|  |
| --- |
| **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’ |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 |  |  |  |
| 1. **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 |  |  |  |
| 1. **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 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)? |  |  |  |  |
|  |  |  |  |  |  |
| 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 answer |  | ➡ | 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 |  |  |  |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
|  | 1. **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 motorcycle |  |  |  |
|  |  | 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 scorpion |  |  |  |
|  |  | Other |  |  |  |
|  |  | DK |  |  |  |
| 10089 | Was (s)he injured by burns/fire? | YES |  |  |  |
|  |  | NO |  |  |  |
|  |  | DK |  |  |  |
|  |  | Ref. |  |  |  |
| 10090 | Was (s)he subject to violence (suicide, homicide, 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 | 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 |  |  |  |
| 1. **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 the 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 body |  |  |  |
|  |  | Upper part of body |  |  |  |
|  |  | 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 facility |  |  |  |
|  |  | Home |  |  |  |
|  |  | On route to hospital 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 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) |  |  |  |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1. **NARRATIVE DESCRIPTION OF FINAL ILLNESS** | |  |  |  |
| 10476 | NARRATIVE DESCRIPTION |  |  |  |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |  |  |  |
|  | 1. **CHECK LIST OF KEY INDICTORS FROM THE NARRATIVE DESCRIPTION** | |  |
| 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) failure |  |
|  |  | Suicide |  |
|  |  | None of the words above were mentioned |  |
|  |  | Don’t know |  |
| 10481 | Time at end of interview: |  |  |