INTERNATIONAL CORE VERBAL AUTOPSY FORM 2:
DEATH OF CHILD AGED 29 DAYS TO UNDER 5 YEARS

	interviewe	Date of interview	*date_inter*	*dd*		*mm*		*yyyy*	File number	*filenum*

Interviewer [ ][ ][ ]   Date of interview [ ][ ] / [ ][ ] / [ ][ ][ ][ ]   File number [ ][ ][ ][ ][ ][ ]

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 *rfname*	Juokname *rjname*	Lastname *rlname*
[ ][ ][ ][ ][ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

1.2 Age in years (>14) - - - - - - - - - - [ ] ⓪①②③④⑤⑥⑦⑧⑨ *rage*
[ ] ⓪①②③④⑤⑥⑦⑧⑨ *rage1*

1.3 Sex of <NAME> - - - - - - - - - - ○ M ○ F *intsex*

1.4 What is the Relationship of the respondent - - - - - - - - - - ○ Biological mother ○ Father ○ Grand Parent ○ Aunt *intrel*
to the deceased? ○ Co-wife to mother ○ Sibling ○ Adoptive mother
○ 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 *intpar*
○ 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 deceased living for 4 months
or more in Asembo, Gem or Karemo? - - - - - - - - - ○ Yes ○ No ○ <NAME> aged less than 4months
○ Don't know *dss*

2.2 *If deceased was less than 4months ask ,was the*
mother living for 4 months or more in Asembo, Gem
or Karemo? - - - - - - - - - - - - - - - ○ Yes ○ No ○ Don't know ○ NA *mdss*

2.3 *If NO,* did the deceased return to Asembo, Gem
or Karemo just for burial? - - - - - - - - - - - - - ○ Yes ○ No ○ Don't know *burial*

2.3 Names of head of compound

Firstname *fnamec*	Secondname *jnamec*	Lastname *lnamec*
[ ][ ][ ][ ][ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

2.4 Village, Compound, House

Village [ ][ ][ ] *vill*   Compound [ ][ ][ ] *comp*   House [ ] *house*

	vill			comp			house	A K U
0	○○○			○○○			Ⓐ Ⓚ Ⓤ	
1	○○○			○○○			Ⓑ Ⓛ Ⓥ	
2	○○○	*vill1*		○○○	*comp1*		Ⓒ Ⓜ Ⓦ *house1*	
3	○○○			○○○			Ⓓ Ⓝ Ⓧ	
4	○○○			○○○			Ⓔ Ⓞ Ⓨ	
5	○○○			○○○			Ⓕ Ⓟ Ⓩ	
6	○○○			○○○			Ⓖ Ⓠ	
7	○○○			○○○			Ⓗ Ⓡ	
8	○○○			○○○			Ⓘ Ⓢ	
9	○○○			○○○			Ⓙ Ⓣ	

2.5 Permanent ID of the deceased child

Permanent ID [ ][ ][ ][ ][ ][ ] *permidvc*   [ ] *permidh*   [ ][ ][ ] *permidseq*

	permidvc					A K U		permidseq
0	○○○○○○					Ⓐ Ⓚ Ⓤ	0	○○○
1	○○○○○○					Ⓑ Ⓛ Ⓥ	1	○○○
2	○○○○○○	*permidvc1*				Ⓒ Ⓜ Ⓦ	2	○○○ *permidseq1*
3	○○○○○○					Ⓓ Ⓝ Ⓧ	3	○○○
4	○○○○○○					Ⓔ Ⓞ Ⓨ	4	○○○
5	○○○○○○					Ⓕ Ⓟ Ⓩ	5	○○○
6	○○○○○○					Ⓖ Ⓠ	6	○○○
7	○○○○○○					Ⓗ Ⓡ	7	○○○
8	○○○○○○					Ⓘ Ⓢ	8	○○○
9	○○○○○○					Ⓙ Ⓣ	9	○○○

2.6 Name of the deceased Child

Firstname *dfname*	Juokname *djname*	Lastname *dlname*
[ ][ ][ ][ ][ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

2.7 Names of mother

| | | | | | | | | | | | | | *fnamem*

Middle name (Juok name)

| | | | | | | | | | | | | | *jnamem*

Last name

| | | | | | | | | | | | | | *lnamem*

2.8 Permanent ID of the deceased's mother

mpidvc   *mpidh*   *mpidsq*

```
0  O O O O O O        A K U         0  O O O
1  O O O O O O        B L V         1  O O O
2  O O O O O O  mpidvc1  C M W  mpidh1  2  O O O  mpidsq1
3  O O O O O O        D N X         3  O O O
4  O O O O O O        E O Z         4  O O O
5  O O O O O O        F P Z         5  O O O
6  O O O O O O        G Q           6  O O O
7  O O O O O O        H R           7  O O O
8  O O O O O O        I S           8  O O O
9  O O O O O O        J T           9  O O O
```

2.9 Child's sex — — — — — — — — O M   O F   *sexd*

2.10 Child's date of birth (dd/mm/yyy) — — — — | | / | | / | | | | *vedob*

day (dd)   month (mm)   year (yyyy)

2.11 Date of death — — — — — — | | / | | / | | | | *vedod*

2.12 Child's age at death *(years/months[days])* — — — —

If child <30 days old, record # days

	years	Months	Days
			veyears
			veyears1

```
        years      Months      Days
        0  O O     0  O O      0  O O    veyears
        1  O O     1  O O      1  O O    veyears1
        2  O O     2  O O      2  O O    vemonths
        3  O O     3  O O      3  O O    vemonths1
        4  O O     4  O O      4  O O    vedays
        5  O O     5  O O      5  O O    vedays1
        6  O O     6  O O      6  O O
        7  O O     7  O O      7  O O
        8  O O     8  O O      8  O O
        9  O O     9  O O      9  O O
```

SECTION 3 . PLACE AND CAUSE OF DEATH

3.1 Where did <NAME> die? — — — — — *placd*   O At home   O At a health facility   O On the way to/from a health facility

O Other (specify) | | | | | | | | | | | | | | *placdoth*

O Dont Know

If answered "At a health facility" in Q.3.1 above go to 3.2, else go to question 3.3

3.2 Which health facility did <NAME> — — — — *hfname*   O Akala   O Njejra   O Ng'iyamission   O Wagai   O Ting'-Wang'i

O Ndori   O Rera   O Nyathengo   O Aluor   O K'otieno

O Nyawara   O Bar-olengo   O Siaya   O Bondo

O Other — — — — | | | | | | | | | | | | | *hfnameoth*

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

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

3.4 *Ask:* Please tell me the history of events leading to the death of <NAME>

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

"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   *inj*
○ Don't know

If the answer to 4.1 above is "Injury" or "Accident" go to question 4.1a
If the answer 4.1 above is "Neither Injury or accident" or "Don't know", fill in NA in 4.1.1 to 4.4 & go to Section 5 for symptoms concerning the mother

4.1.1 What kind of injury or accident?

○ Transport accident (pedestrian)   ○ Transport (passenger)
○ Fall   ○ Drowning
○ Bite or sting   ○ Burn   *tinj*
○ Sharp object (e.g. knife)   ○ Poisoning
○ Assault/abuse   ○ NA   *tinjot*
○ Other (specify) [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

4.2 Was s/he injured intentionally by someone?   ○ Yes   ○ No   ○ DK   ○ NA   *injty*

4.3 Was s/he accidentally poisoned (including alcohol)?   ○ Yes   ○ No   ○ DK   *acp*

4.4 Did s/he commit suicide?   ○ Yes   ○ No   ○ DK   *sui*

If injury or accident led to death go to other Evidence and Summary of details in Section 11, page 12

SECTION 5. EVENTS DURING THE BIRTH OF A CHILD

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

○ Diabetes   *motcondit*

○ TB   *(If yes, go to 5.2, else fill NA in 5.2 & go to Q5.3)*

○ HIV/AIDS   *(If yes go to 5.3 and 5.4, else fill NA go to Q5.5)*

○ None   ○ Don't know

(If mother had TB, ask)
5.2 Was the mother of the child diagnosed with **TB** during the last 2 years?   ○ Yes   ○ No   ○ DK   ○ NA   *mottb*

(If mother had HIV, ask Q.5.3 & 5.4)
5.3 If the mother had **HIV**, ask did the **mother** receive ARVs during her pregnancy?   ○ Yes   ○ No   ○ DK   ○ NA   *motarv*

5.4 If the mother had HIV, ask did the **child** receive ARVs within 3 days of birth?   ○ Yes   ○ No   ○ DK   ○ NA   *childarv*

5.5 Did the mother have any antenatal care during her pregnancy?   ○ Yes   ○ No   ○ DK   *vepregc*

5.6 **Ask for children who are less than one Year only or else fill NA:**
Did the mother receive SP or fansidar for malaria prevention during the antenatal visits?   ○ Yes   ○ No   ○ DK   ○ NA   *vepregfs*

SECTION 6. CHRONIC ILLNESS

6.0 Did <NAME> suffer from any of the following illnesses? (read all options):

				Day	Months	Years	Duration
6.01 Heart disease (*Tuo adundo*)	○ Yes	○ No	○ DK *ohea*	○	○	○	
6.02 Diabetes (*Tuo mar sukari*)	○ Yes	○ No	○ DK *diab*	○	○	○	
6.03 Epilepsy (*Ndulume*)	○ Yes	○ No	○ DK *epil*	○	○	○	
6.04 TB (*Ahonda mar kahera*)	○ Yes	○ No	○ DK *tb*	○	○	○	
6.05 HIV/AIDS (*Ayaki*)	○ Yes	○ No	○ DK *hiv*	○	○	○	
6.06 Leprosy (*Dhoho, nyinyo, mbiko*)	○ Yes	○ No	○ DK *lep*	○	○	○	
6.07 Asthma (*Athma, Tuo mar thung'*)	○ Yes	○ No	○ DK *asth*	○	○	○	
6.08 Cancer (*Adhola [manie ich, manie thuno, mar del]*)	○ Yes	○ No	○ DK *can*	○	○	○	

6.08.1 *(If Yes to 6.08, ask:)* What type of cancer?
(adhola mar ang'o nee?)

○ Cervix ○ Breast ○ Prostate ○ Liver   *cantyp*

○ Pancreas ○ Bone ○ Don'tknow   *cantypo*

○ Other, specify [ ][ ][ ][ ][ ][ ][ ][ ]

6.9 Did <NAME> suffer from any other chronic illness apart from those i have asked you about?
(Tuo moro amora mong'ere ni en ga godo e dende)

	Day	Months	Years	
○ Yes ○ No ○ DK *odis*	○	○	○	*odisDMY*

If "No" or "DK", go to Section 5.0   *spodis*

6.9.1 *(If Yes, ask:)* Please specify: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]   [ ][ ]

SECTION 7. SIGNS AND SYMPTOMS

7.01 At birth

7.01.1 Was the child small at birth? ○ Yes ○ No ○ DK   *smallsiz*

7.01.2 Was the child born premature? ○ Yes ○ No ○ DK   *premature*

7.2.1 *(If Yes ask:)* How many months or weeks of pregnancy?

dmpr [ ] ○ Days   0 1 2 3 4 5 6 7 8 9 *dmpr1* ○○○○○○○○○○ ○○○○○○○○○○

mmpr [ ] ○ Months   0 1 2 3 4 5 6 7 8 9 ○○○○○○○○○○ ○○○○○○○○○○

○ Dont Know   *mprDMDK*

7.02 Breastfeeding

7.02 Was the child breast feeding? ○ Yes ○ No ○ DK   *brstfd*

7.02.1 *(If Yes ask:)* Did the child stop just before death? ○ Yes ○ No ○ DK

7.03 Fever

7.03 Did <NAME> have fever (*Del maore*) ○ Yes ○ No ○ DK   *vesfev*

7.03.1 *(If Yes, ask:)* How long did <NAME> have fever?

dfev [ ] ○ Days   0 1 2 3 4 5 6 7 8 9 *dfev1* ○○○○○○○○○○ ○○○○○○○○○○

mfev [ ] ○ Months   0 1 2 3 4 5 6 7 8 9 ○○○○○○○○○○ ○○○○○○○○○○

○ Dont Know

7.03.2 *(If Yes, ask:)* the fever was ... ○ Continuous ○ On and off ○ DK   *tfe*

7.04 Night sweat

7.04.1 Did <NAME> have night sweats (*tuch luya gotieno*) - - - - - - ○ Yes   ○ No   ○ DK   *ntswet*

If "No" or "DK", go to 7.05

7.04.2 *(If Yes, ask:)* How long did <NAME> have night sweats?

dntswet 0 1 2 3 4 5 6 7 8 9   *mntswet* 0 1 2 3 4 5 6 7 8 9   *nswetDMDK*

○ Days □ ○○○○○○○○○○   ○ Months □ ○○○○○○○○○○   ○ Dont Know
        ○○○○○○○○○○   ○○○○○○○○○○

7.05 Convulsions

7.05.1 Did <NAME> convulsions? - - - - - - - - - - - - - - - - - ○ Yes   ○ No   ○ DK   *con*

If "No" or "DK", go to 7.06

7.05.2 *(If Yes, ask:)* How long did <NAME> have convulsions?

0 1 2 3 4 5 6 7 8 9 *dcon*   0 1 2 3 4 5 6 7 8 9 *mcon*   *conDMDK*

○ Days □ ○○○○○○○○○○   ○ Months □ ○○○○○○○○○○   ○ Dont Know
        ○○○○○○○○○○   ○○○○○○○○○○

7.06 Cough

7.06.1 Did <NAME> have a cough (*Ahonda*)? - - - - - - - - - - - - - - ○ Yes   ○ No   ○ DK   *cou*

If "No" or "DK", fill DK & go to 6.07

7.06.2 *(If Yes, ask:)* For how long did <NAME> have a cough?

0 1 2 3 4 5 6 7 8 9 *dco*   0 1 2 3 4 5 6 7 8 9 *mco*   *coDMDK*

○ Days □ ○○○○○○○○○○   ○ Months □ ○○○○○○○○○○   ○ Dont Know
        ○○○○○○○○○○   ○○○○○○○○○○

7.06.3 *(If Yes),* Was the cough ... - - - - - - - - - - - - - - - - ○ Dry (Ahonda ma rewre)   *coughtype*
        (*Ahonda mar okego; Ahonda mayom*)?

○ Productive (Ahonda maro kego)

○ With blood (Ahonda matimo remo)

○ None   ○ Dont know

7.07 Breathing

7.07.1 Was <NAME> have breathing difficulties? - - - - - - - - - - - - - ○ Yes   ○ No   ○ DK   *vesd*

If "No" or "DK", fill DK & go to 6.03.3

7.07.2 *(If Yes, ask:)* For how long?

vesdbthd 0 1 2 3 4 5 6 7 8 9 *vesdbthd1*   *vesdbthm* 0 1 2 3 4 5 6 7 8 9 *vesdbthm1*   *vesdbthDMDK*

○ Days □ ○○○○○○○○○○   ○ Months □ ○○○○○○○○○○   ○ Dont Know
        ○○○○○○○○○○   ○○○○○○○○○○

7.07.3 (If Yes ask:) Did <NAME> have fast breathing? - - - - - - - - - ○ Yes   ○ No   ○ DK   *vesfbth*

If "No" or "DK", fill DK & go to 6.04.1

7.07.4 *(If Yes, ask:)* For how long?

vesfbthd 0 1 2 3 4 5 6 7 8 9 *vesfbthd1*   *vesfbthm* 0 1 2 3 4 5 6 7 8 9 *vesfbthm1*   *vesfbthDMDK*

○ Days □ ○○○○○○○○○○   ○ Months □ ○○○○○○○○○○   ○ Dont Know
        ○○○○○○○○○○   ○○○○○○○○○○

7.07.5 Did <NAME> have in-drawing of the chest while - - - - - - - - - - ○ Yes   ○ No   ○ DK   *vesin*
        breathing?

If "No" or "DK", fill DK & go to 6.03.3

7.07.6 *(If Yes, ask:)* For how long?

vesind 0 1 2 3 4 5 6 7 8 9 *vesind1*   *vesinm* 0 1 2 3 4 5 6 7 8 9 *vesinm1*   *vesinDMDK*

○ Days □ ○○○○○○○○○○   ○ Months □ ○○○○○○○○○○   ○ Dont Know
        ○○○○○○○○○○   ○○○○○○○○○○

7.08 Vomiting

7.08.1 Did <NAME> vomit (*Ng'ok*)? --- ○ Yes   ○ No   ○ DK *vom*

If "No" or "DK", fill Don't know in 7.08.2 & go to 7.08.3

7.08.2 *(If Yes, ask:)* How long days did <NAME> have vomiting?

      0 1 2 3 4 5 6 7 8 9 *dvom*   0 1 2 3 4 5 6 7 8 9 *mvom*

○ Days ☐ ○○○○○○○○○○   ○ Months ☐ ○○○○○○○○○○   ○ Dont Know
       ○○○○○○○○○○   ○○○○○○○○○○   *vomDMDK*

7.08.3 *(If Yes, ask:)* Did <NAME> vomit blood *(ng'ogo remo)*? ---------------- ○ Yes   ○ No   ○ DK *bvom*

If "No" or "DK", fill Don't know in 7.08.4 & go to 7.09

7.08.4 *(If Yes, ask)* How long did <NAME> vomit blood?

      0 1 2 3 4 5 6 7 8 9 *dbvom*   0 1 2 3 4 5 6 7 8 9 *mbvom*

○ Days ☐ ○○○○○○○○○○   ○ Months ☐ ○○○○○○○○○○   ○ Dont Know
       ○○○○○○○○○○   ○○○○○○○○○○   *bvomDMDK*

7.09 Mass

7.09.1 Did <NAME> have any mass in the abdomen (*Yamb ich madongo*)? --------- ○ Yes   ○ No   ○ DK *abm*

If "No" or "DK", fill Don't know in 7.09.2 & go to 7.10

7.09.2 *(If Yes, ask)* How long did <NAME> have mass in the abdomen?

      0 1 2 3 4 5 6 7 8 9 *dabm*   0 1 2 3 4 5 6 7 8 9 *mabm*

○ Days ☐ ○○○○○○○○○○   ○ Months ☐ ○○○○○○○○○○   ○ Dont Know
       ○○○○○○○○○○   ○○○○○○○○○○   *abmDMDK*

7.10 Abdominal distension

7.10.1 Did <NAME> have distension of the abdomen (*Ich mokuot; Ich mochielore*)? --- ○ Yes   ○ No   ○ DK *abd*

If "No" or "DK", fill Don't Know in 7.10.2 & go to 7.11

7.10.2 *(If Yes, ask:)* How long did <NAME> have abdominal distension?

      0 1 2 3 4 5 6 7 8 9 *dabd*   0 1 2 3 4 5 6 7 8 9 *mabd*

○ Days ☐ ○○○○○○○○○○   ○ Months ☐ ○○○○○○○○○○   ○ Dont Know   ○ More than 3 yrs
       ○○○○○○○○○○   ○○○○○○○○○○   *abdDMDK*

7.10.3 *(If Yes, ask:)* the distension started ... --- ○ Suddenly within a few days   ○ Gradually over the weeks   ○ DK *tad*

7.11 Diarrhea

7.11.1 Did <NAME> have diarrhea (*diep/be ne odieo?*) -------------------------- ○ Yes   ○ No   ○ DK *diar*

If "No" or "DK", fill Don't Know & go to 6.08.4

7.11.2 *(If Yes, ask:)* For how long did <NAME> have diarrhea?

ddia 0 1 2 3 4 5 6 7 8 9 *ddia1*   *mdia* 0 1 2 3 4 5 6 7 8 9 *mdia1*

○ Days ☐ ○○○○○○○○○○   ○ Months ☐ ○○○○○○○○○○   ○ Dont Know
       ○○○○○○○○○○   ○○○○○○○○○○   *diaDMDK*

7.11.3 Did <NAME> pass blood in stool (*Okone be neotimo remo*)? ------------ ○ Yes   ○ No   ○ DK *bts*

7.12 Abdominal pains

7.12.1 Did <NAME> have abdominal pain? (*ich makecho, kata malit*) -------------- ○ Yes   ○ No   ○ DK *abp*

If "No" or "DK", fill Don't Know & go to 6.15.

7.11.2 *(If Yes, ask:)* For how long did <NAME> have abdominal pain?

dabp 0 1 2 3 4 5 6 7 8 9 *dabp1*   *mabp* 0 1 2 3 4 5 6 7 8 9 *mabp1*

○ Days ☐ ○○○○○○○○○○   ○ Months ☐ ○○○○○○○○○○   ○ Dont Know
       ○○○○○○○○○○   ○○○○○○○○○○   *abpDMDK*

7.13 Weight loss

7.13.1 Had <NAME> lost weight before death *(Dhero; Del mogore)*? - - - - - - - - - - - - - - ○ Yes   ○ No   ○ DK *low*

If "No" or "DK", fill Don't Know in 7.13.2 & to 7.14

7.13.2 *(If Yes, ask:)* How long before death?

○ Days   0 1 2 3 4 5 6 7 8 9 *dlow*   ○ Months   0 1 2 3 4 5 6 7 8 9 *mlow*   ○ Dont Know   *lowDMDK*

7.14 Mouth sore

7.14.1 Did <NAME> have mouth sores *(Dhok mopudhore malit)*? - - - - - - - - - - - - - - ○ Yes   ○ No   ○ DK *msr*

If "No" or "DK", fill Don't Know in 7.14.2 & to 7.15

7.14.2 *(If Yes, ask:)* How long did <NAME> have mouth sores?

○ Days   0 1 2 3 4 5 6 7 8 9 *dmsr*   ○ Months   0 1 2 3 4 5 6 7 8 9 *mmsr*   ○ Dont Know   *msrDMDK*

7.15 Pallor

7.15.1 Did <NAME> look pale (on fingers or feet)
    (*Bende nene kata lwetene kata lewe olokore marachar?* - - - - - - - - - - - - - - - - - - ○ Yes   ○ No   ○ DK *pal*

If "No" or "DK", fill Don't Know in 7.15.2 & go to 7.16

7.15.2 *(If Yes, ask:)* How long did <NAME> look pale?

○ Days   0 1 2 3 4 5 6 7 8 9 *dpal*   ○ Months   0 1 2 3 4 5 6 7 8 9 *mpal*   ○ Dont Know   *palDMDK*

7.16 Face puffiness

7.16.1 Did <NAME> have puffiness of the face (*Wang' mayienyo*)? - - - - - - - - - - - - - - - ○ Yes   ○ No   ○ DK *puf*

If "No" or "DK", fill Don't Know in 7.16.2 & go to 7.17

7.16.2 *(If Yes, ask:)* How many days did the swelling last?

○ Days   0 1 2 3 4 5 6 7 8 9 *dpuf*   ○ Months   0 1 2 3 4 5 6 7 8 9 *mpuf*   *pufDMDK* ○ Dont Know   ○ More than 3yrs

7.17 Body Swelling

7.17.1 Did <NAME> have swelling of the whole body? - - - - - - - - - - - - - - - - ○ Yes   ○ No   ○ DK *swelb*

If "No" or "DK", fill Don't Know in 7.17.2 & go to 7.18

7.17.2 *(If Yes, ask:)* How many days did the swelling last? (*98 if > 3 years for all the periods*)

○ Days   0 1 2 3 4 5 6 7 8 9 *dwelb*   ○ Months   0 1 2 3 4 5 6 7 8 9 *mswelb*   *swelbDMD* ○ Dont Know   ○ More thans 3 yrs

7.18 Jaundice

7.18.1 Did <NAME>'s eye color change to yellow, jaundice, (*Wang' maratong'*)? - - - - - ○ Yes   ○ No   ○ DK *jau*

If "No" or "DK", fill Don't Know in 7.18.2 & go to 7.19

7.18.2 If Yes, for how long? *(kane olokore maratong', kuom ndalo marom nadi?*

○ Days   0 1 2 3 4 5 6 7 8 9 *djau*   ○ Months   0 1 2 3 4 5 6 7 8 9 *mjau*   ○ Dont Know   *jauDMDK*

7.19 Oedema/swelling

7.19.1. Did <NAME> have ankle swelling
Show that part of the body (*Tielo Mayienyo*)? - ○ Yes   ○ No   ○ DK   *saa*

If "No" or "DK", fill Don't Know in 7.19.2 & go to 7.20.1

7.19.2 *(If Yes, ask:)* How long did <NAME> have the swelling ?

```
        0 1 2 3 4 5 6 7 8 9   dsaa            0 1 2 3 4 5 6 7 8 9   msaa                      saaDMDK
       ┌─┐ ○○○○○○○○○○                        ┌─┐ ○○○○○○○○○○
○ Days │ │                         ○ Months  │ │                   ○ Dont Know  ○ More than 3 yrs
       └─┘ ○○○○○○○○○○                        └─┘ ○○○○○○○○○○
```

7.20.1 Did <NAME> have swelling of the joints (*Fuonde nokuot*)? - - - - - - - - - - - - - - - ○ Yes   ○ No   ○ DK   *swj*

If "No" or "DK", fill Don't Know in 7.20.2 & go to 7.21.1

7.20.2 *(If Yes, ask:)* How long did <NAME> have the swelling joints?

```
        0 1 2 3 4 5 6 7 8 9   dswj            0 1 2 3 4 5 6 7 8 9   msaa
       ┌─┐ ○○○○○○○○○○                        ┌─┐ ○○○○○○○○○○                    swjDMDK
○ Days │ │                         ○ Months  │ │                   ○ Dont Know  ○ More than 3 yrs
       └─┘ ○○○○○○○○○○                        └─┘ ○○○○○○○○○○
```

7.21 Swelling armpits

7.21.1 Did <NAME> have swelling in the armpit (*Awang' mach*)? - - - - - - - - - - - - - - - ○ Yes   ○ No   ○ DK   *swa*

If "No" or "DK", fill Don't Know in 7.21.2 & go to 7.22.2

7.21.2 *(If Yes, ask:)* How many days did the swelling last?

```
        0 1 2 3 4 5 6 7 8 9   dswa            0 1 2 3 4 5 6 7 8 9   mswa                   swaDMDK
       ┌─┐ ○○○○○○○○○○                        ┌─┐ ○○○○○○○○○○
○ Days │ │                         ○ Months  │ │                   ○ Dont Know  ○ More than 3yrs
       └─┘ ○○○○○○○○○○                        └─┘ ○○○○○○○○○○
```

7.22 Measles

7.22.1 Did <NAME> have measles? - - - - - - - - - - - - - - - - - - ○ Yes   ○ No   ○ DK   *meas*

If "No" or "DK", fill Don't Know in 7.22.2 & go to 7.23

7.22.2 *(If Yes, ask:)* How many days did s/he have measles?

```
        0 1 2 3 4 5 6 7 8 9   dmeas           0 1 2 3 4 5 6 7 8 9   mmeas                measDMDK
       ┌─┐ ○○○○○○○○○○                        ┌─┐ ○○○○○○○○○○
○ Days │ │                         ○ Months  │ │                   ○ Dont Know  ○ More than 3yrs
       └─┘ ○○○○○○○○○○                        └─┘ ○○○○○○○○○○
```

7.23 Skin diseases

7.23.1 Did <NAME> have any skin disease (*Bende pien
dende ne nigi tuo moro amora)?* - - - - - - - - - - - - - - - - - - ○ Yes   ○ No   ○ DK   *skind*

If "No" or "DK", fill Don't Know in 7.23.2 & go to 7.24

7.23.2 *(If Yes, ask:)* How long did <NAME>'s skin disease?

```
        0 1 2 3 4 5 6 7 8 9   dskind          0 1 2 3 4 5 6 7 8 9   mskind
       ┌─┐ ○○○○○○○○○○                        ┌─┐ ○○○○○○○○○○
○ Days │ │                         ○ Months  │ │                   ○ Dont Know       skindDMDK
       └─┘ ○○○○○○○○○○                        └─┘ ○○○○○○○○○○
```

7.24 Chest Infections

7.24.1 Did <NAME> have repeated chest infections? - - - - - - - - - - - - - - - - - - ○ Yes   ○ No   ○ DK   *chst*

If "No" or "DK", fill Don't Know in 7.24.2 & go to 7.25

7.24.2 *(If Yes, ask:)* How long did <NAME>'s chest infections?

```
        0 1 2 3 4 5 6 7 8 9   dchst           0 1 2 3 4 5 6 7 8 9   mchst
       ┌─┐ ○○○○○○○○○○                        ┌─┐ ○○○○○○○○○○
○ Days │ │                         ○ Months  │ │                   ○ Dont Know       chstDMDK
       └─┘ ○○○○○○○○○○                        └─┘ ○○○○○○○○○○
```

7.25 Sleepyness

7.25.1 Was <NAME> unusually sleepy? ------------------------- ◯ Yes ◯ No ◯ DK *slpy*

If "No" or "DK", fill Don't Know in 7.25.2 & go to 7.26

7.25.2 *(If Yes, ask:)* How long was <NAME> unusually sleepy?

0 1 2 3 4 5 6 7 8 9 *dchst*   0 1 2 3 4 5 6 7 8 9 *mchst*

◯ Days ⬚ ◯◯◯◯◯◯◯◯◯◯ ◯ Months ⬚ ◯◯◯◯◯◯◯◯◯◯ ◯ Dont Know *chstDMDK*
⬚ ◯◯◯◯◯◯◯◯◯◯ ⬚ ◯◯◯◯◯◯◯◯◯◯

7.26 Neck pain

7.26.1 Did <NAME> have neck pain *(ng'ut malit/remo)*? ------------------------- ◯ Yes ◯ No ◯ DK *npa*

If "No" or "DK", fill Don't Know & go to 7.27

7.26.2 *(If Yes, ask:)* For how long did <NAME> have neck pain?

0 1 2 3 4 5 6 7 8 9 *npad*   0 1 2 3 4 5 6 7 8 9 *npam*

◯ Days ⬚ ◯◯◯◯◯◯◯◯◯◯ ◯ Months ⬚ ◯◯◯◯◯◯◯◯◯◯ ◯ Dont Know *npaDMDK*
⬚ ◯◯◯◯◯◯◯◯◯◯ ⬚ ◯◯◯◯◯◯◯◯◯◯

7.27 Headache

7.27.1 Did <NAME> have headache (*Wich bar*)? ------------------------- ◯ Yes ◯ No ◯ DK *head*

If "No" or "DK", fill Don't Know & go to 7.28

7.27.2 *(If Yes, ask:)* For how long?

0 1 2 3 4 5 6 7 8 9 *dhea*   0 1 2 3 4 5 6 7 8 9 *mhea*

◯ Days ⬚ ◯◯◯◯◯◯◯◯◯◯ ◯ Months ⬚ ◯◯◯◯◯◯◯◯◯◯ ◯ Dont Know *heaDMDK*
⬚ ◯◯◯◯◯◯◯◯◯◯ ⬚ ◯◯◯◯◯◯◯◯◯◯

7.28 Body stiffness

7.28.1 Did <NAME> develop stiffness of the whole body, before death ------------ ◯ Yes ◯ No ◯ DK *stiffb*
(del motal, kapok otho)?

If "No" or "DK", fill Don't Know & go to 7.29

7.28.2 *(If Yes, ask:)* For how long did <NAME> develop this stiffness of the whole body?

0 1 2 3 4 5 6 7 8 9 *dstiffb*   0 1 2 3 4 5 6 7 8 9 *mstiffb*

◯ Days ⬚ ◯◯◯◯◯◯◯◯◯◯ ◯ Months ⬚ ◯◯◯◯◯◯◯◯◯◯ ◯ Dont Know *stiffbDMDK*
⬚ ◯◯◯◯◯◯◯◯◯◯ ⬚ ◯◯◯◯◯◯◯◯◯◯

7.29 Level of consciousness

7.29.1 Did <NAME> have loss of consciousness (*Bende ne pache lal*)? ------------ ◯ Yes ◯ No ◯ DK *lcsn*

If "No" or "DK", fill Don't Know & NA and go to 7.30.

7.29.2 *(If Yes, ask)* How long did <NAME> have loss of consciousness?

0 1 2 3 4 5 6 7 8 9 *dlcsn*   0 1 2 3 4 5 6 7 8 9 *mlcsn*

◯ Days ⬚ ◯◯◯◯◯◯◯◯◯◯ ◯ Months ⬚ ◯◯◯◯◯◯◯◯◯◯ ◯ Dont Know *lcsnDMDK*
⬚ ◯◯◯◯◯◯◯◯◯◯ ⬚ ◯◯◯◯◯◯◯◯◯◯

7.30 Fits

7.30.1 Did <NAME> have fits (*Talarieya*)? ------------------------- ◯ Yes ◯ No ◯ DK *fit*

If "No" or "DK", fill Don't Know & go to 7.31

7.30.2 (If Yes, ask:) For how long did <NAME> have fits?

0 1 2 3 4 5 6 7 8 9 *dfits*   0 1 2 3 4 5 6 7 8 9 *mfits*

◯ Days ⬚ ◯◯◯◯◯◯◯◯◯◯ ◯ Months ⬚ ◯◯◯◯◯◯◯◯◯◯ ◯ Dont Know *fitsDMDK*
⬚ ◯◯◯◯◯◯◯◯◯◯ ⬚ ◯◯◯◯◯◯◯◯◯◯

ffin   0 1 2 3 4 5 6 7 8 9 *ffin1*

7.30.3 *(If Yes, ask:)* When it was severe, how many times did
<NAME> have fits in a day? ------------------------------------ ⬚ ◯◯◯◯◯◯◯◯◯◯
⬚ ◯◯◯◯◯◯◯◯◯◯

7.31 Paralysis

7.31.1 Did <NAME> have paralysis ? - - - - - - - - - - - - - - -
- ○ Yes, both legs only *par*
- ○ Yes, one leg or arm
- ○ Yes, total paralysis *paryo*
- ○ Yes, other, specify
- ○ No
- ○ DK

If "No" or "DK", fill Don't Know in 7.31.2 & go to 7.32

7.31.2 (If Yes, ask:) For how long did <NAME> have paralysis ?

○ Days   0 1 2 3 4 5 6 7 8 9 *dpar*   ○ Months   0 1 2 3 4 5 6 7 8 9 *mpar*   ○ Dont Know   *parDMDK*

7.32 Urination

7.32.1 Was <NAME> unable to pass urine? (*ok nyal layo)?* - - - - - - - - - ○ Yes ○ No ○ DK *upuri*

If "No" or "DK", fill Don't Know in 7.32.2 & go to 7.32.3

7.32.2 (If Yes, ask:) For how long was <NAME> unable to pass urine?

○ Days   0 1 2 3 4 5 6 7 8 9 *dupuri*   ○ Months   0 1 2 3 4 5 6 7 8 9 *mupuri*   ○ Dont Know   *upuriDMDK*

7.32.3 Did <NAME> pass blood in urine (*layo remo)?* - - - - - - - - - - - - - - - - ○ Yes ○ No ○ DK *blurin*

If "No" or "DK", fill Don't Know in 7.32.4 & go to 7.33

7.32.4 (If Yes, ask:) For how long did <NAME> pass blood in urine?

○ Days   0 1 2 3 4 5 6 7 8 9 *dblurin*   ○ Months   0 1 2 3 4 5 6 7 8 9 *mblurin*   ○ Dont Know   *blurinDMDK*

7.33-5 Growth, HIV & TB

7.33 Was <NAME> growing normally for her/his age? - - - - - - - - - - - - - - - ○ Yes ○ No ○ DK ○ NA *grow*

7.34 Was the child HIV infected?   -
- ○ Yes, HIV tested and positive *chiv*
- ○ Assumed HIV positive but not tested
- ○ Not HIV infected
- ○ DK

7.35 Has any member of this household or a person caring for the child been diagosed with TB during the last 2 years?   - ○ Yes ○ No ○ DK ○ NA *tbcont*

SECTION 8. TREATMENT

All Questions refer to the child's last illness

8.1.1 Was care sought outside the home while <NAME> had this illness? - - - - - - ○ Yes ○ No ○ DK *care*

If "No" or "DK", go to 11.05

SECTION 8. TREATMENT continued

8.1.2 *(If Yes, ask)* Where or from whom did you seek care?

[i] Traditional healer ----- ○ Yes ○ No ○ DK *tha*	[vi] Nyamrerwa (TBA) ----- ○ Yes ○ No ○ DK *tba*
[ii] Government/mission health center/clinic --- ○ Yes ○ No ○ DK *hce*	[vii] Private physician ----- ○ Yes ○ No ○ DK *prp*
[iii] Pharmacy/drug seller --- ○ Yes ○ No ○ DK *pds*	[viii] Bush doctor ----- ○ Yes ○ No ○ DK *bus*
[iv] Government/mission/ private hospital ----- ○ Yes ○ No ○ DK *gmh*	[ix] Others ----- ○ Yes ○ No ○ DK *otca*
[v] Religious leader ------ ○ Yes ○ No ○ DK *rel*	[x] If others, specify ⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚ *otcasp*

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

○ Lwak   ○ KisumuProvincial   ○ Nyawara
○ BondoDistrict   ○ SiayaDistrict   ○ Yala
○ KisumuDistrict   ○ Aluor   ○ Ngiya   *otvechosp*
○ Other

⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚

vecarhpn

8.1.4 How many nights in total did <NAME> spend in the hospital(s)? **days**

⬚ ⓪①②③④⑤⑥⑦⑧⑨
⬚ ⓪①②③④⑤⑥⑦⑧⑨

8.2 Was <NAME> given any herbal remedies at home? ------------ ○ Yes ○ No ○ DK ○ NA *hrem*

8.3 Did <NAME> receive any western drug during the illness? ------------ ○ Yes ○ No ○ DK *wesd*

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

8.3.1 If Yes, ask:Did <NAME> receive any of the following medications during the illness preceding his/her death *(read options and mark all that apply)*

[i] Anti malarials ---------------	○ Yes ○ No ○ DK	*mal*
[ii] Antibiotics ---------------	○ Yes ○ No ○ DK	*bio*
[iii] Anti TB ---------------	○ Yes ○ No ○ DK	*atb*
[iv] ARV's ---------------	○ Yes ○ No ○ DK	*arv*
[v] Blood transfusion ---------------	○ Yes ○ No ○ DK	*btr*

vetbna

8.3.2 *If Anti TB, ASK:* at which health facility did <NAME> collect TB drugs? *(if not received in 8.3.1[iii] shade in NA)* ○ **NA**

Health facility	Response?				Health facility	Response?			
[i] Akala	-------- ○ Yes	○ No	○ DK	*tbhf1*	[viii] Bar-Olengo	-------- ○ Yes	○ No	○ DK	*tbhf8*
[ii] Ndori	-------- ○ Yes	○ No	○ DK	*tbhf2*	[ix] Ting'-Wang'i	-------- ○ Yes	○ No	○ DK	*tbhf9*
[iii] Nyawara	-------- ○ Yes	○ No	○ DK	*tbhf3*	[x] K'Otieno	-------- ○ Yes	○ No	○ DK	*tbhf10*
[iv] Wagai	-------- ○ Yes	○ No	○ DK	*tbhf4*	[xi] Ng'iya mission	-------- ○ Yes	○ No	○ DK	*tbhf11*
[v] Aluor	-------- ○ Yes	○ No	○ DK	*tbhf5*	[xii] Nyathengo	-------- ○ Yes	○ No	○ DK	*tbhf12*
[vi] Njejra	-------- ○ Yes	○ No	○ DK	*tbhf6*	[xiii] SDH Lwak	-------- ○ Yes	○ No	○ DK	*tbhf13*
[vii] Rera	-------- ○ Yes	○ No	○ DK	*tbhf7*	[xiv] Bondo DH	-------- ○ Yes	○ No	○ DK	*tbhf14*

8.3.3 *(If anti-malarial drugs, ask:)* Which anti-malarial drug did <NAME> receive ?*(if not received in 8.3.1[i] shade in NA)* *(Use drug equivalence list: ANTI-MALVA ADULT v1)* ------------------------------ ○ **NA** *antimna*

[i] Coartem -------- ○ Yes ○ No ○ DK *coart*	[iv]. Fansidar/SP/Falcidin -- ○ Yes ○ No ○ DK *sp*
[ii] Quinine -------- ○ Yes ○ No ○ DK *qui*	[v] Amodiaquine/Camaquine ○ Yes ○ No ○ DK *aq*
[iii] Artusenate/ artemether/ other artemisinin ---- ○ Yes ○ No ○ DK *arts*	[vi] Chloroquine/malaraquin ○ Yes ○ No ○ DK *cq*
[vii] Others, specify -- ⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚ *othantimal*	

Section 11.0: Other Evidence and summary of Details

Death certificate

11.1 Was a death certificate issued? ----------------------- ○ Yes   ○ No   ○ DK   *dcer*

If No or DK, fill NA & go to 11.2

11.1.1 *(If Yes, ask:)* Can I see the death certificate?---------- ○ Yes, available   ○ Death certificate not available   ○ NA

dca

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

Cause of Death _____

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

```
      0 1 2 3 4 5 6 7 8 9
[  ]  ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
[  ]  ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
[  ]  ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
```
dccod

Burial permit

11.2 Was a burial permit issued? ----------------------- ○ Yes   ○ No   ○ DK   *veburpm*

If No or DK, fill NA & go to 11.3

11.2.1 *(If Yes, ask:)* Can I see the burial permit?-------- ○ Yes, available   ○ Burial permit not available   ○ NA *vebursee*

11.2.2. Is the cause of death written on the burial permit?---- ○ Yes   ○ No   ○ NA   *vebpcdth*

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

Cause of Death _____

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

```
      0 1 2 3 4 5 6 7 8 9
[  ]  ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
[  ]  ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
[  ]  ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
```
bpcod

Post mortem result

11.3 Was a Post mortem done? ----------------------------- ○ Yes   ○ No   ○ DK   *pm*

If No or DK, fill NA & go to 11.8

11.3.1 Was the cause of death revealed to you or written on --- ○ Yes   ○ No   ○ NA   *pmcd*
the PM report?

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

Cause of Death _____

pmcod

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

```
      0 1 2 3 4 5 6 7 8 9
[  ]  ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
[  ]  ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
[  ]  ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
```

MCH / ANC Card

11.4 Is MCH / ANC card available? ------------------------- ○ Yes   ○ No   ○ DK   ○ NA   *mch*

Hospital prescription forms

11.5 Hospital prescription forms available? --------------------- ○ Yes   ○ No   ○ DK   ○ NA   *hpr*

Treament cards

11.6 Treatment cards available? -------------------- ○ Yes   ○ No   ○ DK   ○ NA   *tcd*

Hospital discharge forms

11.7 Hospital discharge forms available? -------------------○ Yes   ○ No   ○ DK   ○ NA   *hdf*

If No or DK, fill NA & go to 11.5

11.7.1 *If Yes, write what is the Diagnosis on the hospital forms*

Diagnosis _____

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

```
      0 1 2 3 4 5 6 7 8 9
[  ]  ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
[  ]  ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
[  ]  ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
```
hdiag

11.8 Other hospital documents available? -------------------- ○ Yes   ○ No   ○ DK   *ohd*

11.9 Laboratory/cytology results available? ------------------- ○ Yes   ○ No   ○ DK   *lab*

11.20 Did a health care worker tell you the cause of death? ----- ○ Yes   ○ No   ○ DK   *hccod*

    11.20.1 *If Yes,* What did s/he say?

___

dd   *mm*   *yyyy*

12.0 Date form checked by VA Village Reporter Supervisor: ------- ☐☐ / ☐☐ / ☐☐☐☐   *chkdate*

vrsupsign

12.1 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