

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 1.1 INTERVIEWER VISITS

First Visit	Second Visit	Third Visit
<div> <div> <div>date_int1</div> <div>Date</div> <div> <div></div><div></div> </div> <div>/</div> <div> <div></div><div></div> </div> <div>/</div> <div> <div></div><div></div><div></div><div></div> </div> </div> </div> <div> <div>interview1</div> <div>Interviewer</div> <div> <div></div><div></div><div></div> </div> </div> <div> <div>Result1</div> <div>Result*</div> <div> <div></div> </div> </div>	<div> <div> <div>date_int2</div> <div>Date</div> <div> <div></div><div></div> </div> <div>/</div> <div> <div></div><div></div> </div> <div>/</div> <div> <div></div><div></div><div></div><div></div> </div> </div> </div> <div> <div>interview2</div> <div>Interviewer</div> <div> <div></div><div></div><div></div> </div> </div> <div> <div>Result2</div> <div>Result*</div> <div> <div></div> </div> </div>	<div> <div> <div>date_int3</div> <div>Date</div> <div> <div></div><div></div> </div> <div>/</div> <div> <div></div><div></div> </div> <div>/</div> <div> <div></div><div></div><div></div><div></div> </div> </div> </div> <div> <div>interview3</div> <div>Interviewer</div> <div> <div></div><div></div><div></div> </div> </div> <div> <div>Result3</div> <div>Result*</div> <div> <div></div> </div> </div>
<div>Next visit:</div> <div>Date: __ / __ / ____</div> <div>Time: __: __</div>	<div>Next visit:</div> <div>Date: __ / __ / ____</div> <div>Time: __: __</div>	<div>Total number of Visits</div> <div> <div></div> </div>

Result*: Outcome of the visit

1. Completed 2. Not at home 3. Postponed 4. Refused
5. Partially completed 6. No appropriate Respondent 7. Other _____

SECTION 1.2 ADDITIONAL DEMOGRAPHIC INFORMATION

1.2.1 Names of head of compound

Firstname

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fnamec

Secondname

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

jnamec

Lastname

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

lnamec

1.2.2 Village, Compound, House

	vill	comp	house
0	[][]	[][]	[]
1	○ ○ ○	○ ○ ○	(A) (K) (U)
2	○ ○ ○	○ ○ ○	(B) (L) (V)
3	○ ○ ○	○ ○ ○	(C) (M) (W)
4	○ ○ ○	○ ○ ○	(D) (N) (X)
5	○ ○ ○	○ ○ ○	(E) (O) (Y)
6	○ ○ ○	○ ○ ○	(F) (P) (Z)
7	○ ○ ○	○ ○ ○	(G) (Q)
8	○ ○ ○	○ ○ ○	(H) (R)
9	○ ○ ○	○ ○ ○	(I) (S)

SECTION 2 BASIC INFORMATION ABOUT RESPONDENT

201 Record the time at the start of the interview(in 24 hours)- - -

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 HRS *start_time*

202 Names of the informant

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

203 Age in years (>14) - - - - -

--

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

rage
rage1

204 Sex of respondent - - - - -
 ☐ M ☐ F *intsex*

Verified:

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205 What is the Relationship of the respondent to the deceased? -----

- ☐ Biologicalmother ☐ Father ☐ GrandParent ☐ Aunt ^{intrel}
☐ Co-wife to mother ☐ Sibling ☐ Adoptivemother
☐ Other ^{intreloth}

207 Did you live with the deceased in the period leading to her/his death? -----

- ☐ Yes ☐ No ^{intliv}

SECTION 3 INFORMATION ON THE DECEASED, DATE AND PLACE OF DEATH

301 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}

(If Yes, verify 306 - 313 go to Q 314; If No or DK go to Q 302)

302 If NO, did the deceased return to Asembo, Gem or Karemo just for burial? -----

- ☐ Yes ☐ No ☐ Don'tknow ^{burial}

(If Yes, verify 306 - 313 thank the respondent and stop the interview; If No or DK go to Q 303)

303 If NO, did the deceased return to Asembo, Gem or Karemo because s/he was sick? -----

- ☐ Yes ☐ No ☐ Don'tknow ^{sick}

306 Name of the deceased Child

Firstname

dfname

Middle name (Juok name)

djname

Lastname

dlname

307 Permanent ID of the deceased child

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

308 Names of mother

Firstname

fnamem

Middle name (Juok name)

jnamem

Lastname

lnamem

309 Permanent ID of the deceased's mother

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

310 Child's sex -----

- ☐ Male ☐ Female ^{sexd}

311 Child's date of birth (dd/mm/yyyy) -----

day (dd)	month (mm)	year (yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>

vedob

312 Date of death -----

day (dd)	month (mm)	year (yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>

vedod

313 How old in days was the deceased child when s/he died? -----

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

vedays

vedays1

314 Where did <NAME> die? -----

- ☐ At home ☐ On the way to/from a health facility ^{placd}
☐ At a health facility ☐ Hospital ☐ Dont Know
☐ Other (specify) ^{placdoth}

(If answered "At a health facility" or "Hospital" in Q.314 above go to Q. 315, else fill NA in 315 & go to Section 4)

315 Which health facility or hospital did <NAME> die? -----

- ☐ Akala ☐ Ndori ☐ Nyawara ☐ Wagai ☐ Aluor ^{hfname}
☐ Njejra ☐ Rera ☐ Bar-olengo ☐ Siaya ☐ Bondo
☐ Ting'-Wang'i ☐ K'otieno ☐ Ng'iyamission ☐ Nyathengo ☐ NA
☐ Other ^{hfnameoth}

508 During the last 3 months of pregnancy did the mother suffer from any of the following known illnesses?

- [i] Vaginal bleeding ----- ☐ Yes ☐ No ☐ DK *vigbleed*
- [ii] Smelly vaginal discharge ----- ☐ Yes ☐ No ☐ DK *vigsmell*
- [iii] Puffy face ----- ☐ Yes ☐ No ☐ DK *puffyface*
- [iv] Headache ----- ☐ Yes ☐ No ☐ DK *headache*
- [v] Blurred vision ----- ☐ Yes ☐ No ☐ DK *bluredvis*
- [vi] Convulsion ----- ☐ Yes ☐ No ☐ DK *convulsion*
- [vii] Febrile illness ----- ☐ Yes ☐ No ☐ DK *febrileill*
- [viii] Severe abdominal pain that was not labor pains ----- ☐ Yes ☐ No ☐ DK *abodpain*
- [ix] Pallor and shortness of breath(both present) ----- ☐ Yes ☐ No ☐ DK *palorbreat*
- [x] Did she suffer from any other illness -----

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otherill

509 Was the child single or multiple birth? ----- ☐ Single ☐ Twin ☐ Triplet or more ☐ Don't Know *vebirth*

510 What was the birth order of the child that died? ----- ☐ First ☐ Second ☐ Third or higher ☐ Don't Know *birthorder*

SECTION 6 DELIVERY HISTORY

- 601** Where was child born? ----- ☐ Home ☐ Hospital ☐ Traditional birth attendant's home
☐ On the way to/from health facility *veborn*
☐ Don't Know *vebornot*
☐ Other (specify)

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- 602** Who assisted with the delivery? ----- ☐ No one (mother delivered alone) ☐ Nyamrerwa, trained
☐ Doctor/Clinical officer/Nurse ☐ Nyamrerwa, untrained
☐ Other women in compound *vedelivery*
☐ Other (specify)

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deliveryo
- 603** When did the water break? ----- ☐ Before labor started ☐ During labor ☐ DK *waterbreak*
- 604** How many hours after the water broke was the baby born? --- ☐ Less than 24 hours ☐ 24 hours or more ☐ DK *babyborn*
- 605** Was the water foul smelling? ----- ☐ Yes ☐ No ☐ DK *watersmell*
- 606** Did the baby stop moving in the womb? ----- ☐ Yes ☐ No ☐ DK *babplay*
(If Yes, ask Q 607; If No or DK go to Q 608)
- 607** When did the baby stop moving in the womb? ---- ☐ Before labor started ☐ During labor ☐ DK *babystop*
- 608** Did a birth attendant listen for fetal heart sounds during labor? ----- ☐ Yes ☐ No ☐ DK *fetalheart*
(If Yes, ask Q 609; If No or DK go to Q 610)
- 609** Were fetal heart sounds present? ----- ☐ Yes ☐ No ☐ DK *heartsound*
- 610** Was there excess bleeding on the day labor started? ---- ☐ Yes ☐ No ☐ DK *bleedexces*
- 611** Did the mother have fever on the day labor started? ---- ☐ Yes ☐ No ☐ DK *mothfever*
- 612** How long did the labor pains last? ----- ☐ Less than 12 hours ☐ 12 - 23 hours *laborlast*
☐ 24 hours or more ☐ DK
- 613** Was it a normal vaginal delivery? ----- ☐ Yes ☐ No ☐ DK *normdeliv*
(If No, ask Q 614; If Yes or DK go to Q 615)
- 614** What type of delivery was it? ----- ☐ Forceps/Vacuum ☐ Caesarean section ☐ Don't Know *typedeliv*
☐ Other (Specify)

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typedelivo

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615 Which part of the baby came first? -----

☐ Head

 ☐ Bottom

 ☐ Feet

☐ Arm/Hand

 ☐ DontKnow
partfirst
partfirsto
☐ Other(specify)

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616 Did the umbilical cord come out before the baby was born? (*Bende tond biero no wuok*) -----
☐ Yes

 ☐ No

 ☐ DK

umbcord

SECTION 7 CONDITION OF THE BABY SOON AFTER BIRTH

701 At birth what was the size of the baby? -----

☐ Smaller than normal <2.5 kg

 ☐ Normal 2.5 - 3.9 kg

babysize

☐ Larger than normal >4kg

 ☐ Don'tknow

702 Was the baby premature? -----

☐ Yes

 ☐ No

 ☐ DK

childpre

(If Yes, ask Q 703; If No or DK go to Q 704)

703 If yes, how many weeks or months was the pregnancy? -----

preweek 0 1 2 3 4 5 6 7 8 9 preweek1

☐ Weeks

premonth 0 1 2 3 4 5 6 7 8 9 premonth1

☐ Months

Dont Know preweekMDK

704 Was the baby weighed after being born? -----

☐ Yes

 ☐ No

 ☐ DK

weight

(If Yes, ask Q 705; If No or DK go to Q 706)

705 What was the birth weight of the baby? -----

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

bwt
bwt1
decbwt
decbwt1

706 Was anything applied to the umbilical cord stump after birth? -----

☐ Yes

 ☐ No

 ☐ DK

applyumb

(If Yes, ask Q 707; If No or DK go to Q 708)

707 What was it? -----

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applyspfy

708 Were there any signs of injury or broken bones? -----

☐ Yes

 ☐ No

 ☐ DK

vebinj

(If Yes, ask Q 709; If No or DK go to Q 710)

709 Where were the marks or signs of injury? -----

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signinjury

710 Was there any sign of paralysis? -----

☐ Yes

 ☐ No

 ☐ DK

paralysis

711 Did the baby have any malformation? -----

☐ Yes

 ☐ No

 ☐ DK

malform

(If Yes, ask Q 712; If No or DK go to Q 713)

712 What kind of malformation did the baby have? -----

☐ Swelling/defect on the back

 ☐ Very Large head
typemalf
typemalfo
☐ Very small head

☐ Defect of lip and/or palate

☐ DontKnow

☐ Other(specify)

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713 What was the colour of the baby at birth? -----

☐ Normal

 ☐ Pale

 ☐ Blue

 ☐ Purple

 ☐ DK

skincol

714 Did the baby breathe after birth, even a little? -----

☐ Yes

 ☐ No

 ☐ DK

babreath

715 Was the baby given assistance to breathe? -----

☐ Yes

 ☐ No

 ☐ DK

asstbreath

716 Did the baby ever cry after birth, even a little? -----

☐ Yes

 ☐ No

 ☐ DK

venstber

717 Did the baby move, even a little? -----

☐ Yes

 ☐ No

 ☐ DK

babymove

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Check Q.714, Q.716 and Q.717 for codes "No": All three answers are "No"

Q.714 - The baby didn't breathe,

Q.716 - The baby didn't cry,

Q.717 - The baby didn't move,

Go to Q 718, If any of Q.714, Q.716 and Q.717 is "Yes", go to Section 8

718 If the baby did not cry, breathe or move, was it born dead? --- ☐ Yes ☐ No ☐ DK babdead
(If Yes, ask Q 719, If No or DK go to Q 801)

719 Was the baby macerated, that is, showed signs of decay? --- ☐ Yes ☐ No ☐ DK babdecay
(Go to section 10)

SECTION 8 HISTORY OF INJURIES/ACCIDENTS

801 Did the baby suffer from any injury or accident that led to his/her death? ----- ☐ Yes ☐ No ☐ DK acinj
(If Yes, ask Q 802, If No or DK go to Q 804)

802 What kind of injury or accident did the baby suffer? ----- ☐ Road Traffic accident ☐ Violence/Assault ☐ Poisoning
☐ Burn ☐ Fall ☐ Drowning ☐ DK injtype
☐ Other (specify)

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injother

803 Was Injury or accident intentionally inflicted by someone else? ----- ☐ Yes ☐ No ☐ DK injury

804 Did the baby suffer from any animal or insect bite that led to his/her death? ----- ☐ Yes ☐ No ☐ DK insbite
(If Yes, ask Q 805, If No or DK go to Section 9)

805 What type of animal or insect? ----- ☐ Dog ☐ Snake ☐ Insect ☐ DK animal
☐ Other (specify)

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animaloth

SECTION 9 NEONATAL ILLNESS HISTORY

Breast/Bottle feed

901 Was the baby able to suckle or bottle-feed? ----- ☐ Yes ☐ No ☐ DK venbsuck
(If Yes, ask Q 902, If No or DK go to Q 906)

902 How soon after birth did the baby suckle or bottlefeed?

feedhrs	0	1	2	3	4	5	6	7	8	9	feedhrs1	feedday	0	1	2	3	4	5	6	7	8	9	feedday1	
<input type="radio"/> Hours	<table border="1" style="width: 20px; height: 20px;"></table>	<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"/> Days	<table border="1" style="width: 20px; height: 20px;"></table>	<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	
	<table border="1" style="width: 20px; height: 20px;"></table>	<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"/>		<table border="1" style="width: 20px; height: 20px;"></table>	<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"/>		

suckle

903 Did the baby stop suckling or bottle feeding? ----- ☐ Yes ☐ No ☐ DK stopfeed
(If Yes, ask Q 904, If No or DK go to Q 905)

904 How soon after birth did the baby stop suckle or bottlefeed?

stpfed	0	1	2	3	4	5	6	7	8	9	stpfed1	
<input type="radio"/> Days	<table border="1" style="width: 20px; height: 20px;"></table>	<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"/> DK	
	<table border="1" style="width: 20px; height: 20px;"></table>	<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"/>		

stpfedDK

905 Was the breastfeeding exclusive? ----- ☐ Yes ☐ No ☐ DK exclfeed

Convulsion

906 Did the baby have convulsions? ----- ☐ Yes ☐ No ☐ DK fit
(If Yes, ask Q 907, If No or DK go to Q 908)

907 How soon after birth did the convulsions start? ----- ☐ Days

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☐ DK fitDMDK

dfit	0	1	2	3	4	5	6	7	8	9	dfit1	
	<table border="1" style="width: 20px; height: 20px;"></table>	<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"/>		
	<table border="1" style="width: 20px; height: 20px;"></table>	<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"/>		

Stiffness

908 Did the baby become stiff and arched backward? ----- ☐ Yes ☐ No ☐ DK stiffb

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Bulging Fontanelle

909 Did the baby have bulging of the fontanelle? ----- ☐ Yes ☐ No ☐ DK vesfontb
(chuny wiye okuot)

(If Yes, ask Q 910, If No or DK go to Q 911)

910 How many days after birth did the baby have the bulging? ----- ☐ Days

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

☐ DK fontbdi1

Conscious/Unresponsive

911 Did the baby become unresponsive or unconscious? ----- ☐ Yes ☐ No ☐ DK lcsn

(If Yes, ask Q 912, If No or DK go to Q 913)

912 How many days after birth did the baby become unresponsive or unconscious? ----- ☐ Days

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

☐ DK lcsnDMDK

Fever

913 Did the baby have a fever? ----- ☐ Yes ☐ No ☐ DK fev

(If Yes, ask Q 914, If No or DK go to Q 915)

914 How many days after birth did the baby have fever? ----- ☐ Days

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

☐ DK dfeDMDK

Cold to touch

915 Did the baby become cold to the touch? ----- ☐ Yes ☐ No ☐ DK touch

(If Yes, ask Q 916, If No or DK go to Q 917)

916 How many days after birth did the baby become cold to the touch? ----- ☐ Days

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

☐ DK touchDK

Cough

917 Did the baby have cough? ----- ☐ Yes ☐ No ☐ DK cou

(If Yes, ask Q 918, If No or DK go to Q 919)

918 How many days after birth did the baby start to cough? ----- ☐ Days

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

☐ DK DMDKco

Breathing

919 Did the baby have fast breathing? ----- ☐ Yes ☐ No ☐ DK vesfbth

(If Yes, ask Q 920, If No or DK go to Q 921)

920 How many days after birth did the baby start breathing fast? ----- ☐ Days

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

☐ DK vesfbthDK

921 Did the baby have difficulty breathing? ----- ☐ Yes ☐ No ☐ DK vesdbth

(If Yes, ask Q 922, If No or DK go to Q 923)

922 How many days after birth did the baby start having difficulty in breathing? ----- ☐ Days

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

☐ DK vesdbthDK

923 Did the baby have chest indrawing? ----- ☐ Yes ☐ No ☐ DK vesin

924 Did the baby have grunting? (DEMONSTRATE) ----- ☐ Yes ☐ No ☐ DK grunt

925 Did the baby have flaring of the nostrils? ----- ☐ Yes ☐ No ☐ DK noseflar

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Diarrhea

926 Did the baby have diarrhea? -----

☐ Yes ☐ No ☐ DK

diar

(If Yes, ask Q 927, If No or DK go to Q 934)

927 How many days after birth did the baby have diarrhea? -----

☐ Days

ddia 0 1 2 3 4 5 6 7 8 9

ddia1

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

☐ DK

diaDMDK

928 When the diarrhea was most severe, how many times -----
did the baby pass stool in a day?☐ Number

tdiar 0 1 2 3 4 5 6 7 8 9

tdiar1

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

☐ DK

tdiarDK

929 What was the most common aspect of the stool? (*oko mar nyathi ne chalnadi ekinde mane odie(w)o?*)[i] Thick liquid (*diep mopoto*) -----☐ Yes ☐ No ☐ DK

diarliq

[ii] Opaque watery (*diep otimo pii to ok liw/diep mar pii ma ok nyal ne iye*) -----☐ Yes ☐ No ☐ DK

diaropq

[iii] Clear watery (*Maliw machalo pii*) -----☐ Yes ☐ No ☐ DK

diarclear

[iv] Sticky/Mucoid (*Ma moko/Karenda-renda*) -----☐ Yes ☐ No ☐ DK

diarstick

[v] Bloody (*Otimo remo*) -----☐ Yes ☐ No ☐ DK

diarblood

[vi] Don't know (*Ok ang'eyo*) -----☐ DK

diarDK

930 Do you think the child was **lacking fluids** when s/he -----
was having diarrhea?☐ Yes ☐ No ☐ DK

diarfluid

931 Did the child have **sunken eyes** when s/he was ill -----
with diarrhea?☐ Yes ☐ No ☐ DK

diarseyes

932 Did the child have **wrinkled skin** when s/he was ill -----
with diarrhea?☐ Yes ☐ No ☐ DK

diarwskin

933 During the diarrheal episode was the child given **any** -----
fluids such as ORS?☐ Yes ☐ No ☐ DK

diarORS

934 Was there blood in the stools? -----

☐ Yes ☐ No ☐ DK

bts

Vomit

935 Did the baby have vomiting? -----

☐ Yes ☐ No ☐ DK

vom

(If Yes, ask Q 936, If No or DK go to Q 938)

936 How many days after birth did vomiting start? -----

☐ Days

dvom 0 1 2 3 4 5 6 7 8 9

dvom1

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

☐ DK

vomDMDK

937 When the vomiting was most severe, how many -----
times did the baby vomit in a day?☐ Number

vomtime 0 1 2 3 4 5 6 7 8 9

vomtime1

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

☐ DK

sevvomDK

Abdominal distension

938 Did the baby have abdominal distension? -----

☐ Yes ☐ No ☐ DK

abd

(If Yes, ask Q 939, If No or DK go to Q 940)939 How many days after birth did the baby have abdominal -----
distension?☐ Days

dabd 0 1 2 3 4 5 6 7 8 9

dabd1

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

☐ DK

abddk

Umbilical cord940 Did the baby have redness or discharge from the -----
umbilical cord stump?☐ Yes ☐ No ☐ DK

disumbil

941 Did the baby have any problem with the umbilical -----
cord?☐ Yes ☐ No ☐ DK

pumbcord

(If 'YES' ask Q 942 If NO or DK skip to Q 943)

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

942 What was the problem with the umbilical cord? ----- ☐ Wrapped around the neck ☐ Came out before the baby *wpumbcod*
☐ Other

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

owpumbcod

Pustular Skin rash

943 Did the baby have a pustular skin rash? ----- ☐ Yes ☐ No ☐ DK *pustskin*

Yellow palm/Sores

944 Did the baby have yellow palms or soles? ----- ☐ Yes ☐ No ☐ DK *palmyel*

(If Yes, ask Q 945, If No or DK go to Q 947)

945 How many days after birth did the yellow palms or soles begin? ----- ☐ Days

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

☐ DK *palmyeld1*
palmyeld 0 1 2 3 4 5 6 7 8 9 *palmyeld1*

946 For how many days did the baby have yellow palms or soles? ----- ☐ Days

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

☐ DK *palmd1*
palmd 0 1 2 3 4 5 6 7 8 9 *palmd1*

Jaundice

947 Did the baby's eye colour change to yellow (jaundice)? ----- ☐ Yes ☐ No ☐ DK *veneyell*
(wang maratong/del maratong)

(If Yes, ask Q 948, If No or DK go to Q 949)

948 How many days after being born did <NAME's> eye colour change to yellow? ----- Days

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

☐ DK *djau*
djau1

Skin

949 During the period of illness, did <NAME> have areas of skin that were peeling? ----- ☐ Yes ☐ No ☐ DK *venredsk*

950 During the period of illness, did <NAME> have skin rash with blisters containing pus? ----- ☐ Yes ☐ No ☐ DK *rash*

Strength arms/legs

951 Did the baby's arms/legs have strength? ----- ☐ Yes ☐ No ☐ DK *alstrngth*

HIV infection

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

SECTION 10 MOTHER'S HEALTH AND CONTEXTUAL FACTORS

1001 What was the age of the mother at the time the baby died? ----- ☐ Years

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

☐ DK *motage1*
motage 0 1 2 3 4 5 6 7 8 9 *motage1*

1002 Did the mother receive antenatal care during pregnancy? ----- ☐ Yes ☐ No ☐ DK *vepregc*

1003 Did the mother receive tetanus toxoid (TT) vaccine? ----- ☐ Yes ☐ No ☐ DK *vepregtt*

(If Yes, ask Q 1004, If No or DK go to Q 1005)

1004 If yes, how many TT injections did she receive? -----

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

☐ DK *vepregttno*
vepreg1
vepregttDK
TT=tetanus toxoid

1005 How is the mother's health now? ----- ☐ healthy, fine ☐ She is sick ☐ Died ☐ DK *mother*

1006 Did the mother receive SP or fansidar for malaria prevention during the antenatal visits? ----- ☐ Yes ☐ No ☐ DK *vepregfs*

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SECTION 11 TREATMENT AND HEALTH SERVICE USE FOR THE FINAL ILLNESS

1101 Did the baby receive any treatment for the illness that led to death? ----- ☐ Yes ☐ No ☐ DK ☐ NA care
Fill NA for children born dead (If Yes, ask Q 1102, If No or DK go to Q 1201)

1102 Can you please list the treatments the baby was given for the illness that led to death?

COPY FROM PRESCRIPTION/DISCHARGE NOTES IF AVAILABLE

1103 Please tell me at which of the following places/facilities the baby received treatment during the illness that led to death?

- | | | | | |
|---|---------------------------|--------------------------|--------------------------|------------|
| [i] Home ----- | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> DK | home |
| [ii] Traditional healer ----- | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> DK | tha |
| [iii] Government/mission health Centre/clinic ----- | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> DK | govclinic |
| [iv] Government/mission hospital ----- | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> DK | govhosp |
| [v] Private clinic ----- | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> DK | privclinic |
| [vi] Private Hospital ----- | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> DK | privhosp |
| [vii] Pharmacy/drug seller ----- | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> DK | pds |
| [viii] Religious leader ----- | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> DK | rel |
| [ix] Nyamrerwa (TBA) ----- | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> DK | tba |
| [x] Bush Doctor. ----- | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> DK | bus |
| [xi] Others, specify ----- | | | | otcasp |

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.

1104 If answer to Q.1103 is hospital, ask: Which Hospital(s)? ----- ☐ Siaya District ☐ Bondo District ☐ Lwak vechospital
☐ Kisumu District ☐ Kisumu Provincial ☐ Nyawara
☐ Aluor ☐ Yala ☐ Ngija
☐ Tingwang'i ☐ Other otvehosp

(Mark all that apply)

days

1105 How many nights in total did the baby spend in the hospital(s)? ----- vecarhpn

1106 In the month before death, how many contacts with formal health services did the baby receive? ----- ☐ DK contact
contact1
contactDK

1107 Did a health care worker tell you the cause of death? ----- ☐ Yes ☐ No ☐ DK hccod

(If Yes, ask Q 1108, If No or DK go to Q 1109)

1108 If Yes, What did the health worker say?

- 1109** Was the baby given any herbal remedies at home? --- ☐ Yes ☐ No ☐ DK ☐ NA hrem
- 1110** Did <NAME> receive any western drug during the illness? --- ☐ Yes ☐ No ☐ DK wesd
(If Yes, ask Q 1111, If No or DK go to Section 12)
- 1111** If yes, ask: Did the baby receive any of the following medications during the illness preceding his/her death? medi
(read options and mark all that apply) ----- ☐ antimalarial ☐ Antibiotics ☐ ARVs ☐ BloodTransfusion
- 1112** If antemalarial: Which antimalarial drug did the baby receive?
- [i] Coartem ----- ☐ Yes ☐ No ☐ DK coart
- [ii] Quinine ----- ☐ Yes ☐ No ☐ DK qui
- [iii] Artesunate/artemether/artemisinin ----- ☐ Yes ☐ No ☐ DK arts
- [iv] Fansidar/SP/Falcidin ----- ☐ Yes ☐ No ☐ DK fp
- [v] Amodiaquine ----- ☐ Yes ☐ No ☐ DK aq
- [vi] Chloroquine/malariaquin ----- ☐ Yes ☐ No ☐ DK cq
- [vii] Others, specify -----

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dothersp

SECTION 12 DATA ABSTRACTED FROM DEATH CERTIFICATE

- 1201** Do you have a death certificate for the baby? --- ☐ Yes ☐ No ☐ DK dcer
(If Yes, go to Q 1202, If No or DK go to Section 13)
- 1202** (If Yes, ask:) Can I see the death certificate? ----- ☐ Yes, available ☐ Death certificate not available ☐ NA dca
(If death certificate is available, answer Q. 1203 - 1208, If Not available go to Section 13)
- 1203** Copy the DAY, MONTH and YEAR of death from the death certificate? dodcert
 dd mm yyyy

--	--

 /

--	--

 /

--	--	--	--
- 1204** Copy the DAY, MONTH and YEAR of issue of the death certificate? issuedate
 dd mm yyyy

--	--

 /

--	--

 /

--	--	--	--
- 1205** (If Available, write down the cause of death from the first (top) line of the death certificate - If any)
 Cause of Death _____
 To be coded; Use PERCEIVEDVA-ADULT v1 -----

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

dccod
- 1206** (If Available, write down the cause of death from the second line of the death certificate - If any)
 Cause of Death _____
 To be coded; Use PERCEIVEDVA-ADULT v1 -----

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

dccod2
- 1207** (If Available, write down the cause of death from the third line of the death certificate - If any)
 Cause of Death _____
 To be coded; Use PERCEIVEDVA-ADULT v1 -----

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

dccod3
- 1208** (If Available, write down the cause of death from the fourth line of the death certificate - If any)
 Cause of Death _____
 To be coded; Use PERCEIVEDVA-ADULT v1 -----

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

dccod4

SECTION 13 DATA ABSTRACTED FROM OTHER HEALTH RECORDS

1301 Other health records available? ☐ Yes ☐ No records

(If Yes, go to Q1302 , If No or DK go to Q 1323)

1302 For each health record summarize details for the last two visits (if more than two visits) and record the date of issue.

Record details about the mother, stillborn and Deceased child

Burial permit

1303 Was a burial permit issued? ☐ Yes ☐ No ☐ DK veburpm

(If Yes, go to Q 1304 , If No or DK go to Q 1307)

1304 (If Yes, ask:) Can I see the burial permit? ☐ Yes, available ☐ Burial permit not available ☐ NA vebursee

(If available , go to Q 1305 , If Not available go to Q 1307)

1305 Is the cause of death written on the burial permit? -- ☐ Yes ☐ No ☐ NA vebpcdh

1306 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
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

bpcod

bpcod1

Post mortem result

1307 Was a Post mortem done? ☐ Yes ☐ No ☐ DK pm

(If Yes, go to Q 1308 , If No or DK go to Q 1310)

1308 Was the cause of death revealed to you or written on the PM report? --- ☐ Yes ☐ No ☐ DK pmcd

(If Yes, go to Q 1309 , If No or DK go to Q 1310)

1309 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
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

pmcod

pmcod1

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

1310 Is MCH / ANC card available? ☐ Yes ☐ No ☐ DK ☐ NA mch

1311 MCH / ANC card (Extract relevant Information from the card)

Hospital prescription forms

1312 Hospital prescription forms available? ☐ Yes ☐ No ☐ DK ☐ NA hpr

1313 Hospital prescription forms (Extract relevant Information from the card)

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Treatment cards1314 Treatment cards available? ----- ☐ Yes ☐ No ☐ DK ☐ NA

tcd

1315 Treatment cards (Extract relevant Information from the card)

Hospital discharge forms1316 Hospital discharge forms available? ----- ☐ Yes ☐ No ☐ DK ☐ NA

hdf

(If Yes, go to Q 1317, If No or DK go to Q 1319)

1317 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
<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

1318 Hospital discharge (Extract relevant Information from the form)

Laboratory results1319 Laboratory/cytology results available? ----- ☐ Yes ☐ No ☐ DK ☐ NA

lab

1320 Laboratory/cytology results (Extract relevant Information from the lab results)

Other Hospital Documents1321 Other hospital documents available? ----- ☐ Yes ☐ No ☐ DK ☐ NA

ohd

1322 Others specify -----

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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recordoth

1323 Record the time at the end of the interview(in 24 hours) : HRS

end_time

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Interviewer: please add your comments & observation and thank the respondent(s) for their cooperation

INTERVIEWER'S OBSERVATIONS (To be filled after completing the interview)

COMMENTS ON SPECIFIC QUESTIONS (to be filled after completing the interview))

SUPERVISOR'S COMMENTS

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

dd	
----	--

 /

mm	
----	--

 /

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

chkdate

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

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