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| **Questions added for the identification of possible COVID-19 deaths** | **Location for new COVID-19 questions insertion in the 2016 WHO VA questionnaire** |
| 1. (Id10482) Was there any diagnosis by a health professional of COVID-19?  * Yes * No * Don’t know * Refused to answer | Questions placed after Id10144 and before Id10147 (start of the General signs and symptoms associated with final illness) |
| 2. (*Id10483)* Did s(h)e have a recent test by a health professional for COVID-19?   * Yes * No * Don’t know * Refused to answer |
| 2.1. (*Id10484)* What was the result? *(Hint for interviewer to prompt for the result of the most recent test in case the deceased had more than 1 test performed)*   * Positive * Negative * Unclear * Don’t know * Refused to answer |
| 3. (*Id10485)* Did s(h)e suffer from extreme fatigue? (*Hint to interviewer: Probe whether the deceased felt so tired that (s)he found it hard to get out the bed and do the routine things like taking a shower or changing clothes*   * Yes * No * Don’t know * Refused to answer   Restriction: Only for adults. | Included at end of at the end of the “General signs and symptoms associated with final illness” section? |
| 4. *(Id10486)* Did (s)he experience a new loss, change or decreased sense of smell or taste?   * Yes * No * Don’t know * Refused to answer   Restriction: Only for adults |
| 5. (*Id10487)* In the two weeks before death, did (s)he live with, visit, or care for someone who had any COVID-19 symptoms or a positive COVID-19 test? (*Hint to interviewer: COVID-19 symptoms include fever, difficulty breathing, cough, extreme fatigue, and changes in sense of smell or taste. In case of neonates or young children, please omit “care for”.)*   * Yes * No * Don’t know * Refused to answer | Included in the section “Information on the deceased”, following question: (Id10058) Where did the deceased die? |
| 6. (*Id10488)* In the two weeks before death, did (s)he travel to an area where COVID-19 is known to be present?  *(**Hint to interviewer:* *Based on self-report of the respondent. If there is doubt, note the location in the narrative and check with the respective supervisor.)* Yes   * No * Don’t know * Refused to answer |