**Tool 4a: Verification Interview**

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| **Zone De Sante:** | **Date of Data Collection:** |
| **Aire de sante:** | **Enumerator Name/ID:** |
| **Village Name:** | **Supervisor Name:** |
| **Cluster Number:** |  |

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| Section: Informed Consent |
| I am \_\_\_\_\_, working for IMPACT Initiatives, a sister organization to ACTED, an international non-profit organization working in this area. Together with the University of Kinshasha School of Public Health and University of California Berkeley, we are doing research on methods to improve reporting of deaths in the community to better inform the health department on the number and causes of death in this area. This information helps health actors plan and run health services for the population.  [If death was reported in Method 1 (network survival) or Method 2 (key informant)] We are approaching you today because it was reported that a death may have occurred in your household in the recent past.  [If death was reported in Method 3 (household survey)] We are approaching you today because it you reported that a death occurred in your household when we interviewed you earlier this year.  If so, we would like to verify the death and ask some additional information about the deceased.  I would like to give you some information about our work and invite you to take part in this study. If there is any part that you don’t understand you can ask me to stop and I will take time to explain, or you can ask later.  \*\*Does the participant agree to continue?\*\* [YES / NO] |
| [If not agree to continue] Thank you for your time. [END INTERVIEW] |
| [If yes to continue] [APPLY INFORMED CONSENT FORM FOR TOOL 4a]  \*\* Has the respondent consented to participate? \*\* [YES / NO]  [If yes to consent] [Continue to section 1].  [If no to consent] Thank you for your time. [END INTERVIEW] |

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| Section 1: Meta-Information | | |  |
| S/No | **Question** | **Choices** | **Skip Logic** |
| 1.1 | In what *territoire* are you conducting the interview? | [List of territoire in Tanganyika Province] |  |
| 1.2 | In what *zone de sante* are you conducting the interview? | [List of zone de sante in Tanganyika Province] |  |
| 1.3 | In what *aire de sante* are you conducting the interview? | [List of aire de sante in Tanganyika Province] |  |
| 1.4 | In what *village* are you conducting the interview? | Text |  |
| 1.5 | Are you following up on a remotely reported death, or from a surveyed household? | 1 = Yes; 2 = No; 8 = Don’t know; 9 = Prefer not to answer |  |
| 1.6 | Are you following up by phone or with a face-to-face interview? | 1 = Yes; 2 = No; 8 = Don’t know; 9 = Prefer not to answer |  |
| 1.7 | What is the ID of the death you are following up on? | Text |  |

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| Question | Response |
| **Preset HIV-Malaria mortality and season.** |  |
| (Id10002) [Is this a region of high HIV/AIDS mortality?] |  |
| (Id10003) [Is this a region of high malaria mortality?] |  |
| (Id10004) [During which season did (s)he die?] |  |
|  |  |
| **Information on the respondent and background about interview** |  |
| (Id10007) [What is the name of VA respondent?] |  |
| (Id10007a) [What is the sex of VA respondent?] | Female / male / undetermined |
| (Id10008) What is your/the respondent's relationship to the deceased? | Parent / child / other family member / friend / spouse / health worker / public official / another relationship / refused to answer |
| (Id10009) Did you/the respondent live with the deceased in the period leading to her/his death? | Yes / no / doesn’t know / refused to answer |
| (Id10012) |  |
|  |  |
| **Information about the deceased and vital registration** |  |
| **Information on the Deceased** |  |
| (Id10017) What was the first or given name(s) of the deceased? |  |
| (Id10018) What was the surname (or family name) of the deceased? |  |
| (Id10019) What was the sex of the deceased? |  |
| (Id10020) Is the date of birth known? | Male / female / undetermined |
| (Id10021) When was the deceased born? | Yes / no / refused to answer |
| (Id10022) Is the date of death known? |  |
| (Id10023\_a) When did (s)he die? | Yes / no / refused to answer |
| (Id10023\_b) When did (s)he die? |  |
| (Id10023) When did (s)he die? |  |
| (Id10024) Please indicate the year of death. |  |
|  |  |
| NEONATE was ${ageInDays} days old. |  |
| CHILD was ${ageInYears} years ${ageInMonths} months and ${ageInMonthsRemain} days old. |  |
| ADULT was ${ageInYears} years old. |  |
| [What age group corresponds to the deceased?] |  |
| How many days old was the baby? [Enter neonate's age in days:] | Neoneate / child / adult |
| How old was the child? [Enter child's age in:] |  |
| [Enter child's age in days:] |  |
| [Enter child's age in months:] |  |
| [Enter child's age in years:] |  |
| [Enter adult's age in years:] |  |
|  |  |
| (Id10058) Where did the deceased die? |  |
| (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? | Hospital / other health facility / home / on route to hospital or facility / other / doesn’t know / refused to answer |
| (Id10488) In the two weeks before death, did (s)he travel to an area where COVID-19 is known to be present? | Yes / no / doesn’t know / refused to answer |
|  | Yes / no / doesn’t know / refused to answer |
| (Id10051) [Is there a need to collect additional demographic data on the deceased?] |  |
| (Id10052) What was her/his citizenship/nationality? | Yes / No |
| (Id10053) What was her/his ethnicity? | Citizen at birth / naturalized citizen / foreign national / doesn’t know / refused to answer |
| (Id10054) What was her/his place of birth? |  |
| (Id10055) What was her/his place of usual residence? (the place where the person lived most of the year) |  |
| (Id10057) Where did the death occur? (specify country, province, district, village) |  |
| (Id10059) What was her/his marital status? |  |
| (Id10060\_check) [Is the date of marriage available?] | Single / married / life partner / divorced / widowed / too young to be married / doesn’t know / refuse to answer |
| (Id10060) What was the date of marriage? | Yes / no |
| (Id10061) What was the name of the father? |  |
| (Id10062) What was the name of the mother? |  |
| (Id10063) What was her/his highest level of schooling? |  |
| (Id10064) Was (s)he able to read and/or write? |  |
| (Id10065) What was her/his economic activity status in year prior to death? | Yes / no / doesn’t know / refused to answer |
| (Id10066) What was her/his occupation, that is, what kind of work did (s)he mainly do? | Mainly unemployed / mainly employed / home-maker / pensioner / student / other / doesn’t know / refused to answer |
|  |  |
| **Civil registration numbers** |  |
| (Id10069) [Is there a need to collect civil registration numbers on the deceased?] |  |
| (Id10069\_a) Do you have a Death Certificate from the Civil Registry? | Yes / no |
| (Id10070) [Death registration number/certificate] | Yes / no |
| (Id10071\_check) [Is the date of registration available?] |  |
| (Id10071) [Date of registration] | Yes / no |
| (Id10072) [Place of registration] |  |
| (Id10073) [National identification number of deceased] |  |
|  |  |
| **Verification of possible stillbirth** |  |
| (Id10104) Did the baby ever cry? |  |
| (Id10105) Did the baby cry immediately after birth, even if only a little bit? | Yes / no / doesn’t know / refused to answer |
| (Id10106) How many minutes after birth did the baby first cry? | Yes / no / doesn’t know / refused to answer |
| (Id10107) Did the baby stop being able to cry? |  |
| (Id10108) How many hours before death did the baby stop crying? | Yes / no / doesn’t know / refused to answer |
| (Id10109) Did the baby ever move? |  |
| (Id10110) Did the baby ever breathe? | Yes / no / doesn’t know / refused to answer |
| (Id10111) Did the baby breathe immediately after birth, even a little? | Yes / no / doesn’t know / refused to answer |
| (Id10112) Did the baby have a breathing problem? | Yes / no / doesn’t know / refused to answer |
| (Id10113) Was the baby given assistance to breathe at birth? | Yes / no / doesn’t know / refused to answer |
| (Id10114) If the baby didn't show any sign of life, was it born dead? | Yes / no / doesn’t know / refused to answer |
| (Id10115) Were there any bruises or signs of injury on baby's body after the birth? | Yes / no / doesn’t know / refused to answer |
| (Id10116) Was the baby’s body soft, pulpy and discoloured and the skin peeling away? | Yes / no / doesn’t know / refused to answer |
|  | Yes / no / doesn’t know / refused to answer |
| **History of injuries/accidents** |  |
| (Id10077) Did (s)he suffer from any injury or accident that led to her/his death? |  |
| **Injuries and accidents detail** | Yes / no / doesn’t know / refused to answer |
| (Id10079) Was it a road traffic accident? |  |
| (Id10080) What was her/his role in the road traffic accident? | Yes / no / doesn’t know / refused to answer |
| (Id10081) What was the counterpart that was hit during the road traffic accident? | Pedestrian / driver or passenger in car or light vehicle / driver or passenger in heavy vehicle / driver or passenger on a motorcycle / driver or passenger on a pedal cycle / other / doesn’t know / refuse to answer |
| (Id10082) Was (s)he injured in a non-road transport accident? | Pedestrian / stationary object / car or light vehicle / bus or heavy vehicle / motorcycle / pedal cycle / other / doesn’t know / refuse to answer |
| (Id10083) Was (s)he injured in a fall? | Yes / no / doesn’t know / refused to answer |
| (Id10084) Was there any poisoning? | Yes / no / doesn’t know / refused to answer |
| (Id10085) Did (s)he die of drowning? | Yes / no / doesn’t know / refused to answer |
| (Id10086) Was (s)he injured by a bite or sting by venomous animal? | Yes / no / doesn’t know / refused to answer |
| (Id10087) Was (s)he injured by an animal or insect (non-venomous)? | Yes / no / doesn’t know / refused to answer |
| (Id10088) What was the animal/insect? | Yes / no / doesn’t know / refused to answer |
| (Id10089) Was (s)he injured by burns/fire? | Dog / snake / insect or scorpion / other / doesn’t know / refused to answer |
| (Id10090) Was (s)he subject to violence (suicide, homicide, abuse)? | Yes / no / doesn’t know / refused to answer |
| (Id10091) Was (s)he injured by a firearm? | Yes / no / doesn’t know / refused to answer |
| (Id10092) Was (s)he stabbed, cut or pierced? | Yes / no / doesn’t know / refused to answer |
| (Id10093) Was (s)he strangled? | Yes / no / doesn’t know / refused to answer |
| (Id10094) Was (s)he injured by a blunt force? | Yes / no / doesn’t know / refused to answer |
| (Id10095) Was (s)he injured by a force of nature? | Yes / no / doesn’t know / refused to answer |
| (Id10096) Was it electrocution? | Yes / no / doesn’t know / refused to answer |
| (Id10097) Did (s)he encounter any other injury? | Yes / no / doesn’t know / refused to answer |
| (Id10098) Was the injury accidental? | Yes / no / doesn’t know / refused to answer |
| (Id10099) Was the injury self-inflicted? | Yes / no / doesn’t know / refused to answer |
| (Id10100) Was the injury intentionally inflicted by someone else? | Yes / no / doesn’t know / refused to answer |
|  | Yes / no / doesn’t know / refused to answer |
|  |  |
| **Health history** |  |
| (Id10351) How many days old was the baby when the fatal illness started? |  |
| (Id10408) Before the illness that led to death, was the baby/the child growing normally? |  |
| **Duration of illness** | Yes / no / doesn’t know / refused to answer |
| (Id10120\_0) For how many days was (s)he ill before death? |  |
| (id10120\_unit) For how long was (s)he ill before death? |  |
| (Id10121) Months | Days / months / years / doesn’t know / refused to answer |
| (Id10122) Years |  |
| (Id10120\_1) Days |  |
| (Id10120) Calculated number of Days with illness |  |
|  |  |
| (Id10123) Did (s)he die suddenly? |  |
| **Medical history associated with final illness** | Yes / no / doesn’t know / refused to answer |
| (Id10125) Was there any diagnosis by a health professional of tuberculosis? |  |
| (Id10126) Was an HIV test ever positive? | Yes / no / doesn’t know / refused to answer |
| (Id10127) Was there any diagnosis by a health professional of AIDS? | Yes / no / doesn’t know / refused to answer |
| (Id10128) Did (s)he have a recent positive test by a health professional for malaria? | Yes / no / doesn’t know / refused to answer |
| (Id10129) Did (s)he have a recent negative test by a health professional for malaria? | Yes / no / doesn’t know / refused to answer |
| (Id10130) Was there any diagnosis by a health professional of dengue fever? | Yes / no / doesn’t know / refused to answer |
| (Id10131) Was there any diagnosis by a health professional of measles? | Yes / no / doesn’t know / refused to answer |
| (Id10132) Was there any diagnosis by a health professional of high blood pressure? | Yes / no / doesn’t know / refused to answer |
| (Id10133) Was there any diagnosis by a health professional of heart disease? | Yes / no / doesn’t know / refused to answer |
| (Id10134) Was there any diagnosis by a health professional of diabetes? | Yes / no / doesn’t know / refused to answer |
| (Id10135) Was there any diagnosis by a health professional of asthma? | Yes / no / doesn’t know / refused to answer |
| (Id10136) Was there any diagnosis by a health professional of epilepsy? | Yes / no / doesn’t know / refused to answer |
| (Id10137) Was there any diagnosis by a health professional of cancer? | Yes / no / doesn’t know / refused to answer |
| (Id10138) Was there any diagnosis by a health professional of Chronic Obstructive Pulmonary Disease (COPD)? | Yes / no / doesn’t know / refused to answer |
| (Id10139) Was there any diagnosis by a health professional of dementia? | Yes / no / doesn’t know / refused to answer |
| (Id10140) Was there any diagnosis by a health professional of depression? | Yes / no / doesn’t know / refused to answer |
| (Id10141) Was there any diagnosis by a health professional of stroke? | Yes / no / doesn’t know / refused to answer |
| (Id10142) Was there any diagnosis by a health professional of sickle cell disease? | Yes / no / doesn’t know / refused to answer |
| (Id10143) Was there any diagnosis by a health professional of kidney disease? | Yes / no / doesn’t know / refused to answer |
| (Id10144) Was there any diagnosis by a health professional of liver disease? | Yes / no / doesn’t know / refused to answer |
|  | Yes / no / doesn’t know / refused to answer |
| (Id10482) Was there any diagnosis by a health professional of COVID-19? |  |
| (Id10483) Did s(h)e have a recent test by a health professional for COVID-19? | Yes / no / doesn’t know / refused to answer |
| (Id10484) What was the result? | Yes / no / doesn’t know / refused to answer |
| **General signs and symptoms associated with final illness** | Positive / negative / unclear / don’t know / refused to answer |
| (Id10147) Did (s)he have a fever? |  |
| (Id10148\_a) How many days did the fever last? | Yes / no / doesn’t know / refused to answer |
| (Id10148\_units) How long did the fever last? |  |
| (Id10148\_b) [Enter how long the fever lasted in days]: | Days / months / doesn’t know / refuse to answer |
| (Id10148\_c) [Enter how long the fever lasted in months]: |  |
| (Id10148) How many days did the fever last? |  |
| (Id10149) Did the fever continue until death? |  |
| (Id10150) How severe was the fever? | Yes / no / doesn’t know / refused to answer |
| (Id10151) What was the pattern of the fever? | Mild / moderate / severe / doesn’t know / refused to answer |
| (Id10152) Did (s)he have night sweats? | Mild / moderate / severe / doesn’t know / refused to answer |
| (Id10153) Did (s)he have a cough? | Yes / no / doesn’t know / refused to answer |
| (Id10154\_units) For how long did (s)he have a cough? | Yes / no / doesn’t know / refused to answer |
| (Id10154\_a) [Enter how long (s)he had a cough in days]: | Days / months / doesn’t know / refuse to answer |
| (Id10154\_b) [Enter how long (s)he had a cough in months]: |  |
| (Id10154) For how many days did (s)he have a cough? |  |
| (Id10155) Was the cough productive, with sputum? |  |
| (Id10156) Was the cough very severe? | Yes / no / doesn’t know / refused to answer |
| (Id10157) Did (s)he cough up blood? | Yes / no / doesn’t know / refused to answer |
| (Id10158) Did (s)he make a whooping sound when coughing? | Yes / no / doesn’t know / refused to answer |
| (Id10159) Did (s)he have any difficulty breathing? | Yes / no / doesn’t know / refused to answer |
| **Duration of breathing difficulty** | Yes / no / doesn’t know / refused to answer |
| (Id10161\_0) For how many days did the difficulty breathing last? |  |
| (id10161\_unit) For how long did the difficult breathing last? |  |
| (Id10161\_1) [Enter how long the difficult breathing lasted in days]: | Days / months / years / doesn’t know / refused to answer |
| (Id10162) [Enter how long the difficult breathing lasted in months]: |  |
| (Id10163) [Enter how long the difficult breathing lasted in years]: |  |
| (Id10161) Calculated number of Days with illness |  |
|  |  |
| (Id10165) Was the difficulty continuous or on and off? |  |
| (Id10166) During the illness that led to death, did (s)he have fast breathing? | Continuous / on and off / doesn’t’ know / refuse to answer |
| (Id10167\_a) For how many days did the fast breathing last? | Yes / no / doesn’t know / refused to answer |
| (Id10167\_units) How long did the fast breathing last? |  |
| (Id10167\_b) [Enter how long the fast breathing lasted in days]: | Days / months / doesn’t know / refuse to answer |
| (Id10167\_c) [Enter how long the fast breathing lasted in months]: |  |
| (Id10167) How long did the fast breathing last? |  |
| (Id10168) Did (s)he have breathlessness? |  |
| (Id10169\_a) For how many days did (s)he have breathlessness? | Yes / no / doesn’t know / refused to answer |
| (Id10169\_units) How long did (s)he have breathlessness? |  |
| (Id10169\_b) [Enter how long (s)he had breathlessness in days]: | Days / months / doesn’t know / refuse to answer |
| (Id10169\_c) [Enter how long (s)he had breathlessness in months]: |  |
| (Id10169) How long did (s)he have breathlessness? |  |
| (Id10170) Was (s)he unable to carry out daily routines due to breathlessness? |  |
| (Id10171) Was (s)he breathless while lying flat? | Yes / no / doesn’t know / refused to answer |
| (Id10172) Did you see the lower chest wall/ribs being pulled in as the child breathed in? | Yes / no / doesn’t know / refused to answer |
| (Id10173\_nc) During the illness that led to death did his/her breathing sound like any of the following: | Yes / no / doesn’t know / refused to answer |
| (Id10173\_a) During the illness that led to death did (s)he have wheezing? | Stridor / grunting / wheezing / no / doesn’t know / refuse to answer |
| (Id10173) During the illness that led to death did his/her breathing sound like any of the following: | Yes / no / doesn’t know / refused to answer |
| (Id10174) Did (s)he have chest pain? |  |
| (Id10175) Was the chest pain severe? | Yes / no / doesn’t know / refused to answer |
| (Id10176) How many days before death did (s)he have chest pain? | Yes / no / doesn’t know / refused to answer |
| **Duration of the chest pain** |  |
| (Id10178\_unit) How long did the chest pain last? |  |
| (Id10178) [Enter how long the chest pain lasted in minutes]: | Minutes / hours / days / doesn’t know / refused to answer |
| (Id10179) [Enter how long the chest pain lasted in hours]: |  |
| (Id10179\_1) [Enter how long the chest pain lasted in days]: |  |
|  |  |
| (Id10181) Did (s)he have more frequent loose or liquid stools than usual? |  |
| (Id10182\_units) How long did (s)he have frequent loose or liquid stools? | Minutes / hours / days / doesn’t know / refused to answer |
| (Id10182\_a) [Enter how long (s)he had frequent loose or liquid stools in days]: | Days / months / doesn’t know / refuse to answer |
| (Id10182\_b) [Enter how long (s)he had frequent loose or liquid stools in months]: |  |
| (Id10182) For how many days did (s)he have frequent loose or liquid stools? |  |
| (Id10183) How many stools did the baby or child have on the day that loose liquid stools were most frequent? |  |
| (Id10184\_a) How many days before death did the frequent loose or liquid stools start? |  |
| (Id10184\_units) How long before death did the frequent loose or liquid stools start? |  |
| (Id10184\_b) [Enter how long before death the frequent loose or liquid stools started in days]: | Days / months / doesn’t know / refuse to answer |
| (Id10184\_c) [Enter how long before death the frequent loose or liquid stools started in months]: |  |
| (Id10185) Did the frequent loose or liquid stools continue until death? |  |
| (Id10186) At any time during the final illness was there blood in the stools? | Yes / no / doesn’t know / refused to answer |
| (Id10187) Was there blood in the stool up until death? | Yes / no / doesn’t know / refused to answer |
| (Id10188) Did (s)he vomit? | Yes / no / doesn’t know / refused to answer |
| (Id10189) To clarify: Did (s)he vomit in the week preceding the death? | Yes / no / doesn’t know / refused to answer |
| (Id10190\_units) How long before death did (s)he vomit? | Yes / no / doesn’t know / refused to answer |
| (Id10190\_a) [Enter how long before death(s)he vomited in days]: | Days / months / doesn’t know / refuse to answer |
| (Id10190\_b) [Enter how long before death(s)he vomited in months]: |  |
| (Id10191) Was there blood in the vomit? |  |
| (Id10192) Was the vomit black? | Yes / no / doesn’t know / refused to answer |
| (Id10193) Did (s)he have any belly (abdominal) problem? | Yes / no / doesn’t know / refused to answer |
| (Id10194) Did (s)he have belly (abdominal) pain? | Yes / no / doesn’t know / refused to answer |
| (Id10195) Was the belly (abdominal) pain severe? | Yes / no / doesn’t know / refused to answer |
| Belly pain |  |
| (id10196\_unit) For how long did (s)he have belly (abdominal) pain? |  |
| (Id10196) [Enter how long (s)he had belly (abdominal) pain in hours]: | Days / months / doesn’t know / refuse to answer |
| (Id10197\_a) [Enter how long (s)he had belly (abdominal) pain in days]: |  |
| (Id10198) [Enter how long (s)he had belly (abdominal) pain in months]: |  |
| (Id10197) Calculated number of Days with belly pain |  |
|  |  |
| (Id10199) Was the pain in the upper or lower belly (abdomen)? |  |
| (Id10200) Did (s)he have a more than usually protruding belly (abdomen)? | Upper abdomen / lower abdomen / upper and lower abdomen / doesn’t know / refused to answer |
| (Id10201\_unit) For how long before death did (s)he have a more than usually protruding belly (abdomen)? | Yes / no / doesn’t know / refused to answer |
| (Id10201\_a) [Enter how long before death (s)he had a more than usually protruding belly (abdomen) in days]: | Days / months / doesn’t know / refuse to answer |
| (Id10202) [Enter how long before death (s)he had a more than usually protruding belly (abdomen) in months]: |  |
| (Id10201) Calculated number of Days with protruding belly (abdomen) |  |
| (Id10203) How rapidly did (s)he develop the protruding belly (abdomen)? |  |
| (Id10204) Did (s)he have any mass in the belly (abdomen)? |  |
| (Id10205\_unit) For how long did (s)he have a mass in the belly (abdomen)? | Yes / no / doesn’t know / refused to answer |
| (Id10205\_a) [Enter how long (s)he had a mass in the belly (abdomen) in days]: | Days / months / doesn’t know / refuse to answer |
| (Id10206) [Enter how long (s)he had a mass in the belly (abdomen) in months]: |  |
| (Id10205) Calculated number of Days with a mass in the belly (abdomen) |  |
| (Id10207) Did (s)he have a severe headache? |  |
| (Id10208) Did (s)he have a stiff neck during illness that led to death? | Yes / no / doesn’t know / refused to answer |
| (Id10209\_units) How long before death did (s)he have stiff neck? |  |
| (Id10209\_a) [Enter how long before death did (s)he have stiff neck in days]: |  |
| (Id10209\_b) [Enter how long before death did (s)he have stiff neck in months]: |  |
| (Id10209) For how many days before death did (s)he have stiff neck? |  |
| (Id10210) Did (s)he have a painful neck during the illness that led to death? |  |
| (Id10211\_units) How long before death did (s)he have a painful neck? | Yes / no / doesn’t know / refused to answer |
| (Id10211\_a) [Enter how long before death (s)he had a painful neck in days]: |  |
| (Id10211\_b) [Enter how long before death (s)he had a painful neck in months]: |  |
| (Id10211) For how many days before death did (s)he have a painful neck? |  |
| (Id10212) Did (s)he have mental confusion? |  |
| (Id10213\_units) How long did (s)he have mental confusion? | Yes / no / doesn’t know / refused to answer |
| (Id10213\_a) [Enter how long (s)he had mental confusion in days]: |  |
| (Id10213\_b) [Enter how long (s)he had mental confusion in months]: |  |
| (Id10213) For how many months did (s)he have mental confusion? |  |
| (Id10214) Was (s)he unconscious during the illness that led to death? |  |
| (Id10215) Was (s)he unconscious for more than 24 hours before death? | Yes / no / doesn’t know / refused to answer |
| (Id10216\_units) How long before death did unconsciousness start? | Yes / no / doesn’t know / refused to answer |
| (Id10216\_a) [Enter how long before death unconsciousness started in hours]? |  |
| (Id10216\_b) [Enter how long before death unconsciousness started in days]? |  |
| (Id10216) How many hours before death did unconsciousness start? |  |
| (Id10217) Did the unconsciousness start suddenly, quickly (at least within a single day)? |  |
| (Id10218) Did the unconsciousness continue until death? | Yes / no / doesn’t know / refused to answer |
| (Id10219) Did (s)he have convulsions? | Yes / no / doesn’t know / refused to answer |
| (Id10220) Did (s)he experience any generalized convulsions or fits during the illness that led to death? | Yes / no / doesn’t know / refused to answer |
| (Id10221) For how many minutes did the convulsions last? | Yes / no / doesn’t know / refused to answer |
| (Id10222) Did (s)he become unconscious immediately after the convulsion? |  |
| (Id10223) Did (s)he have any urine problems? | Yes / no / doesn’t know / refused to answer |
| (Id10225) Did (s)he go to urinate more often than usual? | Yes / no / doesn’t know / refused to answer |
| (Id10226) During the final illness did (s)he ever pass blood in the urine? | Yes / no / doesn’t know / refused to answer |
| (Id10224) Did (s)he stop urinating? | Yes / no / doesn’t know / refused to answer |
| (Id10227) Did (s)he have sores or ulcers anywhere on the body? | Yes / no / doesn’t know / refused to answer |
| (Id10228) Did (s)he have sores? | Yes / no / doesn’t know / refused to answer |
| (Id10229) Did the sores have clear fluid or pus? | Yes / no / doesn’t know / refused to answer |
| (Id10230) Did (s)he have an ulcer (pit) on the foot? | Yes / no / doesn’t know / refused to answer |
| (Id10231) Did the ulcer on the foot ooze pus? | Yes / no / doesn’t know / refused to answer |
| (Id10232\_units) How long did the ulcer on the foot ooze pus? | Yes / no / doesn’t know / refused to answer |
| (Id10232\_a) [Enter how long the ulcer on the foot oozed pus in days]: | Days / months / doesn’t know / refuse to answer |
| (Id10232\_b) [Enter how long the ulcer on the foot oozed pus in months]: |  |
| (Id10232) For how many days did the ulcer on the foot ooze pus? |  |
| (Id10233) During the illness that led to death, did (s)he have any skin rash? |  |
| (Id10234) For how many days did (s)he have the skin rash? | Yes / no / doesn’t know / refused to answer |
| (Id10235) Where was the rash? |  |
| (id10235\_check) It is not possible to select "Doesn't Know" or "Refused to answer" together with other options. Please go back and correct the selection. | Face / trunk or abdomen / extremities / everywhere / doesn’t know / refuse to answer |
| (Id10236) Did (s)he have measles rash (use local term)? |  |
| (Id10237) Did (s)he ever have shingles or herpes zoster? | Yes / no / doesn’t know / refused to answer |
| (Id10238) During the illness that led to death, did her/his skin flake off in patches? | Yes / no / doesn’t know / refused to answer |
| (Id10239) During the illness that led to death, did he/she have areas of the skin that turned black? | Yes / no / doesn’t know / refused to answer |
| (Id10240) During the illness that led to death, did he/she have areas of the skin with redness and swelling? | Yes / no / doesn’t know / refused to answer |
| (Id10241) During the illness that led to death, did (s)he bleed from anywhere? | Yes / no / doesn’t know / refused to answer |
| (Id10242) Did (s)he bleed from the nose, mouth or anus? | Yes / no / doesn’t know / refused to answer |
| (Id10243) Did (s)he have noticeable weight loss? | Yes / no / doesn’t know / refused to answer |
| (Id10244) Was (s)he severely thin or wasted? | Yes / no / doesn’t know / refused to answer |
| (Id10245) During the illness that led to death, did s/he have a whitish rash inside the mouth or on the tongue? | Yes / no / doesn’t know / refused to answer |
| (Id10246) Did (s)he have stiffness of the whole body or was unable to open the mouth? | Yes / no / doesn’t know / refused to answer |
| (Id10247) Did (s)he have puffiness of the face? | Yes / no / doesn’t know / refused to answer |
| (Id10248\_units) How long did (s)he have puffiness of the face? | Yes / no / doesn’t know / refused to answer |
| (Id10248\_a) [Enter how long (s)he had puffiness of the face in days]: | Days / months / doesn’t know / refuse to answer |
| (Id10248\_b) [Enter how long (s)he had puffiness of the face in months]: |  |
| (Id10248) For how many days did (s)he have puffiness of the face? |  |
| (Id10249) During the illness that led to death, did (s)he have swollen legs or feet? |  |
| (Id10250\_units) How long did the swelling last? | Yes / no / doesn’t know / refused to answer |
| (Id10250\_a) [Enter how long the swelling lasted in days]: | Days / months / doesn’t know / refuse to answer |
| (Id10250\_b) [Enter how long the swelling lasted in months]: |  |
| (Id10250) How many days did the swelling last? |  |
| (Id10251) Did (s)he have both feet swollen? |  |
| (Id10252) Did (s)he have general puffiness all over his/her body? | Yes / no / doesn’t know / refused to answer |
| (Id10253) Did (s)he have any lumps? | Yes / no / doesn’t know / refused to answer |
| (Id10254) Did (s)he have any lumps or lesions in the mouth? | Yes / no / doesn’t know / refused to answer |
| (Id10255) Did (s)he have any lumps on the neck? | Yes / no / doesn’t know / refused to answer |
| (Id10256) Did (s)he have any lumps on the armpit? | Yes / no / doesn’t know / refused to answer |
| (Id10257) Did (s)he have any lumps on the groin? | Yes / no / doesn’t know / refused to answer |
| (Id10258) Was (s)he in any way paralysed? | Yes / no / doesn’t know / refused to answer |
| (Id10259) Did (s)he have paralysis of only one side of the body? | Yes / no / doesn’t know / refused to answer |
| (Id10260) Which were the limbs or body parts paralysed? | Yes / no / doesn’t know / refused to answer |
| (id10260\_check) It is not possible to select "only one side paralysed" and "left and right side" or "whole body" together. Please go back and correct the selection. | Right side / left side / lower part of body / upper part of body / one leg only / one arm only / whole body / other / doesn’t know / refused to answer |
| (id10260\_check2) It is not possible to select "Doesn't Know" or "Refused to answer" together with other options. Please go back and correct the selection. |  |
| (Id10261) Did (s)he have difficulty swallowing? |  |
| (Id10262\_units) For how long before death did (s)he have difficulty swallowing? | Yes / no / doesn’t know / refused to answer |
| (Id10262\_a) [Enter how long before death (s)he had difficulty swallowing in days]: | Days / months / doesn’t know / refuse to answer |
| (Id10262\_b) [Enter how long before death (s)he had difficulty swallowing in months]: |  |
| (Id10262) For how many days before death did (s)he have difficulty swallowing? |  |
| (Id10263) Was the difficulty with swallowing with solids, liquids, or both? |  |
| (Id10264) Did (s)he have pain upon swallowing? |  |
| (Id10265) Did (s)he have yellow discoloration of the eyes? | Yes / no / doesn’t know / refused to answer |
| (Id10266\_units) For how long did (s)he have the yellow discoloration? | Yes / no / doesn’t know / refused to answer |
| (Id10266\_a) [Enter how long (s)he had the yellow discoloration in days]: | Days / months / doesn’t know / refuse to answer |
| (Id10266\_b) [Enter how long (s)he had the yellow discoloration in months]: |  |
| (Id10266) For how many days did (s)he have the yellow discoloration? |  |
| (Id10267) Did her/his hair change in color to a reddish or yellowish color? |  |
| (Id10268) Did (s)he look pale (thinning/lack of blood) or have pale palms, eyes or nail beds? | Yes / no / doesn’t know / refused to answer |
| (Id10269) Did (s)he have sunken eyes? | Yes / no / doesn’t know / refused to answer |
| (Id10270) Did (s)he drink a lot more water than usual? | Yes / no / doesn’t know / refused to answer |
| (Id10271) Was the baby able to suckle or bottle-feed within the first 24 hours after birth? | Yes / no / doesn’t know / refused to answer |
| (Id10272) Did the baby ever suckle in a normal way? | Yes / no / doesn’t know / refused to answer |
| (Id10273) Did the baby stop suckling? | Yes / no / doesn’t know / refused to answer |
| (Id10274\_a) How many days after birth did the baby stop suckling? | Yes / no / doesn’t know / refused to answer |
| (Id10274\_units) How long after birth did the baby stop suckling? |  |
| (Id10274\_b) [Enter how long after birth the baby stopped suckling in days]: | Days / months / doesn’t know / refuse to answer |
| (Id10274\_c) [Enter how long after birth the baby stopped suckling in months]: |  |
| (Id10274) How many days after birth did the baby stop suckling? |  |
| (Id10275) Did the baby have convulsions starting within the first 24 hours of life? |  |
| (Id10276) Did the baby have convulsions starting more than 24 hours after birth? | Yes / no / doesn’t know / refused to answer |
| (Id10277) Did the baby's body become stiff, with the back arched backwards? | Yes / no / doesn’t know / refused to answer |
| (Id10278) During the illness that led to death, did the baby have a bulging or raised fontanelle? | Yes / no / doesn’t know / refused to answer |
| (Id10279) During the illness that led to death, did the baby have a sunken fontanelle? | Yes / no / doesn’t know / refused to answer |
| (Id10281) During the illness that led to death, did the baby become unresponsive or unconscious? | Yes / no / doesn’t know / refused to answer |
| (Id10282) Did the baby become unresponsive or unconscious soon after birth, within less than 24 hours? | Yes / no / doesn’t know / refused to answer |
| (Id10283) Did the baby become unresponsive or unconscious more than 24 hours after birth? | Yes / no / doesn’t know / refused to answer |
|  | Yes / no / doesn’t know / refused to answer |
|  |  |
| **Neonatal child questions part C** |  |
| (Id10284) During the illness that led to death, did the baby become cold to touch? |  |
| (Id10285) How many days old was the baby when it started feeling cold to touch? | Yes / no / doesn’t know / refused to answer |
| (Id10286) During the illness that led to death, did the baby become lethargic after a period of normal activity? |  |
| (Id10287) Did the baby have redness or pus drainage from the umbilical cord stump? | Yes / no / doesn’t know / refused to answer |
| (Id10288) During the illness that led to death, did the baby have skin ulcer(s) or pits? | Yes / no / doesn’t know / refused to answer |
| (Id10289) During the illness that led to death, did the baby have yellow skin, palms (hand) or soles (foot)? | Yes / no / doesn’t know / refused to answer |
| (Id10290) Did the baby or infant appear to be healthy and then just die suddenly? | Yes / no / doesn’t know / refused to answer |
|  | Yes / no / doesn’t know / refused to answer |
| (Id10485) Did s(h)e suffer from extreme fatigue? |  |
| (Id10486) Did (s)he experience a new loss, change or decreased sense of smell or taste? | Yes / no / doesn’t know / refused to answer |
|  | Yes / no / doesn’t know / refused to answer |
| **Signs and symptoms associated with pregnancy and women** |  |
| (Id10294) Did she have any swelling or lump in the breast? |  |
| (Id10295) Did she have any ulcers (pits) in the breast? | Yes / no / doesn’t know / refused to answer |
| (Id10296) Did she ever have a period or menstruate? | Yes / no / doesn’t know / refused to answer |
| (Id10297) When she had her period, did she have vaginal bleeding in between menstrual periods? | Yes / no / doesn’t know / refused to answer |
| (Id10298) Was the bleeding excessive? | Yes / no / doesn’t know / refused to answer |
| (Id10301) Was there excessive vaginal bleeding in the week prior to death? | Yes / no / doesn’t know / refused to answer |
| (Id10299) Did her menstrual period stop naturally because of menopause or removal of uterus? | Yes / no / doesn’t know / refused to answer |
| (Id10302) At the time of death was her period overdue? | Yes / no / doesn’t know / refused to answer |
| (Id10303) For how many weeks had her period been overdue? | Yes / no / doesn’t know / refused to answer |
| (Id10300) Did she have vaginal bleeding after cessation of menstruation? |  |
| (Id10304) Did she have a sharp pain in her belly (abdomen) shortly before death? | Yes / no / doesn’t know / refused to answer |
| (Id10305) Was she pregnant or in labour at the time of death? | Yes / no / doesn’t know / refused to answer |
| (Id10306) Did she die within 6 weeks of delivery, abortion or miscarriage? | Yes / no / doesn’t know / refused to answer |
| (Id10307) Did this woman die more than 6 weeks after being pregnant or delivering a baby? | Yes / no / doesn’t know / refused to answer |
| (Id10308) Was this a woman who died less than 1 year after being pregnant or delivering a baby? | Yes / no / doesn’t know / refused to answer |
| (Id10309) For how many months was she pregnant? | Yes / no / doesn’t know / refused to answer |
| (Id10310) Please confirm, when she died, she was NEITHER pregnant NOR had delivered, had an abortion, or miscarried within 12 months of when she died--is that right? |  |
| (Id10310\_check) If the response is NO, DON’T KNOW, OR REFUSED, it indicates some uncertainty as to whether the cause of death could have been a maternal or pregnancy-related cause. Go back to the question "Did she ever have a period or menstruate?" and follow the process again. If it is confirmed that the death was related to pregnancy, proceed with the next question “Did she die during labour or delivery?” | Yes / no / doesn’t know / refused to answer |
| **Questions about possible maternal deaths** |  |
| (Id10312) Did she die during labour or delivery? |  |
| (Id10313) Did she die after delivering a baby? | Yes / no / doesn’t know / refused to answer |
| (Id10314) Did she die within 24 hours after delivery? | Yes / no / doesn’t know / refused to answer |
| (Id10315) Did she die within 6 weeks of childbirth? | Yes / no / doesn’t know / refused to answer |
| (Id10315) Did she die within 6 weeks of childbirth? | Yes / no / doesn’t know / refused to answer |
| (Id10316) Did she give birth to a live baby (within 6 weeks of her death)? |  |
| (Id10317) Did she die during or after a multiple pregnancy? | Yes / no / doesn’t know / refused to answer |
| (Id10318) Was she breastfeeding the child in the days before death? | Yes / no / doesn’t know / refused to answer |
| (Id10319) How many births, including stillbirths, did she/the mother have before this baby? | Yes / no / doesn’t know / refused to answer |
| (Id10320) Had she had any previous Caesarean section? |  |
| (Id10321) During pregnancy, did she suffer from high blood pressure? | Yes / no / doesn’t know / refused to answer |
| (Id10322) Did she have foul smelling vaginal discharge during pregnancy or after delivery? | Yes / no / doesn’t know / refused to answer |
| (Id10323) During the last 3 months of pregnancy, did she suffer from convulsions? | Yes / no / doesn’t know / refused to answer |
| (Id10324) During the last 3 months of pregnancy did she suffer from blurred vision? | Yes / no / doesn’t know / refused to answer |
| (Id10325) Did bleeding occur while she was pregnant? | Yes / no / doesn’t know / refused to answer |
| (Id10326) Was there vaginal bleeding during the first 6 months of pregnancy? | Yes / no / doesn’t know / refused to answer |
| (Id10327) Was there vaginal bleeding during the last 3 months of pregnancy but before labour started? | Yes / no / doesn’t know / refused to answer |
| (Id10328) Did she have excessive bleeding during labour or delivery? | Yes / no / doesn’t know / refused to answer |
| (Id10329) Did she have excessive bleeding after delivery or abortion? | Yes / no / doesn’t know / refused to answer |
| (Id10330) Was the placenta completely delivered? | Yes / no / doesn’t know / refused to answer |
| (Id10331) Did she deliver or try to deliver an abnormally positioned baby? | Yes / no / doesn’t know / refused to answer |
| (Id10332) For how many hours was she in labour? | Yes / no / doesn’t know / refused to answer |
| (Id10333) Did she attempt to terminate the pregnancy? |  |
| (Id10334) Did she recently have a pregnancy that ended in an abortion (spontaneous or induced)? | Yes / no / doesn’t know / refused to answer |
| (Id10335) Did she die during an abortion? | Yes / no / doesn’t know / refused to answer |
| (Id10336) Did she die within 6 weeks of having an abortion? | Yes / no / doesn’t know / refused to answer |
| (Id10337) Where did she give birth / complete the miscarriage / have the abortion? | Yes / no / doesn’t know / refused to answer |
| (Id10338) Did she receive professional assistance during the delivery? | Hospital / other health facility / home / on route to hospital or facility / other / doesn’t know / refused to answer |
| (Id10339) Who delivered the baby / completed the miscarriage / performed the abortion? | Yes / no / doesn’t know / refused to answer |
| **How did the mother deliver her baby?** | Doctor / midwife / nurse / relative / self (the mother) / traditional birth attendant / other / doesn’t know / refused to answer |
| (Id10342) Was the delivery normal vaginal, without forceps or vacuum? |  |
| (Id10343) Was the delivery vaginal, with forceps or vacuum? | Yes / no / doesn’t know / refused to answer |
| (Id10344) Was the delivery a Caesarean section? | Yes / no / doesn’t know / refused to answer |
|  | Yes / no / doesn’t know / refused to answer |
| (Id10347) Was the baby born more than one month early? |  |
| (Id10340) Did she have an operation to remove her uterus shortly before death? | Yes / no / doesn’t know / refused to answer |
| **Neonatal and child history, signs and symptoms** | Yes / no / doesn’t know / refused to answer |
| (Id10352\_units) How old was the child when the fatal illness started? |  |
| (Id10352\_a) [Enter how old the child was when the fatal illness started in months]: | Months / years / doesn’t know / refuse to answer |
| (Id10352\_b) [Enter how old the child was when the fatal illness started in years]: |  |
| (Id10352) How many years old was the child when the fatal illness started? |  |
| **Neonatal child questions part A** |  |
| (Id10354) Was the child part of a multiple birth? |  |
| (Id10355) Was the child the first, second, or later in the birth order? | Yes / no / doesn’t know / refused to answer |
| (Id10356) Is the mother still alive? | First / second or later / doesn’t know / refused to answer |
| (Id10357) Did the mother die before, during or after the delivery? | Yes / no / doesn’t know / refused to answer |
| **Time between delivery and death of mother** | Before delivery / during delivery / after delivery / doesn’t know / refused to answer |
| (Id10358\_units) How long after the delivery did the mother die? |  |
| (Id10358) How many months after the delivery did the mother die? | Days / weeks / months / doesn’t know / refused to answer |
| (Id10359) How many days after the delivery did the mother die? |  |
| (Id10359\_a) How many weeks after the delivery did the mother die? |  |
|  |  |
| (Id10360) Where was the deceased born? |  |
| (Id10361) Did you/the mother receive professional assistance during the delivery? | Hospital / other health facility / home / on route to hospital or facility / other / doesn’t know / refused to answer |
| (Id10362) At birth, was the baby of usual size? | Yes / no / doesn’t know / refused to answer |
| (Id10363) At birth, was the baby smaller than usual, (weighing under 2.5 kg)? | Yes / no / doesn’t know / refused to answer |
| (Id10364) At birth, was the baby very much smaller than usual, (weighing under 1 kg)? | Yes / no / doesn’t know / refused to answer |
| (Id10365) At birth, was the baby larger than usual, (weighing over 4.5 kg)? | Yes / no / doesn’t know / refused to answer |
| (id1036X\_check) It is not possible to select "No usual size at Birth", "No weighing under 2.5 kg" and "No weighing over 4.5 kg" together. Please go back and correct the selection. | Yes / no / doesn’t know / refused to answer |
| (Id10366) What was the weight (in grammes) of the deceased at birth? |  |
| (Id10367) How many months long was the pregnancy before the child was born? |  |
| (Id10368) Were there any complications in the late part of the pregnancy (defined as the last 3 months, before labour)? |  |
| (Id10369) Were there any complications during labour or delivery? | Yes / no / doesn’t know / refused to answer |
| (Id10370) Was any part of the baby physically abnormal at time of delivery? (for example: body part too large or too small, additional growth on body)? | Yes / no / doesn’t know / refused to answer |
| (Id10371) Did the baby/ child have a swelling or defect on the back at time of birth? | Yes / no / doesn’t know / refused to answer |
| (Id10372) Did the baby/ child have a very large head at time of birth? | Yes / no / doesn’t know / refused to answer |
| (Id10373) Did the baby/ child have a very small head at time of birth? | Yes / no / doesn’t know / refused to answer |
| (Id10394) How many births, including stillbirths, did the baby's mother have before this baby? | Yes / no / doesn’t know / refused to answer |
|  | Yes / no / doesn’t know / refused to answer |
| **(neonatal\_childB) Neonatal child questions part B** |  |
| (Id10376) Was the baby moving in the last few days before the birth? |  |
| (Id10377) Did the baby stop moving in the womb before labour started? | Yes / no / doesn’t know / refused to answer |
| **Baby moving** | Yes / no / doesn’t know / refused to answer |
| (Id10379\_unit) How long before labour did you/the mother last feel the baby move? |  |
| (Id10379) [Enter how long before labour did you/the mother last feel the baby move in days]: |  |
| (Id10380) [Enter how long before labour did you/the mother last feel the baby move in hours]: |  |
|  |  |
| (Id10382) How many hours did labour and delivery take? |  |
| (Id10383) Was the baby born 24 hours or more after the water broke? |  |
| (Id10384) Was the liquor foul smelling? | Yes / no / doesn’t know / refused to answer |
| (Id10385) What was the colour of the liquor when the water broke? | Yes / no / doesn’t know / refused to answer |
| **(mother\_deliv) How was the baby delivered?** | Green or brown / clear (normal) / other / doesn’t know / refused to answer |
| (Id10387) Was the delivery normal vaginal, without forceps or vacuum? |  |
| (Id10388) Was the delivery vaginal, with forceps or vacuum? | Yes / no / doesn’t know / refused to answer |
| (Id10389) Was the delivery a Caesarean section? | Yes / no / doesn’t know / refused to answer |
| (id10389\_check) It is not possible to select "No" to all three previous questions. Please go back and review the answers. | Yes / no / doesn’t know / refused to answer |
|  |  |
| (Id10391) Did you/the mother receive any vaccinations since reaching adulthood including during this pregnancy? |  |
| (Id10392) How many doses? | Yes / no / doesn’t know / refused to answer |
| (Id10393) Did you/the mother receive tetanus toxoid (TT) vaccine? |  |
| (Id10395) During labour, did the baby's mother suffer from fever? | Yes / no / doesn’t know / refused to answer |
| (Id10396) During the last 3 months of pregnancy, labour or delivery, did you/the baby's mother suffer from high blood pressure? | Yes / no / doesn’t know / refused to answer |
| (Id10397) Did you/the baby's mother have diabetes mellitus? | Yes / no / doesn’t know / refused to answer |
| (Id10398) Did you/the baby's mother have foul smelling vaginal discharge during pregnancy or after delivery? | Yes / no / doesn’t know / refused to answer |
| (Id10399) During the last 3 months of pregnancy, labour or delivery, did you/the baby's mother suffer from convulsions? | Yes / no / doesn’t know / refused to answer |
| (Id10400) During the last 3 months of pregnancy did you/the baby's mother suffer from blurred vision? | Yes / no / doesn’t know / refused to answer |
| (Id10401) Did you/the baby's mother have severe anemia? | Yes / no / doesn’t know / refused to answer |
| (Id10402) Did you/the baby's mother have vaginal bleeding during the last 3 months of pregnancy but before labour started? | Yes / no / doesn’t know / refused to answer |
| (Id10403) Did the baby's bottom, feet, arm or hand come out of the vagina before its head? | Yes / no / doesn’t know / refused to answer |
| (Id10404) Was the umbilical cord wrapped more than once around the neck of the child at birth? | Yes / no / doesn’t know / refused to answer |
| (Id10405) Was the umbilical cord delivered first? | Yes / no / doesn’t know / refused to answer |
| (Id10406) Was the baby blue in colour at birth? | Yes / no / doesn’t know / refused to answer |
|  | Yes / no / doesn’t know / refused to answer |
| **Risk factors** |  |
| (Id10411) Did (s)he drink alcohol? |  |
| (Id10412) Did (s)he use tobacco? | Yes / no / doesn’t know / refused to answer |
| (Id10413) Did (s)he smoke tobacco (cigarette, cigar, pipe, etc.)? | Yes / no / doesn’t know / refused to answer |
| (Id10414) What kind of tobacco did (s)he use ? | Yes / no / doesn’t know / refused to answer |
| (id10414\_check) It is not possible to select cigarettes or pipe and "no" to "Did (s)he smoke tobacco?". Please go back and correct the selections. | Cigarettes / pipe / chewing tobacco / local form of tobacco / other / doesn’t know / refused to answer |
| (Id10415) How many cigarettes did (s)he smoke daily? |  |
| (Id10416) How many times did (s)he use tobacco products each day? |  |
|  |  |
| **Health service utilisation** |  |
| (Id10418) Did (s)he receive any treatment for the illness that led to death? |  |
| (Id10419) Did (s)he receive oral rehydration salts? | Yes / no / doesn’t know / refused to answer |
| (Id10420) Did (s)he receive (or need) intravenous fluids (drip) treatment? | Yes / no / doesn’t know / refused to answer |
| (Id10421) Did (s)he receive (or need) a blood transfusion? | Yes / no / doesn’t know / refused to answer |
| (Id10422) Did (s)he receive (or need) treatment/food through a tube passed through the nose? | Yes / no / doesn’t know / refused to answer |
| (Id10423) Did (s)he receive (or need) injectable antibiotics? | Yes / no / doesn’t know / refused to answer |
| (Id10424) Did (s)he receive (or need) antiretroviral therapy (ART)? | Yes / no / doesn’t know / refused to answer |
| (Id10425) Did (s)he have (or need) an operation for the illness? | Yes / no / doesn’t know / refused to answer |
| (Id10426) Did (s)he have the operation within 1 month before death? | Yes / no / doesn’t know / refused to answer |
| (Id10427) Was (s)he discharged from hospital very ill? | Yes / no / doesn’t know / refused to answer |
| (Id10428) Did (s)he receive any immunizations? | Yes / no / doesn’t know / refused to answer |
| (Id10429) Do you have the child's vaccination card? | Yes / no / doesn’t know / refused to answer |
| (Id10430) Can I see the vaccination card (note the vaccines the child received)? | Yes / no / doesn’t know / refused to answer |
| (Id10431) Select EPI vaccines done | Yes / no / doesn’t know / refused to answer |
| (id10431\_check) It is not possible to select "No vaccines", "Don't know" or "refuse" together with other options. Please go back and correct the selection. | BCG / DPT 1,2,3 / Hep B / Hib / measles / meningitis / penta 1,2,3 / pneumo / polio 1,2,3 / rota / no vaccines / doesn’t know |
| (Id10432) Was care sought outside the home while (s)he had this illness? |  |
| (Id10433) Where or from whom did you seek care? | Yes / no / doesn’t know / refused to answer |
| (id10433\_check) It is not possible to select "Don't know" or "refuse" together with other options. Please go back and correct the selection. | Traditional healer / homeopath / religious leader / gov’t hospital / gov’t 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 |
| (Id10434) What was the name and address of any hospital, health center or clinic where care was sought |  |
| (Id10435) Did a health care worker tell you the cause of death? |  |
| (Id10436) What did the health care worker say? | Yes / no / doesn’t know / refused to answer |
| (Id10437) Do you have any health records that belonged to the deceased? |  |
| (Id10438) Can I see the health records? | Yes / no / doesn’t know / refused to answer |
| (Id10439\_check) [Is the date of the most recent (last) visit available?] | Yes / no / doesn’t know / refused to answer |
| (Id10439) [Record the date of the most recent (last) visit] | Yes / no |
| (Id10440\_check) [Is the date of the second most recent visit available?] |  |
| (Id10440) [Record the date of the second most recent visit] | Yes / no |
| (Id10441\_check) [Is the date of the last note on the health records available?] |  |
| (Id10441) [Record the date of the last note on the health records] | Yes / no |
| (Id10442) [Record the weight (in kilogrammes) written at the most recent (last) visit] |  |
| (Id10443) [Record the weight (in kilogrammes) written at the second most recent visit] |  |
| (Id10444) [Transcribe the last note on the health records] |  |
| (Id10445) Has the deceased’s (biological) mother ever been tested for HIV? |  |
| (Id10446) Has the deceased’s (biological) mother ever been told she had HIV/AIDS by a health worker? | Yes / no / doesn’t know / refused to answer |
|  | Yes / no / doesn’t know / refused to answer |
| **Background and context** |  |
| (Id10450) In the final days before death, did s/he travel to a hospital or health facility? |  |
| (Id10451) Did (s)he use motorised transport to get to the hospital or health facility? | Yes / no / doesn’t know / refused to answer |
| (Id10452) Were there any problems during admission to the hospital or health facility? | Yes / no / doesn’t know / refused to answer |
| (Id10453) 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 / doesn’t know / refused to answer |
| (Id10454) Were there any problems getting medications or diagnostic tests in the hospital or health facility? | Yes / no / doesn’t know / refused to answer |
| (Id10455) Does it take more than 2 hours to get to the nearest hospital or health facility from the deceased's household? | Yes / no / doesn’t know / refused to answer |
| (Id10456) In the final days before death, were there any doubts about whether medical care was needed? | Yes / no / doesn’t know / refused to answer |
| (Id10457) In the final days before death, was traditional medicine used? | Yes / no / doesn’t know / refused to answer |
| (Id10458) In the final days before death, did anyone use a telephone or cell phone to call for help? | Yes / no / doesn’t know / refused to answer |
| (Id10459) Over the course of illness, did the total costs of care and treatment prohibit other household payments? | Yes / no / doesn’t know / refused to answer |
|  | Yes / no / doesn’t know / refused to answer |
| **Death certificate with cause of death** |  |
| (Id10462) Was a medical certificate of cause of death issued? |  |
| (Id10463) Can I see the medical certificate of cause of death? | Yes / no / doesn’t know / refused to answer |
| (Id10464) [Record the immediate cause of death from the certificate (line 1a)] | Yes / no / doesn’t know / refused to answer |
| (Id10465) [Duration (Ia):] |  |
| (Id10466) [Record the first antecedent cause of death from the certificate (line 1b)] |  |
| (Id10467) [Duration (Ib):] |  |
| (Id10468) [Record the second antecedent cause of death from the certificate (line 1c)] |  |
| (Id10469) [Duration (Ic):] |  |
| (Id10470) [Record the third antecedent cause of death from the certificate (line 1d)] |  |
| (Id10471) [Duration (Id):] |  |
| (Id10472) [Record the contributing cause(s) of death from the certificate (part 2)] |  |
| (Id10473) [Duration (part2):] |  |
|  |  |
| **Open narrative** |  |
| (Id10476) Thank you for your information. Now can you please tell me in your own words about the events that led to the death? |  |
| (Id10477) [Select any of the following words that were mentioned as present in the narrative.] |  |
| (Id10478) [Select any of the following words that were mentioned as present in the narrative.] | Chronic kidney disease / dialysis / fever / heart attack / heart problem / jaundice / liver failure / malaria / pneumonia / renal (kidney) failure / suicide / none of the above words mentioned / don’t know |
| (Id10479) [Select any of the following words that were mentioned as present in the 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 |
|  | Asphyxia / incubator / lung problem / pneumonia / preterm delivery / respiratory distress / none of the above words mentioned / don’t know |
|  |  |