

2016 WHO VA Instrument v1.5.1

Questionnaire for the death of a child aged under 4 weeks

Questions to be read to the respondent are in bold.

[Questions that are NOT to be read to respondent are in brackets.]

Hints to the interviewer are in non-bold text below relevant questions. These are only hints for the interviewer and are NOT to be read to respondents.

ID	Question	Answer(s)	Skip To
Preset HIV-Malaria mortality and season.			

Id10002	(Id10002) [Is this a region of high HIV/AIDS mortality?] 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.	<input type="radio"/> High <input type="radio"/> Low <input type="radio"/> Very low	<input type="text"/> <input type="text"/> <input type="text"/>
Id10003	(Id10003) [Is this a region of high malaria mortality?] 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.	<input type="radio"/> High <input type="radio"/> Low <input type="radio"/> Very low	<input type="text"/> <input type="text"/> <input type="text"/>
Id10004	(Id10004) [During which season did (s)he die?]	<input type="radio"/> wet <input type="radio"/> dry <input type="radio"/> Doesn't know	<input type="text"/> <input type="text"/> <input type="text"/>

Information on the respondent and background about interview

Id10007	(Id10007) [What is the name of VA respondent?]	<input type="text"/>
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ID	Question	Answer(s)	Skip To
Id10008	(Id10008) What is your/the respondent's relationship to the deceased? First verify if the respondent is a family member, and only if it is not a family member choose the other categories like health worker or public official.	<input type="radio"/> parent <input type="radio"/> child <input type="radio"/> other family member <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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10009	(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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10010	(Id10010) [Name of VA interviewer]		
	<input type="text"/>		
Id10013	(Id10013) [Did the respondent give consent?]	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <div>Id10481</div>
Id10011	Record time at start of interview.		
		hr: <input type="text"/> <input type="text"/> min: <input type="text"/> <input type="text"/>	
Information on the Deceased			
Id10017	(Id10017) What was the first or given name(s) of the deceased?		
	<input type="text"/>		
Id10018	(Id10018) What was the surname (or family name) of the deceased?		
	<input type="text"/>		
Id10019	(Id10019) What was the sex of the deceased?	<input type="radio"/> female <input type="radio"/> male <input type="radio"/> Ambiguous/intersex	<input type="text"/> <input type="text"/> <input type="text"/>

ID	Question	Answer(s)	Skip To
Id10020	(Id10020) Is the date of birth known?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused to answer	<input type="text"/> <input type="text" value="Id10022"/> <input type="text" value="Id10022"/>
Id10021	(Id10021) When was the deceased born?	Day: <input type="text"/> <input type="text"/> Month: <input type="text"/> <input type="text"/> Year: <input type="text"/> <input type="text"/>	
Id10022	(Id10022) Is the date of death known?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused to answer	<input type="text"/> <input type="text" value="Id10024"/> <input type="text" value="Id10024"/>
Id10023_a	(Id10023_a) When did (s)he die?	Day: <input type="text"/> <input type="text"/> Month: <input type="text"/> <input type="text"/> Year: <input type="text"/> <input type="text"/>	
Id10024	(Id10024) Please indicate the year of death.	Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
age_neonate_	How many days old was the baby? [Enter neonate's age in days:] Neonatal age is under 28 days, or 0 to 27 completed days. 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.	Day(s) <input type="text"/> <input type="text"/> <input type="text"/>	
Id10058	(Id10058) Where did the deceased die?	<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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10051	(Id10051) [Is there a need to collect additional demographic data on the deceased?] 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.	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text" value="Id10069"/>

ID	Question	Answer(s)	Skip To
Id10052	(Id10052) What was her/his citizenship/nationality?	<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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10053	(Id10053) What was her/his ethnicity? Enter a "-" if this information is not available.		<input type="text"/>
Id10054	(Id10054) What was her/his place of birth? Specify here village and district, a question on the facility and circumstances will be asked later. Enter a "-" if this information is not available.		<input type="text"/>
Id10055	(Id10055) What was her/his place of usual residence? (the place where the person lived most of the year) For perinatal cases, just ask for the address of the health facility or if released at home, the home address.		<input type="text"/>
Id10057	(Id10057) Where did the death occur? (specify country, province, district, village)		<input type="text"/>
Id10061	(Id10061) What was the name of the father?		<input type="text"/>
Id10062	(Id10062) What was the name of the mother?		<input type="text"/>
Civil registration numbers			
Id10069	(Id10069) [Is there a need to collect civil registration numbers on the deceased?]	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> Id10104
Id10069_a	(Id10069_a) Do you have a death registration certificate?	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> Id10104
Id10070	(Id10070) [Death registration number/certificate] Enter a "-" if this information is not available.		<input type="text"/>
Id10071_check	(Id10071_check) [Is the date of registration available?]	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> Id10072

ID	Question	Answer(s)	Skip To
Id10071	(Id10071) [Date of registration]		
	Day: <input type="text"/> <input type="text"/> Month: <input type="text"/> <input type="text"/> Year: <input type="text"/> <input type="text"/>		
Id10072	(Id10072) [Place of registration] Enter a "-" if this information is not available.		
	<input type="text"/>		
Id10073	(Id10073) [National identification number of deceased] 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.		
	<input type="text"/>		

Verification of possible stillbirth

Id10104	(Id10104) Did the baby ever cry?	<input type="radio"/> Yes <input type="text"/> <input type="radio"/> No <input type="text"/> Id10109 <input type="radio"/> Doesn't know <input type="text"/> <input type="radio"/> Refused to answer <input type="text"/> Id10109
Id10105	(Id10105) Did the baby cry immediately after birth, even if only a little bit?	<input type="radio"/> Yes <input type="text"/> <input type="radio"/> No <input type="text"/> <input type="radio"/> Doesn't know <input type="text"/> <input type="radio"/> Refused to answer <input type="text"/>
Id10106	(Id10106) How many minutes after birth did the baby first cry? 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?"	Minute(s) <input type="text"/> <input type="text"/> <input type="text"/>
Id10107	(Id10107) Did the baby stop being able to cry?	<input type="radio"/> Yes <input type="text"/> <input type="radio"/> No <input type="text"/> Id10109 <input type="radio"/> Doesn't know <input type="text"/> Id10109 <input type="radio"/> Refused to answer <input type="text"/> Id10109
Id10108	(Id10108) How many hours before death did the baby stop crying? Less than 60 minutes = 0 hours. Enter "99" for "don't know." Enter "88" for "refuse."	Hour(s) <input type="text"/> <input type="text"/> <input type="text"/>

ID	Question	Answer(s)	Skip To
Id10109	(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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10110	(Id10110) Did the baby ever breathe? If the response to Id10110 is "Yes", go to Id10111. If Id10104 (Did the baby ever cry?), Id10109 (Did the baby ever move?), and Id10110 (Did the baby ever breathe?) are ALL "NO," "Doesn't know," or "Refused to answer," skip to Id10114. Otherwise, if the response to Id10110 is "No", "Doesn't know" or "Refused to answer", and the responses to either or both Id10104 and Id10109 were "Yes", skip to Id10115.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> See hint <input type="text"/> See hint <input type="text"/> See hint
Id10111	(Id10111) Did the baby breathe immediately after birth, even a little?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10112	(Id10112) Did the baby have a breathing problem?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10113	(Id10113) Was the baby given assistance to breathe at birth?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> Id10115 <input type="text"/> Id10115 <input type="text"/> Id10115 <input type="text"/> Id10115
Id10114	(Id10114) If the baby didn't show any sign of life, was it born dead? This question serves to finally determine if the baby was born alive or dead. It should be completed if the responses to Id10104, Id10109, and Id10110 are any combination of "No", "Doesn't know" or "Refused to answer".	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

ID	Question	Answer(s)	Skip To
Id10115	(Id10115) Were there any bruises or signs of injury on baby's body after the birth? If Id10114=Yes (baby was born dead), go to Id10116. If Id10114=No/Dk/Ref (baby was born alive), skip to Id10077.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="button" value="See Hint"/> <input type="button" value="See Hint"/> <input type="button" value="See Hint"/> <input type="button" value="See Hint"/>
Id10116	(Id10116) Was the baby's body soft, pulpy and discoloured and the skin peeling away? Macerated means the body was pulpy. This indicates that the baby has been dead inside the mother for some time. (Id10354 is on the "Neonatal and child history, signs, and symptoms" Section)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="button" value="Id10354"/> <input type="button" value="Id10354"/> <input type="button" value="Id10354"/> <input type="button" value="Id10354"/>
History of injuries/accidents			
Id10077	(Id10077) Did (s)he suffer from any injury or accident that led to her/his death?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="button" value="Id10351"/> <input type="text"/> <input type="text"/>
Id10079	(Id10079) 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	<input type="text"/> <input type="button" value="Id10082"/> <input type="button" value="Id10082"/> <input type="button" value="Id10082"/>

ID	Question	Answer(s)	Skip To
Id10080	(Id10080) What was her/his role in the road traffic accident?	<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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10081	(Id10081) What was the counterpart that was hit during the road traffic accident?	<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	<input type="text" value="Id10098"/> <input type="text" value="Id10098"/> <input type="text" value="Id10098"/> <input type="text" value="Id10098"/> <input type="text" value="Id10098"/> <input type="text" value="Id10098"/> <input type="text" value="Id10098"/> <input type="text" value="Id10098"/> <input type="text" value="Id10098"/>
Id10082	(Id10082) Was (s)he injured in a non-road transport accident?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10083	(Id10083) Was (s)he injured in a fall? This includes accidents and cases where it is unknown if it 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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

ID	Question	Answer(s)	Skip To
Id10084	(Id10084) Was there any poisoning? This includes accidents and cases where it is unknown if it 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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10085	(Id10085) Did (s)he die of drowning? This includes accidents and cases where it is unknown if it 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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10086	(Id10086) Was (s)he injured by a bite or sting by venomous animal? This includes accidents and cases where it is unknown if it 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	<input type="text" value="Id10088"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10087	(Id10087) Was (s)he injured by an animal or insect (non-venomous)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text" value="Id10089"/> <input type="text" value="Id10089"/> <input type="text" value="Id10089"/>
Id10088	(Id10088) What was the animal/insect?	<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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

ID	Question	Answer(s)	Skip To
Id10089	(Id10089) Was (s)he injured by burns/fire?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10090	(Id10090) Was (s)he subject to violence (suicide, homicide, abuse)? (don't say suicide for under-12-year olds)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10091	(Id10091) Was (s)he injured by a firearm?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10092	(Id10092) Was (s)he stabbed, cut or pierced?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10093	(Id10093) Was (s)he strangled?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10094	(Id10094) Was (s)he injured by a blunt force?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

ID	Question	Answer(s)	Skip To
Id10095	(Id10095) Was (s)he injured by a force of nature?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10096	(Id10096) Was it electrocution? This includes accidents and cases where it is unknown if it 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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10097	(Id10097) Did (s)he encounter any other injury?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10098	(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	<input type="text"/> Id10351 <input type="text"/> <input type="text"/> <input type="text"/>
Id10100	(Id10100) Was the injury intentionally inflicted by someone else?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Health history

Id10351	(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."	Day(s) <input type="text"/> <input type="text"/> <input type="text"/>
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ID	Question	Answer(s)	Skip To
Id10408	(Id10408) Before the illness that led to death, was the baby/the child growing normally?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10120_0	(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."	Day(s)	<input type="text"/> <input type="text"/> <input type="text"/>
Id10123	(Id10123) Did (s)he die suddenly? Suddenly means died unexpectedly within 24 hours of being in regular health.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
General signs and symptoms associated with final illness			
Id10147	(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	<input type="text"/> Id10153 Id10153 Id10153
Id10148_a	(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."	Day(s)	<input type="text"/> <input type="text"/> <input type="text"/>
Id10149	(Id10149) Did the fever continue until death?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10153	(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	<input type="text"/> Id10159 Id10159 Id10159

ID	Question	Answer(s)	Skip To
Id10158	(Id10158) Did (s)he make a whooping sound when coughing?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10159	(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	<input type="text"/> Id10166 Id10166 Id10166
Id10161_0	(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 days to determine the number of days. For don't know, enter "99." For refused, enter "88."	Day(s)	<input type="text"/> <input type="text"/> <input type="text"/>
Id10166	(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	<input type="text"/> Id10168 Id10168 Id10168
Id10167_a	(Id10167_a) For how many days did the fast breathing last? 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."	Day(s)	<input type="text"/> <input type="text"/> <input type="text"/>
Id10168	(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	<input type="text"/> Id10172 Id10172 Id10172
Id10169_a	(Id10169_a) For how many days did (s)he have breathlessness? 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."	Day(s)	<input type="text"/> <input type="text"/> <input type="text"/>
Id10172	(Id10172) Did you see the lower chest wall/ribs being pulled in as the child breathed in? Ask only for children under the age of 12 years. Show photos if available.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

ID	Question	Answer(s)	Skip To
Id10173_nc	(Id10173_nc) During the illness that led to death did his/her breathing sound like any of the following:	<input type="checkbox"/> stridor <input type="checkbox"/> grunting <input type="checkbox"/> wheezing <input type="checkbox"/> no <input type="checkbox"/> Doesn't know <input type="checkbox"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10181	(Id10181) Did (s)he have more frequent loose or liquid stools than usual? 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 .	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> Id10186 Id10186 Id10186
Id10183	(Id10183) How many stools did the baby or child have on the day that loose liquid stools were most frequent? For don't know, enter "99." For refused, enter "88."		
Id10184_a	(Id10184_a) How many days before death did the frequent loose or liquid stools start? 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."	Number of stools: <input type="text"/> <input type="text"/> Days <input type="text"/> <input type="text"/> <input type="text"/>	
Id10186	(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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10188	(Id10188) Did (s)he vomit?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10189	(Id10189) To clarify: Did (s)he vomit in the week preceding the death? If the response to Id10188 was 'Yes', go to Id10191. Otherwise, skip to Id10193.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

ID	Question	Answer(s)	Skip To
Id10214	(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	<input type="text"/> <input type="text" value="Id10219"/> <input type="text" value="Id10219"/> <input type="text" value="Id10219"/>
Id10215	(Id10215) Was (s)he unconscious for more than 24 hours before death?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10219	(Id10219) Did (s)he have convulsions?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10233	(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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10239	(Id10239) During the illness that led to death, did he/she have areas of the skin that turned black?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10240	(Id10240) During the illness that led to death, did he/she have areas of the skin with redness and swelling?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

ID	Question	Answer(s)	Skip To
Id10241	(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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10265	(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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10271	(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.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10272	(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.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10273	(Id10273) Did the baby stop suckling? 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	<input type="text"/> Id10275 Id10275 Id10275
Id10274_a	(Id10274_a) How many days after birth did the baby stop suckling? Less than 1 day= "0". Enter "99" for "don't know." Enter "88" for "refuse."	Day(s)	<input type="text"/> <input type="text"/> <input type="text"/>
Id10275	(Id10275) Did the baby have convulsions starting within the first 24 hours of life? 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	Id10277 <input type="text"/> <input type="text"/> <input type="text"/>

ID	Question	Answer(s)	Skip To
Id10276	(Id10276) Did the baby have convulsions starting more than 24 hours after birth? 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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10277	(Id10277) Did the baby's body become stiff, with the back arched backwards? 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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10278	(Id10278) During the illness that led to death, did the baby have a bulging or raised fontanelle? Show photo if available. This question should be asked only if the child was less than 18 months old when it died.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text" value="Id10281"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10279	(Id10279) During the illness that led to death, did the baby have a sunken fontanelle? Show photo if available. This question should be asked only if the child was less than 18 months old when it died.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10281	(Id10281) During the illness that led to death, did the baby become unresponsive or unconscious? 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	<input type="text"/> <input type="text" value="Id10284"/> <input type="text" value="Id10284"/> <input type="text" value="Id10284"/>
Id10282	(Id10282) Did the baby become unresponsive or unconscious soon after birth, within less than 24 hours? 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	<input type="text" value="Id10284"/> <input type="text"/> <input type="text"/> <input type="text"/>

ID	Question	Answer(s)	Skip To
Id10283	(Id10283) Did the baby become unresponsive or unconscious more than 24 hours after birth? 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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10284	(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	<input type="text"/> Id10286 Id10286 Id10286
Id10285	(Id10285) How many days old was the baby when it started feeling cold to touch? 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."	Day(s)	<input type="text"/> <input type="text"/> <input type="text"/>
Id10286	(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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10287	(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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10288	(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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

ID	Question	Answer(s)	Skip To
Id10289	(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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Id10290	(Id10290) Did the baby or infant appear to be healthy and then just die suddenly? Suddenly means died unexpectedly within 24 hours of being in regular health.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Neonatal and child history, signs, and symptoms

Id10354	(Id10354) Was the child part of a multiple birth? 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.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text" value="Id10356"/> <input type="text" value="Id10356"/> <input type="text" value="Id10356"/>
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Id10355	(Id10355) Was the child the first, second, or later in the birth order? This question should be asked only if the child was less than 1 year old when it died.	<input type="radio"/> first <input type="radio"/> second or later <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Id10356	(Id10356) Is the mother still alive? 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.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text" value="Id10360"/> <input type="text"/> <input type="text" value="Id10360"/> <input type="text" value="Id10360"/>
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ID	Question	Answer(s)	Skip To
Id10357	(Id10357) Did the mother die before, during or after the delivery? This question should be asked only if the child was less than 1 year old when it died.	<input type="radio"/> before delivery <input type="radio"/> during delivery <input type="radio"/> after delivery <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<div>Id10360</div> <div>Id10360</div> <div></div> <div>Id10360</div> <div>Id10360</div>
Id10358_units	(Id10358_units) How long after the delivery did the mother die? This question should be asked only if the child was less than 1 year old when it died. Select one unit only.	<input type="radio"/> Days <input type="radio"/> Weeks <input type="radio"/> Months <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<div></div> <div>Id10359_a</div> <div>Id10358</div> <div>Id10360</div> <div>Id10360</div>
Id10359	(Id10359) How many days after the delivery did the mother die? Enter 0-6 days. Less than 1 day or 24 hours = 0 days.	Day(s)	<div> <input type="text"/> <input type="text"/> </div> <div>Id10360</div>
Id10359_a	(Id10359_a) How many weeks after the delivery did the mother die? Enter 1-7 weeks.	Week(s)	<div> <input type="text"/> <input type="text"/> </div> <div>Id10360</div>
Id10358	(Id10358) How many months after the delivery did the mother die? Enter 2-60 months.	Month(s)	<div> <input type="text"/> <input type="text"/> </div> <div></div>
Id10360	(Id10360) Where was the deceased born? 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.	<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	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>

ID	Question	Answer(s)	Skip To
Id10361	(Id10361) Did you/the mother receive professional assistance during the delivery? 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).	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10362	(Id10362) At birth, was the baby of usual size? 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.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text" value="Id10366"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10363	(Id10363) At birth, was the baby smaller than usual, (weighing under 2.5 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	<input type="text"/> <input type="text" value="Id10365"/> <input type="text" value="Id10365"/> <input type="text" value="Id10365"/>
Id10364	(Id10364) At birth, was the baby very much smaller than usual, (weighing under 1 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	<input type="text" value="Id10366"/> <input type="text" value="Id10366"/> <input type="text" value="Id10366"/> <input type="text" value="Id10366"/>
Id10365	(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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10366	(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."		Grammes: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

ID	Question	Answer(s)	Skip To
Id10367	(Id10367) How many months long was the pregnancy before the child was born? For don't know, enter "99." For refused, enter "88."	Month(s) <input type="text"/> <input type="text"/> <input type="text"/>	
Id10368	(Id10368) Were there any complications in the late part of the pregnancy (defined as the last 3 months, before labour)?	<input type="radio"/> Yes <input type="text"/> <input type="radio"/> No <input type="text"/> <input type="radio"/> Doesn't know <input type="text"/> <input type="radio"/> Refused to answer <input type="text"/>	
Id10369	(Id10369) Were there any complications during labour or delivery? If the child was more than 1 year when it died, then skip to Id10418. Otherwise continue to Id10370.	<input type="radio"/> Yes <input type="text"/> <input type="radio"/> No <input type="text"/> <input type="radio"/> Doesn't know <input type="text"/> <input type="radio"/> Refused to answer <input type="text"/>	
Id10370	(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.	<input type="radio"/> Yes <input type="text"/> <input type="radio"/> No <input type="text"/> Id10394 <input type="radio"/> Doesn't know <input type="text"/> <input type="radio"/> Refused to answer <input type="text"/>	
Id10371	(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.	<input type="radio"/> Yes <input type="text"/> <input type="radio"/> No <input type="text"/> <input type="radio"/> Doesn't know <input type="text"/> <input type="radio"/> Refused to answer <input type="text"/>	
Id10372	(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.	<input type="radio"/> Yes <input type="text"/> Id10394 <input type="radio"/> No <input type="text"/> <input type="radio"/> Doesn't know <input type="text"/> <input type="radio"/> Refused to answer <input type="text"/>	

ID	Question	Answer(s)	Skip To
Id10373	(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.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10394	(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."		Birth(s) <input type="text"/> <input type="text"/> <input type="text"/>
Id10376	(Id10376) Was the baby moving in the last few days before the birth?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10377	(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	<input type="text"/> Id10382 Id10382 Id10382
Id10379_unit	(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	<input type="text"/> Id10379 Id10382 Id10382
Id10380	(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.		Hour(s) <input type="text"/> <input type="text"/> Id10382
Id10379	(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.		Day(s) <input type="text"/> <input type="text"/> <input type="text"/>
Id10382	(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."		Hour(s) <input type="text"/> <input type="text"/> <input type="text"/>

ID	Question	Answer(s)	Skip To
Id10383	(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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10384	(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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10385	(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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10387	(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	Id10391 <input type="text"/> <input type="text"/> <input type="text"/>
Id10388	(Id10388) Was the delivery vaginal, with forceps or vacuum?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10391	(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	<input type="text"/> Id10395 Id10395 Id10395
Id10392	(Id10392) How many doses? For don't know, enter "99." For refused, enter "88."	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> Id10395 Id10395 Id10395
		Doses	<input type="text"/> <input type="text"/> <input type="text"/>

ID	Question	Answer(s)	Skip To
Id10393	(Id10393) Did you/the mother receive tetanus toxoid (TT) vaccine?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10395	(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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10396	(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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10397	(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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10398	(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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10399	(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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

ID	Question	Answer(s)	Skip To
Id10400	(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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10401	(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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10402	(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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10403	(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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10404	(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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10405	(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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

ID	Question	Answer(s)	Skip To
Id10406	(Id10406) Was the baby blue in colour at birth?		
		<input type="radio"/> Yes	<input type="text"/>
		<input type="radio"/> No	<input type="text"/>
		<input type="radio"/> Doesn't know	<input type="text"/>
		<input type="radio"/> Refused to answer	<input type="text"/>

Health service utilisation

Id10418	(Id10418) Did (s)he receive any treatment for the illness that led to death?	
		<input type="radio"/> Yes <input type="text"/> <input type="radio"/> No <input type="text"/> Id10428 <input type="radio"/> Doesn't know <input type="text"/> Id10428 <input type="radio"/> Refused to answer <input type="text"/> Id10428
Id10419	(Id10419) Did (s)he receive oral rehydration salts?	
		<input type="radio"/> Yes <input type="text"/> <input type="radio"/> No <input type="text"/> <input type="radio"/> Doesn't know <input type="text"/> <input type="radio"/> Refused to answer <input type="text"/>
Id10420	(Id10420) Did (s)he receive (or need) intravenous fluids (drip) treatment?	
		<input type="radio"/> Yes <input type="text"/> <input type="radio"/> No <input type="text"/> <input type="radio"/> Doesn't know <input type="text"/> <input type="radio"/> Refused to answer <input type="text"/>
Id10421	(Id10421) Did (s)he receive (or need) a blood transfusion?	
		<input type="radio"/> Yes <input type="text"/> <input type="radio"/> No <input type="text"/> <input type="radio"/> Doesn't know <input type="text"/> <input type="radio"/> Refused to answer <input type="text"/>
Id10422	(Id10422) Did (s)he receive (or need) treatment/food through a tube passed through the nose?	
		<input type="radio"/> Yes <input type="text"/> <input type="radio"/> No <input type="text"/> <input type="radio"/> Doesn't know <input type="text"/> <input type="radio"/> Refused to answer <input type="text"/>

ID	Question	Answer(s)	Skip To
Id10423	(Id10423) Did (s)he receive (or need) injectable antibiotics?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10424	(Id10424) Did (s)he receive (or need) antiretroviral therapy (ART)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10425	(Id10425) Did (s)he have (or need) an operation for the illness?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10428	(Id10428) Did (s)he receive any immunizations?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> Id10432 Id10432 Id10432
Id10429	(Id10429) Do you have the child's vaccination card? In some countries, the vaccination card is called the "Road to Health" card.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> Id10432 Id10432 Id10432
Id10430	(Id10430) Can I see the vaccination card (note the vaccines the child received)? 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.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> Id10432 Id10432 Id10432

ID	Question	Answer(s)	Skip To
Id10431	(Id10431) Select EPI vaccines done	<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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10432	(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	<input type="text"/> Id10435 Id10435 Id10435

ID	Question	Answer(s)	Skip To
Id10433	(Id10433) Where or from whom did you seek care?	<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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10434	(Id10434) What was the name and address of any hospital, health center or clinic where care was sought		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Id10435	(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	<input type="text"/> Id10437 Id10437 Id10437

ID	Question	Answer(s)	Skip To
Id10445	(Id10445) Has the deceased's (biological) mother ever been tested for HIV?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10446	(Id10446) Has the deceased's (biological) mother ever been told she had HIV/AIDS by a health worker?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Background and context

Id10450	(Id10450) In the final days before death, did s/he travel to a hospital or health facility? 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.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> Id10455 Id10455 Id10455
Id10451	(Id10451) Did (s)he use motorised transport to get to the hospital or health facility? For stillbirths and live births delivered in a health facility, answer based on mother's experience.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10452	(Id10452) Were there any problems during admission to the hospital or health facility? For stillbirths and live births delivered in a health facility, answer based on mother's experience.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

ID	Question	Answer(s)	Skip To
Id10453	<p>(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?</p> <p>For stillbirths and live births delivered in a health facility, answer based on mother's experience.</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10454	<p>(Id10454) Were there any problems getting medications or diagnostic tests in the hospital or health facility?</p> <p>For stillbirths, answer based on mother's experience.</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10455	<p>(Id10455) Does it take more than 2 hours to get to the nearest hospital or health facility from the deceased's household?</p> <p>For stillbirths and live births delivered in a health facility that died before leaving the facility, answer based on mother's experience.</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10456	<p>(Id10456) In the final days before death, were there any doubts about whether medical care was needed?</p> <p>For stillbirths answer based on mother's experience.</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10457	<p>(Id10457) In the final days before death, was traditional medicine used?</p> <p>For stillbirths answer based on mother's experience.</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

ID	Question	Answer(s)	Skip To
Id10458	(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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10459	(Id10459) Over the course of illness, did the total costs of care and treatment prohibit other household payments?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Death certificate with cause of death			
Id10462	(Id10462) Was a death certificate issued? 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.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> Id10476 Id10476 Id10476
Id10463	(Id10463) Can I see the death certificate? 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.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> Id10476 Id10476 Id10476
Id10464	(Id10464) [Record the immediate cause of death from the certificate (line 1a)]	<input type="text"/> <input type="text"/>	
Id10465	(Id10465) [Duration (1a):] For all following lines, add duration, if stated.	<input type="text"/>	

ID	Question	Answer(s)	Skip To
Id10466	(Id10466) [Record the first antecedent cause of death from the certificate (line 1b)] 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.		
Id10467	(Id10467) [Duration (1b):]		
Id10468	(Id10468) [Record the second antecedent cause of death from the certificate (line 1c)]		
Id10469	(Id10469) [Duration (1c):]		
Id10470	(Id10470) [Record the third antecedent cause of death from the certificate (line 1d)]		
Id10471	(Id10471) [Duration (1d):]		
Id10472	(Id10472) [Record the contributing cause(s) of death from the certificate (part 2)]		

ID	Question	Answer(s)	Skip To
Id10473	(Id10473) [Duration (part2):]		

Open narrative

Id10476	(Id10476) Thank you for your information. Now can you please tell me in your own words about the events that led to the death?	
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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.

ID	Question	Answer(s)	Skip To
Id10479	(Id10479) [Select any of the following words that were mentioned as present in the narrative.]	<div><div><input type="checkbox"/> Asphyxia</div><div><input type="checkbox"/> Incubator</div><div><input type="checkbox"/> Lung problem</div><div><input type="checkbox"/> Pneumonia</div><div><input type="checkbox"/> Preterm delivery</div><div><input type="checkbox"/> Respiratory distress</div><div><input type="checkbox"/> None of the above words were mentioned</div><div><input type="checkbox"/> Don't know</div></div>	
Id10481	Record time at end of interview.		
		hr: <div><div></div><div></div></div> min: <div><div></div><div></div></div>	
comment	(comment) Comment		
<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>			
Report End			