|  |
| --- |
| **2016 WHO VERBAL AUTOPSY**  **SAMPLE QUESTIONNAIRE**  V1.4 |
| ***Death of a child aged four weeks to 11 years*** |
| 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 |  |  |  |
|  | **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 | What is the name of the 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(s) 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 |  |  |  |
| AAAA | Please indicate the age of the child in months or years | Months |  |  |  |
|  |  | Years |  |  |  |
| age\_group | What age group corresponds to the deceased? | Neonate |  |  |  |
|  |  | Child |  |  |  |
|  |  | Adult |  |  |  |
| 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 his/her place of usual residence 1 to 5 years before death? |  |  |  |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| 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 |  |  |  |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| 10063 | What was her/his highest level of schooling? | no formal education |  |  |  |
|  |  | primary 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 d (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 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 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 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 (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 |  |  |  |
|  | **5) MEDICAL HISTORY ASSOCIATED WITH THE FINAL ILLNESS** | | |  |  |
|  | **5a) Duration of final illness** |  |  |  |  |
| 10120 | For how long was (s)he ill before (s)he died? | Days: |  |  |  |
|  |  | Weeks: |  |  |  |
|  |  | 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. |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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. |  |  |  |
| 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. |  |  |  |
| 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 |  |  |  |
| 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 |  | ➡ | 10172 |
|  |  | DK |  | ➡ | 10172 |
|  |  | Ref. |  | ➡ | 10172 |
| 10169 | For how many days did (s)he have breathlessness? | 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. |  |  |  | |
| 10174 | Did (s)he have chest pain? | YES |  |  |  | |
|  |  | NO |  | ➡ | 10181 | |
|  |  | DK |  | ➡ | 10181 | |
|  |  | Ref. |  | ➡ | 10181 | |
| 10176 | How many days before death did (s)he have chest pain? | DAYS |  |  |  | |
| 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 |  |  |  | |
| 10183 | How many stools did the baby or child have on the day that loose liquid stools were most frequent? | NUMBER OF STOOLS: |  |  |  | |
| 10184 | How many days before death did the frequent loose or liquid stools start? | DAYS |  |  |  | |
| 10185 | Did the frequent loose or liquid stools continue until death? | YES |  |  |  | |
|  |  | NO |  |  |  | |
|  |  | DK |  |  |  | |
|  |  | Ref. |  |  |  | |
| 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 |  | ➡ | 10193 | |
|  |  | DK |  | ➡ | 10193 | |
|  |  | Ref. |  | ➡ | 10193 | |
| 10191 | Did (s)he vomit blood? | YES |  |  |  | |
|  |  | NO |  |  |  |  |
|  |  | DK |  |  |  |  |
|  |  | Ref. |  |  |  |  |
| 10192 | Was the vomit black? | YES |  |  |  | |
|  |  | NO |  |  |  | |
|  |  | DK |  |  |  | |
|  |  | Ref. |  |  |  | |
| 10193 | Did (s)he have any belly (abdominal) problem? | 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 |  | ➡ | 10200 | |
|  |  | DK |  | ➡ | 10200 | |
|  |  | Ref. |  | ➡ | 10200 | |
| 10196 | For how long before death did (s)he have severe abdominal pain? | HOURS |  |  |  | |
| 10197 | For how many days before death did (s)he have severe abdominal pain? | DAYS |  |  |  | |
|  |  | WEEKS |  |  |  | |
| 10198 | For how many months before death did (s)he have severe abdominal pain? | 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 |  | ➡ | 10214 |
|  |  | DK |  | ➡ | 10214 |
|  |  | Ref. |  | ➡ | 10214 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 10211 | For how many days before death did (s)he have a painful neck? | DAYS |  |  |  | |
| 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 |  | ➡ | 10217 | |
|  |  | NO |  |  |  | |
|  |  | DK |  |  |  | |
|  |  | Ref. |  |  |  | |
| 10216 | How many hours before death did unconsciousness start? | Hours |  |  |  | |
| 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 | |
| 10220 | Did (s)he experience any generalized convulsions or fits during the illness that led to death? | YES |  |  |  | |
|  |  | NO |  |  |  | |
|  |  | DK |  |  |  | |
|  |  | Ref. |  |  |  | |
| 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 |  | ➡ | 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 |  | ➡ | 10238 |
|  |  | DK |  | ➡ | 10238 |
|  |  | Ref. |  | ➡ | 10238 |
| 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. |  |  |  |
| 10238 | During the illness that led to death did his/her skin flake off in patches? | YES |  |  |  |
|  |  | NO |  |  |  |
|  |  | DK |  |  |  |
|  |  | Ref. |  |  |  |
| 10239 | During the illness that led to death did he/ she have areas of skin that turned black? | YES |  |  |  |
|  |  | NO |  |  |  |
|  |  | DK |  |  |  |
|  |  | Ref. |  |  |  |
| 10240 | During the illness that led to death did he/ she have areas of the skin with redness or swelling? | 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 |
| 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 colour to a reddish or yellowish colour? | 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. |  |  |  |
| 10269 | Did (s)he have sunken eyes? | YES |  |  |  |
|  |  | NO |  |  |  |
|  |  | DK |  |  |  |
|  |  | Ref. |  |  |  |
| 10270 | Did (s)he drink a lot more water than usual? | YES |  |  |  |
|  |  | NO |  |  |  |
|  |  | DK |  |  |  |
|  |  | Ref. |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **5d) Signs and symptoms relevant for neonatal and child deaths** | | |  |  |
|  | NOTE THE NEXT SECTION UP TO ID10418 SHOULD ONLY BE ASKED IF THE DECEASED WAS ONE YEAR OLD OR LESS |  |  |  |  |
| 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 |  | ➡ | 10281 |
|  |  | NO |  |  |  |
|  |  | DK |  |  |  |
|  |  | Ref. |  |  |  |
| 10279 | During the illness that led to death did the baby have a sunken fontanelle? | YES |  |  |  |
|  |  | NO |  |  |  |
|  |  | DK |  |  |  |
|  |  | Ref. |  |  |  |
| 10281 | During the illness that led to death, did the baby become unresponsive or unconscious? | YES |  |  |  |
|  |  | NO |  |  |  |
|  |  | DK |  |  |  |
|  |  | Ref. |  |  |  |
| 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. |  |  |  |
| 10352 | How many years old was the child when the fatal illness started? | YEARS: |  |  |  |
| 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 |  |  |  |  | |
|  | (ask only up to one year) | 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 kg)? | 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 kg)? | YES |  |  |  | | |
|  |  | NO |  |  |  | | |
|  |  | DK |  |  |  | | |
|  |  | Ref. |  |  |  | | |
| 10366 | What was the weight in grammes of the deceased at birth? | GRAMMES |  |  |  | | |
|  | Note 1kg = 1000 grammes | Don't Know |  |  |  |  | |
| 10367 | How many months long was the pregnancy before birth? | Months: |  |  |  | | |
|  | (ask only up to one year) | 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 |  | ➡ | 10418 | |
|  |  | 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 |  |  |  | |
|  |  | NO |  |  |  | |
|  |  | DK |  |  |  | |
|  |  | Ref. |  |  |  | |
| 10373 | Did the baby/child have a very small head at time of birth? | YES |  |  |  | |
|  |  | NO |  |  |  | |
|  |  | DK |  |  |  |  |
|  |  | Ref. |  |  |  |  |
| 10408 | Before the illness that led to death was the baby/ child growing normally? | YES |  |  |  |  |
|  |  | NO |  |  |  | |
|  |  | DK |  |  |  | |
|  |  | Ref. |  |  |  | |
|  | **5e) 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 |  | ➡ | 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. |  |  |  |
| 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 |  | ➡ | 10450 |
|  |  | DK |  | ➡ | 10450 |
|  |  | Ref. |  | ➡ | 10450 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 10433 | Where or from whom did you seek this care? | traditional healer |  |  |  |
|  |  | homeopath |  |  |  |
|  |  | religious leader |  |  |  |
|  |  | government hospital |  |  |  |
|  |  | government health centre 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. |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **5f) Information from death certificate** | YES |  |  |  |
| 10462 | Was a death certificate issued? | 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 |  |  |  |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  |
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|  |  |
|  | **7) CHECK LIST OF KEY INDICATORS FROM THE NARRATIVE DESCRIPTION** | | |  |  |
| 10478 | Are any of the following words of interest mentioned in the above narrative? | Abdomen |  |  |  |
|  |  | Cancer |  |  |  |
|  |  | Dehydration |  |  |  |
|  |  | Dengue fever |  |  |  |
|  |  | Diarrhoea |  |  |  |
|  |  | Fever |  |  |  |
|  |  | Heart problems |  |  |  |
|  |  | Jaundice (yellow skin or eyes) |  |  |  |
|  |  | Pneumonia |  |  |  |
|  |  | Rash |  |  |  |
|  |  | None of the above words were mentioned |  |  |  |
|  |  | Don’t know |  |  |  |
| 10481 | Time at end of interview \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |