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| **CHAMPS VERBAL AUTOPSY**  **QUESTIONNAIRE**  (ODK V2.04) - CHAMPS |
| ***Death of a child aged under four weeks*** |
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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 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 |  |  | |  | |
|  | **3) 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 | [Enter neonate’s age in days, hours, or minutes] | Days |  |  | |  | |
|  | *Enter for one option only. If < 1 day, enter in hours or*  *minutes. If < 1 hour, enter in minutes.* | Hours |  |  | |  | |
|  |  | Minutes |  |  | |  | |
| 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* | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| 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? |  |  |  | |  | |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |

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|  | **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 |  | ➡ | 10104 |
|  |  | Doesn’t know |  | ➡ | 10104 |
|  |  | Refused to answer |  | ➡ | 10104 |
| 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 |  |  |  |

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| 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 |  |  |  |
| 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 |  |  |  |

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| 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 |  |  |  |
|  | **VERIFICATION OF POSSIBLE STILLBIRTH** |  |  |  |  |
| 10104 | Did the baby ever cry? | Yes |  |  |  |
|  |  | No |  | ➡ | 10109 |
|  |  | Doesn’t know |  | ➡ | 10109 |
|  |  | Refused to answer |  | ➡ | 10109 |

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| 10105 | Did the baby cry immediately after birth, even if only a little bit? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10106 | How many minutes after birth did the baby first cry? | Minutes |  |  |  |
| 10107 | Did the baby stop being able to cry? | Yes |  |  |  |
|  |  | No |  | ➡ | 10109 |
|  |  | Doesn’t know |  | ➡ | 10109 |
|  |  | Refused to answer |  | ➡ | 10109 |
| 10108 | How many hours before death did the baby stop crying? | Hours |  |  |  |
|  | *60 Minutes=1 Hour; if < 1 Hour, record “0”Hours.* |  |  |  |  |
| 10109 | Did the baby ever move? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10110 | Did the baby ever breathe? | Yes |  |  |  |
|  |  | No |  | ➡ | 10114 |
|  |  | Doesn’t know |  | ➡ | 10114 |
|  |  | Refused to answer |  | ➡ | 10114 |
| 10111 | Did the baby breathe immediately after birth, even a little? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10112 | Did the baby have a breathing problem? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |

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| 10113 | Was the baby given assistance to breathe at birth? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10114 | If the baby didn't show any sign of life, was it born dead? | Yes |  | **∴ Still birth** | |
|  | *This question serves to finally determine if the baby*  *was born alive or dead.* | No |  | **∴ Live birth** | |
|  | Doesn’t know |  |  |  |
|  | Refused to answer |  |  |  |
| 10115 | Were there any bruises or signs of injury on the child's body after birth? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
|  | NOTE: THE FOLLOWING QUESTION IS TO BE ASKED ONLY OF STILLBIRTHS, AS CONFIRMED BY A YES RESPONSE TO 10114. IN THE CASE OF A LIVE BIRTH (NO TO 10114) DO NOT ASK 10116 BUT PROCEED TO 10351. | | | | |
| 10116 | Was the baby's body soft, pulpy and discoloured and the skin peeling away? | Yes |  | ➡ | 10347 |
|  | *Macerated means the body was pulpy. This indicates*  *that the baby has been dead inside the mother for some*  *time.* | No |  | ➡ | 10347 |
|  | Doesn’t know |  | ➡ | 10347 |
|  | Refused to answer |  | ➡ | 10347 |
|  | **5) MEDICAL HISTORY ASSOCIATED WITH THE FINAL ILLNESS** | | |  |  |
|  | **5a) Duration of final illness** |  |  |  |  |
| 10351 | How old was the baby when the fatal illness started? | Days: |  |  |  |
|  | *The answer could be in months or days, but for the data entry convert in days.*  *Less than 24 hours = 0 days.* | | |  |  |
| 10408 | Before the illness that led to death, was the baby/the child growing normally? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10120 | For how long was (s)he ill before (s)he died? | 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) General signs and symptoms associated with final illness** | |  |  |  |
| 10147 | Did (s)he have a fever? | Yes |  |  |  |
|  |  | No |  | ➡ | 10153 |
|  |  | Doesn’t know |  | ➡ | 10153 |
|  |  | Refused to answer |  | ➡ | 10153 |
| 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 |  |  |  |
| 10153 | Did (s)he have a cough? | Yes |  |  |  |
|  |  | No |  | ➡ | 10159 |
|  |  | Doesn’t know |  | ➡ | 10159 |
|  |  | Refused to answer |  | ➡ | 10159 |
| 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\_0 | For how many days did the difficulty breathing last? | Days: |  |  |  |
|  |  *Less than 1 day = “0.” Use 1 week = 7 days to determine the number of days*. | | |  |  |
| 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 |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 |  | ➡ | 10188 |
|  | Doesn’t know |  | ➡ | 10188 |
|  | Refused to answer |  | ➡ | 10188 |
| 10183 | How many stools did the baby or child have on the day that loose liquid stools were most frequent? | 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.* | |  |  |  |
| 10186 | At any time during the final illness was there blood in the stool? | 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 |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 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 |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 10219 | Did (s)he have convulsions? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10233 | During the illness that led to death, did (s)he have any skin rash? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10239 | During the illness that led to death, did he/she have areas of the skin turn 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 anywhere? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10265 | Did (s)he have yellow discoloration of the eyes? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
|  | **5c) Signs and symptoms associated with child and neonatal deaths** | | |  |  |
| 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 |  | ➡ | 10284 |
|  |  | Doesn’t know |  | ➡ | 10284 |
|  |  | Refused to answer |  | ➡ | 10284 |
| 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 |  |  |  |
| 10284 | During the illness that led to death did the baby become cold to touch? | Yes |  |  |  |
|  |  | No |  | ➡ | 10286 |
|  |  | Doesn’t know |  | ➡ | 10286 |
|  |  | Refused to answer |  | ➡ | 10286 |
| 10285 | How many days old was the baby when it started feeling cold to touch? | Days: |  |  |  |
| *Less than 1 day = “0.” Use 1 week = 7 days to determine the number of days*. | | | |  |  |
| 10286 | During the illness that led to death, did the baby become lethargic after a period of normal activity? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10287 | Did the baby have redness or pus drainage from the umbilical cord stump? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 10288 | During the illness that led to death did the baby have skin ulcer(s) or pits? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10289 | During the illness that led to death did the baby have yellow skin, palms (hand) or soles (foot)? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10290 | Did the baby appear healthy and then just die suddenly? | Yes |  |  |  |
|  | *Suddenly means died unexpectedly within 24 hours of*  *being in regular health.* | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10347 | Was the baby born more than one month early? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 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: |  |  |  |
|  | *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? | 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 kgs)? | 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 kgs)? | 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*  *grams. 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 1 year) | Months: |  |  |  |
|  | *Enter “99” if this information is not known.* |  |  |  |  |
| 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 |  | ➡ | 10376 |
|  |  | 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 |  | ➡ | 10376 |
|  |  | 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 |  |  |  |
| 10376 | Was the baby moving in the last few days before birth? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10377 | Did the baby stop moving in the womb before labour started? | Yes |  |  |  |
|  |  | No |  | ➡ | 10382 |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| Last\_tim\_moved | **When did the baby last move?** | Days |  | ➡ | 10379 |
|  |  | Hours: |  | ➡ | 10380 |
| 10379 | How many days before labour did you or the mother last feel the baby move? (maybe the respondent or health worker had examined the mother) | Days |  | ➡ | 10382 |
|  | *Enter duration as appropriate in hours or days.* |  |  |  |  |
| 10380 | How many hours before labour did you/the mother last feel the baby move? (maybe the respondent or health worker had examined the mother) | Hours |  | ➡ | 10382 |
|  | *Enter duration as appropriate in hours or days.* |  |  |  |  |
| 10382 | How many hours did labour and delivery take? | Hours: |  |  |  |
|  | *If less than one hour enter “0”.* |  |  |  |  |
| 10383 | Was the baby born 24 hours or more after the water broke? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10384 | Was the liquor foul smelling? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 10385 | What was the colour of the liquor when the water broke? | Green or brown |  |  |  |
|  |  | Clear (normal) |  |  |  |
|  |  | Other |  |  |  |
|  |  | doesn’t know |  |  |  |
|  |  | Reused to answer |  |  |  |
| 10387 | Was the delivery normal vaginal, without forceps or vacuum? | Yes |  | ➡ | 10391 |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10388 | Was the delivery vaginal, with forceps or vacuum? | Yes |  | ➡ | 10391 |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10389 | Was the delivery a Caesarean section? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10391 | Did you/the mother receive any vaccinations since reaching adulthood including during this pregnancy? | Yes |  |  |  |
|  |  | No |  | ➡ | 10394 |
|  |  | Doesn’t know |  | ➡ | 10394 |
|  |  | Refused to answer |  | ➡ | 10394 |
| 10392 | How many doses? | Doses |  |  |  |
| 10393 | Did you/the mother receive tetanus toxoid (TT) vaccine? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10394 | How many births, including stillbirths did the baby's mother have before this baby? | Births |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 10395 | During labour, did you/the baby's mother suffer from fever? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10396 | During the last 3 months of pregnancy, labour or delivery, did you/the baby's mother suffer from high blood pressure? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10397 | Did you/the baby's mother have diabetes mellitus? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10398 | Did you/the baby's mother have foul smelling vaginal discharge during pregnancy or after delivery? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10399 | During the last 3 months of pregnancy, labour or delivery, did you/the baby's mother suffer from convulsions? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10400 | During the last 3 months of pregnancy did you/the baby's mother suffer from blurred vision? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 10401 | Did you/the baby's mother have severe anemia? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10402 | Did you/the baby's mother have vaginal bleeding during the last 3 months of pregnancy but before labour started? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10403 | Did the baby's bottom, feet, arm or hand come out of the vagina before its head? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10404 | Was the umbilical cord wrapped more than once around the neck of the child at birth? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10405 | Was the umbilical cord delivered first? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |
| 10406 | Was the baby blue in colour at birth? | Yes |  |  |  |
|  |  | No |  |  |  |
|  |  | Doesn’t know |  |  |  |
|  |  | Refused to answer |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5d) 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 | |  |  |  |
|  |  | 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 | |  | | ➡ | | 10435 | |
|  |  | Doesn’t know | |  | | ➡ | | 10435 | |
|  |  | Refused to answer | |  | | ➡ | | 10435 | |
| 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 | |  | |  | |  | |
|  | **5e) Death certificate with cause of death** |  | |  | |  | |  | |
| 10462 | Was a death certificate issued? | Yes | |  | |  | |  | |
|  | *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.* | No | |  | | ➡ | | 10476 | |
|  | 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** | | | | |  |
| 10479 | [Select any of the following words that were mentioned as present in the narrative.] | Asphyxia | |  |  |  |
|  |  | Incubator | |  |  |  |
|  |  | Lung problem | |  |  |  |
|  |  | Pneumonia | |  |  |  |
|  |  | Preterm delivery | |  |  |  |
|  |  | Respiratory distress | |  |  |  |
|  |  | None of the above words were mentioned | |  |  |  |
|  |  | Don't know | |  |  |  |
| 10481 | [Time at end of interview]: | hh:mm 24h \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  |