

WHO VERBAL AUTOPSY FORM 2_2013: DEATH OF CHILD AGED 28 DAYS TO 14 YEARS

● Form2

Interviewer interviewe	Date of interview date_inter	dd	mm	yyyy	File number filenum
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Instructions to interviewer: Introduce yourself and explain the purpose of your visit. Ask to speak to the care taker or any other who was present during the illness that led to death. If this is not possible, arrange a time to revisit the household when the caretaker will be home. Before interviewing the person, explain to him or her that participation in the interview is voluntary; he/she can refuse to answer any question and he/she can stop the interview at anytime. Explain to him/her that the information provided is only for research purposes and will be confidential

Instructions to the respondent: "I would like to ask you some questions that would help us to get a clear picture of all possible symptoms the deceased had/showed when she /he was ill. Some of these questions may not appear to be directly related to his or her death. Please bear with me and answer all the questions."

SECTION 1.1 INTERVIEWER VISITS

First Visit	Second Visit	Third Visit
<div style="font-size: small;">date_int1</div> Date <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="font-size: small;">date_int2</div> Date <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="font-size: small;">date_int3</div> Date <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
<div style="font-size: small;">interview1</div> Interviewer <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="font-size: small;">interview2</div> Interviewer <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="font-size: small;">interview3</div> Interviewer <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
<div style="font-size: small;">Result1</div> Result* <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="font-size: small;">Result2</div> Result* <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="font-size: small;">Result3</div> Result* <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
Next visit: Date: ____ / ____ / ____ Time: ____: ____	Next visit: Date: ____ / ____ / ____ Time: ____: ____	<div style="font-size: small;">visits</div> Total number of Visits <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>

Result*: Outcome of the visit

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

SECTION 1.2 ADDITIONAL DEMOGRAPHIC INFORMATION

<h3>1.2.1 Names of head of compound</h3> <div style="font-size: small;">First name</div> <div style="border: 1px solid black; width: 200px; height: 20px; display: inline-block;"></div> fnamec <div style="font-size: small;">Second name</div> <div style="border: 1px solid black; width: 200px; height: 20px; display: inline-block;"></div> jnamec <div style="font-size: small;">Last name</div> <div style="border: 1px solid black; width: 200px; height: 20px; display: inline-block;"></div> lnamec	<h3>1.2.2 Locationid</h3> <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> - <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> - <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <table style="width:100%; text-align: center; font-size: x-small;"> <tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td></tr> </table>	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	4	4	4	4	4	4	4	4	5	5	5	5	5	5	5	5	6	6	6	6	6	6	6	6	7	7	7	7	7	7	7	7	8	8	8	8	8	8	8	8	9	9	9	9	9	9	9	9
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SECTION 2 BASIC INFORMATION ABOUT RESPONDENT

201 Record the time at the start of the interview (24 hours) --- <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> : <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> HRS	start_time																				
202 Names of the informant <div style="font-size: x-small;">First name rname Juok name rjname Last name rlname</div> <div style="border: 1px solid black; width: 200px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 200px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 200px; height: 20px; display: inline-block;"></div>																					
203 Age in years (>14) -----	<div style="font-size: x-small;">rage</div> <div style="font-size: x-small;">rage1</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <table style="width:100%; text-align: center; font-size: x-small;"> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table>	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
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0	1	2	3	4	5	6	7	8	9												
204 Sex of respondent -----	<div style="font-size: x-small;">intsex</div> <input type="radio"/> M <input type="radio"/> F																				

Verified:

- 205** What is the Relationship of the respondent to the deceased? ----- ☐ Biological mother ☐ Father ☐ Grand Parent intrel
☐ Co-wife to mother ☐ Sibling ☐ Aunt
☐ Adoptive mother ☐ Spouse
☐ Other

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intreloth
- 206** Did you live with the deceased in the period leading to her/his death? ----- ☐ Yes ☐ No intliv

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

- 301** Before death was the deceased living for 4 months or more in Asembo, Gem or Karemo? ----- ☐ Yes ☐ No ☐ Aged less than 4 months ☐ Don't know dss
(If age less than 4 months, go to Q302 ; If No or DK go to Q 303)
- 302** If deceased was **aged less than 4 months** ask ,was the mother living for 4 months or more in Asembo, Gemor Karemo? ----- ☐ Yes ☐ No ☐ Don't know mdss
(If Yes, go to Q 313; If No or DK go to Q 303)
- 303** If **NO**, did the deceased return to Asembo, Gem or Karemo just for burial? ----- ☐ Yes ☐ No ☐ Don't know burial
(If Yes, go to Q 313; If No or DK go to Q 304)
- 304** If **NO**, did the deceased return to Asembo, Gem or Karemo because s/he was sick? ----- ☐ Yes ☐ No ☐ Don't know sick

305 Name of the deceased Child

First name

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dfname

Middle name (Juok name)

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djname

Last name

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dlname

306

Permanent ID of the deceased Child

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9	9	9

0	0	0	0
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9	9	9	9

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9	9	9

307 Names of mother

First name

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fnamem

Middle name (Juok name)

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jnamem

Last name

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lnamem

308

Permanent ID of the deceased's Mother

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- 309** Child's sex ----- ☐ M ☐ F sexd
- 310** Child's date of birth (dd/mm/yyyy) ----- vedob
 day (dd) month (mm) year (yyyy)

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- 311** Date of death ----- vedod
 day (dd) month (mm) year (yyyy)

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312 Child's age at death (years/months/days) -----

If child <30 days old, record number in days

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

veyears

veyears1

vemonths

vemonths1

vedays

vedays1

313 What was the occupation of <NAME> at the time of death?(main source of income)

djob

- ☐ Subsistence farmer
 ☐ Small business (eg. sell maize)
 ☐ Commercial farming
- ☐ Fisherman
 ☐ Business owner (eg. duka, kiosk)
 ☐ Fish monger
- ☐ Housewife
 ☐ Skilled labor (eg. carpenter, tailor, jua kali)
 ☐ Student/Pupil
- ☐ Child
 ☐ Unskilled labor (eg. shamba, construction)
 ☐ Unemployed
- ☐ DK
 ☐ Other, Specify:

djobther

314 What was the highest level of formal education the deceased attended?

- ☐ None
 ☐ Primary
 ☐ Secondary
 ☐ DK

grade

(If DK, go to Q 316)

315 Was s/he able to read and write?

- ☐ Yes
 ☐ No
 ☐ DK

readwrite

316 What was his/her marital status at the time of death?

- ☐ Never married
 ☐ Married/Living with partner
 ☐ DK

marsd

- ☐ Divorced
 ☐ Separated
 ☐ Child
 ☐ Widowed

317 What was the date of marriage? (dd/mm/yyyy)

 / /

mardate

Record '99' if don't know day or month,
Record '9999' if don't know year

318 Where did <NAME> die?

- ☐ On the way to/from a health facility
 ☐ At a health facility

placd

- ☐ Hospital
 ☐ Home
 ☐ Dont Know

placdoth

- ☐ Other (specify)

(If answered "At a health facility" or "Hospital" in Q.318 above go to Q. 319, else fill NA in 319 & go to Section 4)

319 Which health facility or hospital did <NAME> die?

- ☐ Akala
 ☐ Ndori
 ☐ Nyawara
 ☐ Wagai

hfname

- ☐ Aluor
 ☐ Njeira
 ☐ Rera
 ☐ Bar-olengo

- ☐ Ting'-Wang'i
 ☐ K'otieno
 ☐ Ng'iya mission
 ☐ Nyathengo

- ☐ Siaya
 ☐ Bondo
 ☐ NA

320 Was this a woman who died more than 42 days but less than 1 year after being pregnant or delivering a baby?

- ☐ Other
- ☐ Yes
 ☐ No
 ☐ DK

hfnameoth

womand

SECTION 4 RESPONDENT'S ACCOUNT OF ILLNESS/EVENTS LEADING TO DEATH

401 Could you tell me about the illness/events that led to his/her death? (write exactly as the respondent tells you)

402 Cause of death according to respondent?Cause 1

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^{dcause1}Code 1

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^{cocode1}Cause 2

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^{dcause2}Code 2

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^{cocode2}**SECTION 5 CONTEXT AND HISTORY OF PREVIOUSLY KNOWN MEDICAL CONDITIONS**

"I would like to ask some questions concerning previously known medical conditions that the deceased had; injuries and accidents that the deceased suffered; 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."

501 Was there any diagnosis of Tuberculosis? (*Ahonda mar kahera*) ----- ☐ Yes ☐ No ☐ DK ^{tb}

502 Was there any diagnosis of HIV/AIDS (*Ayaki*) ----- ☐ Yes ☐ No ☐ DK ^{hiv}

503 Did s/he have a recent test for malaria? ----- ☐ Yes ☐ No ☐ DK ^{malaria}
(Bende nyocha opime machiegni ne malaria)

504 What was the result of the recent test for malaria? ----- ☐ Positive ☐ Negative ☐ DK ^{malres}
(Douko mar pim mar malaria ne en mane?)

505 Was there any diagnosis of Measles? (*tuo ang'iew*) ----- ☐ Yes ☐ No ☐ DK ^{meas}

506 Was there any diagnosis of High Blood Pressure? ----- ☐ Yes ☐ No ☐ DK ^{hyp}
(*Remo maringo matek*)

507 Was there any diagnosis of Heart disease? (*Tuo adundo*) ----- ☐ Yes ☐ No ☐ DK ^{ohea}

508 Was there any diagnosis of Diabetes? (*Tuo mar sukari*) ----- ☐ Yes ☐ No ☐ DK ^{diab}

509 Was there any diagnosis of Asthma? (*Athma, Tuo mar thung'*) ----- ☐ Yes ☐ No ☐ DK ^{asth}

510 Was there any diagnosis of Epilepsy? (*Ndulume*) ----- ☐ Yes ☐ No ☐ DK ^{epil}

511 Was there any diagnosis of Cancer? (*Adhola manie ich, manie thuno, mar del*) ----- ☐ Yes ☐ No ☐ DK ^{can}

512 Was there any diagnosis of Chronic Obstructive Pulmonary Disease(COPD)? ----- ☐ Yes ☐ No ☐ DK ^{copd}

513 Was there any diagnosis of Dementia? ----- ☐ Yes ☐ No ☐ DK ^{dime}

514 Was there any diagnosis of Depression? ----- ☐ Yes ☐ No ☐ DK ^{depr}

515 Was there any diagnosis of Stroke? ----- ☐ Yes ☐ No ☐ DK ^{strk}

516 Was there any diagnosis of Sickle Cell Disease? ----- ☐ Yes ☐ No ☐ DK ^{skcl}

517 Was there any diagnosis of Kidney Disease? (*tuo oboo*) ----- ☐ Yes ☐ No ☐ DK ^{kiddis}

518 Was there any diagnosis of Liver Disease? (*tuo chuny*) ----- ☐ Yes ☐ No ☐ DK ^{liver}

519 In which season did <Name> die? ----- ☐ Wet season ☐ Dry season ^{season}

520 For how long was s/he ill before s/he died? (*Otuore kinde maromo nade kapok otho*)

☐ Days

^{dill}

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

^{dill1} ☐ Weeks

^{will}

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

^{will1} ☐ Dont Know ^{illDWDK}

521 Did s/he die suddenly? (*otho apoya/omuorore*) ----- ☐ Yes ☐ No ☐ DK ^{sudden}

SECTION 6 HISTORY OF INJURIES/ACCIDENTS

601 Did the <NAME> suffer from any injury or accident that ----- ☐ Yes ☐ No ☐ DK acinj
 led to his/her death? (*Bende jalni dine bed kod hinyruok kata masira madine kel thone*)
 (If Yes, ask Q 602, If No or DK go Q 701)

602 What kind of injury or accident did the deceased suffer? (*Ne en hinyruok kata masira mane*) injtype

☐ Road Traffic accident ☐ Non-road transport accident
☐ Violence or assault ☐ Committed suicide
☐ Intentionally inflicted by someone else

If "Road Traffic accident" is selected in Q 602; go to Q603-Q604
If "Non-road transport accident" is selected in Q 602; go to Q605

603 If Road Traffic accident is selected above; ask, Was s/he injured as: injury

- ☐ A pedestrian/walking? ☐ An occupant of a car vehicle?
☐ An occupant of a bus/heavy transport vehicle? ☐ A pedal cyclist?
☐ A driver or passenger of a motorcycle? ☐ DK

604 Do you know anything about the counter-part that was hit during the road traffic accident? ☐ Yes ☐ No cnt_part
 (*Bende ingeyo gimoro amora ewi ngato/gimoro mane ogwe/otuom e masira mar ndara*)

(If Yes, ask below questions, If No go to Q 605)

If "yes"(Please Ask)

- ☐ Pedestrian ☐ Motor cycle cnt_part1
☐ Stationary Object ☐ Pedal cycle
☐ Car vehicle ☐ Bus or heavy transport vehicle
☐ Other(specify)

cnt_other

605 If a non-road transport accident was selected in 602, ask, was it? injtyp

- ☐ Fall ☐ Poisoning ☐ Drowning
☐ Machinery ☐ Force of nature ☐ Burns
☐ Fire arm ☐ A stab, cut or pierce ☐ DK
☐ Struck by an animal or object ☐ Plant/animal/Insect bite or sting
☐ Other (specify)

injother

606 If answer to question 605 is Plant/animal/Insect bite or sting, what type of animal or insect?

- ☐ Dog ☐ Snake ☐ Bee ☐ DK animal
☐ Other (specify)

animaloth

607 Check Question 312 for the Age at death:

If the deceased is **under 1 year** go to Section 7

If the deceased is **one year or older** go to Section 8

SECTION 7 SYMPTOMS AND SIGNS NOTED DURING THE FINAL ILLNESS OF INFANTS

At birth

701 At birth what was the size of the baby? ----- ☐ Smaller than normal <2.5 kg ☐ Normal 2.5 - 3.9 kg babysize
☐ Larger than normal >4.0 kg ☐ Don't know

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702 How many weeks or months was the pregnancy when the baby was born?

mpr

		wpre	0	1	2	3	4	5	6	7	8	9	wpre1			mpre	0	1	2	3	4	5	6	7	8	9		
<input type="radio"/> Weeks	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/> Months	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Dont Know	preWMDK
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

Bulging/sunken Fontanelle703 Did the baby have bulging or raised fontanelle during the final illness? ----- ☐ Yes ☐ No ☐ DK vesfontb

(If Yes, go to Q 705, If No or DK go to Q 704)

704 Did the baby have sunken fontanelle during the final illness? ----- ☐ Yes ☐ No ☐ DK sunkfont**Malformation**705 Did the child have any noticeable malformation? ----- ☐ Yes ☐ No ☐ DK malf

(If Yes, go to Q 706, If No or DK go to Q 801)

Back defect706 Did the child have a swelling/defect on the back? ----- ☐ Yes ☐ No ☐ DK defbk**Head size**707 What was the size of the head of the baby? ☐ Very Large ☐ Very small ☐ Normal ☐ DK headsize**SECTION 8 SYMPTOMS NOTED DURING THE FINAL ILLNESS FOR ALL CHILDREN****Fever**801 Did s/he have fever? (Del maore/maliel) ----- ☐ Yes ☐ No ☐ DK fev

(If Yes, ask Q 805; If No or DK go to Q 807)

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

		dfe	0	1	2	3	4	5	6	7	8	9	dfe1			wfe	0	1	2	3	4	5	6	7	8	9		
<input type="radio"/> Days	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/> Weeks	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Dont Know	fevDWDK
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

Night sweat803 Did s/he have night sweats? (luya matuch gotieno) ----- ☐ Yes ☐ No ☐ DK ntswet**Cough**804 Did s/he have a cough? (Ahonda) ----- ☐ Yes ☐ No ☐ DK cou

(If Yes, ask Q 808; If No or DK go to Q 812)

805 (If Yes, ask:) For how long did s/he have a cough?

		dco	0	1	2	3	4	5	6	7	8	9	dco1			wco	0	1	2	3	4	5	6	7	8	9	wco1		
<input type="radio"/> Days	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/> Weeks	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Dont Know	DWDKco	
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			

806 Did (s)he make a whooping sound when coughing? ----- ☐ Yes ☐ No ☐ DK cowhoop807 Was the cough productive with sputum? ----- ☐ Yes ☐ No ☐ DK coprod
(ahonda magolo okego)808 Did (s)he cough out blood? (Ofuolo remo) ----- ☐ Yes ☐ No ☐ DK cobld**Breathing**809 Did s/he have any breathing problems? ----- ☐ Yes ☐ No ☐ DK vesd

(Chandruok ka oyueyo)

(If Yes, ask Q 813; If No or DK go to Q 821)

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810 Did s/he have fast breathing? (*Ogamo yueyo mapiyopiyo*) ----- ☐ Yes ☐ No ☐ DK vesfbth
 (If Yes, ask Q 814; If No or DK go to Q 815)

811 (If Yes, ask:) For how long?
vesfbthd
☐ Days

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

vesfbthd1
☐ Weeks

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

vesfbthw
☐ Dont Know vesfbthw1
vesfbthDWD

812 Did s/he have breathlessness? ----- ☐ Yes ☐ No ☐ DK 3B210 dib
 (*Muya mang'adore/marumo*)
 (If Yes, ask Q 816; If No or DK go to Q 819)

813 (If Yes, ask:) For how long?
dibd
☐ Days

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

dibd1
☐ Weeks

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

dibw
☐ Dont Know 3B220 dibw1
dibDWDK

814 Was (s)he unable to carry out daily routines due to breathlessness? ----- ☐ Yes ☐ No ☐ DK unable

815 Was (s)he breathless while lying flat? ----- ☐ Yes ☐ No ☐ DK dibs

816 Did you see the lower chest wall/ribs being pulled in as the child breathed? ----- ☐ Yes ☐ No ☐ DK vesin

817 Did s/he have noisy breathing(grunting or wheezing)? ----- ☐ Yes ☐ No ☐ DK grunt
 (*DEMONSTRATE*)

Chest pain

818 Did s/he have severe chest pain? (*Kor maremo matek*) ---- ☐ Yes ☐ No ☐ DK schp

Diarrhea

819 Did s/he have diarrhea? (*diep/be ne odiwewo*) ----- ☐ Yes ☐ No ☐ DK diar
 (If Yes, ask Q 823; If No or DK go to Q 825)

820 (If Yes, ask:) For how long did s/he have diarrhea?
ddia
☐ Days

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

ddia1
☐ Weeks

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

wdia
☐ Dont Know wdia1
diaDWDK

821 At any time during the final illness was there blood in the stools? (*okone otimo remo*) ----- ☐ Yes ☐ No ☐ DK bts

Vomiting

822 Did s/he vomit? (*Ng'ok*) ----- ☐ Yes ☐ No ☐ DK vom
 (If Yes, ask Q 826; If No or DK go to Q 827)

823 (If Yes, ask:) Did s/he vomit "coffee grounds" or bright red blood? (*ng'ogo remo*)? ----- ☐ Coffee-Colored fluid ☐ DK bvom
☐ Bright red/Blood red bvomoth
☐ Other(specify)

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Abdominal problem/pains

824 Did s/he have any abdominal problems? ----- ☐ Yes ☐ No ☐ DK abp
 (*ich kach kata ich maremo*)
 (If Yes, ask Q 828; If No or DK go to Q 834)

825 Did s/he have severe abdominal pain? ----- ☐ Yes ☐ No ☐ DK severeabp
 (*ich kach mojimbore*)
 (If Yes, ask Q 829; If No or DK go to Q 830)

826 (If Yes, ask:) For how long before death did s/he have abdominal pain?
dabp
☐ Days

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

dabp1
☐ Weeks

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

wabp
☐ Dont Know wabp1
abpDWDK

827 Did s/he have a more than usually protruding abdomen(Distension)?(ich mokuot maok ni kare) ----- ☐ Yes ☐ No ☐ DK abd
(If Yes, ask Q 831; If No or DK go to Q 832)

828 (If Yes, ask:) For how long did s/he have a more than usually protruding abdomen?

☐ Days

dabd	0	1	2	3	4	5	6	7	8	9
dabd1	0	1	2	3	4	5	6	7	8	9

☐ Weeks

wabd	0	1	2	3	4	5	6	7	8	9
wsweabd1	0	1	2	3	4	5	6	7	8	9

☐ Dont Know abdDWDK

829 Did s/he have any lump inside the abdomen? ----- ☐ Yes ☐ No ☐ DK abm
(If Yes, ask Q 833; If No or DK go to Q 834)

830 (If Yes, ask:) For how long did s/he have a lump inside the abdomen?

☐ Days

dabm	0	1	2	3	4	5	6	7	8	9
dabm1	0	1	2	3	4	5	6	7	8	9

☐ Weeks

wabm	0	1	2	3	4	5	6	7	8	9
wabm1	0	1	2	3	4	5	6	7	8	9

☐ Dont Know abmDWDK

Headache

831 Did s/he have a severe headache? (Wich bar matek) ----- ☐ Yes ☐ No ☐ DK heasev

Stiff/painful neck

832 Did s/he have stiff or painfull neck? ----- ☐ Yes ☐ No ☐ DK npa
(If Yes, ask Q 836; If No or DK go to Q 837)

833 (If Yes, ask:) For how long did s/he have stiff or painfull neck?

☐ Days

npad	0	1	2	3	4	5	6	7	8	9
npad1	0	1	2	3	4	5	6	7	8	9

☐ Weeks

npaw	0	1	2	3	4	5	6	7	8	9
npaw1	0	1	2	3	4	5	6	7	8	9

☐ Dont Know npaDWDK

Mental confussion

834 Did s/he have mental confussion? ----- ☐ Yes ☐ No ☐ DK mencon
(If Yes, ask Q 838; If No or DK go to Q 839)

835 For how long did s/he have mental confussion?

☐ Days

dmencon	0	1	2	3	4	5	6	7	8	9
dmencon1	0	1	2	3	4	5	6	7	8	9

☐ Months

mmencon	0	1	2	3	4	5	6	7	8	9
mmencon1	0	1	2	3	4	5	6	7	8	9

☐ Dont Know menconDMDK

Loss of consciousness

836 Did s/he become unconscious (Bende ne pache la)? ----- ☐ Yes ☐ No ☐ DK lcsn
(If Yes, ask Q 840; If No or DK go to Q 842)

837 (If Yes, ask) How long was s/he unconscious?

☐ Days

dlcsn	0	1	2	3	4	5	6	7	8	9
dlcsn1	0	1	2	3	4	5	6	7	8	9

☐ Weeks

wlcsn	0	1	2	3	4	5	6	7	8	9
wlcsn1	0	1	2	3	4	5	6	7	8	9

☐ Dont Know lcsnDWDK

838 Did the unconsciousness start suddenly, quickly within a single day, or slowly over many days? ----- ☐ Suddenly ☐ Quickly within a single day(Fast) sduc
☐ Slowly (many days) ☐ DK

Convulsions/fits

839 Did s/he have convulsions/fits? (riewruok ma pache olal, sambwa) ----- ☐ Yes ☐ No ☐ DK fit
(If Yes, ask Q 843; If No or DK go to Q 845)

840 How long did the convulsions/fits last? ☐ Minutes

mfit	0	1	2	3	4	5	6	7	8	9
mfit1	0	1	2	3	4	5	6	7	8	9

☐ Dont Know fitMDK

841 Did s/he become unconscious immediately after convulsion? ----- ☐ Yes ☐ No ☐ DK *unconv*
(*pache ne olal bang' talarieya*)

Urination

842 Did s/he have any urine problems? (*chandruok mar layo*) ----- ☐ Yes ☐ No ☐ DK *urine*
(If Yes, ask Q 846; If No or DK go to Q 849)

843 (If Yes, ask:) Did <NAME> pass too much urine, too little, or no urine at all.....? *urine*
☐ Too Much ☐ No Urine at all
☐ Too Little ☐ Dont Know

844 Did s/he go to urinate more often than usual? ----- ☐ Yes ☐ No ☐ DK *mourine*
(*ne olayo sate sate mopogore gi pile*)

845 During the final illness did s/he ever pass blood in the urine? (*bende ne olayo remo*) ----- ☐ Yes ☐ No ☐ DK *blurin*

Skin problems

846 Did s/he have any skin problems? (*tuo mar pien*) ----- ☐ Yes ☐ No ☐ DK *skind*
(If Yes, ask Q 847; If No or DK go to Q 853)

847 Did s/he have any ulcers, abscess or sores anywhere except on the feet? ----- ☐ Yes ☐ No ☐ DK *ulcer*
(*adhonde, kata buche kamoro amora maok tiende*)
(If Yes, ask Q 849; If No or DK go to Q 848)

848 Did s/he have any ulcers, abscess or sores on the feet that were not also on other parts of the body? ----- ☐ Yes ☐ No ☐ DK *ulcerft*
(*adhonde, kata buche e tiende*)

849 During the illness that led to death, did s/he have any skin rash? ----- ☐ Yes ☐ No ☐ DK *rash*
(*del moruodho*)
(If Yes, ask Q 850; If No or DK go to Q 852)

850 For how long did s/he have any skin rash?

dskind ☐ Days

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

skind1 ☐ Weeks

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

wskind ☐ Dont Know *skindDWDK*

851 What did the rash look like? ----- ☐ Measles rash ☐ Rash with pus *rashlook*
☐ Rash with clear fluid ☐ DK

852 Did s/he ever have shingles or herpes zoster? ----- ☐ Yes ☐ No ☐ DK *herps*
(*awang'i kata pien del makuot madongo*)

Bleeding

853 Did s/he have bleeding from the nose, mouth or anus? ----- ☐ Yes ☐ No ☐ DK *nbleed*

Weight loss

854 Did s/he have noticeable weight loss? (*Dhero; Del mogore*) ----- ☐ Yes ☐ No ☐ DK *low*
(If Yes, ask Q 858; If No or DK go to Q 859)

855 Was s/he severely thin or wasted? (*odhero morumo*) ----- ☐ Yes ☐ No ☐ DK *lthin*

Mouth sore

856 Did s/he have mouth sores or white patches in the mouth or on the tongue? (*dhok mopudhore, kata gik marochere e dhoge kata lewe*) ----- ☐ Yes ☐ No ☐ DK *msr*

Body stiffness/unable to open mouth

857 Did s/he have stiffness of the whole body, or was unable to open the mouth? (*del motal kata dhok momoko*) ----- ☐ Yes ☐ No ☐ DK *stiffb*

Swelling

858 Did s/he have any swelling/Puffiness? ----- ☐ Yes ☐ No ☐ DK saa

(If Yes, ask Q 862; If No or DK go to Q 863)

859 Where was the swelling?

- [i]** Face ----- ☐ Yes ☐ No ☐ DK swellface
- [ii]** Joints ----- ☐ Yes ☐ No ☐ DK swelljoint
- [iii]** Ankles ----- ☐ Yes ☐ No ☐ DK swellankle
- [iv]** Whole body ----- ☐ Yes ☐ No ☐ DK swellbody
- [v]** Both feet ----- ☐ Yes ☐ No ☐ DK swellfeet
- [vi]** Other, Specify

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swjoth

Lumps

860 Did s/he have any lumps or lesions? ----- ☐ Yes ☐ No ☐ DK swa
(Orung rung)

(If Yes, ask Q 864; If No or DK go to Q 865)

861 Where were the lumps?

- [i]** Mouth ----- ☐ Yes ☐ No ☐ DK lumpmouth
- [ii]** Neck ----- ☐ Yes ☐ No ☐ DK lumpneck
- [iii]** Armpit ----- ☐ Yes ☐ No ☐ DK lumparmpit
- [iv]** Groin ----- ☐ Yes ☐ No ☐ DK lumpgroin
- [v]** Other, Specify

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othlump

Paralysis

862 Did S/he have paralysis? ----- ☐ Yes, both legs only ☐ No par
☐ Yes, one leg or arm ☐ Don't Know
☐ Yes, total paralysis ☐ Yes, one side of the body paryo
☐ Other, specify

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Swallowing

863 Did s/he have difficulty or pain while ----- ☐ Yes ☐ No ☐ DK diffsw
swallowing liquids?

Jaundice

864 Did s/he have yellow discoloration of the ----- ☐ Yes ☐ No ☐ DK jau
eyes? (tong wang' molokore ratong')

Hair colour

865 Did his/her hair colour change to reddish or yellowish? ----- ☐ Yes ☐ No ☐ DK colhair
(yie wiye olokore makwar kata ratong')

Pallor

866 Did s/he look pale (thinning/lack of blood) or have ----- ☐ Yes ☐ No ☐ DK pal
pale palms, eyes or nails beds?

Sunken eyes

867 Did s/he have sunken eyes? (wang' molutore) ----- ☐ Yes ☐ No ☐ DK sunkeye

Growth

868 During the last illness was the child growing normally? ----- ☐ Yes ☐ No ☐ DK ☐ NA grow

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Water drinking

869 Did s/he drink a lot more water than usual? ☐ Yes ☐ No ☐ DK drink
 (omodho pii mangeny moloyo pile)

870 Check Question 312 for the Age at death:

If the deceased is **Female from 12 years of age** go to question 901

If the deceased is **Male or female below 12 years** go to question 1001

SECTION 9 SYMPTOMS AND SIGNS ASSOCIATED WITH PREGNANCY

901 Was she neither pregnant, nor delivered, within 6 weeks of death? ☐ Yes ☐ No ☐ DK nopro
 (ne ok oyach/opek kata ok onyuol e jumbe auchiel mar thone) (If Yes, skip to 1001; If No or DK go to Q 902)

902 Was she pregnant at the time of death? ☐ Yes ☐ No ☐ DK pre
 (ne oyach/opek a kinde mar tho) (If Yes, skip to 906; If No or DK go to Q 903)

903 Did she die within 6 weeks of giving birth? ☐ Yes ☐ No ☐ DK del
 (ne otho e jumbe auchiel bang' nyuol) (If Yes, skip to 905; If No or DK go to Q 904)

904 Did she die within 6 weeks of pregnancy that lasted less than 6 months? ☐ Yes ☐ No ☐ DK diepreg
 (otho e jumbe auchiel ka en gi ich mapok oromo dweche auchiel) (If Yes, skip to 909; If No or DK go to Q 905)

905 Did she die within 24 hours after delivery? ☐ Yes ☐ No ☐ DK diedel
 (otho seche piero ariyo gi ang'wen bang' nyuol) (If Yes, skip to 907; If No or DK go to Q 906)

906 Did she die during labour, but undelivered? ☐ Yes ☐ No ☐ DK dielab
 (otho seche mag muoch to ok onyuol) (If Yes, skip to 908; If No or DK go to Q 909)

907 Was she breastfeeding at death? ☐ Yes ☐ No ☐ DK diebrst
 (odhodho e kinde mane otho)

908 How many births, including stillbirths, did she have before this baby? ☐ DK births
births1
birthsdk

909 Did she have any previous C-section? ☐ Yes ☐ No ☐ DK csection
 (oseyang'e ka onyuol)

910 Did she die during or after a multiple pregnancy? ☐ Yes ☐ No ☐ DK multipreg

911 During pregnancy did she suffer from high blood pressure? ☐ Yes ☐ No ☐ DK pregpres
 (tuo mar kibaji kata remo maring'o matek)

912 Did she have foul smelling vaginal discharge during pregnancy or after delivery? ☐ Yes ☐ No ☐ DK vsmell

913 During the last 3 months of pregnancy, did she suffer from ☐ Yes ☐ No ☐ DK convul
 convulsions?

914 During the last 3 months of pregnancy, did she suffer from ☐ Yes ☐ No ☐ DK bvis
 blurred vision?

915 Did she give birth to a live, healthy baby within 6 weeks ☐ Yes ☐ No ☐ DK balive
 of death?

916 Was there any vaginal bleeding during pregnancy or after ☐ Yes ☐ No ☐ DK vagbld
 delivery ? (If Yes, ask 917; If No or DK go to Q 921)

917 Was there any vaginal bleeding during the first 6 months ☐ Yes ☐ No ☐ DK bldpreg6
 of pregnancy ?

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918 Was there any vaginal bleeding during the last 3 months of pregnancy but before labour started? ----- ☐ Yes ☐ No ☐ DK bldpreg3

919 Was there excessive vaginal bleeding during labour? ----- ☐ Yes ☐ No ☐ DK bbef

920 Was there excessive vaginal bleeding after delivering the baby? ----- ☐ Yes ☐ No ☐ DK hbad

921 Was the placenta not completely delivered? ----- ☐ Yes ☐ No ☐ DK ddp
(biero ne ok owuok tee)

922 Did she deliver or try to deliver an abnormally positioned baby? ----- ☐ Yes ☐ No ☐ DK abposition
(nyuolo kata temo nyuolo nyathi monindo marach)

923 Was she in labour for unusually long (more than 24 hours)? ----- ☐ Yes ☐ No ☐ DK plb
(muoch moyuare/mobudho aminga)

924 Did she attempt to terminate the pregnancy? ----- ☐ Yes ☐ No ☐ DK terminate
(temo golo ich)

925 Did she recently have a pregnancy that ended in an abortion (spontaneous or induced)? (ne oyach ma iye owuok kata ogo) ----- ☐ Yes ☐ No ☐ DK abtion

926 Where did she give birth? ----- ☐ Home ☐ Hospital ☐ Health facility veborn
(onyuol kanye) vebornot

☐ Traditional birth attendant's home

☐ On the way to/from health facility

☐ Dont Know

☐ Other (specify)

927 Did she receive professional assistance for the delivery? ----- ☐ Yes ☐ No ☐ DK assist
(okonye qi ng'ama otieqi e yor cholo)

928 Did she have an operation to remove her uterus shortly before death? ----- ☐ Yes ☐ No ☐ DK uterus
(ogol mifuko mar nyuol kapok otho)

929 Was it a normal vaginal Delivery? ----- ☐ Yes ☐ No ☐ DK ceas
(nyuol gi kar nyuol maonge chandruok)

If "Yes", go to 931

930 (If no, ask) What type of delivery was it? ----- ☐ Forceps/Vacuum ☐ Don't know fvd

☐ Caesarean Section fvdoth

☐ Other

931 Was the baby born more than one month early? ----- ☐ Yes ☐ No ☐ DK early

SECTION 10 TREATMENT AND HEALTH SERVICE USE FOR THE FINAL ILLNESS

1001 Was s/he adequately vaccinated? ----- ☐ Yes ☐ No ☐ DK vac

1002 Did s/he receive any treatment for this illness that led to death? ----- ☐ Yes ☐ No ☐ DK care

(If Yes, ask Q 1003, If No or DK go to Q 1005)

[i] Received Oral rehydration salts-----	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> DK	<i>orsdrip</i>
[ii] Received(or needed) intravenous fluids(drip) treatment?-----	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> DK	<i>intfav</i>
[iii] Received(or needed)Blood transfusion -----	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> DK	<i>bldtrs</i>
[iv] Received(or needed)Treatment/food through a tube passed through the nose-----	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> DK	<i>feednos</i>
[v] Received(or needed) injectable(IVor IM) antibiotics-----	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> DK	<i>antib</i>

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

(If Yes, ask Q 1004.1. If No or DK go to Q 1005)

doperate **doperate1** **operatedk**

	0	1	2	3	4	5	6	7	8	9	○ Dont Know
	0	1	2	3	4	5	6	7	8	9	

(If Yes, ask Q 1007. If No or DK go to Q 1011)

(If Yes, ask Q 1009, If No or DK go to Q 1011)

1011 Were there any problems getting medications, or diagnostic tests ----- ☐ Yes ☐ No ☐ DK *medprob*
in the hospital or health facility?

1012 Does it take more than 2 hours to get to the nearest hospital or health facility from the deceased household? ----- ☐ Yes ☐ No ☐ DK *howfar*

1013 In the final days before death, were there any doubts about whether medical care was needed? ----- ☐ Yes ☐ No ☐ DK *doubt*

1014 In the final days before death, was traditional medicine used? ----- ☐ Yes ☐ No ☐ DK *hrem*

1015 In the final days before death, did anyone use a telephone or cell phone to call for help? ----- ☐ Yes ☐ No ☐ DK *tele*

1016 Over the course of illness, did the total costs of care and treatment prohibit other household payments? ----- ☐ Yes ☐ No ☐ DK *cost*

1100 Record the time at the end of the interview(in 24 hours) : HRS *intrav
end_time*

Interviewer: please add your comments & observation at the back of this last page and thank the respondent(s) for their cooperation

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

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

SUPERVISOR'S COMMENTS

1101 Date form checked by VA Community Interviewer Supervisor: ^{dd} / ^{mm} / ^{yyyy} *chkdate*

1102 Signature (*please keep the signature within the box provided*) *vrsupsign*



Safer, healthier people. Research for health solutions

