10253}, 'yes') <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10255) Did (s)he have any lumps on the neck?	(selected(\${isChild}, '1') or selected(\${isAdult}, '1')) and selected(\${Id10253}, 'yes') <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10256) Did (s)he have any lumps on the armpit?	(selected(\${isChild}, '1') or selected(\${isAdult}, '1')) and selected(\${Id10253}, 'yes') <input type="radio"/> Yes <input type="radio"/> No

	<input type="radio"/> Doesn't know <input type="radio"/> Refused to answer (selected(\${isChild}, '1') or selected(\${isAdult}, '1')) and selected(\${Id10253}, 'yes')
(Id10257) Did (s)he have any lumps on the groin?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10258) Was (s)he in any way paralysed?	(selected(\${isChild}, '1') or selected(\${isAdult}, '1')) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10259) Did (s)he have paralysis of only one side of the body?	(selected(\${isChild}, '1') or selected(\${isAdult}, '1')) and selected(\${Id10258}, 'yes') <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10260) Which were the limbs or body parts paralysed?	(selected(\${isChild}, '1') or selected(\${isAdult}, '1')) and selected(\${Id10258}, 'yes') <input type="checkbox"/> right side <input type="checkbox"/> left side <input type="checkbox"/> lower part of body <input type="checkbox"/> upper part of body <input type="checkbox"/> one leg only <input type="checkbox"/> one arm only <input type="checkbox"/> whole body <input type="checkbox"/> other <input type="checkbox"/> Doesn't know <input type="checkbox"/> Refused to answer
(Id10260_check) It is not possible to select "only one side paralysed" and "left and right side" or "whole body" together. Please go back and correct the selection.	selected(\${Id10259}, 'yes') and (selected(\${Id10260}, 'whole_body') or (selected(\${Id10260}, 'lef ...
(Id10260_check2) It is not possible to select "Doesn't Know" or "Refused to answer" together with other options. Please go back and correct the selection.	(selected(\${Id10260}, 'DK') or selected(\${Id10260}, 'Ref')) and count-selected(\${Id10260})>1
(Id10261) Did (s)he have difficulty swallowing?	(selected(\${isChild}, '1') or selected(\${isAdult}, '1')) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10262_units) For how long before death did (s)he have difficulty swallowing? Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.	(selected(\${isChild}, '1') or selected(\${isAdult}, '1')) and selected(\${Id10261}, 'yes') <input type="radio"/> Days <input type="radio"/> Months <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10262_a) [Enter how long before death (s)he had difficulty swallowing in days]: Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.	\${Id10262_units}='days'
(Id10262_b) [Enter how long before death (s)he had difficulty swallowing in months]: Enter 1-60 months.	\${Id10262_units}='months'
(Id10263) Was the difficulty with swallowing with solids, liquids, or both?	(selected(\${isChild}, '1') or selected(\${isAdult}, '1')) and selected(\${Id10261}, 'yes') <input type="radio"/> solids <input type="radio"/> liquids <input type="radio"/> both <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer

(Id10264) Did (s)he have pain upon swallowing?	(selected(\${isChild}, '1') or selected(\${isAdult}, '1')) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10265) Did (s)he have yellow discoloration of the eyes?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10266_units) For how long did (s)he have the yellow discoloration? Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.	(selected(\${isChild}, '1') or selected(\${isAdult}, '1')) and selected(\${Id10265}, 'yes') <input type="radio"/> Days <input type="radio"/> Months <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10266_a) [Enter how long (s)he had the yellow discoloration in days]: Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.	<div style="text-align: right;">\${Id10266_units}='days'</div> <div>-----</div>
(Id10266_b) [Enter how long (s)he had the yellow discoloration in months]: Enter 1-60 months.	<div style="text-align: right;">\${Id10266_units}='months'</div> <div>-----</div>
(Id10267) Did her/his hair change in color to a reddish or yellowish color?	(selected(\${isChild}, '1') or selected(\${isAdult}, '1')) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10268) Did (s)he look pale (thinning/lack of blood) or have pale palms, eyes or nail beds? Long term deficiency of the blood results in a pale, whitish appearance of the lips, tongue, and eye sac. Sometime it is referred to as thinning or lack of blood, or pallor.	(selected(\${isChild}, '1') or selected(\${isAdult}, '1')) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10269) Did (s)he have sunken eyes?	(selected(\${isChild}, '1')) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10270) Did (s)he drink a lot more water than usual?	(selected(\${isChild}, '1') or selected(\${isAdult}, '1')) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10271) Was the baby able to suckle or bottle-feed within the first 24 hours after birth? This question should be asked only if the child was less than 1 year old when it died.	(selected(\${isNeonatal}, '1') and \${Id10114}!='yes') or (selected(\${isChild}, '1') and (\${ageInMon ...) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10272) Did the baby ever suckle in a normal way? This question should be asked only if the child was less than 1 year old when it died.	(selected(\${isNeonatal}, '1') and \${Id10114}!='yes') or (selected(\${isChild}, '1') and (\${ageInMon ...) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10273) Did the baby stop suckling? This question should be asked only if the child was less than 1 year old when it died.	(selected(\${isNeonatal}, '1') and \${Id10114}!='yes') or (selected(\${isChild}, '1') and (\${ageInMon ...) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10274_a) How many days after birth did the baby stop suckling?	selected(\${Id10273}, 'yes') and selected(\${isNeonatal}, '1')

Less than 1 day= "0". Enter "99" for "don't know." Enter "88" for "refuse."	-----
(Id10274_units) How long after birth did the baby stop suckling? <i>Enter 1 unit only: 0-30 days or 1-11 months. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.</i>	selected(\${Id10273}, 'yes') and selected(\${isChild}, '1') <input type="radio"/> Days <input type="radio"/> Months <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10274_b) [Enter how long after birth the baby stopped suckling in days]: <i>Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.</i>	<div style="text-align: right;">\${Id10274_units}='days'</div> -----
(Id10274_c) [Enter how long after birth the baby stopped suckling in months]: <i>Enter 1-11 months.</i>	<div style="text-align: right;">\${Id10274_units}='months'</div> -----
(Id10275) Did the baby have convulsions starting within the first 24 hours of life? <i>This question should be asked only if the child was less than 1 year old when it died.</i>	(selected(\${isNeonatal}, '1') and \${Id10114}!= 'yes') or (selected(\${isChild}, '1') and (\${ageInMon ... <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10276) Did the baby have convulsions starting more than 24 hours after birth? <i>This question should be asked only if the child was less than 1 year old when it died.</i>	(selected(\${Id10275}, 'no') or selected(\${Id10275}, 'dk') or selected(\${Id10275}, 'ref')) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10277) Did the baby's body become stiff, with the back arched backwards? <i>This question should be asked only if the child was less than 1 year old when it died.</i>	(selected(\${isNeonatal}, '1') and \${Id10114}!= 'yes') or (selected(\${isChild}, '1') and (\${ageInMon ... <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10278) During the illness that led to death, did the baby have a bulging or raised fontanelle? <i>Show photo if available. This question should be asked only if the child was less than 18 months old when it died.</i>	(selected(\${isNeonatal}, '1') and \${Id10114}!= 'yes') or (selected(\${isChild}, '1') and (\${ageInMon ... <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10279) During the illness that led to death, did the baby have a sunken fontanelle? <i>Show photo if available. This question should be asked only if the child was less than 18 months old when it died.</i>	(selected(\${isNeonatal}, '1') or selected(\${isChild}, '1')) and (\${Id10278} = 'no' or \${Id10278} = ' ... <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10281) During the illness that led to death, did the baby become unresponsive or unconscious? <i>This question should be asked only if the child was less than 1 year old when it died.</i>	(selected(\${isNeonatal}, '1') and \${Id10114}!= 'yes') or (selected(\${isChild}, '1') and (\${ageInMon ... <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10282) Did the baby become unresponsive or unconscious soon after birth, within less than 24 hours? <i>This question should be asked only if the child was less than 1 year old when it died.</i>	((selected(\${Id10281}, 'yes') and (selected(\${isNeonatal}, '1')) and \${Id10114}!= 'yes') or (select ... <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10283) Did the baby become unresponsive or unconscious more than 24 hours after birth? <i>This question should be asked only if the child was less than 1 year old when it died.</i>	(selected(\${Id10281}, 'yes') and not(selected(\${Id10282}, 'yes')) and ((selected(\${isNeonatal}, ' ... <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer

(Id10284) During the illness that led to death, did the baby become cold to touch?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10285) How many days old was the baby when it started feeling cold to touch? <i>If less than 1 day or 24 hours, enter 0 days. Use 1 week = 7 days to determine the number of days. For don't know, enter "99." For refused, enter "88."</i>	<input checked="" type="radio"/> Refused to answer selected(\${Id10284}, 'yes')
(Id10286) During the illness that led to death, did the baby become lethargic after a period of normal activity?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10287) Did the baby have redness or pus drainage from the umbilical cord stump?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10288) During the illness that led to death, did the baby have skin ulcer(s) or pits?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10289) During the illness that led to death, did the baby have yellow skin, palms (hand) or soles (foot)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10290) Did the baby or infant appear to be healthy and then just die suddenly? <i>Suddenly means died unexpectedly within 24 hours of being in regular health.</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10294) Did she have any swelling or lump in the breast?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10295) Did she have any ulcers (pits) in the breast?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10296) Did she ever have a period or menstruate? <i>Ask for period and menstruation, and also mention the content of the subquestions already (excessive quantity or little quantity of bleeding, or irregular vaginal bleeding). If anything is mentioned select yes.</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10297) When she had her period, did she have vaginal bleeding in between menstrual periods? <i>Important is the excessive quantity of blood</i>	<input checked="" type="radio"/> Refused to answer selected(\${Id10296}, 'yes') <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10298) Was the bleeding excessive?	<input checked="" type="radio"/> Refused to answer selected(\${Id10297}, 'yes') <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10301) Was there excessive vaginal bleeding in the week prior to death? <i>Important is the excessive quantity of blood</i>	<input checked="" type="radio"/> Refused to answer selected(\${Id10296}, 'yes') <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10299) Did her menstrual period stop naturally because of menopause or removal of uterus? <i>If woman was under 40, do not ask and just click 'No'.</i>	<input checked="" type="radio"/> Refused to answer selected(\${Id10296}, 'yes') <input type="radio"/> Yes <input type="radio"/> No

	<input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10302) At the time of death was her period overdue?	selected(\${Id10299}, 'dk') or selected(\${Id10299}, 'no') or selected(\${Id10299}, 'ref') <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10303) For how many weeks had her period been overdue? <i>The answer could be given in another unit, but for data entry use weeks. Less than 1 week=0. 7 days=1 week. Enter "99" for "don't know." Enter "88" for "refuse."</i>	selected(\${Id10302}, 'yes') -----
(Id10300) Did she have vaginal bleeding after cessation of menstruation? <i>If woman was under 40, do not ask and just click 'No'.</i>	selected(\${Id10299}, 'yes') <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10304) Did she have a sharp pain in her belly (abdomen) shortly before death?	not(selected(\${Id10299}, 'yes')) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10305) Was she pregnant at the time of death?	not(selected(\${Id10299}, 'yes')) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10306) Did she die within 6 weeks of delivery, abortion or miscarriage?	selected(\${Id10305}, 'dk') or selected(\${Id10305}, 'no') or selected(\${Id10305}, 'ref') <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10307) Did this woman die more than 6 weeks after being pregnant or delivering a baby?	(selected(\${Id10306}, 'dk') or selected(\${Id10306}, 'no') or selected(\${Id10306}, 'ref')) and (se ... <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10308) Was this a woman who died less than 1 year after being pregnant or delivering a baby?	selected(\${Id10307}, 'yes') <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10309) For how many months was she pregnant? <i>Important is the distinction between early and late pregnancy (threshold is 6 months). For don't know, enter "99." For refused, enter "88."</i>	selected(\${Id10305}, 'yes') -----
(Id10310) Please confirm, when she died, she was NEITHER pregnant NOR had delivered, had an abortion, or miscarried within 12 months of when she died--is that right? <i>This questions serves to confirm that no maternal death is missed.</i>	(((selected(\${Id10306}, 'dk') or selected(\${Id10306}, 'no') or selected(\${Id10306}, 'ref')) and ... <input type="radio"/> Yes (SHE WAS NOT PREGNANT; AND SHE DID NOT RECENTLY DELIVER, HAVE ABORTION, OR MISCARRY) <input type="radio"/> No (SHE WAS PREGNANT OR SHE RECENTLY DELIVERED, HAD AN ABORTION OR MISCARRIED) <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10310_check) If the response is NO, DON'T KNOW, OR REFUSED, it indicates some uncertainty as to whether the cause of death could have been a maternal or pregnancy-related cause. Go back to the question	selected(\${Id10310}, 'no')

<p>"Did she ever have a period or menstruate?" and follow the process again. If it is confirmed that the death was related to pregnancy, proceed with the next question "Did she die during labour or delivery?"</p>	
<p>(Id10312) Did she die during labour or delivery? <i>Labor is the period of time by which contractions are less than 10 minutes apart.</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer</p>
<p>(Id10313) Did she die after delivering a baby?</p>	<p>not(selected({Id10312}, 'yes')) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer</p>
<p>(Id10314) Did she die within 24 hours after delivery?</p>	<p>selected({Id10313}, 'yes') <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer</p>
<p>(Id10315) Did she die within 6 weeks of childbirth?</p>	<p>{Id10312} != 'yes' and {Id10314} != 'yes' and {Id10306} != 'no' <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer</p>
<p>(Id10316) Did she give birth to a live baby (within 6 weeks of her death)? <i>The important aspect is if the baby was alive.</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer</p>
<p>(Id10317) Did she die during or after a multiple pregnancy?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer</p>
<p>(Id10318) Was she breastfeeding the child in the days before death?</p>	<p>not(selected({Id10312}, 'yes')) and not(selected({Id10314}, 'yes')) and selected({Id10316}, 'ye ...' <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer</p>
<p>(Id10319) How many births, including stillbirths, did she/the mother have before this baby? <i>For don't know, enter "99." For refused, enter "88."</i></p>	<p>-----</p>
<p>(Id10320) Had she had any previous Caesarean section?</p>	<p>{Id10319} != '0' <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer</p>
<p>(Id10321) During pregnancy, did she suffer from high blood pressure?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer</p>
<p>(Id10322) Did she have foul smelling vaginal discharge during pregnancy or after delivery?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer</p>
<p>(Id10323) During the last 3 months of pregnancy, did she suffer from convulsions?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer</p>
<p>(Id10324) During the last 3 months of pregnancy did</p>	

she suffer from blurred vision?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know
(Id10325) Did bleeding occur while she was pregnant?	<input type="radio"/> Refused to answer <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10326) Was there vaginal bleeding during the first 6 months of pregnancy?	<div>selected(\${Id10325}, 'yes')</div> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10327) Was there vaginal bleeding during the last 3 months of pregnancy but before labour started? <i>Make sure the respondent understands that it is important that this bleeding happened before birth</i>	<div>selected(\${Id10325}, 'yes')</div> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10328) Did she have excessive bleeding during labour or delivery? <i>Here the excessive quantity of blood DURING birth is what we ask for</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10329) Did she have excessive bleeding after delivery or abortion? <i>Here the excessive quantity of blood AFTER birth is what we ask for</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10330) Was the placenta completely delivered?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10331) Did she deliver or try to deliver an abnormally positioned baby? <i>Enquire the respondent about his/hers understanding of what is an abnormally positioned baby; if unclear or wrong, explain that it refers to babys' whose first body part exiting the vagina is not the head.</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10332) For how many hours was she in labour? <i>The answer could be given in another unit, but for data entry use hours. Less than 60 minutes = 0 hours. 1 day=24 hours. Enter "99" for "don't know." Enter "88" for "refuse."</i>	-----
(Id10333) Did she attempt to terminate the pregnancy?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10334) Did she recently have a pregnancy that ended in an abortion (spontaneous or induced)?	<div>not(selected(\${Id10316}, 'yes'))</div> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10335) Did she die during an abortion?	<div>selected(\${Id10334}, 'yes')</div> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10336) Did she die within 6 weeks of having an abortion?	<div>selected(\${Id10334}, 'yes')</div> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10337) Where did she give birth?	<input type="radio"/> hospital <input type="radio"/> other health facility

	<input type="radio"/> home <input type="radio"/> on route to hospital or facility <input type="radio"/> other <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10338) Did she receive professional assistance during the delivery? <i>Explain to the respondent what is meant by professional assistance: delivery attended by a medical professional (doctor, nurse or midwife).</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10339) Who delivered the baby?	<input type="radio"/> Doctor <input type="radio"/> Midwife <input type="radio"/> Nurse <input type="radio"/> Relative <input type="radio"/> Self (the mother) <input type="radio"/> Traditional birth attendant <input type="radio"/> Other <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10340) Did she have an operation to remove her uterus shortly before death?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10342) Was the delivery normal vaginal, without forceps or vacuum?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10343) Was the delivery vaginal, with forceps or vacuum?	not(selected(\${Id10342}, 'yes')) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10344) Was the delivery a Caesarean section?	not(selected(\${Id10342}, 'yes')) and not(selected(\${Id10343}, 'yes')) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10347) Was the baby born more than one month early?	((selected(\${isAdult}, '1') and not(selected(\${Id10310}, 'yes')))) and (\${Id10019} = 'female') or \$... <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10352_units) How old was the child when the fatal illness started? <i>Enter 1 unit only: 1-11 months or 1-11 years.</i>	(selected(\${isChild}, '1')) <input type="radio"/> Months <input type="radio"/> Years <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10352_a) [Enter how old the child was when the fatal illness started in months]: <i>Enter 1-11 months.</i>	\${Id10352_units}='months'
(Id10352_b) [Enter how old the child was when the fatal illness started in years]: <i>Enter 1-11 years</i>	\${Id10352_units}='years'
(Id10354) Was the child part of a multiple birth? <i>This question should be asked only if the child was less than 1 year old when it died. If two or more children are born at the same time, it is counted as a multiple birth, even if one or more of the babies are born dead.</i>	selected(\${isNeonatal}, '1') or (selected(\${isChild}, '1') and (\${ageInMonthsByYear} = 'NaN' or st ... <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer

<p>(ld10355) Was the child the first, second, or later in the birth order?</p> <p><i>This question should be asked only if the child was less than 1 year old when it died.</i></p>	<p>selected(\${ld10354}, 'yes')</p> <p><input type="radio"/> first</p> <p><input type="radio"/> second or later</p> <p><input type="radio"/> Doesn't know</p> <p><input type="radio"/> Refused to answer</p>
<p>(ld10356) Is the mother still alive?</p> <p><i>This question should be asked only if the child was less than 1 year old when it died. If mother is present at the interview, select 'yes' without asking the question aloud.</i></p>	<p>selected(\${isNeonatal}, '1') or (selected(\${isChild}, '1') and (\${ageInMonthsByYear} = 'NaN' or st ...</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Doesn't know</p> <p><input type="radio"/> Refused to answer</p>
<p>(ld10357) Did the mother die before, during or after the delivery?</p> <p><i>This question should be asked only if the child was less than 1 year old when it died.</i></p>	<p>selected(\${ld10356}, 'no')</p> <p><input type="radio"/> before delivery</p> <p><input type="radio"/> during delivery</p> <p><input type="radio"/> after delivery</p> <p><input type="radio"/> Doesn't know</p> <p><input type="radio"/> Refused to answer</p>
<p>(ld10358_units) How long after the delivery did the mother die?</p> <p><i>This question should be asked only if the child was less than 1 year old when it died.</i></p>	<p><input type="radio"/> Days</p> <p><input type="radio"/> Weeks</p> <p><input type="radio"/> Months</p> <p><input type="radio"/> Doesn't know</p> <p><input type="radio"/> Refused to answer</p>
<p>(ld10358) How many months after the delivery did the mother die?</p> <p><i>Enter 2-60 months.</i></p>	<p>\${ld10358_units}='months'</p> <p>-----</p>
<p>(ld10359) How many days after the delivery did the mother die?</p> <p><i>Enter 0-6 days. Less than 1 day or 24 hours = 0 days.</i></p>	<p>\${ld10358_units}='days'</p> <p>-----</p>
<p>(ld10359_a) How many weeks after the delivery did the mother die?</p> <p><i>Enter 1-7 weeks.</i></p>	<p>\${ld10358_units}='weeks'</p> <p>-----</p>
<p>(ld10360) Where was the deceased born?</p> <p><i>This question should be asked only if the child was less than 1 year old when it died. Read the question and slowly read the first 5 choices. Respondent should hear all 5 choices and then respond.</i></p>	<p>selected(\${isNeonatal}, '1') or (selected(\${isChild}, '1') and (\${ageInMonthsByYear} = 'NaN' or st ...</p> <p><input type="radio"/> hospital</p> <p><input type="radio"/> other health facility</p> <p><input type="radio"/> home</p> <p><input type="radio"/> on route to hospital or facility</p> <p><input type="radio"/> other</p> <p><input type="radio"/> Doesn't know</p> <p><input type="radio"/> Refused to answer</p>
<p>(ld10361) Did you/the mother receive professional assistance during the delivery?</p> <p><i>This question should be asked only if the child was less than 1 year old when it died. Explain to the respondent what is meant by a professional assistance: delivery attended by a medical professional (doctor, nurse or midwife).</i></p>	<p>selected(\${isNeonatal}, '1') or (selected(\${isChild}, '1') and (\${ageInMonthsByYear} = 'NaN' or st ...</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Doesn't know</p> <p><input type="radio"/> Refused to answer</p>
<p>(ld10362) At birth, was the baby of usual size?</p> <p><i>Show photos, explain to the respondent that even if the answer is "no" some more questions will be asked, just to make sure no important detail has been missed.</i></p>	<p>selected(\${isNeonatal}, '1') or (selected(\${isChild}, '1') and (\${ageInMonthsByYear} = 'NaN' or st ...</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Doesn't know</p> <p><input type="radio"/> Refused to answer</p>
<p>(ld10363) At birth, was the baby smaller than usual, (weighing under 2.5 kg)?</p> <p><i>Show photos if available. This question should be asked only if the child was less than 1 year old when it died.</i></p>	<p>(selected(\${isNeonatal}, '1') or (selected(\${isChild}, '1') and (\${ageInMonthsByYear} = 'NaN' or s ...</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Doesn't know</p> <p><input type="radio"/> Refused to answer</p>
<p>(ld10364) At birth, was the baby very much smaller than usual, (weighing under 1 kg)?</p> <p><i>Show photos if available. This question should be asked</i></p>	<p>selected(\${ld10363}, 'yes')</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>

only if the child was less than 1 year old when it died.	<input type="radio"/> Doesn't know <input checked="" type="radio"/> Refused to answer selected({Id10363}, 'dk') or selected({Id10363}, 'no') or selected({Id10363}, 'ref')
(Id10365) At birth, was the baby larger than usual, (weighing over 4.5 kg)? Show photos if available. This question should be asked only if the child was less than 1 year old when it died.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id1036X_check) It is not possible to select "No usual size at Birth", "No weighing under 2.5 kg" and "No weighing over 4.5 kg" together. Please go back and correct the selection.	(selected({Id10362}, 'no') and selected({Id10363}, 'no') and selected({Id10365}, 'no'))
(Id10366) What was the weight (in grammes) of the deceased at birth? Ask if the child health card is available. If the card is available and the birth weight is recorded, enter the birth weight from the card. If the card is not available, record the weight based on the respondent's report if known. Record the weight in grammes in 4 digits. Respondents may give the answer in kilograms. For the data entry, convert to grammes. 1 kilogram=1,000 grammes. Enter "9999" for "don't know." Enter "8888" for "refuse."	-----
(Id10367) How many months long was the pregnancy before the child was born? For don't know, enter "99." For refused, enter "88."	(selected({isNeonatal}, '1') or selected({isChild}, '1')) -----
(Id10368) Were there any complications in the late part of the pregnancy (defined as the last 3 months, before labour)?	(selected({isNeonatal}, '1') or selected({isChild}, '1')) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10369) Were there any complications during labour or delivery?	(selected({isNeonatal}, '1') or selected({isChild}, '1')) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10370) Was any part of the baby physically abnormal at time of delivery? (for example: body part too large or too small, additional growth on body)? This question should be asked only if the child was less than 1 year old when it died.	selected({isNeonatal}, '1') or (selected({isChild}, '1') and ({ageInMonthsByYear} = 'NaN' or st ... <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10371) Did the baby/ child have a swelling or defect on the back at time of birth? This question should be asked only if the child was less than 1 year old when it died.	selected({Id10370}, 'yes') or selected({Id10370}, 'dk') or selected({Id10370}, 'ref') <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10372) Did the baby/ child have a very large head at time of birth? This question should be asked only if the child was less than 1 year old when it died.	selected({Id10370}, 'yes') or selected({Id10370}, 'dk') or selected({Id10370}, 'ref') <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10373) Did the baby/ child have a very small head at time of birth? This question should be asked only if the child was less than 1 year old when it died.	selected({Id10372}, 'no') or selected({Id10372}, 'dk') or selected({Id10372}, 'ref') <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10394) How many births, including stillbirths, did the baby's mother have before this baby? For don't know, enter "99." For refused, enter "88."	\${ageInMonthsByYear}<12 or selected({isNeonatal}, '1') -----
(Id10376) Was the baby moving in the last few days	<input type="radio"/> Yes

before the birth?	<input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10377) Did the baby stop moving in the womb before labour started?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10379_unit) How long before labour did you/the mother last feel the baby move? Enter 1 unit only: 0-23 hours or 1-60 days. 1 week = 7 days.	<input type="radio"/> Hours <input type="radio"/> Days <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10379) [Enter how long before labour did you/the mother last felt the baby move in days]: (maybe the respondent or health worker had examined the mother) Enter 1-60 days. 1 week = 7 days.	<div style="text-align: right;">\${Id10379_unit}='days'</div> <div>-----</div>
(Id10380) [Enter how long before labour did you/the mother last felt the baby move in hours]: (maybe the respondent or health worker had examined the mother) Enter 0-23 hours.	<div style="text-align: right;">\${Id10379_unit}='hours'</div> <div>-----</div>
(Id10382) How many hours did labour and delivery take? If less than one hour enter 0. For don't know, enter "99." For refused, enter "88."	<div>-----</div>
(Id10383) Was the baby born 24 hours or more after the water broke?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10384) Was the liquor foul smelling?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10385) What was the colour of the liquor when the water broke?	<input type="radio"/> Green or brown <input type="radio"/> Clear (normal) <input type="radio"/> Other <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10387) Was the delivery normal vaginal, without forceps or vacuum?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10388) Was the delivery vaginal, with forceps or vacuum?	<div style="text-align: right;">not(selected(\${Id10387}, 'yes'))</div> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10389) Was the delivery a Caesarean section?	<div style="text-align: right;">not(selected(\${Id10387}, 'yes')) and not(selected(\${Id10388}, 'yes'))</div> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10389_check) It is not possible to select "No" to all three previous questions. Please go back and review the answers.	<div style="text-align: right;">selected(\${Id10387}, 'no') and selected(\${Id10388}, 'no') and selected(\${Id10389}, 'no')</div>
(Id10391) Did you/the mother receive any vaccinations since reaching adulthood including during this pregnancy?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10392) How many doses? For don't know, enter "99." For refused, enter "88."	<div style="text-align: right;">selected(\${Id10391}, 'yes')</div> <div>-----</div>

(Id10393) Did you/the mother receive tetanus toxoid (TT) vaccine?	selected(\${Id10391}, 'yes') <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10395) During labour, did the baby's mother suffer from fever?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10396) During the last 3 months of pregnancy, labour or delivery, did you/the baby's mother suffer from high blood pressure?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10397) Did you/the baby's mother have diabetes mellitus?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10398) Did you/the baby's mother have foul smelling vaginal discharge during pregnancy or after delivery?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10399) During the last 3 months of pregnancy, labour or delivery, did you/the baby's mother suffer from convulsions?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10400) During the last 3 months of pregnancy did you/the baby's mother suffer from blurred vision?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10401) Did you/the baby's mother have severe anemia?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10402) Did you/the baby's mother have vaginal bleeding during the last 3 months of pregnancy but before labour started?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10403) Did the baby's bottom, feet, arm or hand come out of the vagina before its head?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10404) Was the umbilical cord wrapped more than once around the neck of the child at birth?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10405) Was the umbilical cord delivered first?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10406) Was the baby blue in colour at birth?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10411) Did (s)he drink alcohol?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer

(Id10412) Did (s)he use tobacco?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10413) Did (s)he smoke tobacco (cigarette, cigar, pipe, etc.)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10414) What kind of tobacco did (s)he use ?	selected(\${Id10413}, 'yes') or (selected(\${Id10412}, 'yes') and selected(\${Id10413}, 'no')) <input type="radio"/> cigarettes <input type="radio"/> pipe <input type="radio"/> chewing tobacco <input type="radio"/> local form of tobacco <input type="radio"/> other
(Id10414_check) It is not possible to select cigarettes or pipe and "no" to "Did (s)he smoke tobacco?". Please go back and correct the selections.	selected(\${Id10413}, 'no') and (selected(\${Id10414}, 'cigarettes') or selected(\${Id10414}, 'pipe'))
(Id10415) How many cigarettes did (s)he smoke daily? <i>For don't know, enter "99." For refused, enter "88."</i>	selected(\${Id10414}, 'cigarettes')
(Id10416) How many times did (s)he use tobacco products each day? <i>For don't know, enter "99." For refused, enter "88."</i>	selected(\${Id10414}, 'pipe') or selected(\${Id10414}, 'chewing_tobacco') or selected(\${Id10414}, 'l
(Id10418) Did (s)he receive any treatment for the illness that led to death?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10419) Did (s)he receive oral rehydration salts?	selected(\${Id10418}, 'yes') <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10420) Did (s)he receive (or need) intravenous fluids (drip) treatment?	selected(\${Id10418}, 'yes') <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10421) Did (s)he receive (or need) a blood transfusion?	selected(\${Id10418}, 'yes') <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10422) Did (s)he receive (or need) treatment/food through a tube passed through the nose?	selected(\${Id10418}, 'yes') <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10423) Did (s)he receive (or need) injectable antibiotics?	selected(\${Id10418}, 'yes') <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10424) Did (s)he receive (or need) antiretroviral therapy (ART)?	selected(\${Id10418}, 'yes') <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10425) Did (s)he have (or need) an operation for the	selected(\${Id10418}, 'yes')

illness?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10426) Did (s)he have the operation within 1 month before death?	(selected(\${Id10418}, 'yes') and \${isNeonatal} != '1') and selected(\${Id10425}, 'yes') <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10427) Was (s)he discharged from hospital very ill?	selected(\${Id10418}, 'yes') and (selected(\${isAdult}, '1') or selected(\${isChild}, '1')) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10428) Did (s)he receive any immunizations?	(selected(\${isNeonatal}, '1') or selected(\${isChild}, '1')) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10429) Do you have the child's vaccination card? <i>In some countries, the vaccination card is called the "Road to Health" card.</i>	(selected(\${isNeonatal}, '1') or selected(\${isChild}, '1')) and selected(\${Id10428}, 'yes') <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10430) Can I see the vaccination card (note the vaccines the child received)? <i>Only fill in the vaccination sheet if the respondent has the vaccination card at the present moment during the VA interview; the interviewer should fill in the vaccination sheet, not the respondent.</i>	(selected(\${isNeonatal}, '1') or selected(\${isChild}, '1')) and selected(\${Id10429}, 'yes') <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10431) Select EPI vaccines done	(selected(\${isNeonatal}, '1') or selected(\${isChild}, '1')) and selected(\${Id10430}, 'yes') <input type="checkbox"/> BCG <input type="checkbox"/> DPT 1,2,3 <input type="checkbox"/> Hep B <input type="checkbox"/> Hib <input type="checkbox"/> Meningitis <input type="checkbox"/> Penta 1,2,3 <input type="checkbox"/> Pneumo <input type="checkbox"/> Polio 1,2,3 <input type="checkbox"/> Rota <input type="checkbox"/> No Vaccines <input type="checkbox"/> Doesn't know <input type="checkbox"/> Refused to answer
(id10431_check) It is not possible to select "No vaccines", "Don't know" or "refuse" together with other options. Please go back and correct the selection.	(selected(\${Id10431}, 'dk') or selected(\${Id10431}, 'ref') or selected(\${Id10431}, 'no')) and coun ...
(Id10432) Was care sought outside the home while (s)he had this illness?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10433) Where or from whom did you seek care?	selected(\${Id10432}, 'yes') <input type="checkbox"/> traditional healer <input type="checkbox"/> homeopath <input type="checkbox"/> religious leader <input type="checkbox"/> government hospital <input type="checkbox"/> government health center or clinic <input type="checkbox"/> private hospital

	<input type="checkbox"/> community-based practitioner associated with health system <input type="checkbox"/> trained birth attendant <input type="checkbox"/> private physician <input type="checkbox"/> Relative, friend (outside household) <input type="checkbox"/> pharmacy <input type="checkbox"/> Doesn't know <input type="checkbox"/> Refused to answer
(Id10433_check) It is not possible to select "Don't know" or "refuse" together with other options. Please go back and correct the selection.	(selected(\${Id10433}, 'dk') or selected(\${Id10433}, 'ref')) and count-selected(\${Id10433})>1
(Id10434) What was the name and address of any hospital, health center or clinic where care was sought	selected(\${Id10432}, 'yes') -----
(Id10435) Did a health care worker tell you the cause of death?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10436) What did the health care worker say?	selected(\${Id10435}, 'yes') -----
(Id10437) Do you have any health records that belonged to the deceased?	(selected(\${isNeonatal}, '1') or selected(\${isAdult}, '1') or (selected(\${isChild}, '1') and selec ... <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10438) Can I see the health records?	selected(\${Id10437}, 'yes') <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10439_check) [Is the date of the most recent (last) visit available?]	selected(\${Id10438}, 'yes') <input type="radio"/> Yes <input type="radio"/> No
(Id10439) [Record the date of the most recent (last) visit]	selected(\${Id10439_check}, 'yes') Day: ----- Month: ----- Year: -----
(Id10440_check) [Is the date of the second most recent visit available?]	(selected(\${Id10438}, 'yes') and selected(\${isAdult}, '1')) <input type="radio"/> Yes <input type="radio"/> No
(Id10440) [Record the date of the second most recent visit]	(selected(\${Id10440_check}, 'yes') and selected(\${isAdult}, '1')) Day: ----- Month: ----- Year: -----
(Id10441_check) [Is the date of the last note on the health records available?]	(selected(\${Id10438}, 'yes') and selected(\${isAdult}, '1')) <input type="radio"/> Yes <input type="radio"/> No
(Id10441) [Record the date of the last note on the health records]	(selected(\${Id10441_check}, 'yes') and selected(\${isAdult}, '1')) Day: ----- Month: ----- Year: -----
(Id10442) [Record the weight (in kilogrammes) written at the most recent (last) visit] (enter e.g. 3.5)	(selected(\${Id10438}, 'yes') and selected(\${isAdult}, '1')) -----
(Id10443) [Record the weight (in kilogrammes) written	(selected(\${Id10438}, 'yes') and selected(\${isAdult}, '1'))

at the second most recent visit]	
(Id10444) [Transcribe the last note on the health records]	-----)) -----
(Id10445) Has the deceased's (biological) mother ever been tested for HIV?	((selected(\$isNeonatal, '1')) or (selected(\$isChild, '1') and selected(\$Id10432, 'yes')) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10446) Has the deceased's (biological) mother ever been told she had HIV/AIDS by a health worker?	((selected(\$isNeonatal, '1')) or (selected(\$isChild, '1') and selected(\$Id10432, 'yes')) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10450) In the final days before death, did s/he travel to a hospital or health facility? <i>Enter "yes" if the deceased was a stillbirth delivered in a health facility or a live birth delivered in a health facility that died before leaving the facility.</i>	 <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10451) Did (s)he use motorised transport to get to the hospital or health facility? <i>For stillbirths and live births delivered in a health facility, answer based on mother's experience.</i>	selected(\$Id10450, 'yes') <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10452) Were there any problems during admission to the hospital or health facility? <i>For stillbirths and live births delivered in a health facility, answer based on mother's experience.</i>	selected(\$Id10450, 'yes') <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10453) Were there any problems with the way (s)he was treated (medical treatment, procedures, interpersonal attitudes, respect, dignity) in the hospital or health facility? <i>For stillbirths and live births delivered in a health facility, answer based on mother's experience.</i>	selected(\$Id10450, 'yes') <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10454) Were there any problems getting medications or diagnostic tests in the hospital or health facility? <i>For stillbirths, answer based on mother's experience.</i>	selected(\$Id10450, 'yes') <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10455) Does it take more than 2 hours to get to the nearest hospital or health facility from the deceased's household? <i>For stillbirths and live births delivered in a health facility that died before leaving the facility, answer based on mother's experience.</i>	 <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10456) In the final days before death, were there any doubts about whether medical care was needed? <i>For stillbirths answer based on mother's experience.</i>	 <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10457) In the final days before death, was traditional medicine used? <i>For stillbirths answer based on mother's experience.</i>	 <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10458) In the final days before death, did anyone use a telephone or cell phone to call for help?	 <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10459) Over the course of illness, did the total costs of care and treatment prohibit other household	 <input type="radio"/> Yes

payments?	<input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10462) Was a death certificate issued? <i>The following information serves only to complete cause of death information in some environments. In routine CRVS this information could be skipped in the interview, and information be collected from other sources, if available.</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10463) Can I see the death certificate? <i>This section aims to collect information from the international standard medical certificate of cause of death. This level of detail may or may not be present in the death certificate issued to the family. If this detail is not present, record "-" (not available) for Id10464-Id10473.</i>	<div>selected(\${Id10463}, 'yes')</div> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer
(Id10464) [Record the immediate cause of death from the certificate (line 1a)]	<div>selected(\${Id10463}, 'yes')</div> <div>-----</div>
(Id10465) [Duration (1a):] <i>For all following lines, add duration, if stated.</i>	<div>selected(\${Id10463}, 'yes')</div> <div>-----</div>
(Id10466) [Record the first antecedent cause of death from the certificate (line 1b)] <i>An antecedent cause is the one that caused the one on the line above, e.g. diabetes mellitus may be an antecedent cause to kidney disease.</i>	<div>selected(\${Id10463}, 'yes')</div> <div>-----</div>
(Id10467) [Duration (1b):]	<div>selected(\${Id10463}, 'yes')</div> <div>-----</div>
(Id10468) [Record the second antecedent cause of death from the certificate (line 1c)]	<div>selected(\${Id10463}, 'yes')</div> <div>-----</div>
(Id10469) [Duration (1c):]	<div>selected(\${Id10463}, 'yes')</div> <div>-----</div>
(Id10470) [Record the third antecedent cause of death from the certificate (line 1d)]	<div>selected(\${Id10463}, 'yes')</div> <div>-----</div>
(Id10471) [Duration (1d):]	<div>selected(\${Id10463}, 'yes')</div> <div>-----</div>
(Id10472) [Record the contributing cause(s) of death from the certificate (part 2)]	<div>selected(\${Id10463}, 'yes')</div> <div>-----</div>
(Id10473) [Duration (part2):]	<div>selected(\${Id10463}, 'yes')</div> <div>-----</div>

	Open narrative
(Id10476) Thank you for your information. Now can you please tell me in your own words about the events that led to the death? <i>Record detailed notes of response; use additional paper as needed. If needed, probe for additional details on when respondent recognized symptoms, care sought, barriers to care, issues with transport, abnormalities, etc.</i>	<div>-----</div>
(Id10477) [Select any of the following words that were mentioned as present in the narrative.]	<div>selected(\${isAdult}, '1')</div> <div> <input type="checkbox"/> Chronic kidney disease <input type="checkbox"/> Dialysis <input type="checkbox"/> Fever <input type="checkbox"/> Heart attack <input type="checkbox"/> Heart problem <input type="checkbox"/> Jaundice <input type="checkbox"/> Liver failure <input type="checkbox"/> Malaria <input type="checkbox"/> Pneumonia <input type="checkbox"/> Renal (kidney) failure <input type="checkbox"/> Suicide <input type="checkbox"/> None of the above words were </div>

	<p>mentioned</p> <p><input type="checkbox"/> Don't know</p> <p>selected(\${isChild}, '1')</p>
(Id10478) [Select any of the following words that were mentioned as present in the narrative.]	<p><input type="checkbox"/> Abdomen</p> <p><input type="checkbox"/> Cancer</p> <p><input type="checkbox"/> Dehydration</p> <p><input type="checkbox"/> Dengue fever</p> <p><input type="checkbox"/> Diarrhoea</p> <p><input type="checkbox"/> Fever</p> <p><input type="checkbox"/> Heart problems</p> <p><input type="checkbox"/> Jaundice (yellow skin or eyes)</p> <p><input type="checkbox"/> Pneumonia</p> <p><input type="checkbox"/> Rash</p> <p><input type="checkbox"/> None of the above words were mentioned</p> <p><input type="checkbox"/> Don't know</p>
(Id10479) [Select any of the following words that were mentioned as present in the narrative.]	<p>selected(\${isNeonatal}, '1')</p> <p><input type="checkbox"/> Asphyxia</p> <p><input type="checkbox"/> Incubator</p> <p><input type="checkbox"/> Lung problem</p> <p><input type="checkbox"/> Pneumonia</p> <p><input type="checkbox"/> Preterm delivery</p> <p><input type="checkbox"/> Respiratory distress</p> <p><input type="checkbox"/> None of the above words were mentioned</p> <p><input type="checkbox"/> Don't know</p>
(id10477_check) It is not possible to select "Don't know" or "None of the above" together with other options. Please go back and correct the selection.	(selected(\${Id10477}, 'dk') or selected(\${Id10477}, 'None')) and count-selected(\${Id10477})>1
(id10478_check) It is not possible to select "Don't know" or "None of the above" together with other options. Please go back and correct the selection.	(selected(\${Id10478}, 'dk') or selected(\${Id10478}, 'None')) and count-selected(\${Id10478})>1
(id10479_check) It is not possible to select "Don't know" or "None of the above" together with other options. Please go back and correct the selection.	(selected(\${Id10479}, 'dk') or selected(\${Id10479}, 'None')) and count-selected(\${Id10479})>1
(comment) Comment	-----