2016 WHO VERBAL AUTOPSY SAMPLE QUESTIONNAIRE

v1.4

Death of a child aged under four weeks

DK= answer means ‘don’t know’
Ref= answer means ‘refused to answer’

World Health Organization

No.	Questions and filters	Answer		Skip	
	1) INFORMATION ABOUT THE PREVALENCE OF MALARIA AND HIV				
10002	Is this an area of high HIV/AIDS prevalence?	High	☐		
		Low	☐		
		Very low	☐		
10003	Is this a region of high malaria prevalence?	High	☐		
		Low	☐		
		Very low	☐		
10004	During which season did (s)he die?	Wet	☐		
		Dry	☐		
		DK	☐		
	2) INFORMATION ABOUT THE RESPONDENT, CONSENT AND TIME OF INTERVIEW				
10007	What is the name of the VA respondent?				
	_____				
10008	What is the respondent's relationship to the deceased?	Parent	☐		
		Child	☐		
		Other	☐		
		Family member	☐		
		Friend	☐		
		Health worker	☐		
		Public official	☐		
		Another relationship	☐		
10009	Did the respondent live with the deceased in the period leading to her/his death?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10010	Name of VA interviewer	_____			

10011	Time at start of interview	hh:mm 24h _____			
10012	Date of interview	DAY	☐☐		
		MONTH	☐☐		
		YEAR	☐☐		
10013	Did the respondent give consent?	YES	☐		
		NO	☐		
	3) INFORMATION ABOUT THE DECEASED				
	3a) Socio-demographic information				
10017	What was the first or given name(s) of the deceased?	_____			
10018	What was the **surname (or family name)** of the deceased?	_____			
10019	What was the sex of the deceased?	MALE	☐		
		FEMALE	☐		
10020	Is the date of birth known?	YES	☐		
		NO	☐	➡	10022
		REF	☐	➡	10022
10021	When was the deceased born?	DAY	☐		
		MONTH	☐		
		YEAR	☐		
10022	Is the date of death known?	YES	☐		
		NO	☐	➡	AAAA
		REF	☐	➡	AAAA
10023	When did (s)he die?	DAY	☐☐		
		MONTH	☐☐		
		YEAR	☐☐		
age_group	What age group corresponds to the deceased?	Neonate	☐		
		Child	☐		
		Adult	☐		

AAAA	Record the age at death of the neonate in days, hours, or minutes	Days:	☐☐		
		Hours	☐☐		
		Minutes	☐☐		
10058	Where did the deceased die?	Hospital	☐		
		Other health facility	☐		
		Home	☐		
		On route to facility or hospital	☐		
		Other	☐		
		DK	☐		
		Ref.	☐		
10051	Is there a need to collect civil registration data on the deceased?	YES	☐		
		NO	☐	➡	10069
10052	What was her/his citizenship / nationality?	Citizen at birth	☐		
		Naturalized citizen	☐		
		Foreign national	☐		
		DK	☐		
10053	What was her/his ethnicity?	_____			
10054	What was his/her place of birth?	_____			
10055	What was his/her place of usual residence (the place where the person lived most of the year)?	_____			
10057	Where did death occur?(specify country, province, district, village)	_____			
10061	What was the name of the father?				
	Surname				
	_____				
	Name				
	_____				
10062	What is the name of the mother?				
	Surname				
	_____				
	Name				
	_____				

	3b) Civil registration information				
10069	Is there a need to collect civil registration numbers on the deceased?	YES	☐		
		NO	☐	➡	10077
10070	Death registration number/certificate				
	_____				
10071	Date of registration	DAY	☐☐		
		MONTH	☐☐		
		YEAR	☐☐		
10072	Place of registration				
	_____				
10073	National identification number of deceased				
	_____				
	4) HISTORY AND DETAILS OF INJURIES/ ACCIDENTS				
10077	Did (s)he suffer from any injury or accident that led to her/his death?	YES	☐		
		NO	☐	➡	10104
		DK	☐	➡	10104
		Ref.	☐	➡	10104
10079	Was it a road traffic accident?	YES	☐		
		NO	☐	➡	10082
		DK	☐	➡	10082
		Ref.	☐	➡	10082
10080	What was her/his role in the road traffic accident?	Pedestrian	☐		
		In car or light vehicle	☐		
		In bus or heavy vehicle	☐		
		On a motorcycle	☐		
		On a pedal cycle	☐		
		Other	☐		

10081	What was the counterpart that was hit during the road traffic accident?	Pedestrian	☐		
		Stationary object	☐		
		Car or light vehicle	☐		
		Bus or heavy vehicle	☐		
		Motorcycle	☐		
		Pedal cycle	☐		
		Other	☐		
10082	Was (s)he injured in a non-road traffic accident?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10083	Was (s)he injured in a fall?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10084	Was there any poisoning?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10085	Did (s)he die of drowning?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10086	Was (s)he injured b a bite or sting of venomous animal?	YES	☐	➡	10088
		NO	☐		
		DK	☐		
		Ref.	☐		

10087	Was (s)he injured by an animal or insect (non-venemous)	YES	☐		
		NO	☐	➡	10089
		DK	☐	➡	10089
		Ref.	☐	➡	10089
10088	What was the animal/insect?	Dog	☐		
		Snake	☐		
		insect or scorpion	☐		
		Other	☐		
		DK	☐		
10089	Was (s)he injured by burns/fire?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10090	Was (s)he subject to violence (homocide, abuse)?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10091	Was (s)he injured by a fire arm?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10092	Was (s)he stabbed, cut or pierced?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10093	Was (s)he strangled?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		

10094	Was (s)he injured by a blunt force?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10095	Was (s)he injured by a force of nature?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10096	Was it electrocution?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10097	Did (s)he encounter any other injury?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10098	Was the injury accidental?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10100	Was the injury or accident intentionally inflicted by someone else?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
	VERIFICATION OF POSSIBLE STILLBIRTH		☐		
10104	Did the baby ever cry?	YES	☐		
		NO	☐	➡	10109
		DK	☐	➡	10109
		Ref.	☐	➡	10109

10105	Did the baby cry immediately after birth, even if only a little bit?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10106	How many minutes after birth did the baby first cry (use 999 for never)?	Minutes	☐☐		
10107	Did the baby stop being able to cry?	YES	☐		
		NO	☐	➡	10109
		DK	☐	➡	10109
		Ref.	☐	➡	10109
10108	How many hours before death did the baby stop crying?	Hours	☐☐		
10109	Did the baby ever move?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10110	Did the baby ever breathe?	YES	☐		
		NO	☐	➡	10114
		DK	☐		
		Ref.	☐		
10111	Did the baby breathe immediately after birth, even a little?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10112	Did the baby have a breathing problem?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		

10113	Was the baby given assistance to breathe at birth?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10114	If the baby didn't show any sign of life, was it born dead?	YES	☐	∴ **Still birth**	
		NO	☐	∴ **Live birth**	
		DK	☐		
		Ref.	☐		
10115	Was there any bruises or signs of injury on the child's body after birth?	YES	☐		
		NO	☐	➡	(If live birth then 10347, if still birth proceed to 10116)
		DK	☐		
		Ref.	☐		
	NOTE: The following question is to be asked only of stillbirths, as confirmed by a YES response to 10114. In the case of a live birth (No to 10114) do not ask 10116 but proceed to 10351.				

10116	Was the baby's body soft pulpy and discloured and the skin peeling away?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
	5) MEDICAL HISTORY ASSOCIATED WITH THE FINAL ILLNESS				
	5a) Duration of final illness				
10351	How old was the baby when the fatal illness started?	Days:	☐☐		
10408	Before the illness that led to death, was the baby/the child growing normally?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10120	For how many days was (s)he ill before (s)he died?	Days:	☐☐		
10122	For how many weeks was (s)he ill before (s)he died?	Weeks:	☐☐		
10123	Did (s)he die suddenly?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
	5b) General signs and symptoms associated with final illness				
10147	Did (s)he have a fever?	YES	☐		
		NO	☐	➡	10153
		DK	☐	➡	10153
		Ref.	☐	➡	10153
10148	For how many days did the fever last?	Days:	☐☐		
10149	Did the fever continue until death?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		

10153	Did (s)he have a cough?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10158	Did (s)he make a whooping sound when coughing?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10159	Did (s)he have any difficulty breathing?	YES	☐		
		NO	☐	➡	10166
		DK	☐	➡	10166
		Ref.	☐	➡	10166
10161	For how many days did the difficulty breathing last?	Days:	☐☐		
10166	During the illness that led to death, did (s)he have fast breathing?	YES	☐		
		NO	☐	➡	10168
		DK	☐	➡	10168
		Ref.	☐	➡	10168
10167	For how many days did the fast breathing last?	Days:	☐☐		
10168	Did (s)he have breathlessness?	YES	☐		
		NO	☐	➡	10172
		DK	☐	➡	10172
		Ref.	☐	➡	10172
10169	For how many days did the breathlessness last?	Days:	☐☐		
10172	Did you see the lower chest wall/ribs being pulled in as the child breathed?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		

10173	During the illness that led to death did his/her breathing sound like any of the following:	Stridor	☐		
		Grunting	☐		
		Wheezing	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10181	Did (s)he have more frequent loose or liquid stools than usual?	YES	☐		
		NO	☐	➡	10188
		DK	☐	➡	10188
		Ref.	☐	➡	10188
10183	How many stools did the baby or child have on the day that loose liquid stools were most frequent?	Stools:	☐☐		
10184	How many days before death did the frequent loose or liquid stools start?	Days:	☐☐		
10186	At any time during the final illness was there blood in the stool?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10188	Did (s)he vomit?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10189	Did (s)he vomit in the week preceding death?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		

10214	Was (s)he unconscious during the illness that led to death?	YES	☐		
		NO	☐	➡	10219
		DK	☐	➡	10219
		Ref.	☐	➡	10219
10215	Was (s)he unconscious for more than 24 hours before death?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10219	Did (s)he have convulsions?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10233	During the illness that led to death, did (s)he have any skin rash?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10239	During the illness that led to death, did (s)he have areas of the skin turn black?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10240	During the illness that led to death, did (s)he have areas of the skin with redness or swelling?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10241	During the illness that led to death, did (s)he have bleed anywhere?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		

10265	Did (s)he have yellow discoloration of the eyes?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
	5c) Signs and symptoms associated with child and neonatal deaths				
10271	Was the baby able to suckle or bottle-feed within the first 24 hours after birth?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10272	Did the baby ever suckle in a normal way?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10273	Did the baby stop suckling?	YES	☐		
		NO	☐	➡	10275
		DK	☐	➡	10275
		Ref.	☐	➡	10275
10274	How many days after birth did the baby stop suckling?	Days:	☐☐		
10275	Did the baby have convulsions in the first 24 hours of life?	YES	☐	➡	10277
		NO	☐		
		DK	☐		
		Ref.	☐		
10276	Did the baby have convulsions starting more than 24 hrs after birth?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		

10277	Did the baby's body become stiff, with the head arched backwards?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10278	During the illness that led to death did the baby have a bulging or raised fontanelle?	YES	☐	➡	10284
	(ask only up to 18 months)	NO	☐		
		DK	☐		
		Ref.	☐		
10279	During the illness that led to death did the baby have a sunken fontanelle?	YES	☐		
	(ask only up to 18 months)	NO	☐		
		DK	☐		
		Ref.	☐		
10281	During the illness that led to death, did the baby become unresponsive or unconscious?	YES	☐		
		NO	☐	➡	10284
		DK	☐	➡	10284
		Ref.	☐	➡	10284
10282	Did the baby become unresponsive or unconscious soon after birth, within less than 24 hours?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10283	Did the baby become unresponsive or unconscious more than 24 hours after birth?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		

10284	During the illness that led to death did the baby become cold to touch?	YES	☐		
		NO	☐	➡	10286
		DK	☐	➡	10286
		Ref.	☐	➡	10286
10285	How many days old was the baby when it started feeling cold to touch?	Days:	☐☐		
10286	During the illness that led to death did the baby become lethargic after a period of normal activity?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10287	Did the baby have redness or pus drainage from the umbilical cord stump?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10288	During the illness that led to death did the baby have skin ulcers or pits?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10289	During the illness that led to death did the baby have yellow skin, palms (hand) or soles (foot)?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10290	Did the baby appear healthy and then just die suddenly?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		

10347	Was the baby born more than one month early?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10354	Was the child part of a multiple birth?	YES	☐		
		NO	☐	➡	10356
		DK	☐	➡	10356
		Ref.	☐	➡	10356
10355	Was the child the first, second, or later in the birth order?	First	☐		
		Second or later	☐		
10356	Is the mother still alive?	YES	☐	➡	10360
		NO	☐		
		DK	☐		
		Ref.	☐		
10357	Did the mother die during or after the delivery?	During delivery	☐	➡	10360
		After delivery	☐		
10358	How many months after delivery did the mother die?	Months:	☐☐		
10359	How many days after delivery did the mother die?	Days:	☐☐		
10360	Where was the deceased born?	Hospital	☐		
		Other health facility	☐		
		Home	☐		
		On route to hospital or facility	☐		
		Other	☐		
		DK	☐		
		Ref	☐		

10361	Did the mother receive professional assistance during the delivery?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10362	At birth was the baby of usual size?	YES	☐	➡	10365
		NO	☐		
		DK	☐		
		Ref.	☐		
10363	At birth was the baby smaller than usual (weighing under 2.5 kgs)?	YES	☐		
		NO	☐	➡	10365
		DK	☐	➡	10365
		Ref.	☐	➡	10365
10364	At birth was the baby very much smaller than usual (weighing under 1 kg)?	YES	☐	➡	10366
		NO	☐	➡	10366
		DK	☐	➡	10366
		Ref.	☐	➡	10366
10365	At birth was the baby larger than usual (weighing over 4.5 kgs)?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10366	What was the weight in grammes of the deceased at birth?	GRAMMES	☐☐☐		
		Don't know	☐		
10367	How many months long was the pregnancy before birth?	Months:	☐☐		
		Don't Know	☐		

10368	Were there any complications in the late part of the pregnancy (defined as the last 3 months before labour)?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10369	Were there any complications during labour or delivery?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10370	Was any part of the baby physically abnormal at time of delivery?	YES	☐		
	(for example body part too large or too small)	NO	☐	➡	10376
		DK	☐		
		Ref.	☐		
10371	Did the baby/child have swelling or a defect on the back at time of birth?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10372	Did the baby/child have a very large head at time of birth?	YES	☐	➡	10376
		NO	☐		
		DK	☐		
		Ref.	☐		
10373	Did the baby/child have a very small head at time of birth?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		

10376	Was the baby moving in the last few days before birth?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10377	Did the baby stop moving in the womb before labour started?	YES	☐		
		NO	☐	➡	10382
		DK	☐		
		Ref.	☐		
10379	How many days before labour did you or the mother last feel the baby move?	Days:	☐☐		
	(maybe the repondent or health worker had examined the mother)				
10380	How many hours before labour did you or the mother last feel the baby move?	Hours:	☐☐		
	(maybe the repondent or health worker had examined the mother)				
10382	How many hours did labour and delivery take?	Hours:	☐☐		
10383	Was the baby born 24 hours or more after the water broke?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10384	Was the liquor foul smelling?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10385	What was the colour of the liquor when the water broke?	Green or brown	☐		
		Clear	☐		
		Other	☐		
		DK	☐		
		Ref			

10387	Was the delivery normal vaginal without forceps or vacuum?	YES	☐	➡	10391
		NO	☐		
		DK	☐		
		Ref.	☐		
10388	Was the delivery vaginal, with forceps or vacuum?	YES	☐	➡	10391
		NO	☐		
		DK	☐		
		Ref.	☐		
10389	Was the delivery a caesarean section?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10391	Did you/the mother receive any vaccinations since reaching adulthood including during this pregnancy?	YES	☐		
		NO	☐	➡	10394
		DK	☐	➡	10394
		Ref.	☐	➡	10394
10392	How many doses?	Doses:	☐☐		
10393	Did the mother receive tetanus toxoid (TT) vaccine?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10394	How many births, including stillbirths did the baby's mother have before this baby?	Births:	☐☐		
10395	During labour, did the baby's mother suffer from fever?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		

10396	During the last 3 months of pregnancy, labour or delivery, did the baby's mother suffer from high blood pressure?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10397	Did the baby's mother have diabetes mellitus?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10398	Did the baby's mother have foul smelling vaginal discharge during pregnancy or after delivery?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10399	During the last 3 months of pregnancy, labour or delivery, did the baby's mother suffer from convulsions?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10400	During the last 3 months of pregnancy did the baby's mother suffer from blurred vision?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10401	Did the baby's mother have severe anemia?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		

10402	Did the baby's mother have vaginal bleeding during the last 3 months of pregnancy but before labour started?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10403	Did the baby's bottom, feet, arm or hand come out of the vagina before its head?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10404	Was the umbilical cord wrapped more than once around the neck of the child at birth?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10405	Was the umbilical cord delivered first?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10406	Was the baby blue in colour at birth?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
	5d) Health service and contextual factors				
10418	Did (s)he receive any treatment for the illness that led to death?	YES	☐		
		NO	☐	➡	10428
		DK	☐	➡	10428
		Ref.	☐	➡	10428

10419	Did (s)he receive oral rehydration salts?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10420	Did (s)he receive (or need) intravenous fluids (drip) treatment?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10421	Did (s)he receive (or need) a blood transfusion?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10422	Did (s)he receive (or need) treatment/food through a tube passed through the nose?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10423	Did (s)he receive (or need) injectable antibiotics?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10424	Did (s)he receive (or need) antiretroviral therapy (ART)?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10425	Did (s)he have (or need) an operation for the illness?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		

10428	Had (s)he received immunisation?	YES	☐		
		NO	☐	➡	10432
		DK	☐	➡	10432
		Ref.	☐	➡	10432
10429	Do you have the child's vaccination card?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10430	Can I see the vaccination card (and note the vaccines the child received)?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10431	Note vaccines here				
	_____				
	_____				
	_____				
	_____				
10432	Was care sought outside the home while (s)he had this illness?	YES	☐		
		NO	☐	➡	10435
		DK	☐	➡	10435
		Ref.	☐	➡	10435
10433	Where or from whom did you seek this care?	traditional healer	☐		
		homeopath	☐		
		religious leader	☐		
		government hospital	☐		
		government health center or clinic	☐		
		private hospital	☐		
		community-based practitioner	☐		

		associated with health system			
		trained birth attendant	☐		
		private physician	☐		
		Relative, friend (outside household)	☐		
		pharmacy	☐		
		Doesn't know	☐		
		Refused to answer	☐		
10434	Record the name and address of any hospital health centre or clinic where help was sought:				
	_____				
	_____				
	_____				
	_____				
10435	Did a health care worker tell you the cause of death?	YES	☐		
		NO	☐	➡	10437
		DK	☐	➡	10437
		Ref.	☐	➡	10437
10436	What did the health care worker say?				
	_____				
	_____				
	_____				
	_____				
10437	Do you have any health care records that belonged to the deceased?	YES	☐		
		NO	☐	➡	10445
		DK	☐	➡	10445
		Ref.	☐	➡	10445

10438	Can I see the health records?	YES	☐		
		NO	☐	➡	10445
		DK	☐	➡	10445
		Ref.	☐	➡	10445
10439	Record the date of the most recent (last) visit	Day	☐☐		
		Month	☐☐		
		Year	☐☐		
10445	Has the deceased's (biological) mother ever been tested for HIV?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10446	Has the deceased's (biological) mother ever been told she had HIV/AIDS by a health worker?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10450	In the final days before death, did s/he travel to a hospital or health facility?	YES	☐		
		NO	☐	➡	10455
		DK	☐	➡	10455
		Ref.	☐	➡	10455
10451	Did (s)he use motorised transport to get to the hospital or health facility?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10452	Were there any problems during admission to the hospital or health facility?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		

10453	Were there any problems with the way (s)he was treated (medical treatment, procedures, interpersonal attitudes, respect, dignity) in the hospital or health facility?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10454	Were there any problems getting medications, or diagnostic tests in the hospital or health facility?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10455	Does it take more than 2 hours to get to the nearest hospital or health facility?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10456	In the final days before death were there any doubts about whether medical care was needed?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10457	In the final days before death, was traditional medicine used?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10458	In the final days before death, did anyone use a telephone or cell phone to call for help?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		

10459	Over the course of illness, did the total costs of care and treatment prohibit other household payments?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		

	5e) Death certificate information				
10462	Was a death certificate issued?	YES	☐		
		NO	☐	➡	10481
		DK	☐	➡	10481
		Ref.	☐	➡	10481
10463	Can I see the death certificate?	YES	☐		
		NO	☐	➡	10481
		DK	☐	➡	10481
		Ref.	☐	➡	10481
10464	Record the immediate cause of death from the certificate (line 1a)				
	_____				
10465	Duration (1a)				
	_____				
10466	Record the first antecedent cause of death from the certificate (line 1b)				
	_____				
10467	Duration (1c)				
	_____				
10468	Record the second antecedent cause of death from the certificate (line 1c)				
	_____				
10469	Duration (1c)				
	_____				
10470	Record the third antecedent cause of death from the certificate (line 1d)				
	_____				
10471	Duration (1d)				
	_____				
10472	Record the contributing cause(s) of death from the certificate (part 2)				
	_____				
10473	Duration (part 2)				

	6) NARRATIVE DESCRIPTION OF FINAL ILLNESS				
10476	NARRATIVE DESCRIPTION _____ _____ _____ _____ _____				
	7) CHECK LIST OF KEY INDICATORS FROM THE NARRATIVE DESCRIPTION				
10479	Are any of the following words of interest mentioned in the above narrative?	Asphyxia	☐		
		Incubator	☐		
		Lung problem	☐		
		Pneumonia	☐		
		Preterm delivery	☐		
		Respiratory distress	☐		
		None of the above words were mentioned	☐		
		Don't know	☐		
10481	Time at end of interview: _____				