3629599665

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

● Form2

Interviewer [ ][ ][ ] *interviewe*   Date of interview [ ][ ] *dd* / [ ][ ] *mm* / [ ][ ][ ][ ] *yyyy*   File number [ ][ ][ ][ ][ ][ ] *filenum*

date_inter

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

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

SECTION 1.1   INTERVIEWER VISITS

First Visit	Second Visit	Third Visit
date_int1 Date [ ][ ] / [ ][ ] / [ ][ ][ ][ ]	*date_int2* Date [ ][ ] / [ ][ ] / [ ][ ][ ][ ]	*date_int3* Date [ ][ ] / [ ][ ] / [ ][ ][ ][ ]
interview1 Interviewer [ ][ ][ ]	*interview2* Interviewer [ ][ ][ ]	*interview3* Interviewer [ ][ ][ ]
Result1 Result* [ ]	*Result2* Result* [ ]	*Result3* Result* [ ]
Next visit: Date: __ __ / __ __ / __ __ __ __ Time: __ __: __ __	Next visit: Date: __ __ / __ __ / __ __ __ __ Time: __ __: __ __	*visits* Total number of Visits [ ]

***Result*: Outcome of the visit**

1. Completed   2. Not at home   3. Postponed   4. Refused

5. Partially completed   6. No appropriate Respondent   7. Other _____

SECTION 1.2   ADDITIONAL DEMOGRAPHIC INFORMATION

1.2.1 Names of head of compound

Firstname
[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] *fnamec*

Secondname
[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] *jnamec*

Lastname
[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] *lnamec*

1.2.2 Village,   Compound,   House

[ ][ ][ ] *vill*   [ ][ ][ ] *comp*   [ ] *house*

Digits 0–9 bubbles (vill1, comp1); House letters A–Z (A K U, B L V, C M W, D N X, E O Y, F P Z, G Q, H R, I S, J T) *house1*

SECTION 2 BASIC INFORMATION ABOUT RESPONDENT

201 Record the time at the start of the interview (24 hours) --- [ ][ ] : [ ][ ] **HRS**   *start_time*

202 Names of the informant

Firstname *rfname*   Juokname *rjname*   Lastname *rlname*
[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

203 Age in years (>14) -------------------- [ ] 0 1 2 3 4 5 6 7 8 9   *rage*
                                                [ ] 0 1 2 3 4 5 6 7 8 9   *rage1*

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

Verified: [ ]   [ ][ ][ ][ ][ ][ ]   Page 1 of 18

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

- ○ Biological mother ○ Father ○ Grand Parent
- ○ Co-wife to mother ○ Sibling ○ Aunt
- ○ Adoptive mother ○ Spouse
- ○ Other [ ][ ][ ][ ][ ][ ][ ][ ][ ] *intreloth*

intrel

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 less than 4 months, go to Q302 ; If No or DK go to Q 303)

302 *If deceased was **less than 4 months** ask ,was the mother living for 4 months or more in Asembo, Gem or 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 [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] *dfname*

Middle name (Juok name) [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] *djname*

Last name [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] *dlname*

306 Permanent ID of the deceased child

permidvc *permidh* *permidseq*

(bubble grid 0–9 for permidvc, letters A–T for permidh, 0–9 for permidseq)
permidvc1 *permidseq1*

307 Names of mother

First name [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] *fnamem*

Middle name (Juok name) [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] *jnamem*

Last name [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] *lnamem*

308 Permanent ID of the deceased's mother

mpidvc *mpidh* *mpidsq*

(bubble grid 0–9 for mpidvc, letters A–T for mpidh, 0–9 for mpidsq)
mpidvc1 *mpidh1* *mpidsq1*

309 Child's sex - - - - - - - - - - - - - - - - - - - ○ M ○ F *sexd*

310 Child's date of birth (dd/mm/yyyy) - - - - - - - - - - - day (dd) [ ][ ] / month (mm) [ ][ ] / year (yyyy) [ ][ ][ ][ ] *vedob*

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

312 Child's age at death *(years/months[days])*

If child <30 days old, record number in days

	years	Months	Days
	veyears		

veyears
veyears1
vemonths
vemonths1
vedays
vedays1

313 What was the occupation of <NAME>?

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
- ○ Child
- ○ Unskilled labor (eg. shamba, construction)
- ○ Unemployed
- ○ Unknown
- ○ Other, Specify:

djobther

314 What was the highest level of formal education the deceased attended? ○ None ○ Primary ○ Secondary ○ DK

grade

315 What was his/her marital status?

○ Never married ○ Married/Living with partner ○ DK
○ Divorced ○ Separated ○ Child ○ Widowed

marsd

316 Where did <NAME> die?

○ On the way to/from a health facility ○ At a health facility
○ Hospital ○ Home ○ Dont Know
○ Other (specify)

placd
placdoth

(If answered "At a health facility" or "Hospital" in Q.316 above go to Q. 317, else fill NA in 317 & go to Section 4)

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

○ Akala ○ Ndori ○ Nyawara ○ Wagai
○ Aluor ○ Njejra ○ Rera ○ Bar-olengo
○ Ting'-Wang'i ○ K'otieno ○ Ng'iyamission ○ Nyathengo
○ Siaya ○ Bondo ○ NA
○ Other

hfname
hfnameoth

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

dcause1

Code 1

ccode1

Cause 2

dcause2

Code 2

ccode2

SECTION 5 HISTORY OF PREVIOUSLY KNOWN MEDICAL CONDITION

"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 Did <NAME> suffer from any of the following illnesses? (read all options):

		Day	Months	Years	Duration
502 Heart disease (*Tuo adundo*)	○ Yes ○ No ○ DK *ohea*	○	○	○	
503 Diabetes (*Tuo mar sukari*)	○ Yes ○ No ○ DK *diab*	○	○	○	
504 Asthma (*Athma, Tuo mar thung'*)	○ Yes ○ No ○ DK *asth*	○	○	○	
505 Epilepsy (*Ndulume*)	○ Yes ○ No ○ DK *epil*	○	○	○	
506 Malnutrition (*akuodi*)	○ Yes ○ No ○ DK *maln*	○	○	○	
507 TB (*Ahonda mar kahera*)	○ Yes ○ No ○ DK *tb*	○	○	○	
508 HIV/AIDS (*Ayaki*)	○ Yes ○ No ○ DK *hiv*	○	○	○	
509 Leprosy (*Dhoho, nyinyo, mbiko*)	○ Yes ○ No ○ DK *lep*	○	○	○	
510 Cancer (*Adhola [manie ich, manie thuno, mar del]*)	○ Yes ○ No ○ DK *can*	○	○	○	

511 *(If Yes to 510, ask:)* What type of cancer?
(adhola mar ang'o nee?)
○ Cervix ○ Breast ○ Prostate ○ Liver   *cantyp*
○ Pancreas ○ Bone ○ Don't know   *cantypo*
○ Other, specify [ ][ ][ ][ ][ ][ ][ ][ ][ ]

512 Did <NAME> suffer from any other chronic illness apart from those i have asked you about?
(Tuo moro amora mong'ere ni en ga godo e dende)
○ Yes ○ No ○ DK *odis*   Day ○ Months ○ Years ○   *odisDMY*

(If Yes, go to Q513; If No or DK go Section 6)

513 *(If Yes, ask:)* Please specify: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] *spodist*   [ ][ ] *spodis*

SECTION 6 HISTORY OF INJURIES/ACCIDENTS

601 Did the <NAME> suffer from any injury or accident that led to his/her death?   ○ Yes ○ No ○ DK   *icinj*

(If Yes, ask Q 602, If No or DK go to Q 604)

602 What kind of injury or accident did the the deceased suffer?
○ Road Traffic accident ○ Violence/Assault ○ Poisoning *injtype*
○ Burn ○ Drowning ○ DK   *injother*
○ Fall ○ Other (specify) [ ][ ][ ][ ][ ][ ][ ][ ][ ]

603 Was Injury or accident intentionally inflicted by someone else?   ○ Yes ○ No ○ DK   *inflictinj*

604 Check Question 312 for the Age at death:
If the deceased is **10 years or older** go to question 605
If the deceased is **under 10 years** go to question 606

605 Did s/he commit suicide?   ○ Yes ○ No ○ DK   *sui*

606 Was s/he injured intentionally by someone? - - - - - - - - - ○ Yes ○ No ○ DK ○ NA *injty*

607 Was s/he accidentally poisoned (including - - - - - - - - - - - - ○ Yes ○ No ○ DK *acp*
alcohol)?

608 Did the child suffer from any animal or insect bite - - - - - ○ Yes ○ No ○ DK *insbite*
that led to his/her death?

(If Yes, ask Q 609, If No or DK go to Section 7)

609 What type of animal or insect? - - - - - - - - - - - - - - - - ○ Dog ○ Snake ○ Insect ○ DK *animal*

○ Other (specify) [ ][ ][ ][ ][ ][ ][ ][ ][ ] *animaloth*

610 Check Question 312 for the Age at death:
If the deceased is **under 1 year** go to question 701
If the deceased is **one year or older** go to question 801

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

At birth

701 Was the child smaller or <2.5kg at birth? - - - - - - - - - - - - - - - - - - - ○ Yes ○ No ○ DK *smallsiz*

702 Was the child born premature? - - - - - - - - - - - - - - - - - - - ○ Yes ○ No ○ DK *premature*

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

703 *(If Yes ask:)* How many months or weeks of premature?

dmpr *dmpr1* *mmpr* *mprDMDK*

○ Weeks [ ] ⓪①②③④⑤⑥⑦⑧⑨ ○ Months [ ] ⓪①②③④⑤⑥⑦⑧⑨ ○ Dont Know
[ ] ⓪①②③④⑤⑥⑦⑧⑨ [ ] ⓪①②③④⑤⑥⑦⑧⑨

704 During the last illness was the child growing normally? - - - - - - - - - - ○ Yes ○ No ○ DK ○ NA *grow*

Bulging Fontanelle

705 Did the child have bulging of the fontanelle? - - - - - - - - - ○ Yes ○ No ○ DK *vesfontb*
(chuny wiye okuot)

(If Yes, ask Q 706; If No or DK go to Q 707)

fontbdy *fontbdy1*

706 How many days before death did the baby have the - - - - - ○ Days [ ] ⓪①②③④⑤⑥⑦⑧⑨ ○ DK *fontbd*
bulging? [ ] ⓪①②③④⑤⑥⑦⑧⑨

707 Did the child's mother suffer from any of the following conditions (read options)?

[i] Diabetes - - - - - - - ○ Yes ○ No ○ DK *motherDiab*

[ii] TB - - - - - - - ○ Yes ○ No ○ DK *motherTB*

(If Yes, go to Q 708; else fill NA &go to Q 711)

[iii] HIV/AIDS - - - - - - ○ Yes ○ No ○ DK *motherHIV*

(If Yes, go to Q 709 & 710 ; else fill NA &go to Q 709)

[iv] None - - - - - - - ○ None *none*

(If mother had TB ask Q 708:)

708 Was the mother of the child diagnosed with **TB** during - - - - ○ Yes ○ No ○ DK ○ NA *mottb*
the last 2 years?

(If mother had HIV ask Q 709 & 710:)

709 If the mother had **HIV**, ask did the **mother** receive - - - - - ○ Yes ○ No ○ DK ○ NA *motarv*
ARVs during her pregnancy?

710 If the mother had HIV, ask did the **child** receive - - - - - - ○ Yes ○ No ○ DK ○ NA *childarv*
ARVs within 3 days of birth?

711 Did the mother have any antenatal care during her - - - - - - ○ Yes ○ No ○ DK *vepregc*
pregnancy?

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

SECTION 8 STATUS OF MOTHER AND SYMPTOMS NOTED DURING THE FINAL ILLNESS FOR ALL CHILDREN

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

802 For how long was the child ill before s/he died?

dill ○ Days ☐☐   ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨ *dill1*   *mill* ○ Months ☐☐   ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨ *mill1*   ○ Dont Know *illDMDK*

Breastfeeding

803 Was the child breast feeding? ------------------- ○ Yes   ○ No   ○ DK   ○ NA   *brstfd*

(If Yes, ask Q 804; If No or DK go to Q 805)

804 *(If Yes ask:)* Did the child stop just before death? --------- ○ Yes   ○ No   ○ DK   *brstfdstop*

Fever

805 Did s/he have fever (*Del maore*) --------------------- ○ Yes   ○ No   ○ DK   *fev*

(If Yes, ask Q 806; If No or DK go to Q 809)

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

dfe ○ Days ☐☐ 0 1 2 3 4 5 6 7 8 9 *dfe1* ○○○○○○○○○○ / ○○○○○○○○○○   *mfe* ○ Months ☐☐ 0 1 2 3 4 5 6 7 8 9 ○○○○○○○○○○ / ○○○○○○○○○○   ○ Dont Know *fevDMDK*

807 Was the fever severe? ---------------------- ○ Yes   ○ No   ○ DK   *severefev*

808 Was the fever continuos or on and off? --------------- ○ Continuous   ○ On and off   ○ DK   *tfe*

809 Did s/he have chills or rigor? --------------------- ○ Yes   ○ No   ○ DK   *chills*

Night sweat

810 Did s/he have night sweats (*tuch luya gotieno*) ------- ○ Yes   ○ No   ○ DK   *ntswet*

(If Yes, ask Q 811; If No or DK go to Q 812)

811 *(If Yes, ask:)* How long did <NAME> have night sweats?

dntswet ○ Days ☐☐ 0 1 2 3 4 5 6 7 8 9 ○○○○○○○○○○ / ○○○○○○○○○○   *mntswet* 0 1 2 3 4 5 6 7 8 9 ○ Months ☐☐ ○○○○○○○○○○ / ○○○○○○○○○○   ○ Dont Know *nswetDMDK*

Cough

812 Did s/he have a cough (*Ahonda*)? -------------- ○ Yes   ○ No   ○ DK   *cou*

(If Yes, ask Q 813; If No or DK go to Q 817)

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

0 1 2 3 4 5 6 7 8 9 *dco* ○ Days ☐☐ ○○○○○○○○○○ / ○○○○○○○○○○   0 1 2 3 4 5 6 7 8 9 *mco* ○ Months ☐☐ ○○○○○○○○○○ / ○○○○○○○○○○   ○ Dont Know *DMDKco*

814 Was the cough severe? ---------------------- ○ Yes   ○ No   ○ DK   *csevere*

815 Did the child vomit after s/he coughed? ----------------- ○ Yes   ○ No   ○ DK   *vomcough*

816 *(If Yes),* Was the cough ... (*Ahonda mar okego; Ahonda mayom*)? *cotype*

○ Dry (*Ahonda ma rewre*)

○ Productive (*Ahonda mar okego*)

○ With blood (*Ahonda matimo remo*)

○ None   ○ Dont know

Breathing

817 Did s/he have fast breathing? - - - - - - - - -   ○ Yes   ○ No   ○ DK   *vesfbth*

> *(If Yes, ask Q 818; If No or DK go to Q 819)*

818 *(If Yes, ask:)* For how long?

vesfbthd   *vesfbthd1*   *vesfbthm*   *vesfbthm1*   *vesfbthDMD*

○ Days ▢ ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨   ○ Months ▢ ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨   ○ Dont Know

819 Did s/he have breathing difficulties? - - - - - - - - - -   ○ Yes   ○ No   ○ DK   *vesd*

> *(If Yes, ask Q 820; If No or DK go to Q 821)*

820 *(If Yes, ask:)* For how long?

vesdbthd   *vesdbthd1*   *vesdbthm*   *vesdbthm1*   *vesdbthDK*

○ Days ▢ ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨   ○ Months ▢ ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨   ○ Dont Know

821 Did s/he have in-drawing of the chest while breathing? - - - - - - - - - -   ○ Yes   ○ No   ○ DK   *vesin*

> *(If Yes, ask Q 822; If No or DK go to Q 823)*

822 *(If Yes, ask:)* For how long?

vesind   *vesind1*   *vesinm*   *vesinm1*   *vesinDMDK*

○ Days ▢ ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨   ○ Months ▢ ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨   ○ Dont Know

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

824 Did s/he have flaring of the nostrils? - - - - - - - - - - - - - - -   ○ Yes   ○ No   ○ DK   *noseflar*

Diarrhea

825 Did s/he have diarrhea (*diep/be ne odieo?*) - - - - - - - - -   ○ Yes   ○ No   ○ DK   *diar*

> *(If Yes, ask Q 826; If No or DK go to Q 833)*

826 *(If Yes, ask:)* For how long did s/he have diarrhea?

ddia   *ddia1*   *mdia*   *mdia1*   *diaDMDK*

○ Days ▢ ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨   ○ Months ▢ ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨   ○ Dont Know

tdiar   *tdiar1*

827 When the diarrhea was most severe, how many times did the baby pass stool in a day? - - -   ○ Number ▢ ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨   ○ DK   *tdiarDK*

828 What was the most common aspect of the stool? (Oko mar nyathi nene chalo nadi?)

[i] Thick liquid   (Diep mopoto) - - - - - -   ○ Yes   ○ No   ○ DK   *diarliq*

[ii] Opaque watery (Otimo pi to ok liw /diep mar pi ma ok nyal ne iye) - - - - - -   ○ Yes   ○ No   ○ DK   *diaropq*

[iii] Clear watery   (Pi/maliw machalo pi) - - - - - -   ○ Yes   ○ No   ○ DK   *diarclear*

[iv] Sticky/mucoid (Mamoko/karenda renda) - - - - - -   ○ Yes   ○ No   ○ DK   *diarstick*

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

[vi] Don't know (Ok ongeyo) - - - - - -   ○ DK   *diarDK*

829 Do you think the child was lacking fluids when s/he was having diarrhea? (Endalo mane nyathi diewono, be iparo ni pi ne orumo edende?) - - - - - -   ○ Yes   ○ No   ○ DK   *diarfluid*

Diarrhea *continued*

830 Did the child have sunken eyes when s/he was ill with diarrhea? (*Endalo mane nyathi diewono, bende ne en gi wang molutore kata modonjo iye?*) ----- ○ Yes ○ No ○ DK *diarseyes*

831 Did the child have a wrinkled skin when s/he was ill with diarrhea?(*Endalo mane nyathi diewono, bende ne pien dende ojowore?*) ---- ○ Yes ○ No ○ DK *diarwskin*

832 During the diarrheal, episode, was the child given any fluids such as ORS? (*Ekinde mane odiewono, bende ne omiye gimora amora momadho kaka ORS?*) ----- ○ Yes ○ No ○ DK *diarors*

833 At any time during the final illness was there blood ir the stool (*Okone be neotimo remo*)? ------------- ○ Yes ○ No ○ DK *bts*

Vomiting

834 Did s/he vomit (*Ng'ok*)? --------------------- ○ Yes ○ No ○ DK *vom*

(If Yes, ask Q 835; If No or DK go to Q 839)

835 *(If Yes, ask:)* For how long did <NAME> have vomiting?

dvom / *dvom1* ○ Days [ ] ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨

mvom / *mvom1* ○ Months [ ] ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨ ○ Dont Know *vomDMDK*

836 When the vomiting was most severe, how many times did s/he vomit in a day? -- ○ Number [ ] *sevvomd* 0 1 2 3 4 5 6 7 8 9 *sevvomd1* ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨ ○ DK *sevvomDK*

837 *(If Yes, ask:)* Did <NAME> vomit blood (*ng'ogo remo*)? --- ○ Yes ○ No ○ DK *bvom*

(If Yes, ask Q 838; If No or DK go to Q 839)

838 *(If Yes, ask)* How long did <NAME> vomit blood?

dbvom ○ Days [ ] ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨

mbvom ○ Months [ ] ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨ ○ Dont Know *bvomDMDK*

Abdominal pains

839 Did s/he have abdominal pain? (*ich malit*) ----- ○ Yes ○ No ○ DK *abp*

(If Yes, ask Q 840; If No or DK go to Q 842)

840 *(If Yes, ask:)* For how long did s/he have abdominal pain?

dabp / *dabp1* ○ Days [ ] ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨

mabp / *mabp1* ○ Months [ ] ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨ ○ Dont Know *abpDMDK*

841 Was the abdominal pain severe? -------------------- ○ Yes ○ No ○ DK *severeabp*

Abdominal distension

842 Did s/he have abdominal distension (*Ich mokuot;Ich mochielore*)? ------ ○ Yes ○ No ○ DK *abd*

(If Yes, ask Q 843; If No or DK go to Q 845)

843 *(If Yes, ask:)* How long did <NAME> have abdominal distension?

dabd ○ Days [ ] ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨

mabd ○ Months [ ] ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨ ○ Dont Know ○ More than 3 yrs *abdDMDK*

844 Did the distension develop rapidly within days or gradually over months? -------- ○ Rapidly within days ○ Gradually over months ○ Don't Know *tad*

Stool

845 Was there a period of a day or longer during which s/he did not pass any stool? - - ○ Yes ○ No ○ DK *stool*

Abdominal Mass

846 Did s/he have any mass in the abdomen (*Yamb ich madongo*)? - - - - - - ○ Yes ○ No ○ DK *abm*

(If Yes, ask Q 847; If No or DK go to Q 848)

847 (*If Yes, ask*) How long did <NAME> have mass in the abdomen?

dabm
○ Days ⬚ ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨

mabm
○ Months ⬚ ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨

○ Dont Know *abmDMDK*

Headache

848 Did s/he have headache (*Wich bar*)? - - - - - - - - - - - - - - - ○ Yes ○ No ○ DK *hea*

(If Yes, ask Q 849; If No or DK go to Q 851)

849 (*If Yes, ask:*) For how long did s/he have headache?

dhea
○ Days ⬚ ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨

mhea
○ Months ⬚ ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨

○ Dont Know *heaDMDK*

850 Was the headache severe? - ○ Yes ○ No ○ DK *heasev*

Neck pain

851 Did s/he have stiff or painfull neck? - - - - - - - - - - - - - - ○ Yes ○ No ○ DK *npa*

(If Yes, ask Q 852; If No or DK go to Q 853)

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

npad
○ Days ⬚ ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨

npam
○ Months ⬚ ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨

○ Dont Know *npaDMDK*

Consciousness

853 Did s/he become unconscious (*Bende ne pache lal*)? - - - - - ○ Yes ○ No ○ DK *lcsn*

(If Yes, ask Q 854; If No or DK go to Q 856)

854 (*If Yes, ask*) For how long was s/he unconscious?

dlcsn
○ Days ⬚ ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨

mlcsn
○ Months ⬚ ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨

○ Dont Know *lcsnDMDK*

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

Convulsions

856 Did s/he have convulsions? (*riewruok ma pache olal, sambwa*) - - - - - - - - - - - - - - - - - ○ Yes ○ No ○ DK *fit*

(If Yes, ask Q 857; If No or DK go to Q 858)

857 (*If Yes, ask:*) For how long did s/he have convulsions?

dfit
○ Days ⬚ ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨

mfit
○ Months ⬚ ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨

○ Dont Know *fitDMDK*

Paralysis

858 Did S/he have paralysis ? (*Otho konchiel*) - - - - - - - - - - -

○ Yes, total paralysis ○ Yes, one leg or arm *par*

○ Yes, both legs only ○ No ○ Don't Know *paryo*

○ Other, specify ⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚

(If Yes, ask Q 859; If No or DK go to Q 863)

859 (*If Yes, ask:*) For how long did <NAME> have paralysis ?

dpar
○ Days ⬚ ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨

mpar
○ Months ⬚ ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨

○ Dont Know *parDMDK*

860 Did s/he have paralysis of the lower limbs? - - - - - ○ Yes ○ No ○ DK   *parlimb*

(If Yes, ask Q 861; If No or DK go to Q 863)

861 For how long did s/he have paralysis of the lower limbs?

parlimbd ○ Days ⬚ ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨   *parlimbm* ○ Months ⬚ ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨   *parlimbDK* ○ Dont Know

862 Did the paralysis of the lower limbs start suddenly, quickly within a single day, or slowly over many days? - - - - - ○ Suddenly ○ Fast (In a day) ○ Slowly (many days) ○ DK   *palimb*

Urination

863 Was <NAME> unable to pass urine? (*ok nyal layo)?* - - - - - ○ Yes ○ No ○ DK   *upuri*

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

864 *(If Yes, ask:)* For how long was <NAME> unable to pass urine?

dupuri ○ Days ⬚ ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨   *mupuri* ○ Months ⬚ ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨   *upuriDMDK* ○ Dont Know

865 Was there any change in the amount of urine s/he passed daily? - - - - - ○ Yes ○ No ○ DK   *turin*

(If Yes, ask Q 866; If No or DK go to Q 870)

866 For how long did s/he have change in the amount of urine s/he passed daily?

dturin ○ Days ⬚ ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨   *mturin* ○ Months ⬚ ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨   *turinDMDK* ○ Dont Know

867 How much urine did s/he pass? - - - - - - - - - - - ○ Too Much ○ Too Little ○ No urine at all ○ DK   *curine*

868 Did <NAME> pass blood in urine (*layo remo)?* - - - - - ○ Yes ○ No ○ DK   *blurin*

(If Yes, ask Q 869; If No or DK go to Q 870)

869 *(If Yes, ask:)* For how long did <NAME> pass blood in urine?

dblurin ○ Days ⬚ ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨   *mblurin* ○ Months ⬚ ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨   *blurinDMDK* ○ Dont Know

Skin diseases

870 During the illness that led to death did s/he have any skin rash? - - - - - ○ Yes ○ No ○ DK   *rash*

(If Yes, ask Q 871; If No or DK go to Q 874)

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

dskind ○ Days ⬚ ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨   *mskind* ○ Months ⬚ ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨   *skindDMDK* ○ Dont Know

872 Where was the rash located?

[i] Face - - - - - - - - - - ○ Yes ○ No ○ DK   *rashface*

[ii] Trunk - - - - - - - - - - ○ Yes ○ No ○ DK   *rashtrunk*

[iii] Arms and legs - - - - - - - ○ Yes ○ No ○ DK   *rsharmleg*

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

Eyes

874 Did s/he have red eyes? - - - - - - - - - - - - - - ○ Yes ○ No ○ DK   *reyes*

Bleeding

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

Weight loss

876 Did s/he have weight loss *(Dhero;Del mogore)*? - - - - - - - - ○ Yes ○ No ○ DK *low*

(If Yes, ask Q 877; If No or DK go to Q 879)

877 *(If Yes, ask:)* How long before death did s/he have weight loss?

dlow | ○ Days | ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨ | *mlow* ○ Months ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨ | ○ Dont Know *lowDMDK*

878 Did s/he look very thin and wasted? - - - - - - - - - - - ○ Yes ○ No ○ DK *lthin*

Mouth sore

879 Did s/he have mouth sores or white patches in the - - - - - ○ Yes ○ No ○ DK *msr*
mouth or on the tongue?

(If Yes, ask Q 880; If No or DK go to Q 881)

880 *(If Yes, ask:)* For how long ? *dmsr*

○ Days ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨ *mmsr* ○ Months ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨ ○ Dont Know *msrDMDK*

Swelling

881 Did s/he have any swelling? - - - - - - - - - - - - - - - - ○ Yes ○ No ○ DK *saa*

(If Yes, ask Q 882; If No or DK go to Q 884)

882 *(If Yes, ask:)* How long did s/he have the swelling?

dswel ○ Days ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨ *mswel* ○ Months ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨ ○ Dont Know *swelDMDK*

883 Where was the swelling?

[i] Face - - - - - - - - - - - - - - - - - ○ Yes ○ No ○ DK *swelface*

[ii] Joints - - - - - - - - - - - - - - - - - ○ Yes ○ No ○ DK *sweljoint*

[iii] Ankles - - - - - - - - - - - - - - - - - ○ Yes ○ No ○ DK *swelankle*

[iv] Whole body - - - - - - - - - - - - - - - ○ Yes ○ No ○ DK *swelbody*

[v] Other, Specify [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] *swjoth*

Lumps

884 Did s/he have any lumps? - - - - - - - - - - - - - - - - - ○ Yes ○ No ○ DK *swa*

(If Yes, ask Q 885; If No or DK go to Q 887)

885 *(If Yes, ask:)* How long did s/he have the lumps?

dlump ○ Days ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨ *mlump* ○ Months ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨ ○ Dont Know *lumpDMDK*

886 Where were the lumps?

[i] Neck - - - - - - - - - - - - - - - - - ○ Yes ○ No ○ DK *lumpneck*

[ii] Armpit - - - - - - - - - - - - - - - - - ○ Yes ○ No ○ DK *lumparmpit*

[iii] Groin - - - - - - - - - - - - - - - - - ○ Yes ○ No ○ DK *lumpgroin*

[iv] Other, Specify [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] *othlump*

Jaundice

887 Did s/he have yellow discolouration of the eye, - - - - - - ○ Yes ○ No ○ DK *jau*
jaundice, (*Wang' maratong'*)?

(If Yes, ask Q 888; If No or DK go to Q 889)

888 If Yes, for how long? *(kane olokore maratong', kuom ndalo marom nadi?*

djau ○ Days ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨ *mjau* ○ Months ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨ ○ Dont Know *jauDMDK*

Hair colour

889 Did his/her hair colour change to reddish or yellowish? --- ○ Yes ○ No ○ DK   *colhair*

(If Yes, ask Q 889.1; If No or DK go to Q 890)

889.1 *(If Yes, ask:)* For how long s/he have reddish or yellowish

dcolhair   *mcolhair*   *colhairDK*

○ Days [ ] ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨   ○ Months [ ] ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨   ○ Dont Know

Pallor

890 Did s/he look pale (thinning/lack of blood) or have pale palms, eye, nails beds or feet? ----- ○ Yes ○ No ○ DK   *pal*

(If Yes, ask Q 890.1; If No or DK go to Q 891)

890.1 *(If Yes, ask:)* How long did s/he look pale (thinning/lack of blood) or have pale palms, eye, nails beds or feet?

dpal   *mpal*   *palDMDK*

○ Days [ ] ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨   ○ Months [ ] ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨   ○ Dont Know

Sunken eyes

891 Did s/he have sunken eyes? ------------------------ ○ Yes ○ No ○ DK   *sunkeye*

(If Yes, ask Q 891.1; If No or DK go to Q 892)

891.1 *(If Yes, ask:)* How long did s/he have sunken eyes?

dsunkeye   *msunkeye*   *sunkeyeDK*

○ Days [ ] ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨   ○ Months [ ] ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨   ○ Dont Know

Chest Infections

chst

892 Did <NAME> have repeated chest infections? ------- ○ Yes ○ No ○ DK

(If Yes, ask Q 892.1; If No or DK go to Q 893)

892.1 *(If Yes, ask:)* How long did <NAME>'s have chest infections?

dchst   *mchst*

○ Days [ ] ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨   ○ Months [ ] ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨   ○ Dont Know   *chstDMDK*

Sleepyness

893 Was <NAME> unusually sleepy? ------------------ ○ Yes ○ No ○ DK   *slpy*

(If Yes, ask Q 893.1; If No or DK go to Q 894)

893.1 *(If Yes, ask:)* How long was <NAME> unusually sleepy?

dslpy   *mslpy*

○ Days [ ] ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨   ○ Months [ ] ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨   ○ Dont Know   *slpyDMDK*

Body stiffness

894 Did <NAME> develop stiffness of the whole body, before death *(del motal, kapok otho)*? ---- ○ Yes ○ No ○ DK   *stiffb*

(If Yes, ask Q 894.1; If No or DK go to Q 895)

894.1 (If Yes, ask:) For how long did <NAME> develop this stiffness of the whole body?

dstiffb   *mstiffb*

○ Days [ ] ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨   ○ Months [ ] ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨   ○ Dont Know   *stiffbDMDK*

Fits

895 Did <NAME> have fits (*Talarieya*)? ----------------- ○ Yes ○ No ○ DK   *fits*

(If Yes, ask Q 895.1; If No or DK go to Q 897)

895.1 (If Yes, ask:) For how long did <NAME> have fits?

dfits   *mfits*

○ Days [ ] ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨   ○ Months [ ] ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨   ○ Dont Know   *fitsDMDK*

ffin   *ffin1*

896 (*If Yes, ask:*) When it was severe, how many times did <NAME> have fits in a day? - - - - [ ] ⓪①②③④⑤⑥⑦⑧⑨ / ⓪①②③④⑤⑥⑦⑧⑨

HIV & TB

897 Was the child HIV infected? - - - - - - - - - - - - - - -

○ Yes, HIV tested and positive   ○ Not HIV infected

○ Assumed HIV positive but not tested   ○ DK   *chiv*

898 Has any member of this household or a person
caring for the child been diagosed with TB - - - - - - - - - -
during the last 2 years?

○ Yes   ○ No   ○ DK   ○ NA   *tbcont*

SECTION 9 TREATMENT AND HEALTH SERVICE USE FOR THE FINAL ILLNESS

901 Was s/he vaccinated for measles? - - - - - - - - - - - - - - - - - ○ Yes   ○ No   ○ DK   *vacmea*

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

(If Yes, ask Q 903, If No or DK go to Q 909)

903 Can you please list the drugs s/he was given for the illness that lead to death?

COPY FROM PRESCRIPTION/DISCHARGE NOTES IF AVAILABLE

904 What type of treatment did s/he receive?

[i] Oral rehydration salts and/or intravenous - - - - - - - - - ○ Yes   ○ No   ○ DK   *orsdrip*
fluids (drip) treatment

[ii] Blood transfusion - - - - - - - - - - - - ○ Yes   ○ No   ○ DK   *bldtrs*

[iii] Treatment/food through a tube passed - - - - - - - - - - ○ Yes   ○ No   ○ DK   *feednose*
through the nose

[iv] Any other treatment, specify   othtreat

905 Please tell me at which of the following places/facilities the <name> received treatment during the illness that led to death?

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

After respondent finishes prompt: Did you seek care anywhere else? Keep using this prompt until respondent replies that they did not seek care from anywhere else.

906 If answer to **Q.905** is hospital, ask: Which Hospital(s)? - -   *vechospital*

○ SiayaDistrict   ○ BondoDistrict   ○ Lwak

○ Kisumu District   ○ KisumuProvincial   ○ Nyawara

(Mark all that apply)

○ Aluor   ○ Yala   ○ Ngiya

○ Other   *otvechosp*

907 How many nights in total did the baby spend in the ___ **days**
hospital(s)?

○0 ○1 ○2 ○3 ○4 ○5 ○6 ○7 ○8 ○9
○0 ○1 ○2 ○3 ○4 ○5 ○6 ○7 ○8 ○9   *vecarhpn*

908 In the month before death, how many contacts with formal health services did the baby receive? _ _ _ _   ⓪①②③④⑤⑥⑦⑧⑨ ○ DK   *contact / contact1 / contactDK*
⓪①②③④⑤⑥⑦⑧⑨

909 Did a health care worker tell you the cause of death? - - - - - ○ Yes ○ No ○ DK   *hccod*

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

910 *If Yes,* What did the health worker say?

911 Did s/he have any operation for the illness ? - - - - - - - - - ○ Yes ○ No ○ DK   *operate*

(If Yes, ask Q 912; If No or DK go to Q 914)

912 *(If Yes, ask:)* How long before death did s/he have the operation? - - - - - - - ○ Days ⓪①②③④⑤⑥⑦⑧⑨ ○ Dont Know   *doperate / operatedk*
⓪①②③④⑤⑥⑦⑧⑨

913 On what part of the body was the operation?

[i] Abdomen - - - - - - - - - - - - - - - - - - - ○ Yes ○ No ○ DK   *opdabd*

[ii] Chest - ○ Yes ○ No ○ DK   *opdchest*

[iii] Head - ○ Yes ○ No ○ DK   *opdhead*

[iv] Other place, Specify - - - - - - - - - ☐☐☐☐☐☐☐☐☐☐   *othopd*

914 Was <NAME> given any herbal remedies at home? - - - - - - ○ Yes ○ No ○ DK ○ NA   *hrem*

915 Did <NAME> receive any western drug during the illness? - - - - - ○ Yes ○ No ○ DK   *wesd*

(If Yes, ask Q 916; If No or DK go to Section 10)

916 If Yes, ask:Did <NAME> receive any of the following medications during the illness preceding his/her death *(read options and mark all that apply)*

[i] Anti malarials - - - - - - - - - - - - - - - - ○ Yes ○ No ○ DK *(If Yes, ask Q 918)*   *mal*

[ii] Antibiotics - - - - - - - - - - - - - - - - - ○ Yes ○ No ○ DK   *bio*

[iii] Anti TB - - - - - - - - - - - - - - - - - - - ○ Yes ○ No ○ DK *(If Yes, ask Q 917)*   *atb*

[iv] ARV's - ○ Yes ○ No ○ DK   *arv*

[v] Blood transfusion - - - - - - - - - - - - - ○ Yes ○ No ○ DK   *btr*

[vi] Other Specify - - - - - - - - - - - - - ☐☐☐☐☐☐☐☐☐ *othmed*   *vetbna*
○ NA

917 *If Anti TB, ASK:* at which health facility did <NAME> collect TB drugs? *(if not received in 916[iii] shade in NA)*

Health facility	Response?				Health facility	Response?			
[i] Akala	- - - - - - - ○ Yes	○ No	○ DK	*tbhf1*	**[x]** Ting'-Wang'i	- - - - - - - ○ Yes	○ No	○ DK	*tbhf9*
[ii] Ndori	- - - - - - - ○ Yes	○ No	○ DK	*tbhf2*	**[xi]** K'Otieno	- - - - - - - ○ Yes	○ No	○ DK	*tbhf10*
[iii] Nyawara	- - - - - ○ Yes	○ No	○ DK	*tbhf3*	**[xii]** Ng'iya	- - - - - - - ○ Yes	○ No	○ DK	*tbhf11*
[iv] Wagai (nyagondo) - - ○ Yes	○ No	○ DK	*tbhf4*		**[xiii]** Nyathengo	- - - - - - - ○ Yes	○ No	○ DK	*tbhf12*
[v] Aluor	- - - - - - - ○ Yes	○ No	○ DK	*tbhf5*	**[xiv]** Lwak	- - - - - - - ○ Yes	○ No	○ DK	*tbhf13*
[vi] Njejra	- - - - - - - ○ Yes	○ No	○ DK	*tbhf6*	**[xv]** Bondo DH	- - - - - - - ○ Yes	○ No	○ DK	*tbhf14*
[vii] Rera	- - - - - - - ○ Yes	○ No	○ DK	*tbhf7*	**[xvi]** Siaya DH	- - - - - - - ○ Yes	○ No	○ DK	*tbhf15*
[viii] Bar-Olengo - - - - ○ Yes	○ No	○ DK	*tbhf8*		**[xvii]** Gongo HC	- - - - - - - ○ Yes	○ No	○ DK	*tbhf17*
[ix] Siaya Medical - - - - ○ Yes	○ No	○ DK	*tbhf18*		**[xviii]** Other	☐☐☐☐☐☐☐☐☐☐			*tbhf16*

918 *(If anti-malarial drugs, ask:)* Which anti-malarial drug did <NAME> receive ? - - - - - - - - - ○ **NA**   *antimna*

if not received in 916 shade in NA (Use drug equivalence list: ANTI-MALVA

[i] Coartem - - - - - - - ○ Yes ○ No ○ DK *coart*   **[iv]** Fansidar/SP/Falcidin - - ○ Yes ○ No ○ DK   *sp*

[ii] Quinine - - - - - - - ○ Yes ○ No ○ DK *qui*   **[v]** Amodiaquine/Camaquine ○ Yes ○ No ○ DK   *aq*

[iii] Artusenate/ artemether/ other artemisinin - - - - ○ Yes ○ No ○ DK *arts*   **[vi]** Chloroquine/malaraquin ○ Yes ○ No ○ DK   *cq*

[vii] Others (antimalarials) - - - - - - ☐☐☐☐☐☐☐☐☐☐☐☐☐☐   *antimaloth*

SECTION 10 DATA ABSTRACTED FROM DEATH CERTIFICATE

1001 Do you have a death certificate for the child? - - - - ○ Yes ○ No ○ DK   *dcer*

(If Yes, go to Q 1002, If No or DK go to Section 11)

1002 *(If Yes, ask:)* Can I see the death certificate? - - - - - - - ○ Yes,available ○ Deathcertificatenotavailable ○ NA   *dca*

(If death certificate is available , answer Q. 1003 - 1008, If Not available go to Section 11)

1003 Copy the DAY, MONTH and YEAR of death from the death certificate? - - - - dd ☐☐ / mm ☐☐ / yyyy ☐☐☐☐   *dodcer*

1004 Copy the DAY, MONTH and YEAR of issue of the - - - - dd ☐☐ / mm ☐☐ / yyyy ☐☐☐☐   *issuedate*
death certificate?

1005 *(If Available, write down the cause of death from the first (top) line of the death certificate - If any)*

Cause of Death _____

To be coded; Use PERCEIVEDVA-ADULT v1 - - - - - - - - - - -
⓪①②③④⑤⑥⑦⑧⑨
⓪①②③④⑤⑥⑦⑧⑨
⓪①②③④⑤⑥⑦⑧⑨   *dccod*

1006 *(If Available, write down the cause of death from the second line of the death certificate - If any)*

Cause of Death _____

To be coded; Use PERCEIVEDVA-ADULT v1 - - - - - - - - - - -
⓪①②③④⑤⑥⑦⑧⑨
⓪①②③④⑤⑥⑦⑧⑨
⓪①②③④⑤⑥⑦⑧⑨   *dccod2*

1007 *(If Available, write down the cause of death from the third line of the death certificate - If any)*

Cause of Death _____

To be coded; Use PERCEIVEDVA-ADULT v1 - - - - - - - - - - -
⓪①②③④⑤⑥⑦⑧⑨
⓪①②③④⑤⑥⑦⑧⑨
⓪①②③④⑤⑥⑦⑧⑨   *dccod3*

1008 *(If Available, write down the cause of death from the fourth line of the death certificate - If any)*

Cause of Death _____

To be coded; Use PERCEIVEDVA-ADULT v1 - - - - - - - - - - -
⓪①②③④⑤⑥⑦⑧⑨
⓪①②③④⑤⑥⑦⑧⑨
⓪①②③④⑤⑥⑦⑧⑨   *dccod4*

SECTION 11 DATA ABSTRACTED FROM OTHER HEALTH RECORDS

1101 Other health records available? - - - - - - - - - - - - - - - - - - - ◯ Yes ◯ No *othrecs*

(If Yes,go to Q1102 , If No or DK go to Q 1123)

1102 *For each type of health record summarize details for the last two visits (if more than two visits) and record the date of issue.*

Burial permit

1103 Was a burial permit issued? - ◯ Yes ◯ No ◯ DK *veburpm*

(If Yes,go to Q 1104 , If No or DK go to Q 1107)

1104 *(If Yes, ask:)* Can I see the burial permit? - - - - - - - - - ◯ Yes,available ◯ Burial permit not available ◯ NA *vebursee*

(If available ,go to Q 1105 , If Not available go to Q 1107)

1105 Is the cause of death written on the burial permit? - - ◯ Yes ◯ No ◯ NA *vebpcdth*

1106 *If Yes, write what is the cause of death on the burial permit?*

Cause of Death _____

To be coded; Use PERCEIVEDVA-ADULT v1 - - - - - - - - - ⓪①②③④⑤⑥⑦⑧⑨ *bpcod*
⓪①②③④⑤⑥⑦⑧⑨
⓪①②③④⑤⑥⑦⑧⑨

Post mortem result

1107 Was a Post mortem done? - - - - - - - - - - - - - - - - ◯ Yes ◯ No ◯ DK *pm*

(If Yes,go to Q 1108 , If No or DK go to Q 1110

1108 Was the cause of death revealed to you or written on the PM report? - - ◯ Yes ◯ No ◯ DK *pmcd*

(If Yes,go to Q 1109 , If No or DK go to Q 1110

1109 *If Yes, write what is the cause of death on the PM report?*

Cause of Death _____

To be coded; Use PERCEIVEDVA-ADULT v1 - - - - - - - - - ⓪①②③④⑤⑥⑦⑧⑨ *pmcod*
⓪①②③④⑤⑥⑦⑧⑨
⓪①②③④⑤⑥⑦⑧⑨

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

1110 Is MCH / ANC card available? - - - - - - - - - - - - - - - - ◯ Yes ◯ No ◯ DK ◯ NA *mch*

1111 MCH / ANC card (Extract relevant Information from the card)

Hospital prescription forms

1112 Hospital prescription forms available? - - - - - - - - - - - - - - - ◯ Yes ◯ No ◯ DK ◯ NA *hpr*

1113 Hospital prescription forms (Extract relevant Information from the form)

Treament cards

1114 Treatment cards available? - ○ Yes ○ No ○ DK ○ NA *tcd*

1115 Treatment cards (Extract relevant Information from the card)

```
_____
_____
_____
_____
_____
```

Hospital discharge forms

1116 Hospital discharge forms available? - - - - - - - - - - - - - - ○ Yes ○ No ○ DK ○ NA *hdf*

(If Yes,go to Q 1117 , If No or DK go to Q 1123

1117 *If Yes, write what is the Diagnosis on the hospital forms*

Diagnosis _____

To be coded; Use PERCEIVEDVA-ADULT v1 - - - - - - - - - ⓪①②③④⑤⑥⑦⑧⑨ *hdiag*
⓪①②③④⑤⑥⑦⑧⑨
⓪①②③④⑤⑥⑦⑧⑨

1118 Hospital discharge (Extract relevant Information from the form)

```
_____
_____
_____
_____
_____
```

Laboratory results

1119 Laboratory/cytology results available? - ○ Yes ○ No ○ DK *lab*

1120 Laboratory/cytology results (Extract relevant Information from the laboratory results)

```
_____
_____
_____
_____
_____
```

Other Hospital Documents

1121 Other hospital documents available? - ○ Yes ○ No ○ DK *ohd*

1122 Others specify - - - - - ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ *recordoth*

```
_____
_____
_____
_____
_____
```

1123 Record the time at the end of the interview(in 24 hours) ☐☐ : ☐☐ **HRS** *end_time*

☐☐☐☐☐☐☐

9953599661

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

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

SUPERVISOR'S COMMENTS

1200 Date form checked by VA Village Reporter Supervisor:

dd / *mm* / *yyyy* **chkdate**

1201 Signature (*please keep the signature within the box provided*) **vrsupsign**

CDC   Safer, healthier people. Research for health solutions