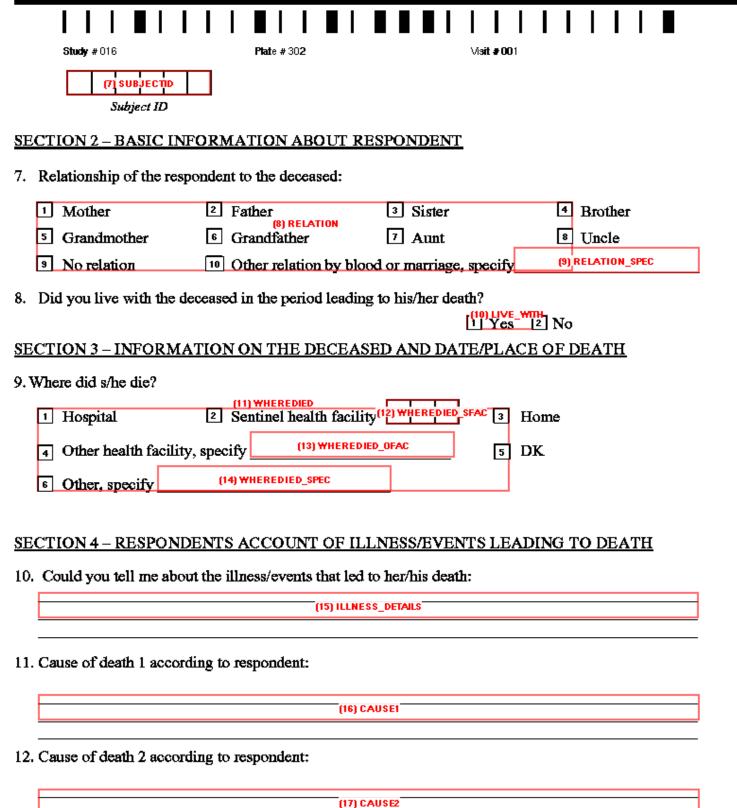
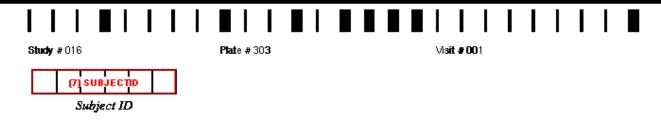


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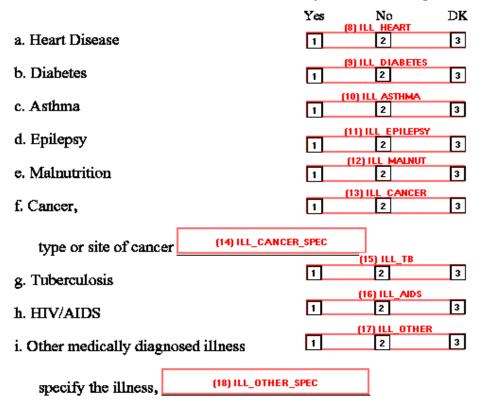
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SECTION 5 - HISTORY OF PREVIOUSLY DIAGNOSED MEDICAL CONDITIONS

["I would like to ask you some questions concerning previously known medical conditions the deceased had; injuries and accidents that the deceased suffered; and signs and symptoms that the deceased had/showed when s/he was ill. Some of these questions may not appear to be directly related to his/her death. Please bear with me and answer all the questions. They will help us to get a clear picture of all possible symptoms that the deceased had."]

13. Please tell me if the deceased suffered from any of the following illnesses:



SECTION 6 - HISTORY OF INJURIES/ACCIDENTS

14. Did s/he suffer from any injury or accident that led to her/his death?

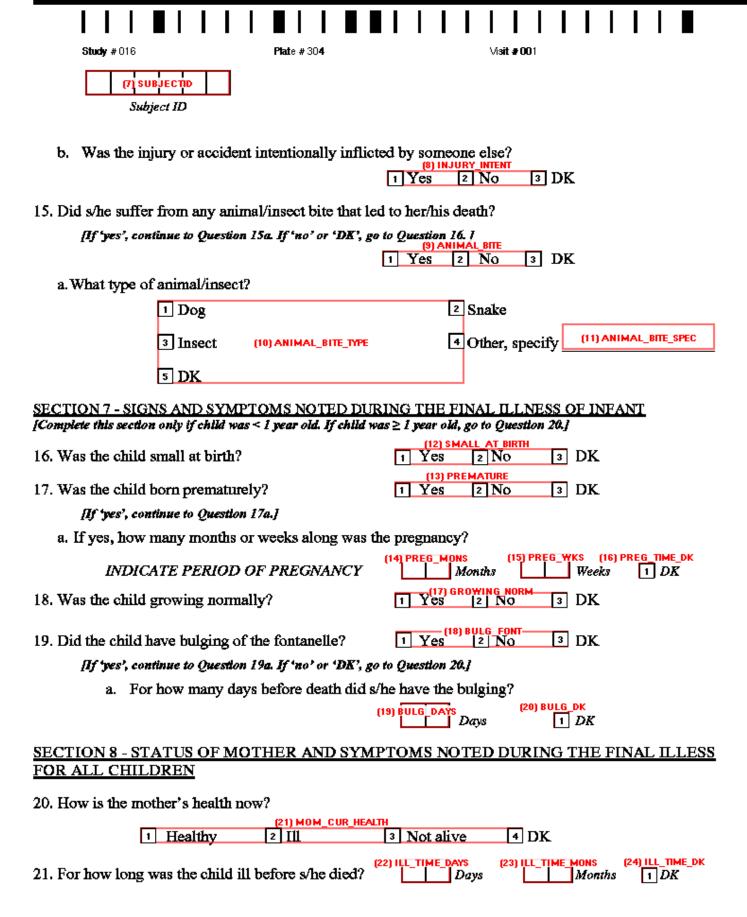
[If 'yes', continue to Question 14a. If 'no' or 'DK', go to Question 15.]

(19) INJU	RY	ACCIDENT		
1 Yes	2	No	3	DK

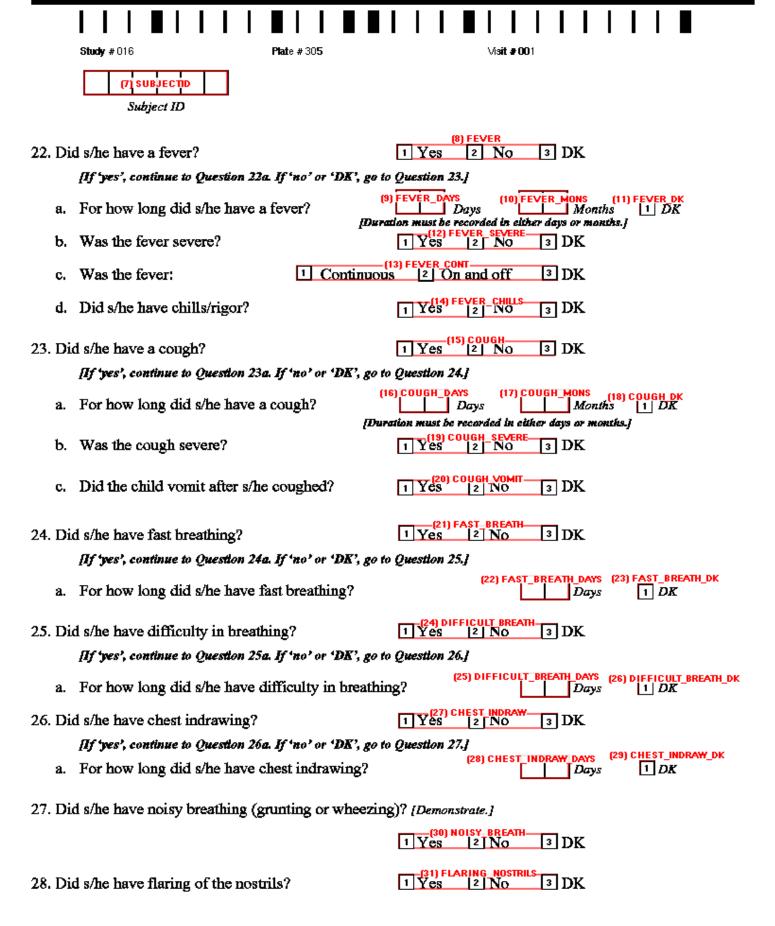
a. What kind of injury or accident did the deceased suffer?

1 Road traffic accid	ent 2 Fall	3 Drowning
Poisoning	(20) INJURY_TYPE 5 Burns	6 Violence/assault
7 Other, specify	(21) INJURY_TYPE_SPEC	8

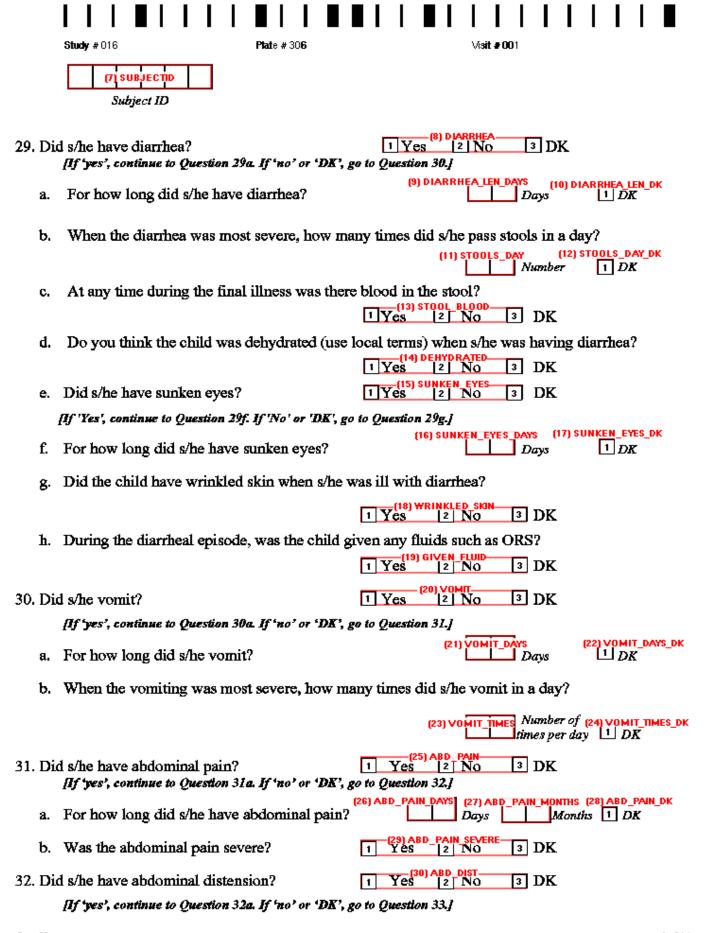
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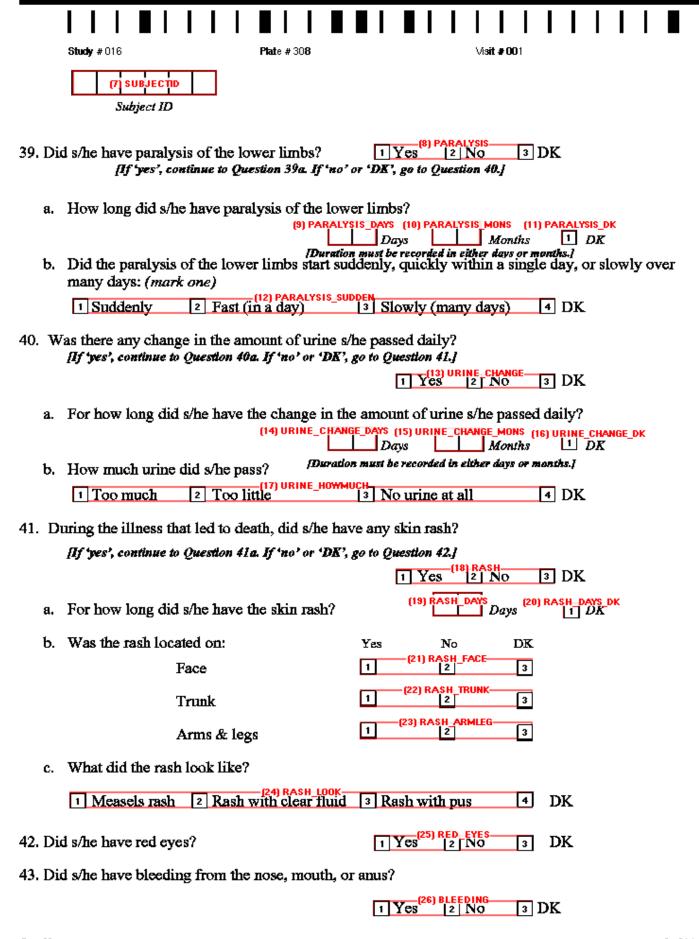
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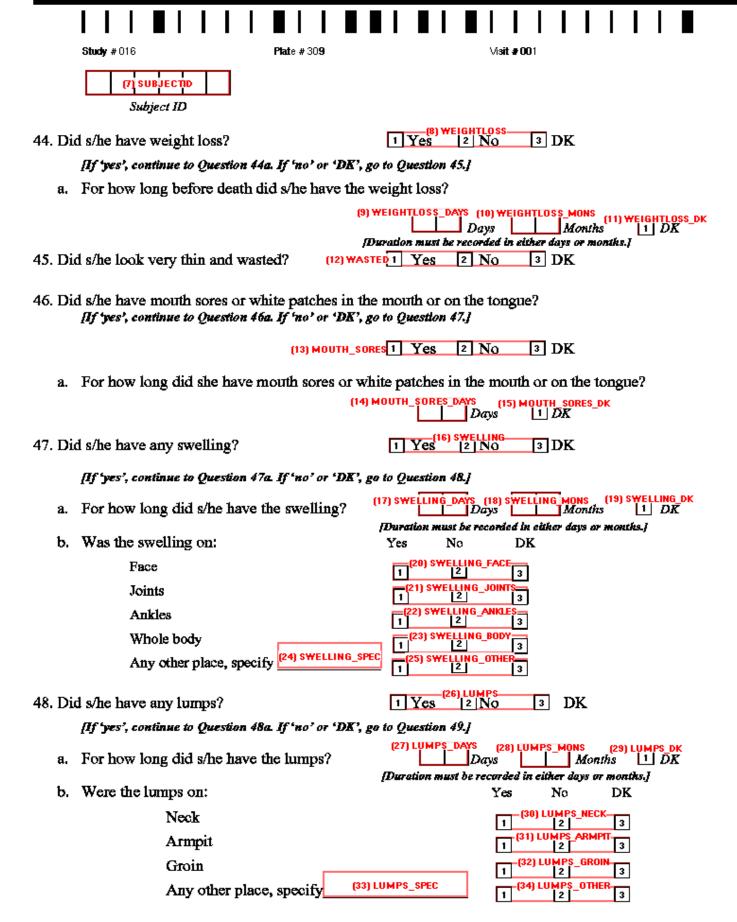
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Study # 016 Ptate # 307	Visit ≠ 00 1				
Subject II)					
a. For how long did s/he have abdominal distension ABD_DIST_DAYS (9) ABD_DIST_MONS (10) ABD_DIST_DK Days Months DK					
[Duration must be recorded in either days or months.] b. Did the distension develop rapidly within days or gradually over months?					
1 Rapidly within days 2	Gradually over months 3 DK				
 Was there a period of a day or longer during w 	which s/he did not pass any stool?				
	1 Yes 2 No 3 DK				
34. Did s/he have any mass in the abdomen? [If 'yes', continue to Question 34a. If 'no	1 Yes 2 No 3 DK or 'DK', go to Question 35.]				
a. For how long did s/he have the mass in the	(15) ADD MACC MONC				
	(14) ABD MASS DAYS (15) ABD MASS MONS (16) ABD MASS DK				
35. Did s/he have headache? (17) HEA	Duration must be recorded in either days or months. ADACHE Yes 2 No 3 DK				
If 'yes', continue to Question 35a. If 'no	or 'DK', go to Question 36.]				
a. For how long did s/he have headache?	(18) HEADACHE DAYS (19) HEADACHE MONS (20) HEADACHE DK Days Months 1 DK Duration must be recorded in either days or months.]				
b. Was the headache severe? (21) HEADACHE_SI	EVERE 1 Yes 2 No 3 DK				
36. Did s/he have a stiff or painful neck?	1 Yes 2 No 3 DK				
[If 'yes', continue to Question 36a. If 'no					
a. For how long did s/he have a stiff or painfu					
	(23) STIFF NECK DAYS (24) STIFF NECK DK				
37. Did s/he become unconscious? [If 'yes', continue to Question 37a. If 'no	1 Yes 2 No 3 DK or 'DK', go to Question 38.]				
a. For how long was s/he unconscious?	(26) UNCONSCIOUS DAYS (27) UNCONSCIOUS DK				
	ickly within a single day, or slowly over many days?				
1 Suddenly 2 Fast (in a day)	SUDDEN [3] Slowly (many days) [4] DK				
38. Did s/he have convulsions?	1 Yes (29) CONVULS 3 DK				
[If 'yes', continue to Question 38a. If 'no	or 'DK', go to Question 39.]				
a. For how long did s/he have convulsions?	(30) CONVULS_DAYS (31) CONVULS_MONS (32) CONVULS_DK Days				
	[Duration must be recorded in either days or months.]				

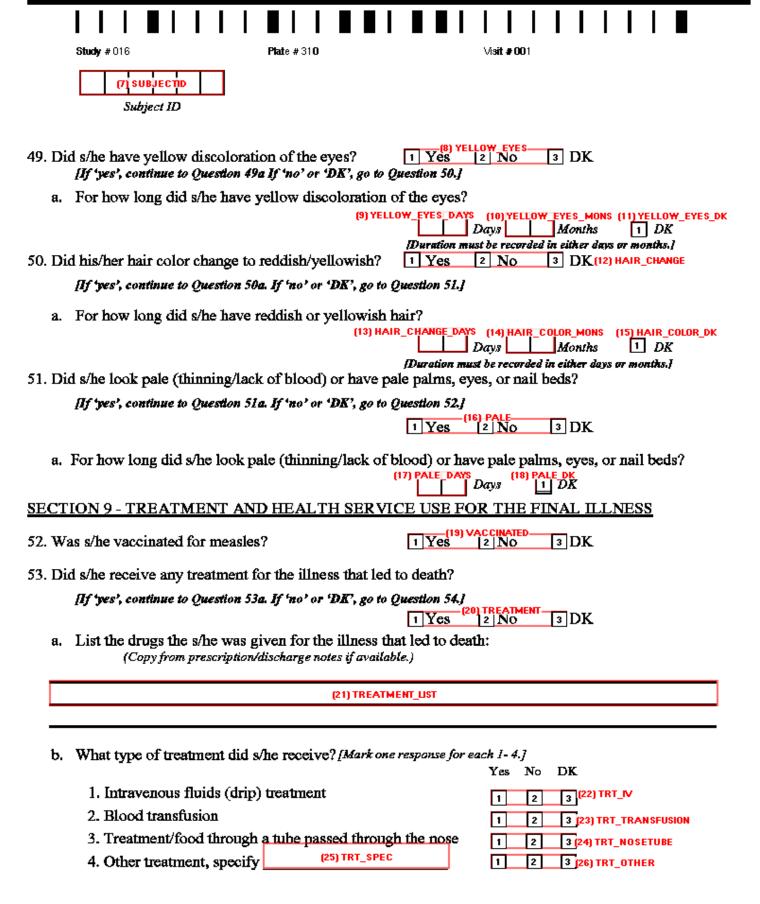
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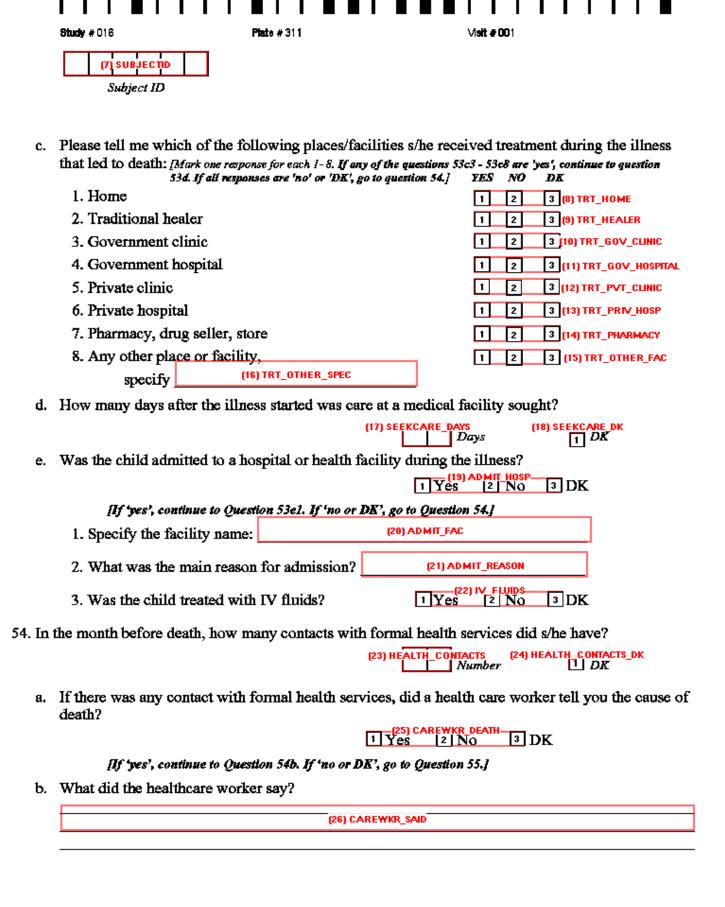
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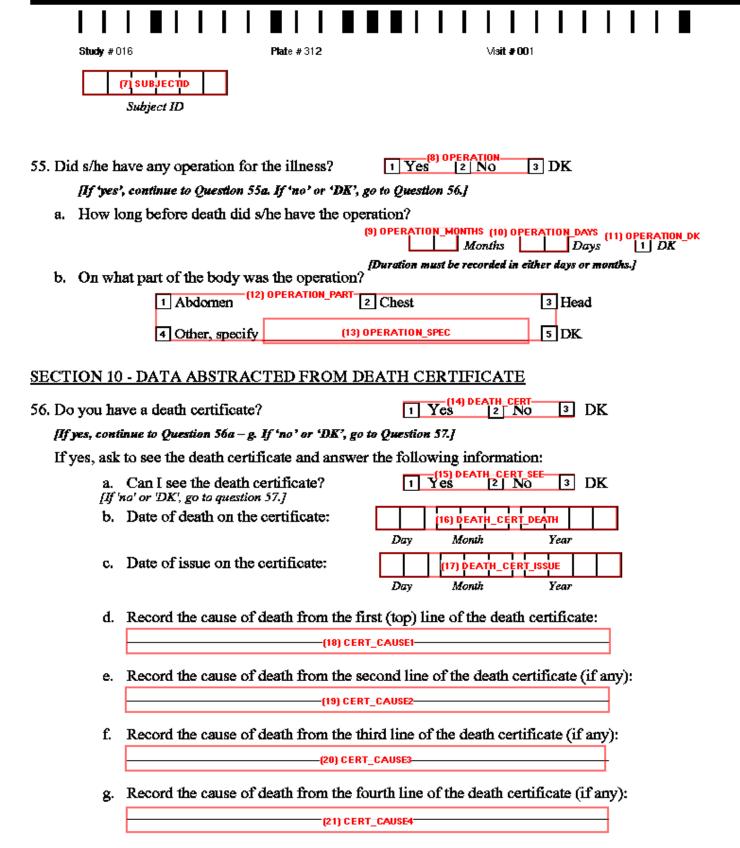
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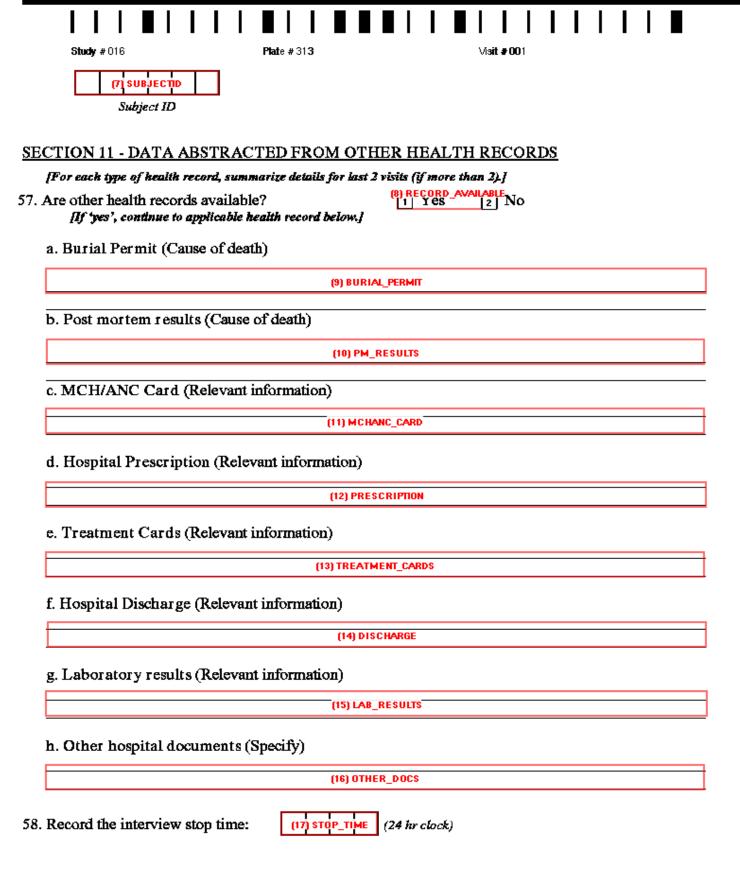
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Study # 016

Quality Control's Name_

P**tate #** 314

Visit # 001



	INTERVIEWERS OBSERVATIONS:
	(To be filled in after completing interview.)
	COMMENTS ON SPECIFIC QUESTIONS:
	ANY OTHER COMMENTS:
	SUPERVISOR'S OBSERVATIONS:
Interviewer's Name	(8) INT_CODE2

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Staff code

 $Staff\ code$

Month

Day

Year