2016 WHO VERBAL AUTOPSY SAMPLE QUESTIONNAIRE

v1.4

Death of a person aged 12 years and above

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 relation ship	☐		
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?	FEMALE	☐		
		MALE	☐		
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	☐	➡	10058
		REF	☐	➡	10058
10023	When did (s)he die?	DAY	☐☐		
		MONTH	☐☐		
		YEAR	☐☐		
age_ adult	Enter adult's age in years:	_____			
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 citiz en	☐		
		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)?				
10056	What was her/his place of normal residence 1 to 5 years before death?				
10057	Where did death occur? (specify country, province, district, village)				
10059	What was her/his marital status?	single	☐	➡	10063
		married	☐		
		life partner	☐	➡	10063
		divorced	☐		
		widowed	☐		
		too young to be married	☐	➡	10063
		Doesn't know	☐	➡	10063
		Refused to ans wer	☐	➡	10063
10060	What was the date of the marriage?	DAY	☐☐		
		MONTH	☐☐		
		YEAR	☐☐		

10063	What was her/his highest level of schooling?	no formal education	☐		
		primary school	☐		
		secondary school	☐		
		higher than secondary school	☐		
		Doesn't know	☐		
		Refused to answer	☐		
10064	Was (s)he able to read and write? (select 'yes' also if only one of either reading or writing is known to the respondent)	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10065	What was her/his economic activity status in year prior to death?	Mainly unemployed	☐		
		Mainly employed	☐		
		Home-maker	☐		
		Pensioner	☐		
		Student	☐		
		Other	☐		
		DK	☐		
		Ref.	☐		
10066	What was her/his occupation, that is, what kind of work did (s)he mainly do?				
	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	☐	➡	10120
		DK	☐	➡	10120
		Ref.	☐	➡	10120
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?	Driver or passenger in bus or heavy vehicle	☐		
		Driver or passenger in a car or light vehicle	☐		
		Driver or passenger on a motor cycle	☐		
		Driver or passenger on a pedal cycle	☐		
		Pedestrian	☐		
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 transport 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 by a bite or sting of venomous animal?	YES	☐	➡	10088
		NO	☐		
		DK	☐		
		Ref.	☐		
10087	Was (s)he injured by an animal or insect (non-venomous)	YES	☐		
		NO	☐	➡	10089
		DK	☐	➡	10089
		Ref.	☐	➡	10089
10088	What was the animal/insect?	Dog	☐		
		Snake	☐		
		insect or scorpio n	☐		
		Other	☐		
		DK	☐		
10089	Was (s)he injured by burns/fire?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10090	Was (s)he subject to violence (suicide, homicide, abus e)?	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	Was (s)he injured by some other injury?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10098	Was the injury accidental?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		

10099	Was the injury or accident self-inflicted?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10100	Was the injury or accident intentionally inflicted by someone else?	Yes	☐		
		No	☐		
		DK	☐		
		Ref	☐		
5. MEDICAL HISTORY ASSOCIATED WITH FINAL ILLNESS					
	5a. Duration of final illness				
10120	For how many days was (s)he ill before (s)he died?	Days:	☐☐		
10121	For how many months was (s)he ill before (s)he died?	Months:	☐☐		
10123	Did (s)he die suddenly?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
	5b. History of diseases likely to be associated with or the cause of death				
10125	Was there any diagnosis by a health professional of tuberculosis?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10126	Was a HIV test ever positive?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10127	Was there any diagnosis by a health professional of £ AIDS?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		

10128	Did (s)he have a recent positive test by a health professional for malaria?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10129	Did (s)he have a recent negative test by a health professional for malaria?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10130	Was there any diagnosis by a health professional of dengue fever?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10131	Was there any diagnosis by a health professional of measles?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10132	Was there any diagnosis by a health professional of high blood pressure?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10133	Was there any diagnosis by a health professional of heart disease?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10134	Was there any diagnosis by a health professional of diabetes?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10135	Was there any diagnosis by a health professional of asthma?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		

10136	Was there any diagnosis by a health professional of epilepsy?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10137	Was there any diagnosis by a health professional of cancer?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10138	Was there any diagnosis by a health professional of Chronic Obstructive Pulmonary Disease (COPD)?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10139	Was there any diagnosis by a health professional of dementia?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10140	Was there any diagnosis by a health professional of depression?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10141	Was there any diagnosis by a health professional of stroke?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10142	Was there any diagnosis by a health professional of sickle cell disease?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10143	Was there any diagnosis by a health professional of kidney disease?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		

10144	Was there any diagnosis by a health professional of liver disease?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
	5c. General signs and symptoms associated with final illness				
10147	Did (s)he have a fever?	YES	☐		
		NO	☐	➡	10152
		DK	☐	➡	10152
		Ref.	☐	➡	10152
10148	For how many days did the fever last?	Days:	☐☐		
10149	Did the fever continue until death?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10150	How severe was the fever?	Mild	☐		
		Moderate	☐		
		Severe	☐		
10151	What was the pattern of the fever?	Continuous	☐		
		On and off	☐		
		Only at night	☐		
		DK	☐		
		Ref.	☐		
10152	Did (s)he have night sweats?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10153	Did (s)he have a cough?	YES	☐		
		NO	☐	➡	10159
		DK	☐	➡	10159
		Ref.	☐	➡	10159
10154	For how many days did (s)he have a cough?	DAYS	☐☐		

10155	Was the cough productive, with sputum?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10156	Was the cough very severe?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10157	Did (s)he cough up blood?	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	☐☐		
10162	For how many months did the difficulty breathing last?	MONTHS	☐☐		
10163	For how many years did the difficulty breathing last?	YEARS	☐☐		
10165	Was the difficulty continuous or on and off?	Continuous	☐		
		On and off	☐		
		DK	☐		
		Ref.	☐		
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	☐	➡	10173
		DK	☐	➡	10173
		Ref.	☐	➡	10173
10169	For how many days did (s)he have breathlessness?	DAYS	☐☐		

10170	Was (s)he unable to carry out daily routines due to breathlessness?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10171	Was (s)he breathless while lying flat?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10173	During the illness that led to death did his/her breathing sound like any of the following:	Wheezing	☐		
	(Note: The Stridor and Grunting sounds will not be relevant for deaths of adults)	Stridor	☐		
		Grunting	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10174	Did (s)he have chest pain?	YES	☐		
		NO	☐	➡	10181
		DK	☐	➡	10181
		Ref.	☐	➡	10181
10175	Was the chest pain severe?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10176	How many days before death did (s)he have chest pain?	DAYS	☐☐		
10178	How many minutes did the pain last?	MINUTES	☐☐		
10179	How many hours did the pain last?	HOURS	☐☐		
10181	Did (s)he have more frequent loose or liquid stools than usual?	YES	☐		
		NO	☐	➡	10186
		DK	☐	➡	10186
		Ref.	☐	➡	10186
10182	For how many days did (s)he have frequent loose or liquid stools?	DAYS	☐☐		

10186	At any time during the final illness was there blood in t he stools?	YES	☐		
		NO	☐	➡	10188
		DK	☐	➡	10188
		Ref.	☐	➡	10188
10187	Was there blood in the stool up until death?	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	☐	➡	10194
		DK	☐	➡	10194
		Ref.	☐	➡	10194
10190	For how many days before death did (s)he vomit?	DAYS	☐☐		
10192	Was the vomit black?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10193	Did (s)he have any belly (abdominal) problems?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10194	Did (s)he have belly (abdominal) pain?	YES	☐		
		NO	☐	➡	10200
		DK	☐	➡	10200
		Ref.	☐	➡	10200
10195	Was the belly (abdominal) pain severe?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		

10196	For how long before death did (s)he have severe abdominal pain?	HOURS	☐☐		
		DAYS	☐☐		
		WEEKS	☐☐		
		MONTHS	☐☐		
10199	Was the pain in the upper or lower abdomen?	Upper abdomen	☐		
		Lower abdomen	☐		
		Upper and lower abdomen	☐		
		DK	☐		
		Ref.	☐		
10200	Did (s)he have a more than usually protruding abdomen?	YES	☐		
		NO	☐	➡	10204
		DK	☐	➡	10204
		Ref.	☐	➡	10204
10201	For how many days did (s)he have a more than usually protruding abdomen?	DAYS	☐☐		
10202	For how many months did (s)he have a more than usually protruding abdomen?	MONTHS	☐☐		
10203	How rapidly did (s)he develop the protruding abdomen ?	Rapidly	☐		
		Slowly	☐		
10204	Did (s)he have any mass in the abdomen?	YES	☐		
		NO	☐	➡	10207
		DK	☐	➡	10207
		Ref.	☐	➡	10207
10205	For how many days before death did (s)he have a mass in the abdomen?	DAYS	☐☐		
10206	For how many months before death did (s)he have a mass in the abdomen?	MONTHS	☐☐		
10207	Did (s)he have a severe headache?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10208	Did (s)he have a stiff neck during illness that led to death?	YES	☐		
		NO	☐	➡	10210
		DK	☐	➡	10210
		Ref.	☐	➡	10210

10209	For how many days before death did (s)he have stiff neck?	DAYS	☐☐		
10210	Did (s)he have a painful neck during the illness that led to death?	YES	☐		
		NO	☐	➡	10212
		DK	☐	➡	10212
		Ref.	☐	➡	10212
10211	For how many days before death did (s)he have a painful neck?	DAYS	☐☐		
10212	Did (s)he have mental confusion?	YES	☐		
		NO	☐	➡	10214
		DK	☐	➡	10214
		Ref.	☐	➡	10214
10213	For how many months did (s)he have mental confusion?	MONTHS	☐☐		
10214	Was (s)he unconscious during the illness that led to death?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10215	Was (s)he unconscious for more than 24 hours before death?	YES	☐		
		NO	☐	➡	10219
		DK	☐	➡	10219
		Ref.	☐	➡	10219
10217	Did the unconsciousness start suddenly, quickly (at least within a single day)?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10218	Did the unconsciousness continue until death?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10219	Did (s)he have convulsions?	YES	☐		
		NO	☐	➡	10223
		DK	☐	➡	10223
		Ref.	☐	➡	10223
10221	For how many minutes did the convulsions last?	MINUTES	☐☐		

10222	Did (s)he become unconscious immediately after the convulsion?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10223	Did (s)he have any urine problems?	YES	☐		
		NO	☐	➡	10227
		DK	☐	➡	10227
		Ref.	☐	➡	10227
10224	Did (s)he stop urinating?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10225	Did (s)he go to urinate more often than usual?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10226	During the final illness did (s)he ever pass blood in the urine?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10227	Did (s)he have sores or ulcers anywhere on the body?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10228	Did (s)he have sores?	YES	☐		
		NO	☐	➡	10230
		DK	☐	➡	10230
		Ref.	☐	➡	10230
10229	Did the sores have clear fluid or pus?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		

10230	Did (s)he have an ulcer (pit) on the foot?	YES	☐		
		NO	☐	➡	10233
		DK	☐	➡	10233
		Ref.	☐	➡	10233
10231	Did the ulcer on the foot ooze pus?	YES	☐		
		NO	☐	➡	10233
		DK	☐	➡	10233
		Ref.	☐	➡	10233
10232	For how many days did the ulcer on the foot ooze pus?	DAYS	☐☐		
10233	During the illness that led to death, did (s)he have any skin rash?	YES	☐		
		NO	☐	➡	10237
		DK	☐	➡	10237
		Ref.	☐	➡	10237
10234	For how many days did (s)he have the skin rash?	DAYS	☐☐		
10235	Where was the rash?	Face	☐		
		Trunk or abdomen	☐		
		Extremities	☐		
		Everywhere	☐		
10236	Did (s)he have measles rash (use local term)?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10237	Did (s)he ever have shingles or herpes zoster?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10238	During the illness that led to death did his/her skin flake off in patches?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		

10241	During the illness that led to death, did (s)he bleed from anywhere?	YES	☐		
		NO	☐	➡	10243
		DK	☐	➡	10243
		Ref.	☐	➡	10243
10242	Did (s)he bleed from the nose, mouth or anus?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10243	Did (s)he have noticeable weight loss?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10244	Was (s)he severely thin or wasted?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10245	During the illness that led to death, did s/he have a whitish rash inside the mouth or on the tongue?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10246	Did (s)he have stiffness of the whole body or was unable to open the mouth?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10247	Did (s)he have puffiness of the face?	YES	☐		
		NO	☐	➡	10249
		DK	☐	➡	10249
		Ref.	☐	➡	10249
10248	For how many days did (s)he have puffiness of the face?	DAYS	☐☐		
10249	During the illness that led to death, did (s)he have swollen legs or feet?	YES	☐		
		NO	☐	➡	10252
		DK	☐	➡	10252
		Ref.	☐	➡	10252
10250	How many days did the swelling last?	DAYS	☐☐		

10251	Did (s)he have both feet swollen?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10252	Did (s)he have general puffiness all over his/her body?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10253	Did (s)he have any lumps?	YES	☐		
		NO	☐	➡	10258
		DK	☐	➡	10258
		Ref.	☐	➡	10258
10254	Did (s)he have any lumps or lesions in the mouth?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10255	Did (s)he have any lumps on the neck?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10256	Did (s)he have any lumps on the armpit?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10257	Did (s)he have any lumps on the groin?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10258	Was (s)he in any way paralysed?	YES	☐		
		NO	☐	➡	10261
		DK	☐	➡	10261
		Ref.	☐	➡	10261

10259	Did s(he) have paralysis of only one side of the body?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10260	Which were the limbs or body parts paralysed?	Right side	☐		
		Left side	☐		
		Lower part of b ody	☐		
		Upper part of b ody	☐		
		One leg only	☐		
		One arm only	☐		
		Whole body	☐		
		Other	☐		
10261	Did (s)he have difficulty swallowing?	YES	☐		
		NO	☐	➡	10264
		DK	☐	➡	10264
		Ref.	☐	➡	10264
10262	For how many days before death did (s)he have difficulty swallowing?	DAYS	☐☐		
10263	Was the difficulty with swallowing with solids, liquids, or both?	Solids	☐		
		Liquids	☐		
		Both	☐		
10264	Did (s)he have pain upon swallowing?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10265	Did (s)he have yellow discoloration of the eyes?	YES	☐		
		NO	☐	➡	10267
		DK	☐	➡	10267
		Ref.	☐	➡	10267
10266	For how many days did (s)he have the yellow discoloration?	DAYS	☐☐		

10267	Did her/his hair change in color to a reddish or yellowish color?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10268	Did (s)he look pale (thinning/lack of blood) or have pale palms, eyes or nail beds?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10270	Did (s)he drink a lot more water than usual?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
	CHECK SEX OF THE DECEASED (QUESTION 10019):				
	IF FEMALE continue with the following section				
	IF MALE skip to Risk Factor section, No. 10411				
	5d. Signs and symptoms relevant to maternal deaths				
10294	Did she have any swelling or lump in the breast?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10295	Did she have any ulcers (pits) in the breast?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10296	Did she ever have a period or menstruate?	YES	☐		
		NO	☐	➡	10304
		DK	☐	➡	10304
		Ref.	☐	➡	10304

10297	Did she have vaginal bleeding in between menstrual periods?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10298	Was the bleeding excessive?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10299	Did her menstrual period stop naturally because of menopause?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10300	Did she have vaginal bleeding after cessation of menstruation?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10301	Was there excessive vaginal bleeding in the week prior to death?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10302	At the time of death was her period overdue?	YES	☐		
		NO	☐	➡	10304
		DK	☐	➡	10304
		Ref.	☐	➡	10304
10303	For how many weeks had her period been overdue?	WEEKS	☐☐		
10304	Did she have a sharp pain in her abdomen shortly before death?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10305	Was she pregnant at the time of death?	YES	☐	➡	10309
		NO	☐		
		DK	☐		
		Ref.	☐		

10306	Did she die within 6 weeks of delivery, abortion or miscarriage?	YES	☐	➡	10312
		NO	☐		
		DK	☐		
		Ref.	☐		
10307	Did this woman die more than 42 days after being pregnant or delivering a baby?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10308	Was this a woman who died less than 1 year after being pregnant or delivering a baby?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10309	For how many months was she pregnant?	MONTHS	☐☐		
10310	Please confirm: you said she was NOT pregnant and had NOT recently been pregnant or delivered when she died is that right?	YES	☐	➡	10411
	Note: This question is to be asked if the responses to 10305 , 10306, 10307 and 10308 are all NO	NO	☐		
		DK	☐		
		Ref.	☐		
10312	Did she die during labour or delivery?	YES	☐	➡	10316
		NO	☐		
		DK	☐		
		Ref.	☐		
10313	Did she die after delivering a baby?	YES	☐		
		NO	☐	➡	10315
		DK	☐	➡	10315
		Ref.	☐	➡	10315
10314	Did she die within 24 hours after delivery?	YES	☐	➡	10316
		NO	☐		
		DK	☐		
		Ref.	☐		
10315	Did she die within 6 weeks of childbirth?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		

10316	Did she give birth to a live baby (within 6 weeks of death)?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10317	Did she die during or after a multiple pregnancy?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10318	Was she breastfeeding the child in the days before death?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10319	How many births, including stillbirths, did she/the mother have before this baby?	TIMES	☐☐	IF 0 ➡	10321
10320	Had she had any previous Caesarean section?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10321	During pregnancy, did she suffer from high blood pressure?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10322	Did she have foul smelling vaginal discharge during pregnancy or after delivery?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10323	During the last 3 months of pregnancy, did she suffer from convulsions?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		

10324	During the last 3 months of pregnancy did she suffer from blurred vision?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10325	Did bleeding occur while she was pregnant?	YES	☐		
		NO	☐	➡	10328
		DK	☐	➡	10328
		Ref.	☐	➡	10328
10326	Was there vaginal bleeding during the first 6 months of pregnancy?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10327	Was there vaginal bleeding during the last 3 months of pregnancy but before labour started?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10328	Did she have excessive bleeding during labour or delivery?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10329	Did she have excessive bleeding after delivery or abortion?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10330	Was the placenta completely delivered?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10331	Did she deliver or try to deliver an abnormally positioned baby?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10332	For how many hours was she in labour?	HOURS	☐☐		

10333	Did she attempt to terminate the pregnancy?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10334	Did she recently have a pregnancy that ended in an abortion (spontaneous or induced)?	YES	☐		
		NO	☐	➡	10337
		DK	☐	➡	10337
		Ref.	☐	➡	10337
10335	Did she die during an abortion?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10336	Did she die within 6 weeks of having an abortion?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10337	Where did she give birth?	Hospital	☐		
		Other health fac ility	☐		
		Home	☐		
		On route to hos pital or facility	☐		
		Other	☐		
10338	Did she receive professional assistance during the delivery?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		

10339	Who delivered the baby?	Doctor	☐		
		Midwife	☐		
		Nurse	☐		
		Relative	☐		
		Self (the mother)	☐		
		Traditional birth attendant	☐		
		Other	☐		
		DK	☐		
		Ref	☐		
10340	Did she have an operation to remove her uterus shortly before death?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10342	Was the delivery normal vaginal, without forceps or vacuum?	YES	☐	➡	10347
		NO	☐		
		DK	☐		
		Ref.	☐		
10343	Was the delivery vaginal, with forceps or vacuum?	YES	☐	➡	10347
		NO	☐		
		DK	☐		
		Ref.	☐		
10344	Was the delivery a Caesarean section?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10347	Was the baby born more than one month early?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		

	5e. RISK FACTORS				
10411	Did (s)he drink alcohol?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10412	Did (s)he use tobacco?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10413	Did (s)he consume tobacco (cigarette, cigar, pipe, etc.)?	YES	☐		
		NO	☐	➡	10418
		DK	☐	➡	10418
		Ref.	☐	➡	10418
10414	What kind of tobacco did (s)he use?	Cigarettes	☐		
		Pipe	☐		
		Chewing tobacco	☐		
		Local form of tobacco	☐		
		Other	☐		
10415	How many cigarettes did (s)he smoke daily?	NUMBER	☐☐		
	5f. Health service and contextual factors				
10418	Did (s)he receive any treatment for the illness that led to death?	YES	☐		
		NO	☐	➡	10432
		DK	☐	➡	10432
		Ref.	☐	➡	10432
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	☐	➡	10427
		DK	☐	➡	10427
		Ref.	☐	➡	10427
10426	Did (s)he have the operation within 1 month before death?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
10427	Was (s)he discharged from hospital very ill?	YES	☐		
		NO	☐		
		DK	☐		
		Ref.	☐		
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	☐	➡	10450
		DK	☐	➡	10450
		Ref.	☐	➡	10450

10438	Can I see the health records?	YES	☐		
		NO	☐	➡	10450
		DK	☐	➡	10450
		Ref.	☐	➡	10450
10439	Record the date of the most recent (last) visit	Day	☐☐		
		Month	☐☐		
		Year	☐☐		
10440	Record the date of the second most recent visit	Day	☐☐		
		Month	☐☐		
		Year	☐☐		
10441	Record the date of the last note on the health records.	Day	☐☐		
		Month	☐☐		
		Year	☐☐		
10442	Record the weight (in kg) written at the most recent (last/final) visit	Kilos:	☐☐		
10443	Record the weight (in kg) written at the second most recent visit	Kilos:	☐☐		
10444	Transcribe the last note on the health records (including any/all diagnoses mentioned on the health record)				
	_____				
	_____				
	_____				
	_____				
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.	☐		

	5g. Information from death certificate				
10462	Was a death certificate issued?	YES	☐		
		NO	☐	➡	10476
		DK	☐	➡	10476
		Ref.	☐	➡	10476
10463	Can I see the death certificate?	YES	☐		
		NO	☐	➡	10476
		DK	☐	➡	10476
		Ref.	☐	➡	10476
10464	Record the immediate cause of death from the certifica te (line 1a)				
10465	Duration (1a)				
10466	Record the first antecedent cause of death from the ce rtificate (line 1b)				
10467	Duration (1c)				
10468	Record the second antecedent cause of death from th e certificate (line 1c)				
10469	Duration (1c)				
10470	Record the third antecedent cause of death from the c ertificate (line 1d)				
10471	Duration (1d)				
10472	Record the contributing cause(s) of death from the cert ificate (part 2)				
10473	Duration (part 2)				
	_____				

	6. NARRATIVE DESCRIPTION OF FINAL ILLNESS				
10476	NARRATIVE DESCRIPTION				
	_____				
	_____				
	_____				
	_____				
	_____				
	_____				
	_____				
	_____				
	_____				
	_____				
	_____				
	_____				
	7. CHECK LIST OF KEY INDICTORS FROM THE NARRATIVE DE SCRIPTION				
10477	Are any of the following words of interest mentioned in the above narrative?	Chronic kidney disease	☐		
		Dialysis	☐		
		Fever	☐		
		Heart attack	☐		
		Heart problem	☐		
		Jaundice	☐		
		Liver failure	☐		
		Malaria	☐		
		Pneumonia	☐		
		Renal (kidney) f ailure	☐		
		Suicide	☐		
		None of the wor ds above were mentioned	☐		
		Don’t know	☐		
10481	Time at end of interview:	☐☐ ☐☐			