

Interviewer 

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      Date of interview 

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      File number 

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*Instructions to interviewer: Introduce yourself and explain the purpose of your visit. Ask to speak to the care taker or any other who was present during the illness that led to death. If this is not possible, arrange a time to revisit the household when the caretaker will be home. Before interviewing the person, explain to him or her that participation in the interview is voluntary; he/she can refuse to answer any question and he/she can stop the interview at anytime. Explain to him/her that the information provided is only for research purposes and will be confidential*

*Instructions to the respondent: "I would like to ask you some questions that would help us to get a clear picture of all possible symptoms the diseased had/showed when she /he was ill. Some of these questions may not appear to be directly related to his or her death. Please bear with me and answer all the questions."*

## Section 1. Informant identification and background information

### 1.1 Names of the informant

Firstname	<i>rfname</i>	Juokname	<i>rjname</i>	Lastname	<i>rname</i>

1.2 Age in years (>14)

-----

0 1 2 3 4 5 6 7 8 9

0 1 2 3 4 5 6 7 8 9

age  
age1

1.3 Sex of <NAME> ----- ☐ M ☐ F intsex

1.4 What is the Relationship of the respondent to the deceased? ----- ☐ Biologicalmother ☐ Father ☐ GrandParent ☐ Aunt *intrel*  
☐ Co-wife to mother ☐ Sibling ☐ Adoptivemother  
☐ Other

1.5 Availability? ----- ☐ Present at the time of visit intav  
☐ Absent at the time of visit, but can be contacted & visited  
☐ Unavailable, impossible to contact

1.6 Participation

-----

☐ Primary informant

☐ Secondary informant who participated in the interview

☐ Present but did not participate      ☐ Did not participate

## SECTION 2: BACKGROUND INFORMATION ON DECEASED

**2.1** Before death, was the mother of the deceased child living for 4 months or more in Asembo, Gem or Karemo? ----- ☐ Yes ☐ No ☐ Don'tknow mdss

**2.2** If NO, did the deceased return to Asembo, Gem or Karemo just for burial? ----- ☐ Yes ☐ No ☐ Don'tknow ☐ NA *burial*

**2.3 Names of head of compound**

Firstname	<i>fnamec</i>	Secondname	<i>jnamec</i>	Lastname	<i>lnamec</i>

**2.4 Village, Compound, House**

**2.5 Permanent ID of the deceased child**

**2.6 Name of the deceased Child**

Firstname	<i>dfname</i>	Juokname	<i>djname</i>	Lastname	<i>dname</i>

**2.7 Names of mother**

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fnamem

Middle name (Juokname)

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jnamem

Lastname

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lnamem

**2.8 Permanent ID of the deceased's mother**

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mpidvc

mpidh

mpidsq

0									
1									
2									
3									
4									
5									
6									
7									
8									
9									

mpidvc1

mpidh1

mpidsq1

A	K	U
B	L	V
C	M	W
D	N	X
E	O	Y
F	P	Z
G		
H		
I		
J		

0			
1			
2			
3			
4			
5			
6			
7			
8			
9			

**2.9 Child's sex**☐ Male☐ Female

sexd

**2.10 Child's date of birth (dd/mm/yyyy)**

				/					/				
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day (dd)

month (mm)

year (yyyy)

vedob

**2.11 Date of death**

				/					/				
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day (dd)

month (mm)

year (yyyy)

vedod

**2.12 How old in days was the deceased child when s/he died?**

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

vedays

vedays1

**SECTION 3 . PLACE AND CAUSE OF DEATH****3.1 Where did <NAME> die?**☐ At home

placd

☐ On the way to/from a health facility☐ At a health facility☐ Other (specify)

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placdoth

☐ Dont Know**If answered "At a health facility" in Q.3.1 above go to 3.2, else fill NA in 3.2 & go to question 3.3****3.2 Which health facility did <NAME> die?**☐ Akala☐ Rera☐ Siaya

hfname

☐ Ndori☐ Bar-olengo☐ Bondo☐ Nyawara☐ Ting'-Wang'i☐ Ng'iyamission☐ Wagai☐ K'otieno☐ Aluor☐ Njeira☐ Nyathengo☐ NA☐ Other

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hfnameoth

**3.3 What do you think was the cause of death? (write exactly as the respondent tells you)**

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"I would like to ask some questions concerning symptoms that the deceased had/showed when S/he was ill. Some of these questions may not appear to be directly related to his/her death. Please bear with me and answer all the questions. They will help us to get a clear picture of all possible symptoms that the deceased had"

#### SECTION 4. ACCIDENTS AND INJURIES

4.1. Did the child have an injury including animal or insect bite, or an accident that resulted in his/her death (*be ne ohinyre e masira mar ndara, kata lee, kute makecho mokelo thoo ne*)? -----

☐ Injury ☐ Accident ☐ Neither injury or accident *vedacct*  
☐ Don't know

4.1.a What kind of injury or accident? -----

☐ Transport accident (pedestrian) ☐ Transport (passenger)  
☐ Fall ☐ Drowning *vedtype*  
☐ Bite or sting ☐ Burn  
☐ Sharp object (e.g. knife) ☐ Poisoning  
☐ Assault/abuse *vedtypeot*  
☐ Other (specify) 

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*If injury or accident led to death go to Other Events and Summary of details in section 9, page 7*

#### SECTION 5. SYMPTOMS CONCERNING THE MOTHER

5.1 How is the mother now? ----- ☐ healthy, fine ☐ She is sick ☐ Died ☐ Don't know

5.2 Was it a difficult birth? ----- ☐ Yes ☐ No ☐ DK

5.3 Did the mother have fits before giving birth? ----- ☐ Yes ☐ No ☐ DK

5.4 Did/does the mother have high blood pressure? ----- ☐ Yes ☐ No ☐ DK

5.5 Did the mother have a febrile illness at the time of delivery? -- ☐ Yes ☐ No ☐ DK

5.6 Did the child's mother suffer from any of the following conditions (*read options*)? *motcondit*

[i] Diabetes ----- ☐ Yes ☐ No ☐ DK ☐ NA *motherDiab*

[ii] TB ----- ☐ Yes ☐ No ☐ DK ☐ NA *motherTB* (*If yes, go to 5.7, else fill NA in 5.7 & go to Q5.8*)

[iii] HIV/AIDS ----- ☐ Yes ☐ No ☐ DK ☐ NA *motherHIV* (*If yes go to 5.8 and 5.9, else fill NA go to Q6*)

[iv] None ----- ☐ None

**(If mother had TB, ask Q5.7; otherwise fill in NA and go to Q5.8)**

5.7 Was the mother of the child diagnosed with TB during the last year? ----- ☐ Yes ☐ No ☐ DK ☐ NA *mottb*

**(If mother had HIV, ask Q.5.8 and 5.9, otherwise fill in NA and go to 6.1)**

5.8 Did the **mother** receive ARVs during her pregnancy? ----- ☐ Yes ☐ No ☐ DK ☐ NA *motarv*

5.9 Did the **child** receive ARVs within 3 days of birth? ----- ☐ Yes ☐ No ☐ DK ☐ NA *childarv*

#### SECTION 6. EVENTS DURING THE BIRTH

6.1 Did the mother have any antenatal care during her pregnancy? ----- ☐ Yes ☐ No ☐ DK *vepregc*

6.2 Did the mother receive SP or fansidar for malaria prevention during the antenatal visits? ----- ☐ Yes ☐ No ☐ DK *vepregfs*

6.3 Had the mother received tetanus toxoid vaccination (TT) ----- ☐ Yes ☐ No ☐ DK *vepregtt*

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6.4 If yes, how many TT injections did she receive? -----

TT=tetanus toxoid

  


0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

☐ DK
 vepregttno  
 vepregttno1  
 vepregttDK

6.5 Where did the mother give birth? -----

☐ Home ☐ Hospital ☐ Traditional birth attendant's home☐ On the way to/from health facility☐ Dont Know
 veborn  
 vebornot
☐ Other (specify)

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6.6 Who assisted in the birth? -----

☐ No one (mother delivered alone) ☐ Nyamrerwa, trained☐ Doctor/Clinical officer/Nurse ☐ Nyamrerwa, untrained☐ Other women in compound
 vedelivery  
 vedeliveryo
☐ Other (specify)

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6.7 Was it a **caesarian** delivery? -----☐ Yes ☐ No ☐ DK

caedeliv

6.8 Was it a prolonged labor? -----

☐ Yes ☐ No ☐ DK

prollab

6.9 Did waters break 1 day or more before delivery of the baby? -----

☐ Yes ☐ No ☐ DK

wtbreak

6.10 Was the child premature? -----

☐ Yes ☐ No ☐ DK

childpre

6.11 If yes, how many weeks or months premature?

	preweek	0	1	2	3	4	5	6	7	8	9	preweek1		premonth	0	1	2	3	4	5	6	7	8	9	premonth1		
<input type="radio"/> Weeks	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/> Months	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/> Dont Know	
	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			

preweekMDK

6.12 Did the baby play or move in the womb before labor? -----

☐ Yes ☐ No ☐ DK

babplay

6.13 If No, did the baby breath at all after delivery? -----

☐ Yes ☐ No ☐ DK

babbreath

6.14 Was the baby dead at birth? -----

☐ Yes ☐ No ☐ DK

babdead

6.15 Did the umbilical cord come before the baby was born? -----

☐ Yes ☐ No ☐ DK

umbcord

**SECTION 7. SYMPTOMS****ASK THESE QUESTIONS IF THE CHILD WAS BORN ALIVE or ELSE FILL 'NA' AT END OF THIS SENTENCE & GO TO SECTION 8 -- ☐ NA**

7.1 Did &lt;NAME&gt; cry after birth? -----

☐ Yes ☐ No ☐ DK

venstbcr

7.2 Was &lt;NAME&gt; able to breastfeed soon after birth? -----

☐ Yes ☐ No ☐ DK

venbsuck

If 'NO' ask Q.7.3. If yes or DK skip to Q.7.4

7.3 Was the problem with the child or the mother? -----

☐ Yes ☐ No ☐ DK

bsuckno

7.4 Was &lt;NAME&gt; weighed after being born? -----

☐ Yes ☐ No ☐ DK

weight

If 'YES' ask Q.7.5. If NO or DK skip to Q.7.6

7.5 How much did &lt;NAME&gt; weigh? -----

  


0 1 2 3 4 5 6 7 8 9

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
  

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

 bwt  
 bwt1  
 decbwt  
 decbwt1

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7.6 Were there any bruises or signs of injury on <NAME's> body after birth? -----	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	vebinj
7.7 What was the colour of <NAME's> skin after being born? -----	<input type="radio"/> Normal <input type="radio"/> Purple <input type="radio"/> Pale <input type="radio"/> DK	skincol
7.8 Did <NAME's> arms/legs have strength? -----	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	alstrngth
7.9 Did <NAME's> have any malformation at birth? -----	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	vebdef
7.10 Did <NAME's> eye colour change to yellow (jaundice)? (wang maratong/del maratong)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	veneyell
7.11 How many days after being born did <NAME's> eye colour change to yellow? -----	<div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">days</div> <div style="display: flex;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">0</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">1</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">2</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">3</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">4</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">5</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">6</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">7</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">8</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">9</div> </div> </div> </div>	yedayes
7.12 Did <NAME's> have any problem with the umbilical cord? ---	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	pumbcord
If 'YES' ask Q.7.13. If NO or DK skip to Q.7.14		
7.13 What was the problem with the umbilical cord? -----	<input type="radio"/> Wrapped around the neck <input type="radio"/> Came out before the baby <input type="radio"/> Other	owpumbcod
7.14 Did <NAME> have a fever? -----	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	vesfevl
If 'YES' ask Q.7.15. If NO or DK skip to Q.7.16		
7.15 For how many days did <NAME> have fever? -----	<div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">days</div> <div style="display: flex;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">0</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">1</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">2</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">3</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">4</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">5</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">6</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">7</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">8</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">9</div> </div> </div> </div>	vesfevl
7.16 Did <NAME> have convulsions? -----	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	vesconv
7.17 During the period of illness, did <NAME> have areas of skin that were red peeling or skin rash with blisters containing pus? (mbaha, del maruodho)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	venredsk
7.18 Was <NAME> coughing? -----	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	vescgh
If yes, for how many days? -----	<div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">days</div> <div style="display: flex;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">0</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">1</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">2</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">3</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">4</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">5</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">6</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">7</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">8</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">9</div> </div> </div> </div>	vescghlt
7.19 Did <NAME> have difficulty in breathing? -----	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	vesdbth
If yes, for how many days? -----	<div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">days</div> <div style="display: flex;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">0</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">1</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">2</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">3</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">4</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">5</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">6</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">7</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">8</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">9</div> </div> </div> </div>	vesdbthd
7.20 Did <NAME> have fast breathing? -----	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	vesfbth11
If yes, for how many days? -----	<div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">days</div> <div style="display: flex;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">0</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">1</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">2</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">3</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">4</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">5</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">6</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">7</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">8</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">9</div> </div> </div> </div>	vesfbthd
7.21 Did <NAME> have in-drawing of the chest while breathing? -----	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	vesin
If yes, for how many days? -----	<div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">days</div> <div style="display: flex;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">0</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">1</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">2</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">3</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">4</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">5</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">6</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">7</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">8</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">9</div> </div> </div> </div>	vesind

7.22 Was <NAME> vomiting? -----	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	vesvomit
If yes, for how many days? ----- days	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">3</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">4</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">5</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">6</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">7</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">8</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">9</div> </div> </div>	vesvomild
7.23 Did <NAME> have <b>diarrhea</b> ? -----	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	vesdrh
If yes, for how many days? ----- days	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">3</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">4</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">5</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">6</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">7</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">8</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">9</div> </div> </div>	vesdrhd
7.23.1 What was the most common aspect of the stool? ( <i>oko mar nyathi ne chalnadi ekinde mane odie(w)o?</i> )		
[i] Thick liquid ( <i>diep mopoto</i> ) -- <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <sup>diarliq</sup>	[iv] Sticky/Mucoid ( <i>Ma moko/Karenda-renda</i> ) -- <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <sup>diarstic</sup>	
[ii] Opaque watery ( <i>diep otimo pii to ok liw/diep mar pii ma ok nyal ne iye</i> ) ----- <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <sup>diaropq</sup>	[v] Bloody ( <i>Otimo remo</i> ) ----- <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	
[iii] Clear watery ( <i>Maliw machalo pii</i> ) ----- <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <sup>diarclear</sup>	[vi] Don't know ( <i>Ok ang'eyo</i> ) --- <input type="radio"/> DK <sup>diarblood</sup>	
7.23.2 Do you think the child was <b>lacking fluids</b> when s/he was having diarrhea? ----- <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <sup>diarfluid</sup>		
7.23.3 Did the child have <b>sunken eyes</b> when s/he was ill with diarrhea? ----- <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <sup>diarseyes</sup>		
7.23.4 Did the child have <b>wrinkled skin</b> when s/he was ill with diarrhea? ----- <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <sup>diarwskin</sup>		
7.23.5 During the diarrheal episode was the child given <b>any fluids such as ORS</b> ? ----- <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK <sup>diarORS</sup>		
7.24 Was <NAME> unable to breastfeed when s/he ----- was ill?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	ventopsk
If yes, for how many days? ----- days	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">3</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">4</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">5</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">6</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">7</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">8</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">9</div> </div> </div>	vensuckl
7.25 Was there a bulge in <NAME's> fontanel? ----- ( <i>chuny wiye okuot</i> )	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	vesfontb
If yes, for how many days? ----- days	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">3</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">4</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">5</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">6</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">7</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">8</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">9</div> </div> </div>	vesfontbd
7.26 During the illness that led to death, did <NAME> become unconscious? -----	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	vesoloch
7.27 Was the child HIV infected? -----	<input type="radio"/> Yes, HIV tested and positive <span style="float: right;">chiv</span> <input type="radio"/> Assumed HIV positive but not tested <input type="radio"/> Not HIV infected <input type="radio"/> DK	

**SECTION 8. TREATMENT: ALL QUESTIONS REFER TO CHILD'S LAST ILLNESS**

8.1 Was care sought outside the home while <NAME> ----- had this illness?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	vecarhm
8.1.1 Where or from whom did you seek care?		
[i] Traditional healer -----	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	ctradhea
[ii] Government/mission health Centre/clinic -----	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	chcntrl
[iii] Pharmacy/drug seller -----	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	cphrmdr
[iv] Government/mission/private hospital -----	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	chosp
[v] Religious leader -----	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	crelig
[vi] Nyamrerwa (TBA) -----	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	cnyamre
[vii] Private physician -----	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	cphysic
[viii] Bush Doctor. -----	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK	cbushdoc
[ix] Others, specify -----	<div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	cother

After respondent finishes prompt: Did you seek care anywhere else? Keep using this prompt until respondent replies that they did not seek care from anywhere else.

8.1.2 If answer is hospital, ask: Which Hospital(s)? -----

☐ Siaya District☐ Bondo District☐ Lwak *vechospital*

(Mark all that apply)

☐ Kisumu District☐ Kisumu Provincial☐ Nyawara☐ Aluor☐ Yala☐ Ngiya☐ Other

--	--	--	--	--	--	--	--	--	--

*otvechosp*

days

8.1.3 How many nights in total did &lt;NAME&gt; spend in the hospital(s)?

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

*vecarhpn*

8.2 Was &lt;NAME&gt; given any herbal remedies at home? -----

☐ Yes☐ No☐ DK☐ NA*vetrthb*

8.3 Did &lt;NAME&gt; receive any western drug during the illness? -----

☐ Yes☐ No☐ DK*vetrdng*

If "No" or "DK", go to section 9

8.3.1 If yes, ask: Did &lt;NAME&gt; receive any of the following medications during the illness preceding his/her death (read options and mark all that apply) -----

☐ antimalarial☐ Antibiotics☐ ARVs☐ Blood Transfusion *medi*

8.3.2 If antemalarial: Which antemalarial drug did &lt;NAME&gt; receive?

[i] Coartem -----

☐ Yes☐ No☐ DK*dcoartem*

[ii] Quinine -----

☐ Yes☐ No☐ DK*dquinine*

[iii] Artesunate/artemether/artemisinin -----

☐ Yes☐ No☐ DK*darte*

[iv] Fansidar/SP/Falcidin -----

☐ Yes☐ No☐ DK*dfansidar*

[v] Amodioquine -----

☐ Yes☐ No☐ DK*damodio*

[vi] Chloroquine/malariaquin -----

☐ Yes☐ No☐ DK*dchloro*

[vii] Others, specify -----

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*dothersp***SECTION 9: OTHER EVIDENCE AND SUMMARY OF DETAILS***noevld*

Ask to see the following documents and copy cause of death directly from the documents, otherwise, shade here ...

☐ No evidence**Death certificate**

9.1 Was a death certificate issued? -----

☐ Yes☐ No☐ DK*dcer*

If No or DK, fill NA &amp; go to 9.2

9.1.1 (If Yes, ask:) Can I see the death certificate? -----

☐ Yes, available☐ Death certificate not available☐ NA

9.1.2 (If Available, write down the cause of death stated on the death certificate)

Cause of Death -----

0 1 2 3 4 5 6 7 8 9


To be coded; Use PERCEIVEDVA-ADULT v1 -----

*dccod***Burial permit**

9.2 Was a burial permit issued? -----

☐ Yes☐ No☐ DK*veburpm*

If No or DK, fill NA &amp; go to 9.3

9.2.1 (If Yes, ask:) Can I see the burial permit? -----

☐ Yes, available☐ Burial permit not available☐ NA *vebursee*

9.2.2. Is the cause of death written on the burial permit? --

☐ Yes☐ No☐ NA*vebpcdth*

9.2.3 If Yes, write what is the cause of death on the burial permit?

Cause of Death -----

0 1 2 3 4 5 6 7 8 9


To be coded; Use PERCEIVEDVA-ADULT v1 -----

*bpcod*

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Section 9.0: Other Evidence and summary of Details continued ...**Post mortem result**

9.3 Was a Post mortem done? ----- ☐ Yes ☐ No ☐ DK pm  
*If No or DK, fill NA & go to 9.4*

9.3.1 Was the cause of death revealed to you or written on the PM report? ----- ☐ Yes ☐ No ☐ NA pmcd

9.3.2 If Yes, write what is the cause of death on the PM report?

Cause of Death \_\_\_\_\_

To be coded; Use PERCEIVEDVA-ADULT v1 -----

	0	1	2	3	4	5	6	7	8	9
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

pmcod

**MCH / ANC Card (Maternal & Child Health/ Antenatal Care)**

9.4 Is MCH / ANC card available? ----- ☐ Yes ☐ No ☐ DK ☐ NA mch

**Hospital prescription forms**

9.5 Hospital prescription forms available? ----- ☐ Yes ☐ No ☐ DK ☐ NA hpr

**Treatment cards**

9.6 Treatment cards available? ----- ☐ Yes ☐ No ☐ DK ☐ NA tcd

**Hospital discharge forms**

9.7 Hospital discharge forms available? ----- ☐ Yes ☐ No ☐ DK ☐ NA hdf

9.7.1 If Yes, write what is the Diagnosis on the hospital forms

*If No or DK, go to 9.8*

Diagnosis \_\_\_\_\_

To be coded; Use PERCEIVEDVA-ADULT v1 -----

	0	1	2	3	4	5	6	7	8	9
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

hdiag

9.8 Other hospital documents available? ----- ☐ Yes ☐ No ☐ DK ohd

9.9 Laboratory/cytology results available? ----- ☐ Yes ☐ No ☐ DK lab

9.10 Did a health care worker tell you the cause of death? ----- ☐ Yes ☐ No ☐ DK hccod

9.10.1 If Yes, What did s/he say?


10.0 Date form checked by VA Village Reporter Supervisor: ----- 

dd		
----	--	--

 / 

mm		
----	--	--

 / 

yyyy				
------	--	--	--	--

chkdate

vrsupsign

10.1 Signature (please keep the signature within the box provided) -----

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**Interviewer:** please add your comments & observation at the back of this last page and thank the respondent(s) for their cooperation



Safer, healthier people. Research for health solutions



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