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| **CHAMPS VERBAL AUTOPSY**  **QUESTIONNAIRE**  (ODK V2.04) - CHAMPS |
| ***Death of a child aged four weeks to 11 years*** |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Questions and filters** | **Answer** | |  | **Skip** | |  | |
| alt\_id\_1 | Do you have any alternate identifiers to associate with this record? | Yes | |  |  | |  | |
|  |  | No | |  | ➡ | | 10002 | |
| alt\_id\_1\_1 | Enter Alternate Id (1) |  | |  |  | |  | |
|  |  | \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| alt\_id\_1\_2 | Select the type of ID recorded | DSS ID | |  |  | |  | |
|  |  | Alternate ID | |  |  | |  | |
| alt\_id\_2 | Do you have another alternate identifier to associate with this record? | Yes | |  |  | |  | |
|  |  | No | |  | ➡ | | 10002 | |
| alt\_id\_2\_1 | Enter Alternate Id (2) |  | |  |  | |  | |
|  | *Continue if information is not available.* | \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| alt\_id\_2\_2 | Select the type of ID recorded | DSS ID | |  |  | |  | |
|  |  | Alternate ID | |  |  | |  | |
| alt\_id\_3 | Do you have another alternate identifier to associate with this record? | Yes | |  |  | |  | |
|  | *Continue if information is not available.* | No | |  | ➡ | | 10002 | |
| alt\_id\_3\_1 | Enter Alternate Id (3) |  | |  |  | |  | |
|  |  | \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| alt\_id\_3\_2 | Select the type of ID recorded | DSS ID | |  |  | |  | |
|  |  | Alternate ID | |  |  | |  | |
|  | 1. **INFORMATION ABOUT THE PREVALENCE OF MALARIA AND HIV**   Note: This section is for the interviewer to complete and is not to be asked of respondents. | | |  |  | |  | |
| 10002 | [Is this a region of high HIV/AIDS prevalence?] | High | |  |  | |  | |
|  | *Should be completed by the central office. HIGH*  *corresponds to >1% of deaths, LOW around 0.1%,*  *VERY LOW <0.01%* | Low | |  |  | |  | |
|  | Very low | |  |  | |  | |
| 10003 | [Is this a region of high malaria prevalence?] | High | |  |  | |  | |
|  | *Should be completed by the central office. HIGH*  *corresponds to >1% of deaths, LOW around 0.1%,*  *VERY LOW <0.01%* | Low | |  |  | |  | |
|  | Very low | |  |  | |  | |
| 10004 | [During which season did (s)he die?] | Wet | |  |  | |  | |
|  |  | Dry | |  |  | |  | |
|  |  | Doesn’t know | |  |  | |  | |
|  | 1. **INFORMATION ABOUT THE RESPONDENT, CONSENT AND TIME OF INTERVIEW** | | | | | |  | |
| 10007 | What is the name of the VA respondent? |  | |  |  | |  | |
|  |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| 10008 | What is your/the respondent’s relationship to the deceased? | Parent | |  |  | |  | |
|  | *First verify if the respondent is a family member, and*  *only if it is not a family member choose the other*  *categories like health worker or public official.* | Child | |  |  | |  | |
|  | Other family member | |  |  | |  | |
|  | Friend | |  |  | |  | |
|  | Health worker | |  |  | |  | |
|  | Public official | |  |  | |  | |
|  | Another relationship | |  |  | |  | |
| 10009 | Did you/the respondent live with the deceased in the period leading to her/his death? | Yes | |  |  | |  | |
|  |  | No | |  |  | |  | |
|  |  | Doesn’t know | |  |  | |  | |
|  |  | Refused to answer | |  |  | |  | |
| 10010 | [Name of the VA interviewer] |  | |  |  | |  | |
|  |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| 10011 | [Time at start of interview] | hh:mm 24h \_\_\_\_\_\_\_\_\_\_\_ | | |  | |  | |
| 10012 | [Date of interview] | Day | |  |  | |  | |
|  |  | Month | |  |  | |  | |
|  |  | Year | |  |  | |  | |
| 10013 | [Did the respondent give consent?] | Yes | |  |  | |  | |
|  |  | No | |  |  | |  | |
|  | 1. **INFORMATION ABOUT THE DECEASED AND VITAL REGISTRATION** |  | |  |  | |  | |
|  | **3a) Socio-demographic information** |  | |  |  | |  | |
| 10017 | What was the first or given name(s) of the deceased? |  | |  |  | |  | |
|  |  | \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| 10018 | What was the surname (or family name) of the deceased? |  | |  |  | |  | |
|  |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| 10019 | What was the sex of the deceased? | Female | |  |  | |  | |
|  |  | Male | |  |  | |  | |
| 10020 | Is the date of birth known? | Yes | |  |  | |  | |
|  |  | No | |  | ➡ | | 10022 | |
|  |  | Refused to answer | |  | ➡ | | 10022 | |
| 10021 | When was the deceased born? | Day | |  |  | |  | |
|  |  | Month | |  |  | |  | |
|  |  | Year | |  |  | |  | |
| 10022 | Is the date of death known? | Yes | |  |  | |  | |
|  |  | No | |  | ➡ | | 10024 | |
|  |  | Refused to answer | |  | ➡ | | Age\_group | |
| 10023 | When did (s)he die? | Day | |  |  | |  | |
|  |  | Month | |  |  | |  | |
|  |  | Year | |  |  | |  | |
| 10024 | [Please indicate year of death] | Year | |  |  | |  | |
| age\_group | What age group corresponds to the deceased? | Neonate | |  |  | |  | |
|  | *(1) Neonatal 0–27 completed days; (2) Child 28 days–11*  *years ; (3) Adult–above 11 years* | Child | |  |  | |  | |
|  | Adult | |  |  | |  | |
| AAAA | [Please indicate the age of the child in days, months or years] | Days | |  |  | |  | |
|  | *Enter for one option only.* | Months | |  |  | |  | |
|  | Years | |  |  | |  | |
| 10058 | Where did the deceased die? | Hospital | |  |  | |  | |
|  |  | Other health facility | |  |  | |  | |
|  |  | Home | |  |  | |  | |
|  |  | On route to facility or hospital | |  |  | |  | |
|  |  | Other | |  |  | |  | |
|  |  | Doesn’t know | |  |  | |  | |
|  |  | Refused to answer | |  |  | |  | |
| 10051 | [Is there a need to collect civil registration data on the deceased?] | Yes | |  |  | |  | |
|  | *If you choose ‘No,’ this question allows you to skip*  *asking details about place of residence, education and*  *family. The question on marriage status will always be*  *asked for adults.* | No | |  | ➡ | | 10069 | |
| 10052 | What was her/his citizenship/nationality? | Citizen at birth | |  |  | |  | |
|  |  | Naturalized citizen | |  |  | |  | |
|  |  | Foreign national | |  |  | |  | |
|  |  | Doesn’t know | |  |  | |  | |
| 10053 | What was her/his ethnicity? |  | |  |  | |  | |
|  | *Enter a “-“ if this information is not available.* | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| 10054 | What was his/her place of birth? |  |  | |  |  | |
|  | *Specify here village and district, a question on the facility*  *and circumstances will be asked later. Enter a “-“ if this*  *information is not available.* | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| 10055 | What was his/her place of usual residence (the place where the person lived most of the year)? |  | |  |  | |  | |
|  | *For perinatal cases, just ask for the address of the health*  *facility of if released at home, the home address* | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| 10056 | What was his/her place of usual residence 1 to 5 years before death? |  | |  |  | |  | |
|  |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| 10057 | Where did the death occur? (specify country, province, district, village) |  | |  |  | |  | |
|  |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| 10061 | What was the name of the father? |  | |  |  | |  | |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| 10062 | What is the name of the mother? |  | |  |  | |  | |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| 10063 | What was her/his highest level of schooling? | No formal education | |  |  | |  | |
|  | *Mark “no formal education” if < 4 years old.* | Primary school | |  |  | |  | |
|  | Secondary school | |  |  | |  | |
|  | Higher than secondary school | |  |  | |  | |
|  | Doesn't know | |  |  | |  | |
|  | Refused to answer | |  |  | |  | |
| 10064 | Was (s)he able to read and write? | Yes | |  |  | |  | |
|  | *Select 'yes' also if only one of either reading or writing is*  *known to the respondent. Mark “No” if < 6 years old.* | No | |  |  | |  | |
|  | Doesn't know | |  |  | |  | |
|  | Refused to answer | |  |  | |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 10065 | What was her/his economic activity status in year prior to death? | Mainly unemployed |  |  |  |
|  | *The deceased might have had several activities. Choose*  *the one that was probably true for most of the year*  *preceding illness and death. Mark “Other” if < 8 years*  *old.* | Mainly employed |  |  |  |
|  | Home-maker |  |  |  |
|  | Pensioner |  |  |  |
|  | Student |  |  |  |
|  | Other |  |  |  |
|  | Doesn't know |  |  |  |
|  | Refused to answer |  |  |  |
| 10066 | What was her/his occupation, that is, what kind of work did (s)he mainly do? |  |  |  |  |
|  | *If less than 8 years old, enter “-“ for not applicable.* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | **3b) Civil registration information** |  |  |  |  |
| 10069 | [Is there a need to collect civil registration numbers on the deceased]? | Yes |  |  |  |
|  | *If “Yes” ask to see a certificate.* | No |  | ➡ | 10077 |
| 10070 | [Death registration number/certificate] |  |  |  |  |
|  | *Enter a “-“ if this information is not available.* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 10071 | [Date of registration] | Day |  |  |  |
|  | *If date unknown, enter “January 1, 2000” to indicate not*  *available.* | Month |  |  |  |
|  | Year |  |  |  |
| 10072 | [Place of registration] |  |  |  |  |
|  | *Enter a “-“ if this information is not available.* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 10073 | [National identification number of deceased] |  |  |  |  |
|  | *Enter a “-“ if this information is not available. For*  *children and newborns that have no ID number, use the*  *mother's ID. If mother's ID is not available, use the*  *father's ID.* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | **4) HISTORY AND DETAILS OF INJURIES/ACCIDENTS** |  |  |  |  |
| 10077 | Did (s)he suffer from any injury or accident that led to her/his death? | Yes |  |  |  |
|  |  | No |  | ➡ | 10120 |
|  |  | Doesn’t know |  | ➡ | 10120 |
|  |  | Refused to answer |  | ➡ | 10120 |
| 10079 | Was it a road traffic accident? | Yes |  |  |  |
|  |  | No |  | ➡ | 10082 |
|  |  | Doesn’t know |  | ➡ | 10082 |
|  |  | Refused to answer |  | ➡ | 10082 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 10080 | What was her/his role in the road traffic accident? | Pedestrian |  |  |  |
|  |  | Driver or passenger in car or light vehicle |  |  |  |
|  |  | Driver or passenger in bus or heavy vehicle |  |  |  |
|  |  | Driver or passenger on a motorcycle |  |  |  |
|  |  | Driver or passenger on a pedal cycle |  |  |  |
|  |  | Other |  |  |  |
| 10081 | What was the counterpart that was hit during the road traffic accident? | Pedestrian |  | ➡ | 10098 |
|  |  | Stationary object |  | ➡ | 10098 |
|  |  | Car or light vehicle |  | ➡ | 10098 |
|  |  | Bus or heavy vehicle |  | ➡ | 10098 |
|  |  | Motorcycle |  | ➡ | 10098 |
|  |  | Pedal cycle |  | ➡ | 10098 |
|  |  | Other |  | ➡ | 10098 |
| 10082 | Was (s)he injured in a non-road traffic accident? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10083 | Was (s)he injured in a fall? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10084 | Was there any poisoning? | Yes |  |  |  |
|  | *This includes accidents and cases where it is unknown if it*  *was an accident or whether there was intentional*  *violence.* | No |  |  |  |
|  | Doesn’t know |  |  |  |
|  | Refused to answer |  |  |  |
| 10085 | Did (s)he die of drowning? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |

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| 10086 | Was (s)he injured by a bite or sting of venomous animal? | Yes |  | ➡ | 10088 |
|  | *This includes accidents and cases where it is unknown if it*  *was an accident or whether there was intentional violence.* | No |  |  |  |
|  | Doesn’t know |  |  |  |
|  | Refused to answer |  |  |  |
| 10087 | Was (s)he injured by an animal or insect (non-venomous) | Yes |  |  |  |
|  |  | No |  | ➡ | 10089 |
|  |  | Doesn’t know |  | ➡ | 10089 |
|  |  | Refused to answer |  | ➡ | 10089 |
| 10088 | What was the animal/insect? | Dog |  |  |  |
|  |  | Snake |  |  |  |
|  |  | Insect or scorpion |  |  |  |
|  |  | Other |  |  |  |
|  |  | Doesn’t know |  |  |  |
| 10089 | Was (s)he injured by burns/fire? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10090 | Was (s)he subject to violence (suicide, homicide, abuse)? | Yes |  |  |  |
|  | *Don’t say suicide for under-10-year olds.* | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10091 | Was (s)he injured by a firearm? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10092 | Was (s)he stabbed, cut or pierced? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10093 | Was (s)he strangled? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| 10094 | Was (s)he injured by a blunt force? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10095 | Was (s)he injured by a force of nature? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10096 | Was it electrocution? | Yes |  |  |  |
|  | *This includes accidents and cases where it is unknown if it*  *was an accident or whether there was intentional*  *violence.”* | No |  |  |  |
|  | Doesn’t know |  |  |  |
|  | Refused to answer |  |  |  |
| 10097 | Did (s)he encounter any other injury? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10098 | Was the injury accidental? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10100 | Was the injury or accident intentionally inflicted by someone else? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
|  | **5) MEDICAL HISTORY ASSOCIATED WITH THE FINAL ILLNESS** | | |  |  |
|  | **5a) Duration of final illness** |  |  |  |  |
| 10120 | For how long was (s)he ill before death? | Days |  |  |  |
|  | *Enter for one option only. Less than 24 hours = 0 days. If more*  *than 28 days, enter duration in months (if not neonate). If*  *duration given is more than 4 weeks, need to verify again age*  *at death if neonate. Months is not applicable for newborn. If*  *duration given is more than one month, need to verify again*  *age at death.* | Weeks |  |  |  |
|  | Months |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 10123 | Did (s)he die suddenly? | Yes |  |  |  |
|  | *Suddenly means died unexpectedly within 24 hours of*  *being in regular health* | No |  |  |  |
|  | Doesn’t know |  |  |  |
|  | Refused to answer |  |  |  |
|  | **5b) History of diseases likely to be associated with or the cause of death** | | |  |  |
| 10125 | Was there any diagnosis by a health professional of tuberculosis? | Yes |  |  |  |
|  | *Remind the respondent that we are asking for the*  *diagnosis assessed by a doctor, health worker, or other*  *health professional during the final illness.* | No |  |  |  |
|  | Doesn’t know |  |  |  |
|  | Refused to answer |  |  |  |
| 10126 | Was an HIV test ever positive? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10127 | Was there any diagnosis by a health professional of AIDS? | Yes |  |  |  |
|  | *Remind the respondent that we are asking for the*  *diagnosis assessed by a doctor, health worker, or other*  *health professional during the final illness.* | No |  |  |  |
|  | Doesn’t know |  |  |  |
|  | Refused to answer |  |  |  |
| 10128 | Did (s)he have a recent positive test by a health professional for malaria? | Yes |  | ➡ | 10130 |
|  | *Remind the respondent that we are asking for the*  *diagnosis assessed by a doctor, health worker, or other*  *health professional during the final illness.* | No |  |  |  |
|  | Doesn’t know |  |  |  |
|  | Refused to answer |  |  |  |
| 10129 | Did (s)he have a recent negative test by a health professional for malaria? | Yes |  |  |  |
|  | *Remind the respondent that we are asking for the*  *diagnosis assessed by a doctor, health worker, or other*  *health professional during the final illness.* | No |  |  |  |
|  | Doesn’t know |  |  |  |
|  | Refused to answer |  |  |  |
| 10130 | Was there any diagnosis by a health professional of dengue fever? | Yes |  |  |  |
|  | *Remind the respondent that we are asking for the*  *diagnosis assessed by a doctor, health worker, or other*  *health professional during the final illness.* | No |  |  |  |
|  | Doesn’t know |  |  |  |
|  | Refused to answer |  |  |  |
| 10131 | Was there any diagnosis by a health professional of measles? | Yes |  |  |  |
|  | *Remind the respondent that we are asking for the*  *diagnosis assessed by a doctor, health worker, or other*  *health professional during the final illness.* | No |  |  |  |
|  | Doesn’t know |  |  |  |
|  | Refused to answer |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 10133 | Was there any diagnosis by a health professional of heart disease? | Yes |  |  |  |
|  | *Remind the respondent that we are asking for the*  *diagnosis assessed by a doctor, health worker, or other*  *health professional during the final illness.* | No |  |  |  |
|  | Doesn’t know |  |  |  |
|  | Refused to answer |  |  |  |
| 10134 | Was there any diagnosis by a health professional of diabetes? | Yes |  |  |  |
|  | *Remind the respondent that we are asking for the*  *diagnosis assessed by a doctor, health worker, or other*  *health professional during the final illness.* | No |  |  |  |
|  | Doesn’t know |  |  |  |
|  | Refused to answer |  |  |  |
| 10135 | Was there any diagnosis by a health professional of asthma? | Yes |  |  |  |
|  | *Remind the respondent that we are asking for the*  *diagnosis assessed by a doctor, health worker, or other*  *health professional during the final illness.* | No |  |  |  |
|  | Doesn’t know |  |  |  |
|  | Refused to answer |  |  |  |
| 10136 | Was there any diagnosis by a health professional of epilepsy? | Yes |  |  |  |
|  | *Remind the respondent that we are asking for the*  *diagnosis assessed by a doctor, health worker, or other*  *health professional during the final illness.* | No |  |  |  |
|  | Doesn’t know |  |  |  |
|  | Refused to answer |  |  |  |
| 10137 | Was there any diagnosis by a health professional of cancer? | Yes |  |  |  |
|  | *Remind the respondent that we are asking for the*  *diagnosis assessed by a doctor, health worker, or other*  *health professional during the final illness.* | No |  |  |  |
|  | Doesn’t know |  |  |  |
|  | Refused to answer |  |  |  |
| 10142 | Was there any diagnosis by a health professional of sickle cell disease? | Yes |  |  |  |
|  | *Remind the respondent that we are asking for the*  *diagnosis assessed by a doctor, health worker, or other*  *health professional during the final illness.* | No |  |  |  |
|  | Doesn’t know |  |  |  |
|  | Refused to answer |  |  |  |
| 10143 | Was there any diagnosis by a health professional of kidney disease? | Yes |  |  |  |
|  | *Remind the respondent that we are asking for the*  *diagnosis assessed by a doctor, health worker, or other*  *health professional during the final illness.* | No |  |  |  |
|  | Doesn’t know |  |  |  |
|  | Refused to answer |  |  |  |
| 10144 | Was there any diagnosis by a health professional of liver disease? | Yes |  |  |  |
|  | *Remind the respondent that we are asking for the*  *diagnosis assessed by a doctor, health worker, or other*  *health professional during the final illness.* | No |  |  |  |
|  | Doesn’t know |  |  |  |
|  | Refused to answer |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **5c) General signs and symptoms associated with final illness** |  |  |  |  |
| 10147 | Did (s)he have a fever? | Yes |  |  |  |
|  |  | No |  | ➡ | 10152 |
|  |  | Doesn’t know |  | ➡ | 10152 |
|  |  | Refused to answer |  | ➡ | 10152 |
| 10148 | For how many days did the fever last? | Days: |  |  |  |
|  | *Less than 1 day = “0.” Use 1 week = 7 days to determine the number of days*. | | |  |  |
| 10149 | Did the fever continue until death? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10150 | How severe was the fever? | Mild |  |  |  |
|  |  | Moderate |  |  |  |
|  |  | Severe |  |  |  |
| 10151 | What was the pattern of the fever? | Continuous |  |  |  |
|  |  | On and off |  |  |  |
|  |  | Only at night |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10152 | Did (s)he have night sweats? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10153 | Did (s)he have a cough? | Yes |  |  |  |
|  |  | No |  | ➡ | 10159 |
|  |  | Doesn’t know |  | ➡ | 10159 |
|  |  | Refused to answer |  | ➡ | 10159 |
| 10154 | For how many days did (s)he have a cough? | Days |  |  |  |
|  | *Less than 1 day = “0.” Use 1 week = 7 days to determine the number of days*. | | |  |  |
| 10155 | Was the cough productive, with sputum? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10156 | Was the cough very severe? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10157 | Did (s)he cough up blood? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10158 | Did (s)he make a whooping sound when coughing? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10159 | Did (s)he have any difficulty breathing? | Yes |  |  |  |
|  |  | No |  | ➡ | 10166 |
|  |  | Doesn’t know |  | ➡ | 10166 |
|  |  | Refused to answer |  | ➡ | 10166 |
| 10161\_unit | How long did the difficulty breathing last? | Days |  |  |  |
|  | *Enter for one option only.* | Months |  |  |  |
|  |  | Years |  |  |  |
| 10165 | Was the difficulty continuous or on and off? | Continuous |  |  |  |
|  |  | On and off |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10166 | During the illness that led to death, did (s)he have fast breathing? | Yes |  |  |  |
|  |  | No |  | ➡ | 10168 |
|  |  | Doesn’t know |  | ➡ | 10168 |
|  |  | Refused to answer |  | ➡ | 10168 |
| 10167 | For how many days did the fast breathing last? | Days |  |  |  |
|  | *Less than 1 day = “0.” Use 1 week = 7 days to determine the number of days*. | | |  |  |
| 10168 | Did (s)he have breathlessness? | Yes |  |  |  |
|  |  | No |  | ➡ | 10172 |
|  |  | Doesn’t know |  | ➡ | 10172 |
|  |  | Refused to answer |  | ➡ | 10172 |
| 10169 | For how many days did (s)he have breathlessness? | Days |  |  |  |
|  | *Less than 1 day = “0.” Use 1 week = 7 days to determine the number of days*. | | |  |  |
| 10172 | Did you see the lower chest wall/ribs being pulled in as the child breathed? | Yes |  |  |  |
|  | *Ask for children under the age of 12 years. Show*  *photos/video (if available).* | No |  |  |  |
|  | Doesn’t know |  |  |  |
|  | Refused to answer |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 10173 | During the illness that led to death did his/her breathing sound like any of the following: | Stridor |  |  |  |
|  | *In case of adults demonstrate wheezing sound only*  *because stridor and grunting is extremely rare in adults.*  *Ask about wheezing, stridor, and grunting only for*  *children under the age of 12 years. Demonstrate each*  *sound, play audio (if available), if in doubt select*  *multiple*. | Grunting |  |  |  |
|  | Wheezing |  |  |  |
|  | No |  |  |  |
|  | Doesn’t know |  |  |  |
|  | Refused to answer |  |  |  |
| 10174 | Did (s)he have chest pain? | Yes |  |  |  |
|  |  | No |  | ➡ | 10181 |
|  |  | Doesn’t know |  | ➡ | 10181 |
|  |  | Refused to answer |  | ➡ | 10181 |
| 10176 | How many days before death did (s)he have chest pain? | Days |  |  |  |
|  | *Less than 1 day = “0.” Use 1 week = 7 days to determine the number of days*. | | |  |  |
| 10181 | Did (s)he have more frequent loose or liquid stools than usual? | Yes |  |  |  |
|  | *Ask the respondent about his/her understanding of what is*  *diarrhoea (having more frequent loose or liquid stools*  *than usual); if unclear or wrong, explain to the respondent*  *what is diarrhoea.* | No |  | ➡ | 10186 |
|  | Doesn’t know |  | ➡ | 10186 |
|  | Refused to answer |  | ➡ | 10186 |
| 10182 | For how many days did (s)he have frequent loose or liquid stools? | Days |  |  |  |
|  | *Less than 1 day = “0.” Use 1 week = 7 days to determine the number of days*. | | |  |  |
| 10183 | How many stools did the baby or child have on the day that loose liquid stools were most frequent? | Number of stools: |  |  |  |
|  | *Enter “99” if this information is not known.* |  |  |  |  |
| 10184 | How many days before death did the frequent loose or liquid stools start? | DAYS |  |  |  |
|  | *Less than 1 day = “0.” Use 1 week = 7 days to determine the number of days*. *Enter*  *“99” if this information is not known.* | | |  |  |
| 10185 | Did the frequent loose or liquid stools continue until death? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10186 | At any time during the final illness was there blood in the stools? | Yes |  |  |  |
|  |  | No |  | ➡ | 10188 |
|  |  | Doesn’t know |  | ➡ | 10188 |
|  |  | Refused to answer |  | ➡ | 10188 |
| 10187 | Was there blood in the stool up until death? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10188 | Did (s)he vomit? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10189 | Did (s)he vomit in the week preceding death? | Yes |  |  |  |
|  |  | No |  | ➡ | 10193 |
|  |  | Doesn’t know |  | ➡ | 10193 |
|  |  | Refused to answer |  | ➡ | 10193 |
| 10191 | Was there blood in the vomit? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10192 | Was the vomit black? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10193 | Did (s)he have any belly (abdominal) problem? | Yes |  |  |  |
|  | *Explain to the respondent that problems could be pain,*  *protruding abdomen or a mass.* | No |  |  |  |
|  | Doesn’t know |  |  |  |
|  | Refused to answer |  |  |  |
| 10194 | Did (s)he have belly (abdominal) pain? | Yes |  |  |  |
|  |  | No |  | ➡ | 10200 |
|  |  | Doesn’t know |  | ➡ | 10200 |
|  |  | Refused to answer |  | ➡ | 10200 |
| 10195 | Was the belly (abdominal) pain severe? | Yes |  |  |  |
|  |  | No |  | ➡ | 10200 |
|  |  | Doesn’t know |  | ➡ | 10200 |
|  |  | Refused to answer |  | ➡ | 10200 |
| 10196 | For how long did (s)he have belly (abdominal) pain? | Hours |  |  |  |
|  | *Enter for one option only.* | Days |  |  |  |
|  | Weeks |  |  |  |
|  | Months |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 10199 | Was the pain in the upper or lower belly (abdomen)? | Upper abdomen |  |  |  |
|  |  | Lower abdomen |  |  |  |
|  |  | Upper and lower abdomen |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10200 | Did (s)he have a more than usually protruding belly (abdomen)? | Yes |  |  |  |
|  |  | No |  | ➡ | 10204 |
|  |  | Doesn’t know |  | ➡ | 10204 |
|  |  | Refused to answer |  | ➡ | 10204 |
| 10201 | For how many days did (s)he have a more than usually protruding belly (abdomen)? | Days |  |  |  |
|  | *Less than 1 day = “0.” Use 1 week = 7 days to determine the number of days.* | | |  |  |
| 10202 | For how many months did (s)he have a more than usually protruding belly (abdomen)? | Months |  |  |  |
| 10203 | How rapidly did (s)he develop the protruding belly (abdomen)? | Rapidly |  |  |  |
|  |  | Slowly |  |  |  |
| 10204 | Did (s)he have any mass in the belly (abdomen)? | Yes |  |  |  |
|  |  | No |  | ➡ | 10207 |
|  |  | Doesn’t know |  | ➡ | 10207 |
|  |  | Refused to answer |  | ➡ | 10207 |
| 10205 | For how many days before death did (s)he have a mass in the belly (abdomen)? | Days |  |  |  |
|  | *Less than 1 day = “0.” Use 1 week = 7 days to determine the number of days*. | | |  |  |
| 10206 | For how many months before death did (s)he have a mass in the abdomen? | Months |  |  |  |
|  | *Less than 1 month, report in days. 1 month =30 days* | | |  |  |
| 10207 | Did (s)he have a severe headache? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10208 | Did (s)he have a stiff neck during the illness that led to death? | Yes |  |  |  |
|  |  | No |  | ➡ | 10210 |
|  |  | Doesn’t know |  | ➡ | 10210 |
|  |  | Refused to answer |  | ➡ | 10210 |
| 10209 | For how many days before death did (s)he have stiff neck? | Days |  |  |  |
|  | *Less than 1 day = “0.” Use 1 week = 7 days. 1 month=30 days.* | | |  |  |
| 10210 | Did (s)he have a painful neck during the illness that led to death? | Yes |  |  |  |
|  |  | No |  | ➡ | 10214 |
|  |  | Doesn’t know |  | ➡ | 10214 |
|  |  | Refused to answer |  | ➡ | 10214 |
| 10211 | For how many days before death did (s)he have a painful neck? | Days |  |  |  |
|  | *Less than 1 day = “0.” Use 1 week = 7 days. 1 month=30 days.* | | |  |  |
| 10214 | Was (s)he unconscious during the illness that led to death? | Yes |  |  |  |
|  |  | No |  | ➡ | 10219 |
|  |  | Doesn’t know |  | ➡ | 10219 |
|  |  | Refused to answer |  | ➡ | 10219 |
| 10215 | Was (s)he unconscious for more than 24 hours before death? | Yes |  | ➡ | 10217 |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10216 | How many hours before death did unconsciousness start? | Hours |  |  |  |
|  | *The question needs input in hours but the respondent may*  *not know exactly and so it may be easier to ask ‘how long’*  *and then convert the duration in hours. (Less than 1 hour =*  *“0”)* |  |  |  |  |
| 10217 | Did the unconsciousness start suddenly, quickly (at least within a single day)? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10218 | Did the unconsciousness continue until death? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10219 | Did (s)he have convulsions? | Yes |  |  |  |
|  |  | No |  | ➡ | 10223 |
|  |  | Doesn’t know |  | ➡ | 10223 |
|  |  | Refused to answer |  | ➡ | 10223 |
| 10220 | Did (s)he experience any generalized convulsions or fits during the illness that led to death? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10221 | For how many minutes did the convulsions last? | Minutes: |  |  |  |
|  | *Less than 1 minute = “0”. Use 1 hour=60 minutes to*  *determine the number of minutes.* |  |  |  |  |
| 10222 | Did (s)he become unconscious immediately after the convulsions? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 10223 | Did (s)he have any urine problems? | Yes |  |  |  |
|  | *Explain to the respondent that urine problems refer to*  *urinating a lot or not at all, and blood in the urine.* | No |  | ➡ | 10227 |
|  | Doesn’t know |  | ➡ | 10227 |
|  | Refused to answer |  | ➡ | 10227 |
| 10224 | Did (s)he stop urinating? | Yes |  |  |  |
|  | *This means that the deceased stopped urinating.* | No |  |  |  |
|  | Doesn’t know |  |  |  |
|  | Refused to answer |  |  |  |
| 10225 | Did (s)he go to urinate more often than usual? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10226 | During the final illness, did (s)he ever pass blood in the urine? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10227 | Did (s)he have sores or ulcers anywhere on the body? | Yes |  |  |  |
|  |  | No |  | ➡ | 10230 |
|  |  | Doesn’t know |  | ➡ | 10230 |
|  |  | Refused to answer |  | ➡ | 10230 |
| 10229 | Did the sores have clear fluid or pus? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10230 | Did (s)he have an ulcer (pit) on the foot? | Yes |  |  |  |
|  |  | No |  | ➡ | 10233 |
|  |  | Doesn’t know |  | ➡ | 10233 |
|  |  | Refused to answer |  | ➡ | 10233 |
| 10231 | Did the ulcer on the foot ooze pus? | Yes |  |  |  |
|  |  | No |  | ➡ | 10233 |
|  |  | Doesn’t know |  | ➡ | 10233 |
|  |  | Refused to answer |  | ➡ | 10233 |
| 10232 | For how many days did the ulcer on the foot ooze pus? | Days |  |  |  |
|  | *Less than 1 day = “0.” Use 1 week = 7 days to determine the*  *number of days.* | | |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 10233 | During the illness that led to death, did (s)he have any skin rash? | Yes |  |  |  |
|  |  | No |  | ➡ | 10238 |
|  |  | Doesn’t know |  | ➡ | 10238 |
|  |  | Refused to answer |  | ➡ | 10238 |
| 10234 | For how many days did (s)he have the skin rash? | Days |  |  |  |
|  | *Less than 1 day = “0.” Use 1 week = 7 days to determine the*  *number of days.* | | |  |  |
| 10235 | Where was the rash? | Face |  |  |  |
|  | *Select all that apply.* | Trunk or abdomen |  |  |  |
|  |  | Extremities |  |  |  |
|  |  | Everywhere |  |  |  |
| 10236 | Did (s)he have measles rash (use local term)? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10238 | During the illness that led to death did his/her skin flake off in patches? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10239 | During the illness that led to death did he/she have areas of skin that turned black? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10240 | During the illness that led to death did he/she have areas of the skin with redness and swelling? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10241 | During the illness that led to death, did (s)he bleed from anywhere? | Yes |  |  |  |
|  |  | No |  | ➡ | 10243 |
|  |  | Doesn’t know |  | ➡ | 10243 |
|  |  | Refused to answer |  | ➡ | 10243 |
| 10242 | Did (s)he bleed from the nose, mouth or anus? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10243 | Did (s)he have noticeable weight loss? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10244 | Was (s)he severely thin or wasted? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10245 | During the illness that led to death, did s/he have a whitish rash inside the mouth or on the tongue? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10246 | Did (s)he have stiffness of the whole body or was unable to open the mouth? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10247 | Did (s)he have puffiness of the face? | Yes |  |  |  |
|  |  | No |  | ➡ | 10249 |
|  |  | Doesn’t know |  | ➡ | 10249 |
|  |  | Refused to answer |  | ➡ | 10249 |
| 10248 | For how many days did (s)he have puffiness of the face? | Days |  |  |  |
|  | *Less than 1 day = “0.” Use 1 week = 7 days. 1 month=30 days to*  *determine the number of days..* | | |  |  |
| 10249 | During the illness that led to death, did (s)he have swollen legs or feet? | Yes |  |  |  |
|  |  | No |  | ➡ | 10252 |
|  |  | Doesn’t know |  | ➡ | 10252 |
|  |  | Refused to answer |  | ➡ | 10252 |
| 10250 | How many days did the swelling last? | Days |  |  |  |
|  | *Less than 1 day = “0.” Use 1 week = 7 days. 1 month=30 days to*  *determine the number of days.* | | |  |  |
| 10251 | Did (s)he have both feet swollen? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 10252 | Did (s)he have general puffiness all over his/her body? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10253 | Did (s)he have any lumps? | Yes |  |  |  |
|  |  | No |  | ➡ | 10258 |
|  |  | Doesn’t know |  | ➡ | 10258 |
|  |  | Refused to answer |  | ➡ | 10258 |
| 10255 | Did (s)he have any lumps on the neck? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10256 | Did (s)he have any lumps on the armpit? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10257 | Did (s)he have any lumps on the groin? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10258 | Was (s)he in any way paralysed? | Yes |  |  |  |
|  |  | No |  | ➡ | 10261 |
|  |  | Doesn’t know |  | ➡ | 10261 |
|  |  | Refused to answer |  | ➡ | 10261 |
| 10259 | Did s(he) have paralysis of only one side of the body? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10260 | Which were the limbs or body parts paralysed? | Right side |  |  |  |
|  | *Select all that apply.* | Left side |  |  |  |
|  |  | Lower part of body |  |  |  |
|  |  | Upper part of body |  |  |  |
|  |  | One leg only |  |  |  |
|  |  | One arm only |  |  |  |
|  |  | Whole body |  |  |  |
|  |  | Other |  |  |  |
| 10261 | Did (s)he have difficulty swallowing? | Yes |  |  |  |
|  |  | No |  | ➡ | 10264 |
|  |  | Doesn’t know |  | ➡ | 10264 |
|  |  | Refused to answer |  | ➡ | 10264 |
| 10262 | For how many days before death did (s)he have difficulty swallowing? | Days |  |  |  |
|  | *Less than 1 day = “0.” Use 1 week = 7 days. 1 month=30 days to determine the*  *number of days.* | | |  |  |
| 10263 | Was the difficulty with swallowing with solids, liquids, or both? | Solids |  |  |  |
|  |  | Liquids |  |  |  |
|  |  | Both |  |  |  |
| 10264 | Did (s)he have pain upon swallowing? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10265 | Did (s)he have yellow discoloration of the eyes? | Yes |  |  |  |
|  |  | No |  | ➡ | 10267 |
|  |  | Doesn’t know |  | ➡ | 10267 |
|  |  | Refused to answer |  | ➡ | 10267 |
| 10266 | For how many days did (s)he have the yellow discoloration? | Days |  |  |  |
|  | *Less than 1 day = “0.” Use 1 week = 7 days. 1 month=30 days to determine the*  *number of days.* | | |  |  |
| 10267 | Did her/his hair change in colour to a reddish or yellowish colour? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10268 | Did (s)he look pale (thinning/lack of blood) or have pale palms, eyes or nail beds? | Yes |  |  |  |
|  | *Long term deficiency of the blood results in a pale, whitish*  *appearance of the lips, tongue and eye sac. Sometimes it is*  *referred to as thinning of lack of blood, or pallor.* | No |  |  |  |
|  | Doesn’t know |  |  |  |
|  | Refused to answer |  |  |  |
| 10269 | Did (s)he have sunken eyes? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10270 | Did (s)he drink a lot more water than usual? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **5d) Signs and symptoms relevant for neonatal and child deaths** | | |  |  |
|  | NOTE THE NEXT SECTION UP TO ID10418 SHOULD ONLY BE ASKED IF THE DECEASED WAS UNDER ONE YEAR OLD |  |  |  |  |
| 10271 | Was the baby able to suckle or bottle-feed within the first 24 hours after birth? | Yes |  |  |  |
|  | *Ask only if the child was <1 year old when it died.* | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10272 | Did the baby ever suckle in a normal way? | Yes |  |  |  |
|  | *Ask only if the child was <1 year old when it died.* | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10273 | Did the baby stop suckling? | Yes |  |  |  |
|  | *Ask only if the child was <1 year old when it died.* | No |  | ➡ | 10275 |
|  |  | Doesn’t know |  | ➡ | 10275 |
|  |  | Refused to answer |  | ➡ | 10275 |
| 10274 | How many days after birth did the baby stop suckling? | Days: |  |  |  |
|  | *Ask only if the child was <1 year old when it died.* | | |  |  |
| 10275 | Did the baby have convulsions starting within the first 24 hours of life? | Yes |  | ➡ | 10277 |
|  | *Ask only if the child was <1 year old when it died.* | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10276 | Did the baby have convulsions starting more than 24 hrs after birth? | Yes |  |  |  |
|  | *Ask only if the child was <1 year old when it died.* | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10277 | Did the baby's body become stiff, with the back arched backwards? | Yes |  |  |  |
|  | *Ask only if the child was <1 year old when it died.* | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10278 | During the illness that led to death did the baby have a bulging or raised fontanelle? (ask only up to 18 months) | Yes |  | ➡ | 10281 |
|  | *Show photo (if available).* | No |  |  |  |
|  | Doesn’t know |  |  |  |
|  | Refused to answer |  |  |  |
| 10279 | During the illness that led to death did the baby have a sunken fontanelle? (ask only up to 18 months) | Yes |  |  |  |
|  | *Show photo (if available).* | No |  |  |  |
|  | Doesn’t know |  |  |  |
|  | Refused to answer |  |  |  |
| 10281 | During the illness that led to death, did the baby become unresponsive or unconscious? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10282 | Did the baby become unresponsive or unconscious soon after birth, within less than 24 hours? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10283 | Did the baby become unresponsive or unconscious more than 24 hours after birth? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10352 | How many years old was the child when the fatal illness started? | Years: |  |  |  |
|  | *If child <1 year, fill in “0.”* |  |  |  |  |
| 10354 | Was the child part of a multiple birth? | Yes |  |  |  |
|  | *If two or more children are born at the same time, it is*  *counted as a multiple birth, even if one or more of the*  *babies are born dead.* | No |  | ➡ | 10356 |
|  | Doesn’t know |  | ➡ | 10356 |
|  | Refused to answer |  | ➡ | 10356 |
| 10355 | Was the child the first, second, or later in the birth order? | First |  |  |  |
|  |  | Second or later |  |  |  |
| 10356 | Is the mother still alive? | Yes |  | ➡ | 10360 |
|  | *If the mother is present at the interview, select ‘yes’*  *without asking the question aloud. Only read this question*  *if the respondent is not the mother and if it is not yet*  *known if the mother is alive*. | No |  |  |  |
|  | Doesn’t know |  |  |  |
|  | Refused to answer |  |  |  |
| 10357 | Did the mother die during or after the delivery? | During delivery |  | ➡ | 10360 |
|  |  | After delivery |  |  |  |
| 10358 | How long after the delivery did the mother die? | Days: |  |  |  |
| 10359 | *The respondent may reply in months or days. If less than*  *24 hours, record “0” days. I f< 1 month, record in days; if*  *less than <2 months, record in weeks; if ≥ 2 months, record*  *in completed months.* | Weeks: |  |  |  |
|  | Months: |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 10360 | Where was the deceased born? | Hospital |  |  |  |
|  | *Read the question and slowly read the first 5 choices.*  *Respondent should hear all 5 choices and then respond.* | Other health facility |  |  |  |
|  | Home |  |  |  |
|  | On route to hospital or facility |  |  |  |
|  |  | Other |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10361 | Did you/the mother receive professional assistance during the delivery? (ask only up to 1 year) | Yes |  |  |  |
|  | *Explain to the respondent what is meant by professional*  *assistance: delivery attended by a medical professional*  *(doctor, nurse or midwife).* | No |  |  |  |
|  | Doesn’t know |  |  |  |
|  | Refused to answer |  |  |  |
| 10362 | At birth, was the baby of usual size? | Yes |  | ➡ | 10366 |
|  | *Show photos (if available), explain to the respondent that*  *even if the answer is “no” some more questions will be*  *asked, just to make sure no important detail has been*  *missed.* | No |  |  |  |
|  | Doesn’t know |  |  |  |
|  | Refused to answer |  |  |  |
| 10363 | At birth, was the baby smaller than usual (weighing under 2.5 kg)? | Yes |  |  |  |
|  | *Show photos (if available).* | No |  | ➡ | 10365 |
|  |  | Doesn’t know |  | ➡ | 10365 |
|  |  | Refused to answer |  | ➡ | 10365 |
| 10364 | At birth, was the baby very much smaller than usual (weighing under 1 kg)? | Yes |  | ➡ | 10366 |
|  | *Show photos (if available).* | No |  | ➡ | 10366 |
|  |  | Doesn’t know |  | ➡ | 10366 |
|  |  | Refused to answer |  | ➡ | 10366 |
| 10365 | At birth, was the baby larger than usual (weighing over 4.5 kg)? | Yes |  |  |  |
|  | *Show photos (if available).* | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10366 | What was the weight in grammes of the deceased at birth? | GRAMMES |  | |  |
|  | *Respondents may give the answer in kilograms. For the*  *data entry, convert to grammes. 1 kilogram=1,000*  *grammes. Enter "9999" for "Don't know." Enter "8888" for*  *"Refused to answer* | Don't Know |  |  |  |
| 10367 | How many months long was the pregnancy before the child was born? (ask only up to one year) | Months: |  |  |  |
|  | *Enter "99" for "Don't know."* |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 10368 | Were there any complications in the late part of the pregnancy (defined as the last 3 months before labour)? (ask only up to 1 year) | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10369 | Were there any complications during labour or delivery? (ask only up to 1 year) | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10370 | Was any part of the baby physically abnormal at time of delivery? (for example body part too large or too small, additional growth on the body)? | Yes |  |  |  |
|  |  | No |  | ➡ | 10418 |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10371 | Did the baby/child have swelling or a defect on the back at time of birth? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10372 | Did the baby/child have a very large head at time of birth? | Yes |  | ➡ | 10408 |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10373 | Did the baby/child have a very small head at time of birth? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10408 | Before the illness that led to death was the baby/the child growing normally? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
|  | **5e) Health service and contextual factors** |  |  |  |  |
| 10418 | Did (s)he receive any treatment for the illness that led to death? | Yes |  |  |  |
|  |  | No |  | ➡ | 10428 |
|  |  | Doesn’t know |  | ➡ | 10428 |
|  |  | Refused to answer |  | ➡ | 10428 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 10419 | Did (s)he receive oral rehydration salts? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10420 | Did (s)he receive (or need) intravenous fluids (drip) treatment? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10421 | Did (s)he receive (or need) a blood transfusion? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10422 | Did (s)he receive (or need) treatment/food through a tube passed through the nose? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10423 | Did (s)he receive (or need) injectable antibiotics? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10424 | Did (s)he receive (or need) antiretroviral therapy (ART)? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10425 | Did (s)he have (or need) an operation for the illness? | Yes |  |  |  |
|  |  | No |  | ➡ | 10427 |
|  |  | Doesn’t know |  | ➡ | 10427 |
|  |  | Refused to answer |  | ➡ | 10427 |
| 10426 | Did (s)he have the operation within 1 month before death? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 10427 | Was (s)he discharged from hospital very ill? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10428 | Had (s)he received immunizations? | Yes |  |  |  |
|  |  | No |  | ➡ | 10432 |
|  |  | Doesn’t know |  | ➡ | 10432 |
|  |  | Refused to answer |  | ➡ | 10432 |
| 10429 | Do you have the child's vaccination card? | Yes |  |  |  |
|  |  | No |  | ➡ | 10432 |
|  |  | Doesn’t know |  | ➡ | 10432 |
|  |  | Refused to answer |  | ➡ | 10432 |
| 10430 | Can I see the vaccination card (and note the vaccines the child received)? | Yes |  |  |  |
|  | *Only fill in the vaccination sheet if the respondent has the*  *vaccination card at the present moment during the VA*  *interview; the interviewer should fill in the vaccination sheet,*  *not the respondent. If applicable, take photo with name*  *covered.* | No |  | ➡ | 10432 |
|  | Doesn’t know |  | ➡ | 10432 |
|  | Refused to answer |  | ➡ | 10432 |
| 10431 | [Note vaccines here]: *If applicable, record vaccine, date, and age of child.* | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| 10432 | Was care sought outside the home while (s)he had this illness? | Yes |  |  |  |
|  |  | No |  | ➡ | 10450 |
|  |  | Doesn’t know |  | ➡ | 10450 |
|  |  | Refused to answer |  | ➡ | 10450 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 10433 | Where or from whom did you seek this care? | Traditional healer |  |  |  |
|  | *Read the question and read the choices.*  *Select all that apply*. | Homeopath |  |  |  |
|  | Religious leader |  |  |  |
|  | Government hospital |  |  |  |
|  | Government health center or clinic |  |  |  |
|  | Private hospital |  |  |  |
|  | Community-based practitioner associated with health system |  |  |  |
|  | Trained birth attendant |  |  |  |
|  | Private physician |  |  |  |
|  | Relative, friend (outside household) |  |  |  |
|  | Pharmacy |  |  |  |
|  | Doesn't know |  |  |  |
|  | Refused to answer |  |  |  |
| 10434 | Record the name and address of any hospital health center or clinic where care was sought |  |  |  |  |
|  | *Record information provided*. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 10435 | Did a health care worker tell you the cause of death? | Yes |  |  |  |
|  |  | No |  | ➡ | 10437 |
|  |  | Doesn't know |  | ➡ | 10437 |
|  |  | Refused to answer |  | ➡ | 10437 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 10436 | What did the health care worker say? |  |  |  |  |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 10437 | Do you have any health care records that belonged to the deceased? | Yes |  |  |  |
|  |  | No |  | ➡ | 10445 |
|  |  | Doesn’t know |  | ➡ | 10445 |
|  |  | Refused to answer |  | ➡ | 10445 |
| 10438 | Can I see the health records? | Yes |  |  |  |
|  |  | No |  | ➡ | 10445 |
|  |  | Doesn’t know |  | ➡ | 10445 |
|  |  | Refused to answer |  | ➡ | 10445 |
| 10439 | [Record the date of the most recent (last) visit] | Day |  |  |  |
|  | *If date unknown, record Jan 1, 2000 to indicate not*  *available.* | Month |  |  |  |
|  |  | Year |  |  |  |
| 10445 | Have you/has the deceased's (biological) mother ever been tested for HIV? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10446 | Have you/has the deceased’s (biological) mother ever been told she had HIV/AIDS by a health worker? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10450 | In the final days before death, did s/he travel to a hospital or health facility? | Yes |  |  |  |
|  |  | No |  | ➡ | 10455 |
|  |  | Doesn’t know |  | ➡ | 10455 |
|  |  | Refused to answer |  | ➡ | 10455 |
| 10451 | Did (s)he use motorised transport to get to the hospital or health facility? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10452 | Were there any problems during admission to the hospital or health facility? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10453 | Were there any problems with the way (s)he was treated (medical treatment, procedures, interpersonal attitudes, respect, dignity) in the hospital or health facility? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10454 | Were there any problems getting medications or diagnostic tests in the hospital or health facility? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10455 | Does it take more than 2 hours to get to the nearest hospital or health facility from the deceased’s household? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10456 | In the final days before death, were there any doubts about whether medical care was needed? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10457 | In the final days before death, was traditional medicine used? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10458 | In the final days before death, did anyone use a telephone or cell phone to call for help? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10459 | Over the course of illness, did the total costs of care and treatment prohibit other household payments? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **5f) Death certificate with cause of death** | Yes |  |  |  |
| 10462 | Was a death certificate issued? | No |  | ➡ | 10476 |
|  | *The following information serves only to complete cause of*  *death information in some environments. In routine CRVS*  *this information could be skipped in the interview, and*  *information be collected from other sources,*  *if available.* | Doesn’t know |  | ➡ | 10476 |
|  | Refused to answer |  | ➡ | 10476 |
| 10463 | Can I see the death certificate? | Yes |  |  |  |
|  | *Fill in the following questions only if you are shown the copy*  *of the certificate. Do not fill in just based on oral*  *statements.* | No |  | ➡ | 10476 |
|  | Doesn’t know |  | ➡ | 10476 |
|  | Refused to answer |  | ➡ | 10476 |
| 10464 | [Record the immediate cause of death from the certificate (line 1a)] |  |  |  |  |
|  | *An antecedent cause is the one that caused the one on the*  *line above, e.g. diabetes mellitus may be an antecedent*  *cause to kidney disease*. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 10465 | [Duration (1a)] |  |  |  |  |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 10466 | [Record the first antecedent cause of death from the certificate (line 1b)] |  |  |  |  |
|  | *For all following lines, add duration if stated.* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 10467 | [Duration (1c)] |  |  |  |  |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 10468 | [Record the second antecedent cause of death from the certificate (line 1c)] |  |  |  |  |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 10469 | [Duration (1c)] |  |  |  |  |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 10470 | [Record the third antecedent cause of death from the certificate (line 1d)] |  |  |  |  |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 10471 | [Duration (1d)] |  |  |  |  |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 10472 | [Record the contributing cause(s) of death from the certificate (part 2)] |  |  |  |  |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 10473 | [Duration (part 2)] |  |  |  |  |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | **6) NARRATIVE DESCRIPTION OF FINAL ILLNESS** |  |  |  |  |
| 10476 | **Thank you for your information. Now can you please tell me in your own words about the events that led to the death?**  *AUDIO RECORDING*   * + - * *IF APPLICABLE, REQUEST CONSENT FOR AUDIO RECORDING: May I record your response?*       * *IF YES, RECORD VERBAL CONSENT AT START OF RECORDING: “Do I have consent to record your response?*   *WRITTEN NOTES AND PROBING*   * *RECORD DETAILED NOTES OF RESPONSE; USE ADDITIONAL PAPER AS NEEDED.* * *If needed, probe for additional details on when respondent recognized symptoms, care sought, barriers to care, issues with transport, abnormalities, etc.* | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
|  | **7) CHECK LIST OF KEY INDICATORS FROM THE NARRATIVE DESCRIPTION** | | |  |  |
| 10478 | [Select any of the following words that were mentioned as present in the narrative.] | Abdomen |  |  |  |
|  |  | Cancer |  |  |  |
|  |  | Dehydration |  |  |  |
|  |  | Dengue fever |  |  |  |
|  |  | Diarrhoea |  |  |  |
|  |  | Fever |  |  |  |
|  |  | Heart problems |  |  |  |
|  |  | Jaundice (yellow skin or eyes) |  |  |  |
|  |  | Pneumonia |  |  |  |
|  |  | Rash |  |  |  |
|  |  | None of the above words were mentioned |  |  |  |
|  |  | Don’t know |  |  |  |
| 10481 | [Time at end of interview] | hh:mm 24h \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |