

## 2016 WHO VA Instrument v1.5.1

### Questionnaire for the death of a child aged 4 weeks to 11 years

Questions to be read to the respondent are in bold.

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

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

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

Id10002	(Id10002) [Is this a region of high HIV/AIDS mortality?] Should be completed by the central office. HIGH corresponds to more than 1% of deaths due to HIV/AIDS, LOW around 0.1%, VERY LOW less than 0.01%. Filling in during the interview is not mandatory. Usually the value is predetermined for the region.	<input type="radio"/> High	<input type="text"/>
		<input type="radio"/> Low	<input type="text"/>
		<input type="radio"/> Very low	<input type="text"/>
Id10003	(Id10003) [Is this a region of high malaria mortality?] Should be completed by the central office. HIGH corresponds to more than 1% of deaths due to malaria, LOW around 0.1%, VERY LOW less than 0.01%. Filling in during the interview is not mandatory. Usually the value is predetermined for the region.	<input type="radio"/> High	<input type="text"/>
		<input type="radio"/> Low	<input type="text"/>
		<input type="radio"/> Very low	<input type="text"/>
Id10004	(Id10004) [During which season did (s)he die?]	<input type="radio"/> wet	<input type="text"/>
		<input type="radio"/> dry	<input type="text"/>
		<input type="radio"/> Doesn't know	<input type="text"/>

### Information on the respondent and background about interview

Id10007	(Id10007) [What is the name of VA respondent?]
	<input type="text"/>

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"/>	

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_child_unit	How old was the child? [Enter child's age in:]		
	Child age is between 28 days and 11 years. A response is required for this question. If the exact age is unknown, enter the best estimate.		
		<input type="radio"/> Days	
		<input type="radio"/> Months	age_child_mon
		<input type="radio"/> Years	age_child_year
		<input type="radio"/> Doesn't know	Id10058
		<input type="radio"/> Refused to answer	Id10058

ID	Question	Answer(s)	Skip To
age_child_days	[Enter child's age in days:]		
		Day(s) <input type="text"/> <input type="text"/>	<input type="text" value="Id10058"/>
age_child_mon	[Enter child's age in months:]		
		Month(s) <input type="text"/> <input type="text"/>	<input type="text" value="Id10058"/>
age_child_year	[Enter child's age in years:]		
		Year(s) <input type="text"/> <input type="text"/> <input type="text"/>	
Id10058	(Id10058) Where did the deceased die?		
		<input type="radio"/> hospital <input type="text"/>	
		<input type="radio"/> other health facility <input type="text"/>	
		<input type="radio"/> home <input type="text"/>	
		<input type="radio"/> on route to hospital or facility <input type="text"/>	
		<input type="radio"/> other <input type="text"/>	
		<input type="radio"/> Doesn't know <input type="text"/>	
		<input type="radio"/> Refused to answer <input type="text"/>	
Id10051	<b>(Id10051) [Is there a need to collect additional demographic data on the deceased?]</b> 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="text"/>	
		<input type="radio"/> No <input type="text"/>	<input type="text" value="Id10069"/>
Id10052	(Id10052) What was her/his citizenship/nationality?		
		<input type="radio"/> citizen at birth <input type="text"/>	
		<input type="radio"/> naturalized citizen <input type="text"/>	
		<input type="radio"/> foreign national <input type="text"/>	
		<input type="radio"/> Doesn't know <input type="text"/>	
		<input type="radio"/> Refused to answer <input type="text"/>	
Id10053	<b>(Id10053) What was her/his ethnicity?</b> Enter a "-" if this information is not available.		
		<input type="text"/>	

ID	Question	Answer(s)	Skip To
Id10054	(Id10054) What was her/his place of birth? Specify here village and district, a question on the facility and circumstances will be asked later. Enter a “-” if this information is not available.		
	<input type="text"/>		
Id10055	(Id10055) What was her/his place of usual residence? (the place where the person lived most of the year) For perinatal cases, just ask for the address of the health facility or if released at home, the home address.		
	<input type="text"/>		
Id10057	(Id10057) Where did the death occur? (specify country, province, district, village)		
	<input type="text"/>		
Id10061	(Id10061) What was the name of the father?		
	<input type="text"/>		
Id10062	(Id10062) What was the name of the mother?		
	<input type="text"/>		
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"/>	

### 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"/>	Id10077
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"/>	Id10077

ID	Question	Answer(s)	Skip To
Id10070	(Id10070) [Death registration number/certificate] Enter a "-" if this information is not available.		
Id10071_check	(Id10071_check) [Is the date of registration available?]		
		<input type="radio"/> Yes	
		<input type="radio"/> No	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.		
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.		

### 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	Id10408
		<input type="radio"/> Doesn't know	
		<input type="radio"/> Refused to answer	
Id10079	(Id10079) Was it a road traffic accident?		
		<input type="radio"/> Yes	
		<input type="radio"/> No	Id10082
		<input type="radio"/> Doesn't know	Id10082
		<input type="radio"/> Refused to answer	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"/>
Id10087	<b>(Id10087) Was (s)he injured by an animal or insect (non-venomous)?</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="Id10089"/> <input type="text" value="Id10089"/> <input type="text" value="Id10089"/>



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

ID	Question	Answer(s)	Skip To
Id10093	(Id10093) Was (s)he strangled?		
		<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"/>
Id10094	(Id10094) Was (s)he injured by a blunt force?		
		<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"/>
Id10095	(Id10095) Was (s)he injured by a force of nature?		
		<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"/>
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="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"/>
Id10097	(Id10097) Did (s)he encounter any other injury?		
		<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
Id10098	(Id10098) Was the injury accidental?		

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

Id10100	(Id10100) Was the injury intentionally inflicted by someone else?	
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- ☐ Yes
- ☐ No
- ☐ Doesn't know
- ☐ Refused to answer

## Health history

Id10408	(Id10408) Before the illness that led to death, was the baby/the child growing normally?	
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- ☐ Yes
- ☐ No
- ☐ Doesn't know
- ☐ Refused to answer

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	
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Less than 24 hours = 0 days.

Day(s)

ID	Question	Answer(s)	Skip To
Id10121	(Id10121) Months		
		Month(s) <input type="text"/> <input type="text"/>	Id10123
Id10122	(Id10122) Years		
		Year(s) <input type="text"/> <input type="text"/> <input type="text"/>	
Id10123	(Id10123) Did (s)he die suddenly? Suddenly means died unexpectedly within 24 hours of being in regular health.		
		<input type="radio"/> Yes	<input type="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"/>

### 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.		
		<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"/>
Id10126	(Id10126) Was an HIV test ever positive?		
		<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
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	Id10130 <input type="text"/> <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"/>
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"/>

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

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

ID	Question	Answer(s)	Skip To
Id10144	(Id10144) Was there any diagnosis by a health professional of liver disease? Remind the respondent that we are asking for the diagnosis assessed by a doctor, health worker, or other health professional during the final illness.		
		<input type="radio"/> Yes	<input type="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"/>

### General signs and symptoms associated with final illness

Id10147	(Id10147) Did (s)he have a fever?		
		<input type="radio"/> Yes	<input type="text"/>
		<input type="radio"/> No	Id10152 <input type="text"/>
		<input type="radio"/> Doesn't know	Id10152 <input type="text"/>
		<input type="radio"/> Refused to answer	Id10152 <input type="text"/>

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="text"/>
		<input type="radio"/> Months	Id10148_c <input type="text"/>
		<input type="radio"/> Doesn't know	Id10149 <input type="text"/>
		<input type="radio"/> Refused to answer	Id10149 <input type="text"/>

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 <input type="text"/>

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"/>



ID	Question	Answer(s)	Skip To
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	
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	
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	Id10159 Id10159 Id10159

ID	Question	Answer(s)	Skip To
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="text"/> <input type="radio"/> Months <input type="text"/> Id10154_b <input type="radio"/> Doesn't know <input type="text"/> Id10155 <input type="radio"/> Refused to answer <input type="text"/> 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"/> <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="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"/>	
Id10156	(Id10156) Was the cough very severe?	<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"/>	
Id10157	(Id10157) Did (s)he cough up blood?	<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
Id10158	(Id10158) Did (s)he make a whooping sound when coughing?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10159	(Id10159) Did (s)he have any difficulty breathing?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> Id10166 Id10166 Id10166
Id10161_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"/> Id10162 Id10163 Id10165 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"/> Id10165
Id10162	(Id10162) [Enter how long the difficult breathing lasted in months]: Enter 1-60 months.	Month(s)	<input type="text"/> <input type="text"/> Id10165
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"/>

ID	Question	Answer(s)	Skip To
Id10165	(Id10165) Was the difficulty continuous or on and off?	<input type="radio"/> continuous <input type="radio"/> on and off <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10166	(Id10166) During the illness that led to death, did (s)he have fast breathing?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> Id10168 Id10168 Id10168
Id10167_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="radio"/> Months <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> Id10167_c Id10168 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.	<input type="text"/> Day(s)	<input type="text"/>
Id10167_c	(Id10167_c) [Enter how long the fast breathing lasted in months]: Enter 1-60 months.	<input type="text"/> Month(s)	<input type="text"/>
Id10168	(Id10168) Did (s)he have breathlessness?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> Id10172 Id10172 Id10172

ID	Question	Answer(s)	Skip To
Id10169_units	<b>(Id10169_units) How long did (s)he have breathlessness?</b> 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"/> Id10169_c <input type="radio"/> Doesn't know <input type="text"/> Id10172 <input type="radio"/> Refused to answer <input type="text"/> Id10172	
Id10169_b	<b>(Id10169_b) [Enter how long (s)he had breathlessness in days]:</b> 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"/> Id10172	
Id10169_c	<b>(Id10169_c) [Enter how long (s)he had breathlessness in months]:</b> Enter 1-60 months.	Month(s) <input type="text"/> <input type="text"/> <input type="text"/>	
Id10172	<b>(Id10172) Did you see the lower chest wall/ribs being pulled in as the child breathed in?</b> Ask only for children under the age of 12 years. Show photos if available.	<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"/>	
Id10173_nc	<b>(Id10173_nc) During the illness that led to death did his/her breathing sound like any of the following:</b>	<input type="checkbox"/> stridor <input type="text"/> <input type="checkbox"/> grunting <input type="text"/> <input type="checkbox"/> wheezing <input type="text"/> <input type="checkbox"/> no <input type="text"/> <input type="checkbox"/> Doesn't know <input type="text"/> <input type="checkbox"/> Refused to answer <input type="text"/>	
Id10174	<b>(Id10174) Did (s)he have chest pain?</b>	<input type="radio"/> Yes <input type="text"/> <input type="radio"/> No <input type="text"/> Id10181 <input type="radio"/> Doesn't know <input type="text"/> Id10181 <input type="radio"/> Refused to answer <input type="text"/> Id10181	

ID	Question	Answer(s)	Skip To
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"/>	
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="text"/> <input type="radio"/> No <input type="text"/> Id10186 <input type="radio"/> Doesn't know <input type="text"/> Id10186 <input type="radio"/> Refused to answer <input type="text"/> 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="text"/> <input type="radio"/> Months <input type="text"/> Id10182_b <input type="radio"/> Doesn't know <input type="text"/> Id10183 <input type="radio"/> Refused to answer <input type="text"/> Id10183	
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"/> <input type="text"/> Id10183	
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"/>	
Id10183	(Id10183) How many stools did the baby or child have on the day that loose liquid stools were most frequent? For don't know, enter "99." For refused, enter "88."	Number of stools: <input type="text"/> <input type="text"/> <input type="text"/>	
Id10184_units	(Id10184_units) How long before death did the frequent loose or liquid stools start? Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.	<input type="radio"/> Days <input type="text"/> <input type="radio"/> Months <input type="text"/> Id10184_c <input type="radio"/> Doesn't know <input type="text"/> Id10185 <input type="radio"/> Refused to answer <input type="text"/> Id10185	

ID	Question	Answer(s)	Skip To
Id10184_b	(Id10184_b) [Enter how long before death the frequent loose or liquid stools started in days]: Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.	Day(s) <input type="text"/> <input type="text"/>	Id10185
Id10184_c	(Id10184_c) [Enter how long before death the frequent loose or liquid stools started in months]: Enter 1-60 months.	Month(s) <input type="text"/> <input type="text"/> <input type="text"/>	
Id10185	(Id10185) Did the frequent loose or liquid stools 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"/>	
Id10186	(Id10186) At any time during the final illness was there blood in the stools?	<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"/>	Id10188
Id10187	(Id10187) Was there blood in the stool up 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"/>	
Id10188	(Id10188) Did (s)he vomit?	<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
Id10189	<b>(Id10189) To clarify: Did (s)he vomit in the week preceding the death?</b> 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" value="See hint"/> <input type="text" value="See hint"/> <input type="text" value="See hint"/> <input type="text" value="See hint"/>
Id10191	<b>(Id10191) Was there blood in the vomit?</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"/>
Id10192	<b>(Id10192) Was the vomit black?</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"/>
Id10193	<b>(Id10193) Did (s)he have any belly (abdominal) problem?</b> 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	<b>(Id10194) Did (s)he have belly (abdominal) pain?</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="Id10200"/> <input type="text" value="Id10200"/> <input type="text" value="Id10200"/>



ID	Question	Answer(s)	Skip To
Id10195	(Id10195) Was the belly (abdominal) pain severe?		
		<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"/>
Id10196_unit	(Id10196_unit) For how long did (s)he have belly (abdominal) pain? 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="text"/>
		<input type="radio"/> Days	Id10197_a
		<input type="radio"/> Months	Id10198
		<input type="radio"/> Doesn't know	See hint
		<input type="radio"/> Refused to answer	See hint
Id10196	(Id10196) [Enter how long (s)he had belly (abdominal) pain in hours]: 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"/> See hint
Id10197_a	(Id10197_a) [Enter how long (s)he had belly (abdominal) pain in days]: 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"/> See hint
Id10198	(Id10198) [Enter how long (s)he had belly (abdominal) pain in months]: 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"/> See hint
Id10199	(Id10199) Was the pain in the upper or lower belly (abdomen)?		
		<input type="radio"/> upper abdomen	<input type="text"/>
		<input type="radio"/> lower abdomen	<input type="text"/>
		<input type="radio"/> upper and lower abdomen	<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
Id10200	(Id10200) Did (s)he have a more than usually protruding belly (abdomen)?	<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"/>
Id10201_unit	(Id10201_unit) For how long before death did (s)he have a more than usually protruding belly (abdomen)? Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.	<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="Id10202"/> <input type="text" value="Id10203"/> <input type="text" value="Id10203"/>
Id10201_a	(Id10201_a) [Enter how long before death (s)he had a more than usually protruding belly (abdomen) in days]: Enter 0-30 days. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.	Day(s) <input type="text"/> <input type="text"/>	<input type="text" value="Id10203"/>
Id10202	(Id10202) [Enter how long before death (s)he had a more than usually protruding belly (abdomen) in months]: Enter 1-60 months.	Mont(s) <input type="text"/> <input type="text"/> <input type="text"/>	
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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10204	(Id10204) Did (s)he have any mass in the belly (abdomen)?	<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="Id10207"/> <input type="text" value="Id10207"/> <input type="text" value="Id10207"/>

ID	Question	Answer(s)	Skip To
Id10205_unit	(Id10205_unit) For how long did (s)he have a mass in the belly (abdomen)? Enter 1 unit only: 0-30 days or 1-60 months. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.	<input type="radio"/> Days	
		<input type="radio"/> Months	Id10206
		<input type="radio"/> Doesn't know	Id10207
		<input type="radio"/> Refused to answer	Id10207
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="radio"/> No	
		<input type="radio"/> Doesn't know	
		<input type="radio"/> Refused to answer	
Id10208	(Id10208) Did (s)he have a stiff neck during illness that led to death?	<input type="radio"/> Yes	
		<input type="radio"/> No	Id10210
		<input type="radio"/> Doesn't know	Id10210
		<input type="radio"/> Refused to answer	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="radio"/> Months	Id10209_b
		<input type="radio"/> Doesn't know	Id10210
		<input type="radio"/> Refused to answer	Id10210

ID	Question	Answer(s)	Skip To
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"/> <input type="text"/>
Id10210	(Id10210) Did (s)he have a painful neck during the illness that led to death?		
		<input type="radio"/> Yes	<input type="text"/>
		<input type="radio"/> No	Id10214
		<input type="radio"/> Doesn't know	Id10214
		<input type="radio"/> Refused to answer	Id10214
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="text"/>
		<input type="radio"/> Months	Id10211_b
		<input type="radio"/> Doesn't know	Id10214
		<input type="radio"/> Refused to answer	Id10214
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"/> Id10214
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"/>
Id10214	(Id10214) Was (s)he unconscious during the illness that led to death?		
		<input type="radio"/> Yes	<input type="text"/>
		<input type="radio"/> No	Id10219
		<input type="radio"/> Doesn't know	Id10219
		<input type="radio"/> Refused to answer	Id10219

ID	Question	Answer(s)	Skip To
Id10215	(Id10215) Was (s)he unconscious for more than 24 hours before death?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<div>Id10217</div> <div></div> <div></div> <div></div>
Id10216_units	(Id10216_units) How long before death did unconsciousness start? Enter 1 unit only: 0-23 hours or 1-99 days. 1 week = 7 days.	<input type="radio"/> Hours <input type="radio"/> Days <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<div></div> <div>Id10216_b</div> <div>Id10217</div> <div>Id10217</div>
Id10216_a	(Id10216_a) [Enter how long before death unconsciousness started in hours]? The question needs input in hours but the respondent may not know exactly and so it may be easier to ask 'how long' and then convert the duration in hours. (Less than 1 hour = "0").	<input type="radio"/> Hour(s)	<div> <div></div><div></div> </div> <div>Id10217</div>
Id10216_b	(Id10216_b) [Enter how long before death unconsciousness started in days]? If more than 99, enter 99.	<input type="radio"/> Day(s)	<div> <div></div><div></div><div></div> </div>
Id10217	(Id10217) Did the unconsciousness start suddenly, quickly (at least within a single day)?	<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>
Id10218	(Id10218) Did the unconsciousness continue until 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
Id10219	(Id10219) Did (s)he have convulsions?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> Id10223 Id10223 Id10223
Id10220	(Id10220) Did (s)he experience any generalized convulsions or fits during the illness that led to death?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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 <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> Id10227 Id10227 Id10227

ID	Question	Answer(s)	Skip To
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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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"/> 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"/> <input type="text" value="Id10233"/> <input type="text" value="Id10233"/> <input type="text" value="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"/> <input type="text" value="Id10233"/> <input type="text" value="Id10233"/> <input type="text" value="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"/> <input type="text" value="Id10232_b"/> <input type="text" value="Id10233"/> <input type="text" value="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.	<input type="text"/> Day(s)	<input type="text"/>
Id10232_b	(Id10232_b) [Enter how long the ulcer on the foot oozed pus in months]: Enter 1-60 months.	<input type="text"/> Month(s)	<input type="text"/>
Id10233	(Id10233) During the illness that led to death, did (s)he have any skin rash?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text" value="Id10238"/> <input type="text" value="Id10238"/> <input type="text" value="Id10238"/>



ID	Question	Answer(s)	Skip To
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"/>	
Id10235	(Id10235) Where was the rash?	<input type="radio"/> face <input type="text"/> <input type="radio"/> trunk or abdomen <input type="text"/> <input type="radio"/> extremities <input type="text"/> <input type="radio"/> everywhere <input type="text"/> <input type="radio"/> Doesn't know <input type="text"/> <input type="radio"/> Refused to answer <input type="text"/>	
Id10236	(Id10236) Did (s)he have measles rash (use local term)?	<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"/>	
Id10238	(Id10238) During the illness that led to death, did her/his skin flake off in patches?	<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"/>	
Id10239	(Id10239) During the illness that led to death, did he/she have areas of the skin that turned black?	<input type="radio"/> Yes <input type="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
Id10240	(Id10240) During the illness that led to death, did he/she have areas of the skin with redness and swelling?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	
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	Id10243
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	
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	
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	

ID	Question	Answer(s)	Skip To
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="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"/>	
Id10246	(Id10246) Did (s)he have stiffness of the whole body or was unable to open 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"/>	
Id10247	(Id10247) Did (s)he have puffiness of the face?	<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"/>	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="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"/>	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"/>	

ID	Question	Answer(s)	Skip To
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	Id10252
		<input type="radio"/> Doesn't know	Id10252
		<input type="radio"/> Refused to answer	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	Id10250_b
		<input type="radio"/> Doesn't know	Id10251
		<input type="radio"/> Refused to answer	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
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="radio"/> No	
		<input type="radio"/> Doesn't know	
		<input type="radio"/> Refused to answer	
Id10252	(Id10252) Did (s)he have general puffiness all over his/her body?	<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
Id10253	(Id10253) Did (s)he have any lumps?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> Id10258 Id10258 Id10258
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

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

ID	Question	Answer(s)	Skip To
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)	Id10263
Id10262_b	(Id10262_b) [Enter how long before death (s)he had difficulty swallowing in months]: Enter 1-60 months.		
		Month(s)	
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	
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	
Id10265	(Id10265) Did (s)he have yellow discoloration of the eyes?		
		<input type="radio"/> Yes	
		<input type="radio"/> No	Id10267
		<input type="radio"/> Doesn't know	Id10267
		<input type="radio"/> Refused to answer	Id10267
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	Id10266_b
		<input type="radio"/> Doesn't know	Id10267
		<input type="radio"/> Refused to answer	Id10267

ID	Question	Answer(s)	Skip To
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"/> Id10267
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"/>
Id10267	(Id10267) Did her/his hair change in color to a reddish or yellowish color?		
		<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"/>
Id10268	(Id10268) Did (s)he look pale (thinning/lack of blood) or have pale palms, eyes or nail beds? Long term deficiency of the blood results in a pale, whitish appearance of the lips, tongue, and eye sac. Sometime it is referred to as thinning or lack of blood, or pallor.		
		<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"/>
Id10269	(Id10269) Did (s)he have sunken eyes?		
		<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"/>
Id10270	(Id10270) Did (s)he drink a lot more water than usual?		
		<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

[NOTE: Many questions between Id10271 and Id10373 are only relevant for children under 1 year or under 18 months old].  
[Please carefully review the hints to know the correct questions to ask]

<b>Id10271</b>	<b>(Id10271) Was the baby able to suckle or bottle-feed within the first 24 hours after birth?</b>	
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This question should be asked only if the child was less than 1 year old when it died.

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

<b>Id10272</b>	<b>(Id10272) Did the baby ever suckle in a normal way?</b>	
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This question should be asked only if the child was less than 1 year old when it died.

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

<b>Id10273</b>	<b>(Id10273) Did the baby stop suckling?</b>	
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This question should be asked only if the child was less than 1 year old when it died.

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

<b>Id10274_units</b>	<b>(Id10274_units) How long after birth did the baby stop suckling?</b>	
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Enter 1 unit only: 0-30 days or 1-11 months. Less than 1 day or 24 hours = 0 days; 1 week = 7 days.

- ☐ Days
- ☐ Months
- ☐ Doesn't know
- ☐ Refused to answer

ID	Question	Answer(s)	Skip To
Id10274_b	(Id10274_b) [Enter how long after birth the baby stopped suckling 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"/>	Id10275
Id10274_c	(Id10274_c) [Enter how long after birth the baby stopped suckling in months]: Enter 1-11 months.	Month(s) <input type="text"/> <input type="text"/>	
Id10275	(Id10275) Did the baby have convulsions starting within the first 24 hours of life? This question should be asked only if the child was less than 1 year old when it died.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	Id10277
Id10276	(Id10276) Did the baby have convulsions starting more than 24 hours after birth? This question should be asked only if the child was less than 1 year old when it died.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	
Id10277	(Id10277) Did the baby's body become stiff, with the back arched backwards? This question should be asked only if the child was less than 1 year old when it died.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	
Id10278	(Id10278) During the illness that led to death, did the baby have a bulging or raised fontanelle? Show photo if available. This question should be asked only if the child was less than 18 months old when it died.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	Id10281

ID	Question	Answer(s)	Skip To
Id10279	<b>(Id10279) During the illness that led to death, did the baby have a sunken fontanelle?</b> Show photo if available. This question should be asked only if the child was less than 18 months old when it died.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10281	<b>(Id10281) During the illness that led to death, did the baby become unresponsive or unconscious?</b> This question should be asked only if the child was less than 1 year old when it died.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text" value="Id10352_units"/> <input type="text" value="Id10352_units"/> <input type="text" value="Id10352_units"/>
Id10282	<b>(Id10282) Did the baby become unresponsive or unconscious soon after birth, within less than 24 hours?</b> This question should be asked only if the child was less than 1 year old when it died.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text" value="Id10352_units"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10283	<b>(Id10283) Did the baby become unresponsive or unconscious more than 24 hours after birth?</b> This question should be asked only if the child was less than 1 year old when it died.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

ID	Question	Answer(s)	Skip To
Id10352_units	(Id10352_units) How old was the child when the fatal illness started? Enter 1 unit only: 1-11 months or 1-11 years.	<input type="radio"/> Months <input type="text"/> <input type="radio"/> Years <input type="text"/> Id10352_b <input type="radio"/> Doesn't know <input type="text"/> Id10354 <input type="radio"/> Refused to answer <input type="text"/> Id10354	
Id10352_a	(Id10352_a) [Enter how old the child was when the fatal illness started in months]: Enter 1-11 months.	Month(s) <input type="text"/> <input type="text"/> <input type="text"/> Id10354	
Id10352_b	(Id10352_b) [Enter how old the child was when the fatal illness started in years]: Enter 1-11 years	Year(s) <input type="text"/> <input type="text"/> <input type="text"/>	
Id10354	(Id10354) Was the child part of a multiple birth? This question should be asked only if the child was less than 1 year old when it died. If two or more children are born at the same time, it is counted as a multiple birth, even if one or more of the babies are born dead.	<input type="radio"/> Yes <input type="text"/> <input type="radio"/> No <input type="text"/> Id10356 <input type="radio"/> Doesn't know <input type="text"/> Id10356 <input type="radio"/> Refused to answer <input type="text"/> Id10356	
Id10355	(Id10355) Was the child the first, second, or later in the birth order? This question should be asked only if the child was less than 1 year old when it died.	<input type="radio"/> first <input type="text"/> <input type="radio"/> second or later <input type="text"/> <input type="radio"/> Doesn't know <input type="text"/> <input type="radio"/> Refused to answer <input type="text"/>	
Id10356	(Id10356) Is the mother still alive? This question should be asked only if the child was less than 1 year old when it died. If mother is present at the interview, select 'yes' without asking the question aloud.	<input type="radio"/> Yes <input type="text"/> Id10360 <input type="radio"/> No <input type="text"/> <input type="radio"/> Doesn't know <input type="text"/> Id10360 <input type="radio"/> Refused to answer <input type="text"/> Id10360	

ID	Question	Answer(s)	Skip To
Id10357	(Id10357) Did the mother die before, during or after the delivery? This question should be asked only if the child was less than 1 year old when it died.	<input type="radio"/> before delivery <input type="radio"/> during delivery <input type="radio"/> after delivery <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	Id10360 Id10360  Id10360 Id10360
Id10358_units	(Id10358_units) How long after the delivery did the mother die? This question should be asked only if the child was less than 1 year old when it died. Select one unit only.	<input type="radio"/> Days <input type="radio"/> Weeks <input type="radio"/> Months <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	 Id10359_a Id10358 Id10360 Id10360
Id10359	(Id10359) How many days after the delivery did the mother die? Enter 0-6 days. Less than 1 day or 24 hours = 0 days.	Day(s)	Id10360
Id10359_a	(Id10359_a) How many weeks after the delivery did the mother die? Enter 1-7 weeks.	Week(s)	Id10360
Id10358	(Id10358) How many months after the delivery did the mother die? Enter 2-60 months.	Month(s)	

ID	Question	Answer(s)	Skip To
Id10360	(Id10360) Where was the deceased born? This question should be asked only if the child was less than 1 year old when it died. Read the question and slowly read the first 5 choices. Respondent should hear all 5 choices and then respond.	<input type="radio"/> hospital <input type="radio"/> other health facility <input type="radio"/> home <input type="radio"/> on route to hospital or facility <input type="radio"/> other <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10361	(Id10361) Did you/the mother receive professional assistance during the delivery? This question should be asked only if the child was less than 1 year old when it died. Explain to the respondent what is meant by a professional assistance: delivery attended by a medical professional (doctor, nurse or midwife).	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10362	(Id10362) At birth, was the baby of usual size? Show photos, explain to the respondent that even if the answer is "no" some more questions will be asked, just to make sure no important detail has been missed.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text" value="Id10366"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10363	(Id10363) At birth, was the baby smaller than usual, (weighing under 2.5 kg)? Show photos if available. This question should be asked only if the child was less than 1 year old when it died.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text" value="Id10365"/> <input type="text" value="Id10365"/> <input type="text" value="Id10365"/>

ID	Question	Answer(s)	Skip To
Id10364	<b>(Id10364) At birth, was the baby very much smaller than usual, (weighing under 1 kg)?</b> Show photos if available. This question should be asked only if the child was less than 1 year old when it died.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text" value="Id10366"/> <input type="text" value="Id10366"/> <input type="text" value="Id10366"/> <input type="text" value="Id10366"/>
Id10365	<b>(Id10365) At birth, was the baby larger than usual, (weighing over 4.5 kg)?</b> Show photos if available. This question should be asked only if the child was less than 1 year old when it died.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10366	<b>(Id10366) What was the weight (in grammes) of the deceased at birth?</b> Ask if the child health card is available. If the card is available and the birth weight is recorded, enter the birth weight from the card. If the card is not available, record the weight based on the respondent's report if known. Record the weight in grammes in 4 digits. Respondents may give the answer in kilograms. For the data entry, convert to grammes. 1 kilogram=1,000 grammes. Enter "9999" for "don't know." Enter "8888" for "refuse."		Grammes: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10367	<b>(Id10367) How many months long was the pregnancy before the child was born?</b> For don't know, enter "99." For refused, enter "88."		Month(s) <input type="text"/> <input type="text"/> <input type="text"/>
Id10368	<b>(Id10368) Were there any complications in the late part of the pregnancy (defined as the last 3 months, before labour)?</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"/>

ID	Question	Answer(s)	Skip To
Id10369	<b>(Id10369) Were there any complications during labour or delivery?</b> If the child was more than 1 year when it died, then skip to Id10418. Otherwise continue to Id10370.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	
Id10370	<b>(Id10370) Was any part of the baby physically abnormal at time of delivery? (for example: body part too large or too small, additional growth on body)?</b> This question should be asked only if the child was less than 1 year old when it died.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	Id10394
Id10371	<b>(Id10371) Did the baby/ child have a swelling or defect on the back at time of birth?</b> This question should be asked only if the child was less than 1 year old when it died.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	
Id10372	<b>(Id10372) Did the baby/ child have a very large head at time of birth?</b> This question should be asked only if the child was less than 1 year old when it died.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	Id10394
Id10373	<b>(Id10373) Did the baby/ child have a very small head at time of birth?</b> This question should be asked only if the child was less than 1 year old when it died.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	



ID	Question	Answer(s)	Skip To
Id10394	(Id10394) How many births, including stillbirths, did the baby's mother have before this baby? For don't know, enter "99." For refused, enter "88."		
		Birth(s)	<input type="text"/> <input type="text"/> <input type="text"/>

### Health service utilisation

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

ID	Question	Answer(s)	Skip To
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"/>
Id10424	(Id10424) Did (s)he receive (or need) antiretroviral therapy (ART)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10425	(Id10425) Did (s)he have (or need) an operation for the illness?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> Id10427 <input type="text"/> Id10427 <input type="text"/> 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"/>

ID	Question	Answer(s)	Skip To
Id10427	(Id10427) Was (s)he discharged from hospital very ill?		
		<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"/>
Id10428	(Id10428) Did (s)he receive any immunizations?		
		<input type="radio"/> Yes	<input type="text"/>
		<input type="radio"/> No	Id10432
		<input type="radio"/> Doesn't know	Id10432
		<input type="radio"/> Refused to answer	Id10432
Id10429	(Id10429) Do you have the child's vaccination card? In some countries, the vaccination card is called the "Road to Health" card.		
		<input type="radio"/> Yes	<input type="text"/>
		<input type="radio"/> No	Id10432
		<input type="radio"/> Doesn't know	Id10432
		<input type="radio"/> Refused to answer	Id10432
Id10430	(Id10430) Can I see the vaccination card (note the vaccines the child received)? Only fill in the vaccination sheet if the respondent has the vaccination card at the present moment during the VA interview; the interviewer should fill in the vaccination sheet, not the respondent.		
		<input type="radio"/> Yes	<input type="text"/>
		<input type="radio"/> No	Id10432
		<input type="radio"/> Doesn't know	Id10432
		<input type="radio"/> Refused to answer	Id10432

ID	Question	Answer(s)	Skip To
Id10431	(Id10431) Select EPI vaccines done	<input type="checkbox"/> BCG <input type="checkbox"/> DPT 1,2,3 <input type="checkbox"/> Hep B <input type="checkbox"/> Hib <input type="checkbox"/> Meningitis <input type="checkbox"/> Penta 1,2,3 <input type="checkbox"/> Pneumo <input type="checkbox"/> Polio 1,2,3 <input type="checkbox"/> Rota <input type="checkbox"/> No Vaccines <input type="checkbox"/> Doesn't know <input type="checkbox"/> Refused to answer	                    
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	 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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Id10435	(Id10435) Did a health care worker tell you the cause of death?	
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- |   |                              |
|---|------------------------------|
| <input type="radio"/> Yes               | <input type="text"/>         |
| <input type="radio"/> No                | Id10437 <input type="text"/> |
| <input type="radio"/> Doesn't know      | Id10437 <input type="text"/> |
| <input type="radio"/> Refused to answer | Id10437 <input type="text"/> |



ID	Question	Answer(s)	Skip To
Id10439_check	(Id10439_check) [Is the date of the most recent (last) visit available?]		
		<input type="radio"/> Yes	
		<input type="radio"/> No	Id10445
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"/>	
Id10445	(Id10445) Has the deceased's (biological) mother ever been tested for HIV?		
		<input type="radio"/> Yes	
		<input type="radio"/> No	
		<input type="radio"/> Doesn't know	
		<input type="radio"/> Refused to answer	
Id10446	(Id10446) Has the deceased's (biological) mother ever been told she had HIV/AIDS by a health worker?		
		<input type="radio"/> Yes	
		<input type="radio"/> No	
		<input type="radio"/> Doesn't know	
		<input type="radio"/> Refused to answer	

## Background and context

Id10450	(Id10450) In the final days before death, did s/he travel to a hospital or health facility? Enter "yes" if the deceased was a stillbirth delivered in a health facility or a live birth delivered in a health facility that died before leaving the facility.		
		<input type="radio"/> Yes	
		<input type="radio"/> No	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>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10456	<p><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>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10457	<p><b>(Id10457) In the final days before death, was traditional medicine used?</b></p> <p>For stillbirths answer based on mother's experience.</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10458	<p><b>(Id10458) In the final days before death, did anyone use a telephone or cell phone to call for help?</b></p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Id10459	<p><b>(Id10459) Over the course of illness, did the total costs of care and treatment prohibit other household payments?</b></p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Doesn't know <input type="radio"/> Refused to answer	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

ID	Question	Answer(s)	Skip To

## Death certificate with cause of death

<b>Id10462</b>	<b>(Id10462) Was a death certificate issued?</b>	
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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.

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

<b>Id10463</b>	<b>(Id10463) Can I see the death certificate?</b>	
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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.

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

<b>Id10464</b>	<b>(Id10464) [Record the immediate cause of death from the certificate (line 1a)]</b>	
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<b>Id10465</b>	<b>(Id10465) [Duration (1a):]</b>	
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For all following lines, add duration, if stated.

<b>Id10466</b>	<b>(Id10466) [Record the first antecedent cause of death from the certificate (line 1b)]</b>	
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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.

ID	Question	Answer(s)	Skip To
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	(Id10476) Thank you for your information. Now can you please tell me in your own words about the events that led to the death?	
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Record detailed notes of response; use additional paper as needed. If needed, probe for additional details on when respondent recognized symptoms, care sought, barriers to care, issues with transport, abnormalities, etc.

ID	Question	Answer(s)	Skip To
Id10478	(Id10478) [Select any of the following words that were mentioned as present in the narrative.]	<div> <input type="radio"/> Abdomen <input type="radio"/> Cancer <input type="radio"/> Dehydration <input type="radio"/> Dengue fever <input type="radio"/> Diarrhoea <input type="radio"/> Fever <input type="radio"/> Heart problems <input type="radio"/> Jaundice (yellow skin or eyes) <input type="radio"/> Pneumonia <input type="radio"/> Rash <input type="radio"/> None of the above words were mentioned <input type="radio"/> Don't know </div>	
Id10481	Record time at end of interview.		

hr:

min:

[illegible]