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| **2016 WHO VERBAL AUTOPSY**  **SAMPLE QUESTIONNAIRE**  v1.4 |
| ***Death of a child aged under four weeks*** |
| DK= answer means ‘don’t know’  Ref= answer means ‘refused to answer’ |
|  |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 10428 | Had (s)he received immunisation? | YES |  |  |  |
|  |  | NO |  | ➡ | 10432 |
|  |  | DK |  | ➡ | 10432 |
|  |  | Ref. |  | ➡ | 10432 |
| 10429 | Do you have the child's vaccination card? | YES |  |  |  |
|  |  | NO |  |  |  |
|  |  | DK |  |  |  |
|  |  | Ref. |  |  |  |
| 10430 | Can I see the vaccination card (and note the vaccines the child received)? | YES |  |  |  |
|  |  | NO |  |  |  |
|  |  | DK |  |  |  |
|  |  | Ref. |  |  |  |
| 10431 | Note vaccines here |  |  |  |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| 10432 | Was care sought outside the home while (s)he had this illness? | YES |  |  |  |
|  |  | NO |  | ➡ | 10435 |
|  |  | DK |  | ➡ | 10435 |
|  |  | Ref. |  | ➡ | 10435 |
| 10433 | Where or from whom did you seek this care? | traditional healer |  |  |  |
|  |  | homeopath |  |  |  |
|  |  | religious leader |  |  |  |
|  |  | government hospital |  |  |  |
|  |  | government health center or clinic |  |  |  |
|  |  | private hospital |  |  |  |
|  |  | community-based practitioner associated with health system |  |  |  |
|  |  | trained birth attendant |  |  |  |
|  |  | private physician |  |  |  |
|  |  | Relative, friend (outside household) |  |  |  |
|  |  | pharmacy |  |  |  |
|  |  | Doesn't know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10434 | Record the name and address of any hospital health centre or clinic where help was sought: |  |  |  |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| 10435 | Did a health care worker tell you the cause of death? | YES |  |  |  |
|  |  | NO |  | ➡ | 10437 |
|  |  | DK |  | ➡ | 10437 |
|  |  | Ref. |  | ➡ | 10437 |
| 10436 | What did the health care worker say? |  |  |  |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| 10437 | Do you have any health care records that belonged to the deceased? | YES |  |  |  |
|  |  | NO |  | ➡ | 10445 |
|  |  | DK |  | ➡ | 10445 |
|  |  | Ref. |  | ➡ | 10445 |

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

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

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **5e) Death certificate information** |  |  |  |  |
| 10462 | Was a death certificate issued? | YES |  |  |  |
|  |  | NO |  | ➡ | 10481 |
|  |  | DK |  | ➡ | 10481 |
|  |  | Ref. |  | ➡ | 10481 |
| 10463 | Can I see the death certificate? | YES |  |  |  |
|  |  | NO |  | ➡ | 10481 |
|  |  | DK |  | ➡ | 10481 |
|  |  | Ref. |  | ➡ | 10481 |
| 10464 | Record the immediate cause of death from the certificate (line 1a) |  |  |  |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| 10465 | Duration (1a) |  |  |  |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| 10466 | Record the first antecedent cause of death from the certificate (line 1b) |  |  |  |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| 10467 | Duration (1c) |  |  |  |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| 10468 | Record the second antecedent cause of death from the certificate (line 1c) |  |  |  |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| 10469 | Duration (1c) |  |  |  |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| 10470 | Record the third antecedent cause of death from the certificate (line 1d) |  |  |  |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| 10471 | Duration (1d) |  |  |  |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| 10472 | Record the contributing cause(s) of death from the certificate (part 2) |  |  |  |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| 10473 | Duration (part 2) |  |  |  |  |
|  | **6) NARRATIVE DESCRIPTION OF FINAL ILLNESS** | | | |  |
| 10476 | NARRATIVE DESCRIPTION |  |  |  |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_        \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_        \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_        \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_        \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_        \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  | **7) CHECK LIST OF KEY INDICATORS FROM THE NARRATIVE DESCRIPTION** | | | |  |
| 10479 | Are any of the following words of interest mentioned in the above narrative? | Asphyxia |  |  |  |
|  |  | Incubator |  |  |  |
|  |  | Lung problem |  |  |  |
|  |  | Pneumonia |  |  |  |
|  |  | Preterm delivery |  |  |  |
|  |  | Respiratory distress |  |  |  |
|  |  | None of the above words were mentioned |  |  |  |
|  |  | Don't know |  |  |  |
| 10481 | Time at end of interview: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |