

## 2016 WHO VA Instrument v1.5.1

### Questionnaire for the death of a person aged 12 years and above

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
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#### Preset HIV-Malaria mortality and season.

Id10002	(Id10002) [Is this a region of high HIV/AIDS mortality?]	
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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.

- ☐ High
- ☐ Low
- ☐ Very low

Id10003	(Id10003) [Is this a region of high malaria mortality?]	
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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.

- ☐ High
- ☐ Low
- ☐ Very low

Id10004	(Id10004) [During which season did (s)he die?]	
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- ☐ wet
- ☐ dry
- ☐ Doesn't know

#### Information on the respondent and background about interview

Id10007	(Id10007) [What is the name of VA respondent?]	
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ID	Question	Answer(s)	Skip To
Id10008	<b>(Id10008) What is your/the respondent's relationship to the deceased?</b> 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"/>
Id10009	<b>(Id10009) Did you/the respondent live with the deceased in the period leading to her/his death?</b>	<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	<b>(Id10010) [Name of VA interviewer]</b>	<input type="text"/>	
Id10013	<b>(Id10013) [Did the respondent give consent?]</b>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <b>Id10481</b>
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	<b>(Id10017) What was the first or given name(s) of the deceased?</b>	<input type="text"/>
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ID	Question	Answer(s)	Skip To
Id10018	(Id10018) What was the surname (or family name) of the deceased?		
Id10019	(Id10019) What was the sex of the deceased?		
		<input type="radio"/> female	
		<input type="radio"/> male	
		<input type="radio"/> Ambiguous/intersex	
Id10020	(Id10020) Is the date of birth known?		
		<input type="radio"/> Yes	
		<input type="radio"/> No	Id10022
		<input type="radio"/> Refused to answer	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	Id10024
		<input type="radio"/> Refused to answer	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_adult	[Enter adult's age in years:]		
	A response is required for this question. If the exact age is unknown, enter the best estimate.		
		Year(s) <input type="text"/> <input type="text"/> <input type="text"/>	

ID	Question	Answer(s)	Skip To
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"/> Id10069
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"/>

ID	Question	Answer(s)	Skip To
Id10057	(Id10057) Where did the death occur? (specify country, province, district, village)		
Id10059	(Id10059) What was her/his marital status? Life partner is defined here as living with someone for a long time without ever having married.		
	<input type="radio"/> single		Id10063
	<input type="radio"/> married		
	<input type="radio"/> life partner		Id10063
	<input type="radio"/> divorced		
	<input type="radio"/> widowed		
	<input type="radio"/> too young to be married		Id10063
	<input type="radio"/> Doesn't know		Id10063
	<input type="radio"/> Refused to answer		Id10063
Id10060_check	(Id10060_check) [Is the date of marriage available?]		
	<input type="radio"/> Yes		
	<input type="radio"/> No		Id10063
Id10060	(Id10060) What was the date of marriage?		
Day: <input type="text"/> <input type="text"/> Month: <input type="text"/> <input type="text"/> Year: <input type="text"/> <input type="text"/>			
Id10063	(Id10063) What was her/his highest level of schooling?		
	<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		

ID	Question	Answer(s)	Skip To
Id10064	(Id10064) Was (s)he able to read and/or write? select 'yes' also if only one of either reading or writing is known to 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"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10065	(Id10065) What was her/his economic activity status in year prior to death? The deceased might have had several activities. Choose the one that was probably true for most of the year preceding illness and death	<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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10066	(Id10066) What was her/his occupation, that is, what kind of work did (s)he mainly do?		

### 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"/> <input type="text"/>
Id10069_a	(Id10069_a) Do you have a death registration certificate?	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/>
Id10070	(Id10070) [Death registration number/certificate] Enter a "-" if this information is not available.		

ID	Question	Answer(s)	Skip To
Id10071_check	(Id10071_check) [Is the date of registration available?]	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/> Id10072
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"/>
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="text"/> Id10120_unit <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="text"/> Id10082 <input type="text"/> Id10082 <input type="text"/> 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"/>
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"/>



ID	Question	Answer(s)	Skip To
Id10083	<b>(Id10083) Was (s)he injured in a fall?</b> 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"/>
Id10084	<b>(Id10084) Was there any poisoning?</b> 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	<b>(Id10085) Did (s)he die of drowning?</b> 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	<b>(Id10086) Was (s)he injured by a bite or sting by venomous animal?</b> 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"/>

ID	Question	Answer(s)	Skip To
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"/> Id10089 Id10089 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"/>
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"/>

ID	Question	Answer(s)	Skip To
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"/>
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"/>

ID	Question	Answer(s)	Skip To
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"/> Id10120_unit <input type="text"/> <input type="text"/> <input type="text"/>
Id10099	(Id10099) Was the injury self-inflicted?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> id10120_unit <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"/>

ID	Question	Answer(s)	Skip To
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## Health history

Id10120_unit	(Id10120_unit) For how long was (s)he ill before death?	
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☐ Days

☐ Months

☐ Years

☐ Doesn't know

☐ Refused to answer

Id10120_1	(Id10120_1) Days Less than 24 hours = 0 days.	
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Day(s)

Id10121	(Id10121) Months	
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Month(s)

Id10122	(Id10122) Years	
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Year(s)

Id10123	(Id10123) Did (s)he die suddenly? Suddenly means died unexpectedly within 24 hours of being in regular health.	
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☐ Yes

☐ No

☐ Doesn't know

☐ Refused to answer

## Medical history associated with final illness

Id10125	(Id10125) Was there any diagnosis by a health professional of tuberculosis? Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.	
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☐ Yes

☐ No

☐ Doesn't know

☐ Refused to answer

ID	Question	Answer(s)	Skip To
Id10126	(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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10127	<b>(Id10127) Was there any diagnosis by a health professional of AIDS?</b> 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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10128	<b>(Id10128) Did (s)he have a recent positive test by a health professional for malaria?</b> 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	<input type="text" value="Id10130"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10129	<b>(Id10129) Did (s)he have a recent negative test by a health professional for malaria?</b> 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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

ID	Question	Answer(s)	Skip To
Id10130	<b>(Id10130) Was there any diagnosis by a health professional of dengue fever?</b> 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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10131	<b>(Id10131) Was there any diagnosis by a health professional of measles?</b> 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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10132	<b>(Id10132) Was there any diagnosis by a health professional of high blood pressure?</b> 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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10133	<b>(Id10133) Was there any diagnosis by a health professional of heart disease?</b> 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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

ID	Question	Answer(s)	Skip To
Id10134	<b>(Id10134) Was there any diagnosis by a health professional of diabetes?</b> 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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10135	<b>(Id10135) Was there any diagnosis by a health professional of asthma?</b> 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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10136	<b>(Id10136) Was there any diagnosis by a health professional of epilepsy?</b> 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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10137	<b>(Id10137) Was there any diagnosis by a health professional of cancer?</b> 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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>



ID	Question	Answer(s)	Skip To
Id10138	<b>(Id10138) Was there any diagnosis by a health professional of Chronic Obstructive Pulmonary Disease (COPD)?</b> 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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10139	<b>(Id10139) Was there any diagnosis by a health professional of dementia?</b> 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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10140	<b>(Id10140) Was there any diagnosis by a health professional of depression?</b> 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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10141	<b>(Id10141) Was there any diagnosis by a health professional of stroke?</b> 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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

ID	Question	Answer(s)	Skip To
Id10142	<b>(Id10142) Was there any diagnosis by a health professional of sickle cell disease?</b> 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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10143	<b>(Id10143) Was there any diagnosis by a health professional of kidney disease?</b> 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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10144	<b>(Id10144) Was there any diagnosis by a health professional of liver disease?</b> 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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

### General signs and symptoms associated with final illness

Id10147	<b>(Id10147) Did (s)he have a fever?</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> Id10152 Id10152 Id10152
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ID	Question	Answer(s)	Skip To
Id10148_units	(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.	<input type="radio"/> Days	
		<input type="radio"/> Months	Id10148_c
		<input type="radio"/> Doesn't know	Id10149
		<input type="radio"/> Refused to answer	Id10149
Id10148_b	(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.	Day(s) <input type="text"/> <input type="text"/>	Id10149
Id10148_c	(Id10148_c) [Enter how long the fever lasted in months]: Enter 1-60 months.	Month(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	
Id10150	(Id10150) How severe was the fever?	<input type="radio"/> mild	
		<input type="radio"/> moderate	
		<input type="radio"/> severe	
		<input type="radio"/> Doesn't know	
		<input type="radio"/> Refused to answer	
Id10151	(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	

ID	Question	Answer(s)	Skip To
Id10152	(Id10152) Did (s)he have night sweats?	<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
Id10154_units	(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.	<input type="radio"/> Days <input type="radio"/> Months <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> Id10154_b Id10155 Id10155
Id10154_a	(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.	Day(s)	<input type="text"/> <input type="text"/> Id10155
Id10154_b	(Id10154_b) [Enter how long (s)he had a cough in months]: Enter 1-60 months.	Month(s)	<input type="text"/> <input type="text"/> <input type="text"/> 
Id10155	(Id10155) Was the cough productive, with sputum?	<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
Id10156	(Id10156) Was the cough very severe?	<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"/>
Id10157	(Id10157) Did (s)he cough up blood?	<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"/> <input type="text"/> Id10166 <input type="text"/> Id10166 <input type="text"/> Id10166
Id10161_unit	(Id10161_unit) For how long did the difficult breathing last? 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.	<input type="radio"/> Days <input type="radio"/> Months <input type="radio"/> Years <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> Id10162 <input type="text"/> Id10163 <input type="text"/> Id10165 <input type="text"/> Id10165
Id10161_1	(Id10161_1) [Enter how long the difficult breathing lasted in days]: Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.	Day(s)	<input type="text"/> <input type="text"/> <input type="text"/> Id10165
Id10162	(Id10162) [Enter how long the difficult breathing lasted in months]: Enter 1-60 months.	Month(s)	<input type="text"/> <input type="text"/> <input type="text"/> Id10165

ID	Question	Answer(s)	Skip To
Id10163	(Id10163) [Enter how long the difficult breathing lasted in years]: Enter number of years less than age at death.	Year(s) <input type="text"/> <input type="text"/> <input type="text"/>	
Id10165	(Id10165) Was the difficulty continuous or on and off?	<input type="radio"/> continuous <input type="text"/> <input type="radio"/> on and off <input type="text"/> <input type="radio"/> Doesn't know <input type="text"/> <input type="radio"/> Refused to answer <input type="text"/>	
Id10166	(Id10166) During the illness that led to death, did (s)he have fast breathing?	<input type="radio"/> Yes <input type="text"/> <input type="radio"/> No <input type="text"/> Id10168 <input type="radio"/> Doesn't know <input type="text"/> Id10168 <input type="radio"/> Refused to answer <input type="text"/> Id10168	
Id10167_units	(Id10167_units) How long did the fast breathing 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.	<input type="radio"/> Days <input type="text"/> <input type="radio"/> Months <input type="text"/> Id10167_c <input type="radio"/> Doesn't know <input type="text"/> Id10168 <input type="radio"/> Refused to answer <input type="text"/> Id10168	
Id10167_b	(Id10167_b) [Enter how long the fast breathing lasted in days]: Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.	Day(s) <input type="text"/> <input type="text"/> <input type="text"/> Id10168	
Id10167_c	(Id10167_c) [Enter how long the fast breathing lasted in months]: Enter 1-60 months.	Month(s) <input type="text"/> <input type="text"/> <input type="text"/>	
Id10168	(Id10168) Did (s)he have breathlessness?	<input type="radio"/> Yes <input type="text"/> <input type="radio"/> No <input type="text"/> Id10173_a <input type="radio"/> Doesn't know <input type="text"/> Id10173_a <input type="radio"/> Refused to answer <input type="text"/> Id10173_a	

ID	Question	Answer(s)	Skip To
Id10169_units	(Id10169_units) How long did (s)he have breathlessness? Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.	<input type="radio"/> Days	
		<input type="radio"/> Months	Id10169_c
		<input type="radio"/> Doesn't know	Id10170
		<input type="radio"/> Refused to answer	Id10170
Id10169_b	(Id10169_b) [Enter how long (s)he had breathlessness in days]: Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.	Day(s) <input type="text"/> <input type="text"/>	Id10170
Id10169_c	(Id10169_c) [Enter how long (s)he had breathlessness in months]: Enter 1-60 months.	Month(s) <input type="text"/> <input type="text"/> <input type="text"/>	
Id10170	(Id10170) Was (s)he unable to carry out daily routines due to breathlessness?	<input type="radio"/> Yes	
		<input type="radio"/> No	
		<input type="radio"/> Doesn't know	
		<input type="radio"/> Refused to answer	
Id10171	(Id10171) Was (s)he breathless while lying flat?	<input type="radio"/> Yes	
		<input type="radio"/> No	
		<input type="radio"/> Doesn't know	
		<input type="radio"/> Refused to answer	
Id10173_a	(Id10173_a) During the illness that led to death did (s)he have wheezing?	<input type="radio"/> wheezing	
		<input type="radio"/> no	
		<input type="radio"/> Doesn't know	
		<input type="radio"/> Refused to answer	

ID	Question	Answer(s)	Skip To
Id10174	(Id10174) Did (s)he have chest pain?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> Id10181 Id10181 Id10181
Id10175	(Id10175) Was the chest pain severe?	<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"/>
Id10176	(Id10176) How many days before death did (s)he have chest pain? Less than 1 day or 24 hours = 0 days; 1 week = 7 days. For don't know, enter "99." For refused, enter "88."	Day(s) <input type="text"/> <input type="text"/> <input type="text"/>	
Id10178_unit	(Id10178_unit) How long did the chest pain last? 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.	<input type="radio"/> Minutes <input type="radio"/> Hours <input type="radio"/> Days <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> Id10179 Id10179_1 Id10181 Id10181
Id10178	(Id10178) [Enter how long the chest pain lasted in minutes]: Enter 0-59 minutes.	Minute(s) <input type="text"/> <input type="text"/>	Id10181
Id10179	(Id10179) [Enter how long the chest pain lasted in hours]: Enter 1-23 hours.	Hour(s) <input type="text"/> <input type="text"/>	Id10181
Id10179_1	(Id10179_1) [Enter how long the chest pain lasted in days]: Enter 0-30 days. 1 week = 7 days.	Day(s) <input type="text"/> <input type="text"/> <input type="text"/>	



ID	Question	Answer(s)	Skip To
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
Id10182_units	(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.	<input type="radio"/> Days <input type="radio"/> Months <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> Id10182_b Id10186 Id10186
Id10182_a	(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.	Day(s) <input type="text"/> <input type="text"/>	Id10186
Id10182_b	(Id10182_b) [Enter how long (s)he had frequent loose or liquid stools in months]: Enter 1-60 months.	Month(s) <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"/> Id10188 Id10188 Id10188
Id10187	(Id10187) Was there blood in the stool up 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"/> Id10189 Id10189 Id10189

ID	Question	Answer(s)	Skip To
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" value="See hint"/> <input type="text" value="See hint"/> <input type="text" value="See hint"/>
Id10190_units	(Id10190_units) How long before death did (s)he vomit? Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.	<input type="radio"/> Days <input type="radio"/> Months <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text" value="Id10190_b"/> <input type="text" value="Id10191"/> <input type="text" value="Id10191"/>
Id10190_a	(Id10190_a) [Enter how long before death(s)he vomited in days]: Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.	Day(s)	<input type="text"/> <input type="text"/> <input type="text" value="Id10191"/>
Id10190_b	(Id10190_b) [Enter how long before death(s)he vomited in months]: Enter 1-60 months.	Month(s)	<input type="text"/> <input type="text"/> <input type="text"/>
Id10191	(Id10191) Was there blood in the 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"/>

ID	Question	Answer(s)	Skip To
Id10192	(Id10192) Was the vomit 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"/>
Id10193	(Id10193) Did (s)he have any belly (abdominal) problem? Explain to the respondent that problems could be pain, protruding abdomen or a mass.	<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"/>
Id10194	(Id10194) Did (s)he have belly (abdominal) pain?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> Id10200 Id10200 Id10200
Id10195	(Id10195) Was the belly (abdominal) pain severe?	<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
Id10196_unit	<b>(Id10196_unit) For how long did (s)he have belly (abdominal) pain?</b> Enter 1 unit only: 0-23 hours, 1-30 days, or 1-60 months. 1 week = 7 days. In case of "Doesn't know" or "Refused to answer" and if the response to Id10195 was "Yes", go to "Id10199". If the response to Id10195 was "No", "Don't know" or "Refused to answer", skip to Id10200.	<input type="radio"/> Hours <input type="radio"/> Days <input type="radio"/> Months <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text" value="Id10197_a"/> <input type="text" value="Id10198"/> <input type="text" value="Id10199"/> <input type="text" value="Id10199"/>
Id10196	<b>(Id10196) [Enter how long (s)he had belly (abdominal) pain in hours]:</b> Enter 1-23 hours. If Id10195=Yes, go to "Id10199". If the response to Id10195 was "No", "Don't know" or "Refused to answer", skip to Id10200.	Hour(s) <input type="text"/> <input type="text"/>	<input type="text" value="Id10199"/>
Id10197_a	<b>(Id10197_a) [Enter how long (s)he had belly (abdominal) pain in days]:</b> Enter 0-30 days. 1 week = 7 days. If Id10195=Yes, go to "Id10199". If the response to Id10195 was "No", "Don't know" or "Refused to answer", skip to Id10200.	Day(s) <input type="text"/> <input type="text"/>	<input type="text" value="Id10199"/>
Id10198	<b>(Id10198) [Enter how long (s)he had belly (abdominal) pain in months]:</b> Enter 1-60 months. If Id10195=Yes, go to "Id10199". If the response to Id10195 was "No", "Don't know" or "Refused to answer", skip to Id10200.	Month(s) <input type="text"/> <input type="text"/>	<input type="text"/>
Id10199	<b>(Id10199) Was the pain in the upper or lower belly (abdomen)?</b>	<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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10200	<b>(Id10200) Did (s)he have a more than usually protruding belly (abdomen)?</b>	<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="Id10204"/> <input type="text" value="Id10204"/> <input type="text" value="Id10204"/>

ID	Question	Answer(s)	Skip To
Id10201_unit	<p>(Id10201_unit) For how long before death did (s)he have a more than usually protruding belly (abdomen)?</p> <p>Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.</p>	<input type="radio"/> Days	
		<input type="radio"/> Months	Id10202
		<input type="radio"/> Doesn't know	Id10203
		<input type="radio"/> Refused to answer	Id10203
Id10201_a	<p>(Id10201_a) [Enter how long before death (s)he had a more than usually protruding belly (abdomen) in days]:</p> <p>Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.</p>	<input type="text"/> Day(s)	Id10203
Id10202	<p>(Id10202) [Enter how long before death (s)he had a more than usually protruding belly (abdomen) in months]:</p> <p>Enter 1-60 months.</p>	<input type="text"/> Mont(s)	
Id10203	(Id10203) How rapidly did (s)he develop the protruding belly (abdomen)?	<input type="radio"/> rapidly	
		<input type="radio"/> slowly	
		<input type="radio"/> Doesn't know	
		<input type="radio"/> Refused to answer	
Id10204	(Id10204) Did (s)he have any mass in the belly (abdomen)?	<input type="radio"/> Yes	
		<input type="radio"/> No	Id10207
		<input type="radio"/> Doesn't know	Id10207
		<input type="radio"/> Refused to answer	Id10207
Id10205_unit	<p>(Id10205_unit) For how long did (s)he have a mass in the belly (abdomen)?</p> <p>Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.</p>	<input type="radio"/> Days	
		<input type="radio"/> Months	Id10206
		<input type="radio"/> Doesn't know	Id10207
		<input type="radio"/> Refused to answer	Id10207

ID	Question	Answer(s)	Skip To
Id10205_a	(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.	Day(s) <input type="text"/> <input type="text"/>	Id10207
Id10206	(Id10206) [Enter how long (s)he had a mass in the belly (abdomen) in months]: Enter 1-60 months.	Month(s) <input type="text"/> <input type="text"/>	
Id10207	(Id10207) Did (s)he have a severe headache?	<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"/>	
Id10208	(Id10208) Did (s)he have a stiff neck during illness that led to death?	<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"/>	Id10210
Id10209_units	(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.	<input type="radio"/> Days <input type="text"/> <input type="radio"/> Months <input type="text"/> <input type="radio"/> Doesn't know <input type="text"/> <input type="radio"/> Refused to answer <input type="text"/>	Id10210
Id10209_a	(Id10209_a) [Enter how long before death did (s)he have stiff neck in days]: Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.	Day(s) <input type="text"/> <input type="text"/>	Id10210
Id10209_b	(Id10209_b) [Enter how long before death did (s)he have stiff neck in months]: Enter 1-60 months.	Month(s) <input type="text"/> <input type="text"/>	

ID	Question	Answer(s)	Skip To
Id10210	(Id10210) Did (s)he have a painful neck 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"/> Id10212 Id10212 Id10212
Id10211_units	(Id10211_units) How long before death did (s)he have a painful 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.	<input type="radio"/> Days <input type="radio"/> Months <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> Id10211_b Id10212 Id10212
Id10211_a	(Id10211_a) [Enter how long before death (s)he had a painful neck in days]: Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.	Day(s) <input type="text"/> <input type="text"/>	Id10212
Id10211_b	(Id10211_b) [Enter how long before death (s)he had a painful neck in months]: Enter 1-60 months.	Month(s) <input type="text"/> <input type="text"/>	<input type="text"/>
Id10212	(Id10212) Did (s)he have mental confusion?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> Id10214 Id10214 Id10214
Id10213_units	(Id10213_units) How long did (s)he have mental confusion? Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.	<input type="radio"/> Days <input type="radio"/> Months <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> Id10213_b Id10214 Id10214
Id10213_a	(Id10213_a) [Enter how long (s)he had mental confusion in days]: Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.	Day(s) <input type="text"/> <input type="text"/>	Id10214

ID	Question	Answer(s)	Skip To
Id10213_b	(Id10213_b) [Enter how long (s)he had mental confusion in months]: Enter 1-60 months.	Month(s) <input type="text"/> <input type="text"/> <input type="text"/>	
Id10214	(Id10214) Was (s)he unconscious during the illness that led to death?	<input type="radio"/> Yes <input type="text"/> <input type="radio"/> No <input type="text"/> Id10219 <input type="radio"/> Doesn't know <input type="text"/> Id10219 <input type="radio"/> Refused to answer <input type="text"/> Id10219	
Id10215	(Id10215) Was (s)he unconscious for more than 24 hours before death?	<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"/>	
Id10217	(Id10217) Did the unconsciousness start suddenly, quickly (at least within a single day)?	<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"/>	
Id10218	(Id10218) Did the unconsciousness continue until death?	<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
Id10219	(Id10219) Did (s)he have convulsions?	<input type="radio"/> Yes	
		<input type="radio"/> No	Id10223
		<input type="radio"/> Doesn't know	Id10223
		<input type="radio"/> Refused to answer	Id10223
Id10221	(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."	Minute(s) <input type="text"/> <input type="text"/> <input type="text"/>	
Id10222	(Id10222) Did (s)he become unconscious immediately after the convulsion?	<input type="radio"/> Yes	
		<input type="radio"/> No	
		<input type="radio"/> Doesn't know	
		<input type="radio"/> Refused to answer	
Id10223	(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.	<input type="radio"/> Yes	
		<input type="radio"/> No	Id10227
		<input type="radio"/> Doesn't know	Id10227
		<input type="radio"/> Refused to answer	Id10227
Id10225	(Id10225) Did (s)he go to urinate more often than usual?	<input type="radio"/> Yes	
		<input type="radio"/> No	
		<input type="radio"/> Doesn't know	
		<input type="radio"/> Refused to answer	

ID	Question	Answer(s)	Skip To
Id10226	(Id10226) During the final illness did (s)he ever pass blood in the urine?	<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"/>
Id10224	(Id10224) Did (s)he stop urinating? This means that the deceased stopped urinating.	<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"/>
Id10227	(Id10227) Did (s)he have sores or ulcers anywhere on the body?	<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"/>
Id10228	(Id10228) Did (s)he have sores?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> Id10230 Id10230 Id10230
Id10229	(Id10229) Did the sores have clear fluid or pus?	<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
Id10230	(Id10230) Did (s)he have an ulcer (pit) on the foot?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> Id10233 Id10233 Id10233
Id10231	(Id10231) Did the ulcer on the foot ooze pus?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> Id10233 Id10233 Id10233
Id10232_units	(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.	<input type="radio"/> Days <input type="radio"/> Months <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> Id10232_b Id10233 Id10233
Id10232_a	(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.	Day(s)	<input type="text"/> <input type="text"/> Id10233
Id10232_b	(Id10232_b) [Enter how long the ulcer on the foot oozed pus in months]: Enter 1-60 months.	Month(s)	<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"/> Id10237 Id10237 Id10237
Id10234	(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."	Day(s)	<input type="text"/> <input type="text"/> <input type="text"/> 

ID	Question	Answer(s)	Skip To
Id10235	(Id10235) Where was the rash?	<input type="radio"/> face <input type="radio"/> trunk or abdomen <input type="radio"/> extremities <input type="radio"/> everywhere <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"/>
Id10236	(Id10236) Did (s)he have measles rash (use local term)?	<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"/>
Id10237	(Id10237) Did (s)he ever have shingles or herpes zoster?	<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"/>
Id10238	(Id10238) During the illness that led to death, did her/his skin flake off in patches?	<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"/>
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"/> Id10243 Id10243 Id10243

ID	Question	Answer(s)	Skip To
Id10242	(Id10242) Did (s)he bleed from the nose, mouth or anus?	<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"/>
Id10243	(Id10243) Did (s)he have noticeable weight loss?	<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"/>
Id10244	(Id10244) Was (s)he severely thin or wasted?	<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"/>
Id10245	(Id10245) During the illness that led to death, did s/he have a whitish rash inside the mouth or on the tongue?	<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"/>
Id10246	(Id10246) Did (s)he have stiffness of the whole body or was unable to open the mouth?	<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
Id10247	(Id10247) Did (s)he have puffiness of the face?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> Id10249 Id10249 Id10249
Id10248_units	(Id10248_units) How long did (s)he have puffiness of the face? Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.	<input type="radio"/> Days <input type="radio"/> Months <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> Id10248_b Id10249 Id10249
Id10248_a	(Id10248_a) [Enter how long (s)he had puffiness of the face in days]: Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.	Day(s)	<input type="text"/> <input type="text"/> Id10249
Id10248_b	(Id10248_b) [Enter how long (s)he had puffiness of the face in months]: Enter 1-60 months.	Month(s)	<input type="text"/> <input type="text"/> <input type="text"/> 
Id10249	(Id10249) During the illness that led to death, did (s)he have swollen legs or feet?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> Id10252 Id10252 Id10252
Id10250_units	(Id10250_units) How long did the swelling 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.	<input type="radio"/> Days <input type="radio"/> Months <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> Id10250_b Id10251 Id10251
Id10250_a	(Id10250_a) [Enter how long the swelling lasted in days]: Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.	Day(s)	<input type="text"/> <input type="text"/> Id10251

ID	Question	Answer(s)	Skip To
Id10250_b	(Id10250_b) [Enter how long the swelling lasted in months]: Enter 1-60 months.	Month(s) <input type="text"/> <input type="text"/> <input type="text"/>	
Id10251	(Id10251) Did (s)he have both feet swollen?	<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"/>	
Id10252	(Id10252) Did (s)he have general puffiness all over his/her body?	<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"/>	
Id10253	(Id10253) Did (s)he have any lumps?	<input type="radio"/> Yes <input type="text"/> <input type="radio"/> No <input type="text"/> Id10258 <input type="radio"/> Doesn't know <input type="text"/> Id10258 <input type="radio"/> Refused to answer <input type="text"/> Id10258	
Id10254	(Id10254) Did (s)he have any lumps or lesions in the mouth?	<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
Id10255	(Id10255) Did (s)he have any lumps on the neck?	<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"/>
Id10256	(Id10256) Did (s)he have any lumps on the armpit?	<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"/>
Id10257	(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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10258	(Id10258) Was (s)he in any way paralysed?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> Id10261 Id10261 Id10261
Id10259	(Id10259) Did (s)he have paralysis of only one side of the body?	<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
Id10260	(Id10260) Which were the limbs or body parts paralysed?	<input type="radio"/> right side <input type="radio"/> left side <input type="radio"/> lower part of body <input type="radio"/> upper part of body <input type="radio"/> one leg only <input type="radio"/> one arm only <input type="radio"/> whole body <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"/> <input type="text"/>
Id10261	(Id10261) Did (s)he have difficulty swallowing?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> Id10264 Id10264 Id10264
Id10262_units	(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.	<input type="radio"/> Days <input type="radio"/> Months <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> Id10262_b Id10263 Id10263
Id10262_a	(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.	Day(s)	<input type="text"/> <input type="text"/> Id10263
Id10262_b	(Id10262_b) [Enter how long before death (s)he had difficulty swallowing in months]: Enter 1-60 months.	Month(s)	<input type="text"/> <input type="text"/> <input type="text"/>

ID	Question	Answer(s)	Skip To
Id10263	(Id10263) Was the difficulty with swallowing with solids, liquids, or both?	<input type="radio"/> solids <input type="radio"/> liquids <input type="radio"/> both <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"/>
Id10264	(Id10264) Did (s)he have pain upon swallowing?	<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"/> <div>Id10267</div> <div>Id10267</div> <div>Id10267</div>
Id10266_units	(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.	<input type="radio"/> Days <input type="radio"/> Months <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <div>Id10266_b</div> <div>Id10267</div> <div>Id10267</div>
Id10266_a	(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.	Day(s)	<input type="text"/> <input type="text"/> <div>Id10267</div>
Id10266_b	(Id10266_b) [Enter how long (s)he had the yellow discoloration in months]: Enter 1-60 months.	Month(s)	<input type="text"/> <input type="text"/> <input type="text"/>

ID	Question	Answer(s)	Skip To
Id10267	(Id10267) Did her/his hair change in color to a reddish or yellowish color?	<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"/>
Id10268	<b>(Id10268) Did (s)he look pale (thinning/lack of blood) or have pale palms, eyes or nail beds?</b> 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.	<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"/>
Id10270	(Id10270) Did (s)he drink a lot more water than usual?	<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"/>

### Signs and symptoms associated with pregnancy and women

[If FEMALE or AMBIGUOUS / INTERSEX, continue with the following section. If MALE, skip to Id10411 - Risk Factors Section]

Id10294	(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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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ID	Question	Answer(s)	Skip To
Id10295	(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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10296	(Id10296) Did she ever have a period or menstruate? 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.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> Id10304 Id10304 Id10304
Id10297	(Id10297) When she had her period, did she have vaginal bleeding in between menstrual periods? Important is the excessive quantity of blood	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> Id10301 Id10301 Id10301
Id10298	(Id10298) Was the bleeding excessive?	<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"/>
Id10301	(Id10301) Was there excessive vaginal bleeding in the week prior to death? Important is the excessive quantity of blood	<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
Id10299	(Id10299) Did her menstrual period stop naturally because of menopause or removal of uterus? If woman was under 40, do not ask and just click 'No'.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<div>Id10300</div> <div></div> <div></div> <div></div>
Id10302	(Id10302) At the time of death was her period overdue?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<div></div> <div>Id10304</div> <div>Id10304</div> <div>Id10304</div>
Id10303	(Id10303) For how many weeks had her period been overdue? 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."	<div>Week(s)</div> <div></div> <div></div>	Id10304
Id10300	(Id10300) Did she have vaginal bleeding after cessation of menstruation? If woman was under 40, do not ask and just click 'No'.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<div>Id10310</div> <div>Id10310</div> <div>Id10310</div> <div>Id10310</div>
Id10304	(Id10304) Did she have a sharp pain in her belly (abdomen) shortly before death?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<div></div> <div></div> <div></div> <div></div>

ID	Question	Answer(s)	Skip To
Id10305	(Id10305) Was she pregnant at the time of death?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<div>Id10309</div> <div></div> <div></div> <div></div>
Id10306	(Id10306) Did she die within 6 weeks of delivery, abortion or miscarriage?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<div>Id10312</div> <div></div> <div></div> <div></div>
Id10307	(Id10307) Did this woman die more than 6 weeks after being pregnant or delivering a baby?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<div></div> <div>Id10310</div> <div>Id10310</div> <div>Id10310</div>
Id10308	(Id10308) Was this a woman who died less than 1 year after being pregnant or delivering a baby?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<div>Id10312</div> <div>Id10310</div> <div>Id10310</div> <div>Id10310</div>
Id10309	(Id10309) For how many months was she pregnant? Important is the distinction between early and late pregnancy (threshold is 6 months). For don't know, enter "99." For refused, enter "88."	Month(s) <input type="text"/> <input type="text"/>	<div>Id10312</div>

ID	Question	Answer(s)	Skip To
Id10310	<p>(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?</p> <p>This questions serves to confirm that no maternal death is missed.</p>	<p><input type="radio"/> Yes (SHE WAS NOT PREGNANT; AND SHE DID NOT RECENTLY DELIVER, HAVE ABORTION, OR MISCARRY)</p> <p><input type="radio"/> No (SHE WAS PREGNANT OR SHE RECENTLY DELIVERED, HAD AN ABORTION OR</p> <p><input type="radio"/> Doesn't know</p> <p><input type="radio"/> Refused to answer</p>	<p>Id10411</p> <p>Id10310_check</p> <p>Id10312</p> <p>Id10312</p>
Id10310_check	(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 "Did she ever have a period or menstruate?" and fo		
Id10312	<p>(Id10312) Did she die during labour or delivery?</p> <p>Labor is the period of time by which contractions are less than 10 minutes apart.</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>Id10316</p> <p></p> <p></p> <p></p>
Id10313	(Id10313) Did she die after delivering a baby?	<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></p> <p>Id10316</p> <p>Id10316</p> <p>Id10316</p>
Id10314	(Id10314) Did she die within 24 hours after delivery?	<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>Id10316</p> <p></p> <p></p> <p></p>

ID	Question	Answer(s)	Skip To
Id10315	(Id10315) Did she die within 6 weeks of childbirth?	<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"/>
Id10316	(Id10316) Did she give birth to a live baby (within 6 weeks of her death)? The important aspect is if the baby was alive.	<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"/>
Id10317	(Id10317) Did she die during or after a multiple pregnancy? For all the responses, go to Id10318 if: the response to Id10312 was 'No/Don't know/Refused' (mother did not die during labour or delivery); if the response to Id10314 was 'No/Don't know/Refused' (mother did not die within 24 hours after delivery); and if the response to Id10216 was 'Yes' (she gave birth to a live baby). Otherwise, skip to Id10319.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text" value="See hint"/> <input type="text" value="See hint"/> <input type="text" value="See hint"/> <input type="text" value="See hint"/>
Id10318	(Id10318) Was she breastfeeding the child in the days 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"/>
Id10319	(Id10319) How many births, including stillbirths, did she/the 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"/>



ID	Question	Answer(s)	Skip To
Id10320	(Id10320) Had she had any previous Caesarean section?	<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"/>
Id10321	(Id10321) During pregnancy, did she 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"/>
Id10322	(Id10322) Did she 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"/>
Id10323	(Id10323) During the last 3 months of pregnancy, did she 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"/>
Id10324	(Id10324) During the last 3 months of pregnancy did she 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"/>

ID	Question	Answer(s)	Skip To
Id10325	(Id10325) Did bleeding occur while she was pregnant?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	 Id10328 Id10328 Id10328
Id10326	(Id10326) Was there vaginal bleeding during the first 6 months of pregnancy?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	
Id10327	(Id10327) Was there vaginal bleeding during the last 3 months of pregnancy but before labour started? Make sure the respondent understands that it is important that this bleeding happened before birth	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	
Id10328	(Id10328) Did she have excessive bleeding during labour or delivery? Here the excessive quantity of blood DURING birth is what we ask for	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	
Id10329	(Id10329) Did she have excessive bleeding after delivery or abortion? Here the excessive quantity of blood AFTER birth is what we ask for	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	

ID	Question	Answer(s)	Skip To
Id10330	(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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10331	<b>(Id10331) Did she deliver or try to deliver an abnormally positioned baby?</b> Enquire the respondent about his/hers understanding of what is an abnormally positioned baby; if unclear or wrong, explain that it refers to babies' whose first body part exiting the vagina is not the 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"/>
Id10332	<b>(Id10332) For how many hours was she in labour?</b> 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."	Hour(s) <input type="text"/> <input type="text"/> <input type="text"/>	
Id10333	<b>(Id10333) Did she attempt to terminate the pregnancy?</b> If the response to Id10316 was 'Yes' (she gave birth to a live baby), skip to Id10337. Otherwise, if the response to Id10316 was 'No' (she didn't give birth to a live baby) proceed to question Id10334.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text" value="See hint"/> <input type="text" value="See hint"/> <input type="text" value="See hint"/> <input type="text" value="See hint"/>
[NOTE: Id10334, Id10335, and Id10336 should NOT be asked if there was a live birth (Id10316=YES)]			
Id10334	<b>(Id10334) Did she recently have a pregnancy that ended in an abortion (spontaneous or induced)?</b> Question should NOT be asked if there was a live birth (Id10316=YES)	<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="Id10337"/> <input type="text" value="Id10337"/> <input type="text" value="Id10337"/>

ID	Question	Answer(s)	Skip To
Id10335	(Id10335) Did she die during an abortion? Question should NOT be asked if there was a live birth (Id10316=YES)	<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"/>
Id10336	(Id10336) Did she die within 6 weeks of having an abortion? Question should NOT be asked if there was a live birth (Id10316=YES)	<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"/>
Id10337	(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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10338	(Id10338) Did she receive professional assistance during the delivery? Explain to the respondent what is meant by 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"/>

ID	Question	Answer(s)	Skip To
Id10339	(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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10340	(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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10342	(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	Id10347 <input type="text"/> <input type="text"/> <input type="text"/>
Id10343	(Id10343) 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	Id10347 <input type="text"/> <input type="text"/> <input type="text"/>

ID	Question	Answer(s)	Skip To
Id10344	(Id10344) Was the delivery a Caesarean section?	<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"/>
Id10347	(Id10347) Was the baby born more than one month early?	<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"/>
Risk factors			
Id10411	(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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10412	(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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

ID	Question	Answer(s)	Skip To
Id10413	(Id10413) Did (s)he smoke tobacco (cigarette, cigar, pipe, etc.)? If the response to Id10412 was 'Yes' proceed to Id10414. Otherwise, if the response to Id10412 was also 'No/Don't know/Refused', skip to Id10418.	<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="See hint"/> <input type="text" value="See hint"/> <input type="text" value="See hint"/>
Id10414	(Id10414) What kind of tobacco did (s)he use ?	<input type="radio"/> cigarettes <input type="radio"/> pipe <input type="radio"/> chewing tobacco <input type="radio"/> local form of tobacco <input type="radio"/> other	<input type="text"/> <input type="text" value="Id10416"/> <input type="text" value="Id10416"/> <input type="text" value="Id10416"/> <input type="text" value="Id10416"/>
Id10415	(Id10415) How many cigarettes did (s)he smoke daily? For don't know, enter "99." For refused, enter "88."	<input type="text" value="Cigarettes"/> <input type="text"/> <input type="text"/>	<input type="text" value="Id10418"/>
Id10416	(Id10416) How many times did (s)he use tobacco products each day? For don't know, enter "99." For refused, enter "88."	<input type="text" value="Tobacco"/> <input type="text"/> <input type="text"/>	<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="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text" value="Id10432"/> <input type="text" value="Id10432"/> <input type="text" value="Id10432"/>
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ID	Question	Answer(s)	Skip To
Id10419	(Id10419) Did (s)he receive oral rehydration salts?	<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"/>
Id10420	(Id10420) Did (s)he receive (or need) intravenous fluids (drip) treatment?	<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"/>
Id10421	(Id10421) Did (s)he receive (or need) a blood transfusion?	<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"/>
Id10422	(Id10422) Did (s)he receive (or need) treatment/food through a tube passed through the nose?	<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"/>
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"/>



ID	Question	Answer(s)	Skip To
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"/> Id10427 Id10427 Id10427
Id10426	(Id10426) Did (s)he have the operation within 1 month 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"/>
Id10427	(Id10427) Was (s)he discharged from hospital very ill?	<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"/>
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="text"/>
		<input type="checkbox"/> homeopath	<input type="text"/>
		<input type="checkbox"/> religious leader	<input type="text"/>
		<input type="checkbox"/> government hospital	<input type="text"/>
		<input type="checkbox"/> government health center or clinic	<input type="text"/>
		<input type="checkbox"/> private hospital	<input type="text"/>
		<input type="checkbox"/> community-based practitioner associated with health system	<input type="text"/>
		<input type="checkbox"/> trained birth attendant	<input type="text"/>
		<input type="checkbox"/> private physician	<input type="text"/>
		<input type="checkbox"/> Relative, friend (outside household)	<input type="text"/>
		<input type="checkbox"/> pharmacy	<input type="text"/>
		<input type="checkbox"/> Doesn't know	<input type="text"/>
		<input type="checkbox"/> Refused to answer	<input type="text"/>

Id10434	(Id10434) What was the name and address of any hospital, health center or clinic where care was sought
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ID	Question	Answer(s)	Skip To
Id10435	(Id10435) Did a health care worker tell you the cause of death?		
		<input type="radio"/> Yes	
		<input type="radio"/> No	Id10437
		<input type="radio"/> Doesn't know	Id10437
		<input type="radio"/> Refused to answer	Id10437

ID	Question	Answer(s)	Skip To
Id10437	(Id10437) Do you have any health records that belonged to the deceased?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> Id10450 Id10450 Id10450
Id10438	(Id10438) Can I see the health records?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> Id10450 Id10450 Id10450
Id10439_check	(Id10439_check) [Is the date of the most recent (last) visit available?]	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> Id10440_check
Id10439	(Id10439) [Record the date of the most recent (last) visit]	Day: <input type="text"/> <input type="text"/> Month: <input type="text"/> <input type="text"/> Year: <input type="text"/> <input type="text"/>	
Id10440_check	(Id10440_check) [Is the date of the second most recent visit available?]	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> Id10441_check
Id10440	(Id10440) [Record the date of the second most recent visit]	Day: <input type="text"/> <input type="text"/> Month: <input type="text"/> <input type="text"/> Year: <input type="text"/> <input type="text"/>	
Id10441_check	(Id10441_check) [Is the date of the last note on the health records available?]	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> Id10442
Id10441	(Id10441) [Record the date of the last note on the health records]	Day: <input type="text"/> <input type="text"/> Month: <input type="text"/> <input type="text"/> Year: <input type="text"/> <input type="text"/>	
Id10442	(Id10442) [Record the weight (in kilogrammes) written at the most recent (last) visit] (enter e.g. 3.5)	Weight (Kg) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

ID	Question	Answer(s)	Skip To
Id10443	(Id10443) [Record the weight (in kilogrammes) written at the second most recent visit]		

	Weight (Kg)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Id10444	(Id10444) [Transcribe the last note on the health records]		
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## Background and context

Id10450	(Id10450) In the final days before death, did s/he travel to a hospital or health facility?	
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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="text"/>
<input type="radio"/> No	Id10455
<input type="radio"/> Doesn't know	Id10455
<input type="radio"/> Refused to answer	Id10455

ID	Question	Answer(s)	Skip To
Id10451	<b>(Id10451) Did (s)he use motorised transport to get to the hospital or health facility?</b> 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	<b>(Id10452) Were there any problems during admission to the hospital or health facility?</b> 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"/>
Id10453	<b>(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?</b> 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"/>
Id10454	<b>(Id10454) Were there any problems getting medications or diagnostic tests in the hospital or health facility?</b> For stillbirths, 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
Id10455	<p><b>(Id10455) Does it take more than 2 hours to get to the nearest hospital or health facility from the deceased's household?</b></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>	<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>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10456	<p><b>(Id10456) In the final days before death, were there any doubts about whether medical care was needed?</b></p> <p>For stillbirths answer based on mother's experience.</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>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10457	<p><b>(Id10457) In the final days before death, was traditional medicine used?</b></p> <p>For stillbirths answer based on mother's experience.</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>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10458	<p><b>(Id10458) In the final days before death, did anyone use a telephone or cell phone to call for help?</b></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>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

ID	Question	Answer(s)	Skip To
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="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"/>

### Death certificate with cause of death

Id10462	<b>(Id10462) Was a death certificate issued?</b> 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="text"/>
		<input type="radio"/> No	Id10476 <input type="text"/>
		<input type="radio"/> Doesn't know	Id10476 <input type="text"/>
		<input type="radio"/> Refused to answer	Id10476 <input type="text"/>
Id10463	<b>(Id10463) Can I see the death certificate?</b> 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="text"/>
		<input type="radio"/> No	Id10476 <input type="text"/>
		<input type="radio"/> Doesn't know	Id10476 <input type="text"/>
		<input type="radio"/> Refused to answer	Id10476 <input type="text"/>

Id10464	<b>(Id10464) [Record the immediate cause of death from the certificate (line 1a)]</b>	
	<input type="text"/>	
	<input type="text"/>	

Id10465	<b>(Id10465) [Duration (Ia):]</b> 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 (Ib):]		
Id10468	(Id10468) [Record the second antecedent cause of death from the certificate (line 1c)]		
Id10469	(Id10469) [Duration (Ic):]		
Id10470	(Id10470) [Record the third antecedent cause of death from the certificate (line 1d)]		
Id10471	(Id10471) [Duration (Id):]		
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	<p><b>(Id10476) Thank you for your information. Now can you please tell me in your own words about the events that led to the death?</b></p> <p>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.</p>	
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ID	Question	Answer(s)	Skip To
Id10477	(Id10477) [Select any of the following words that were mentioned as present in the narrative.]	<input type="radio"/> Chronic kidney disease <input type="radio"/> Dialysis <input type="radio"/> Fever <input type="radio"/> Heart attack <input type="radio"/> Heart problem <input type="radio"/> Jaundice <input type="radio"/> Liver failure <input type="radio"/> Malaria <input type="radio"/> Pneumonia <input type="radio"/> Renal (kidney) failure <input type="radio"/> Suicide <input type="radio"/> None of the above words were mentioned <input type="radio"/> Don't know	<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"/> <input type="text"/>

Id10481	Record time at end of interview.	hr: <input type="text"/> <input type="text"/> min: <input type="text"/> <input type="text"/>	
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[illegible]